

Submission to the Community Health Review 2008

NSW Association for Adolescent Health (NAAH)

November 2008



About NAAH

The NSW Association for Adolescent Health¹ (NAAH) is the peak body committed to working on behalf of the youth health sector in NSW to promote and advocate for the health needs and well being of marginalised young people aged 12 to 25 years.

NAAH works closely with the State's seventeen youth health services and with the NSW Centre for the Advancement of Adolescent Health (CAAH). Most of NAAH's work focuses on providing the youth health sector with support and training, government liaison and lobbying, policy and resource development, and community sector networking.

Comprehensive Quality Project (CQP)

In 2005, NAAH received funding from NSW Health to carry out the *Comprehensive Quality Project* (CQP) in conjunction with the NSW youth health sector. The aim of CQP is to develop key performance indicators and health outcomes for marginalised young people accessing youth health services in NSW.

Following consultation with the sector, key partners and stakeholders, a draft tool (proforma) designed to measure health outcomes of clients of youth health services, was developed and trialled with six youth health services in 2006 as part of the CQP Pilot Project. Following this Pilot Project in 2006, a report² documenting results and recommendations was written in November 2007. These findings and recommendations are outlined below.

Youth Health Services in NSW

Youth health services provide marginalised young people aged 12 to 25 years who are homeless or at risk of becoming homeless, with access to developmentally appropriate programs and specialised health services. Services are based in community settings to promote access and undertake early intervention and prevention activities for marginalised young people whose access to mainstream services is often limited.

Youth health services approach young people's health in a holistic manner and place a strong focus on early intervention and prevention. Early intervention and prevention programs are vital components of youth health services as they increase access to at risk or homeless young people who are often 'hard-to-reach' because of the complexity of their needs and/or an inability of the system to respond to their needs. Youth health services undertake intersectorial collaboration based on the understanding that health is more than merely the absence of

¹ The NSW Association for Adolescent Health (NAAH) is the peak body for the health service providers committed to promoting the health and well being of young people aged 12 to 25 years in NSW. NAAH represents over 100 members who advocate for quality health care for marginalised young people whose health status and help seeking behaviours may be compromised by, for example, homelessness, poverty, mental illness, substance use, unemployment and/or disengagement from education.

² Bruce Callaghan and Associates, (2007) *Final CQP Report – Phase One*, Part A, November 2007.

disease, and broader social issues such as housing, education, employment, racism and poverty need to be addressed as these issues impact on the choices and subsequent health status of young people.

Programs and services provided by youth health services in NSW include counselling, health promotion, primary health care clinics, alcohol and other drug services, case management, out reach and drop in health services. Some services are non-government organisations and others are provided through the various Area Health Services in NSW.

Accessibility and timeliness of services are essential, as are issues such as minimal waiting times, maintaining confidentiality and the ability to access services without requiring payment or a Medicare or health care card. Services may be on an individual, group or population health basis, such as capacity building programs providing professional development opportunities for local residential (refuge) workers in relation to assessments and referral pathways.

The need for Youth Health Services as specialised services for marginalised young people

As mentioned above, youth health services in NSW target marginalised young people aged 12 to 25 years, who are homeless or at risk of homelessness. Specialised services provided through youth health services are tailored to the needs of a marginalised young person and take on a social view of health, acknowledging that issues such as housing, education, employment, racism and poverty need to be addressed as these issues impact on the choices and subsequent health status of young people.

It is vital that specialised services are available to marginalised young people who are homeless or at risk of homelessness. If these services were removed the health status of this population group would substantially decrease as this population are known to be reluctant to seek treatment through mainstream health services as they regard them as judgemental and unsympathetic to their needs and life situations³.

The *National Youth Commission Inquiry into Youth Homelessness* suggests that the net benefit to the Commonwealth Government of specialised early intervention and prevention programs for marginalised young people is close to \$900 million⁴.

A review conducted in 2007⁵ of specialised services for marginalised young people states that if at risk and homeless young people are not provided with specialised health care services (outside of mainstream health services), their health needs will exacerbate and lead to increased presentations at emergency departments and increased burden on hospitals and other services, including homelessness services. Neglect of at-risk and marginalised young people will result in disproportionate costs to the health system and to government as a whole through:

- a) increased pregnancies;
- b) increased mental health and co-morbidity issues;
- c) increased incidence of suicide and self harm;
- d) increased substance misuse issues;
- e) increased incidence of blood-borne viruses;
- f) increased presentations to hospital emergency departments; and
- g) increased rates of homelessness.

³ Miller, M. and Lazarevic, L. (2007) *Review of Innovative Health Services for Homeless Youth Program Final Report – December 2007*. Department of Health and Aging, December 2007.

⁴ Australia's *Homeless Youth: a report of the National Youth Commission Inquiry into Youth Homelessness*, National Youth Commission, Victoria, 2008.

⁵ (Miller, M. and Lazarevic, L. (2007) *Review of Innovative Health Services for Homeless Youth Program Final Report – December 2007*. Department of Health and Aging, December 2007. (Quote taken from page 12)

All of these are to a large extent preventable through the implementation of targeted health services.

Diversity of Youth Health Services in NSW

There are currently seventeen youth health services in NSW which provide medical treatment, education, counselling, health promotion and community development programs with marginalised young people aged 12 to 25 years. However, these youth health services have different funding sources, budgets, staffing levels and resources. Some youth health services specialise in alcohol and other drug services, whilst others provide reproductive and sexual health services. Different funding sources for youth health services in NSW are outlined below.

Funding

Most government funded youth health services are partly funded, managed or located within Area Health Services as part of Community Health. It is important to note that the Innovative Health Service for Homeless Youth (IHSY)⁶ funding makes up a significant proportion of the funding given to Area Health Services by NSW Health.

Of the seventeen youth health services in NSW, eight are partly funded through the IHSY Program and receive the remainder of their funding from their community auspice agency, other grants or from their local Area Health Service. The remaining nine services are fully funded by IHSY, however seven are administered through Area Health Services, and the remaining two by non-government organisations.

In June 2007, the IHSY agreement between the Australian Government and the State and Territory Governments expired and to date has not been formally renewed. As such, services that are funded, or partly funded by IHSY have been left with insecure and temporary funding arrangements.

Measuring health outcomes for Youth Health Services

The CQP Project found that whilst input and process data is collected by central agencies from youth health services, there has been very little done on measuring outcomes of the sector. As mentioned, as part of the Pilot Project in 2006, CQP developed and trialled a draft tool designed to collect information regarding key performance indicators. A total of 262 young people aged 12 to 24 years participated in the Pilot Project and results outlined in the 2007 report showed that, in regards to the young people accessing youth health services:

- over two thirds were over 16 years of age;
- majority presented with factors that inhibited them from accessing mainstream health services, such as cultural background, disability, sexual orientation, unemployment, education and accommodation instability; and the
- majority presented with one or more health-related problems such as chronic diseases, physical/emotional/sexual safety, substance abuse, unsafe sexual health practices, mental health and primary health issues. In particular, nearly 25% of participants presented with moderate to high risk substance (drug and alcohol) abuse and over 30% presented with significant mental health problems

In regards to the impact that youth health services had on the young people accessing their services, results highlighted that:

- over 70% exhibited positive outcomes in regards to their health status;

⁶ The Innovative Health Service for Homeless Youth (IHSY) Program was introduced in 1991 with the aim of improving health outcomes of homeless and at risk youth aged 12 to 24 years through the provision of specialised health services. IHSY funding is jointly funding by the Australian Government and the State and Territory Governments and is administered by the State and Territory Governments.

- nearly 100% achieved positive improvement in regards to environmental challenges (such as education, employment and accommodation) that previously inhibited them from accessing mainstream health services; and
- over half showed improvement of personal strengths (such as problem solving; living skills, sense of self and sense of purpose) that will assist them in managing their lives during difficult circumstances.

These results indicate that (through implementation of the draft CQP tool) youth health services are significantly impacting on the health and well being of marginalised young people accessing their services.

Recommendations

Based on results and outcomes of the CQP Pilot Project, NAAH proposes the following recommendations:

- a) Development of key performance indicators for young people accessing youth health services at an individual and service level;
- b) Development of an integrated cross stream case management/data collection tool that would enable the collection of data/key performance indicators to be measured and a standard collection system to be established for the youth health sector. This can be achieved through further investment into the CQP Project for adaptation of the draft tool developed and trailed in 2006;
- c) Establishment of a common intake and collection system that would undoubtedly add value to the sector and enhance service management. The collection system developed through CQP could be used effectively for case management with youth health services and enable to collection of youth specific information which could inform early intervention/prevention service development and reporting requirements. It would also provide data to assess local service management and consistently monitor the impact of the sector;
- d) Adoption of identified key performance indicators and factors as identified in CQP for youth specific services. This would allow for continuous quality improvement and service monitoring across the sector and facilitate service delivery which meets identified outcomes.

The above recommendations are supported and echoed by the Department of Health and Aging, in the *Review of Innovative Health Services for Homeless Youth Program – Final Report*⁷ which states that ‘a generic tool to measure health and social functioning in the client group could be developed’ and ‘made available for all IHSY program service providers who wish to evaluate client outcomes’.

For the continuation of effective and specialised services for marginalised young people in NSW, NAAH also recommends the following:

- e) Continuation of specialised services for marginalised young people aged 12 to 25 years in NSW, both in their physical location and functionality. Cross sectoral data suggests the issue of youth homelessness impacts on the social health outcomes of whole populations. It is vital that these services in NSW are not diminished but expanded and supported by Community Health, especially services located within local Area Health Services. This is supported by the *National Youth Commission Inquiry into Youth Homelessness*⁸ which under recommendation 17.1, advocates the need for more health services for at risk and homeless young people and advises that the health status of this population group is largely dependant on access to consistently available adolescent specific services.

⁷ Miller, M., Lazarevic, L., 2008, *Review of Innovative Health Services for Homeless Youth Program - Final Report*, Department of Health and Aging, Canberra. (Direct quotes taken from pp. 6)

⁸ *Australia's Homeless Youth: a report of the National Youth Commission Inquiry into Youth Homelessness*, National Youth Commission, Victoria, 2008.

- f) The IHSY Funding agreement to be formally signed and distribution of funds given to NSW youth health services. IHSY agreement should be formally supported, expanding the funding base and extending the program for five years, with quality measures and monitoring systems implemented as indicated above, as part of new arrangements;
- g) Review of the 1998 Youth Health Policy as a priority to ensure: policy is amended to reflect available data analysis reflecting the current health status and indicated health outcomes; consistency of budgets, services, resources and staffing profiles across youth health services in NSW; and to reflect the commitment by NSW Health to an early intervention/prevention framework aimed at improving the health status and ensuring identified health outcomes for young people in NSW;
- h) Increased resources within youth health services across NSW. This is supported by recommendations from the *Young People's Access to Health Care: Exploring Youth Health Programs and Approaches in NSW*⁹ which advocates for the health sector to increase resources and develop youth-specific health services for marginalised young people in NSW. NSW Health data suggests without a strong, well resourced youth specific early intervention/prevention framework, young people are at risk of developing chronic and complex issues, particularly in relation to mental health, sexual health and drug and alcohol issues will impact on adult community health and tertiary care systems. A strong youth health sector can reduce the cross generational burden on the systems of care.

⁹ CAAH, (2005) *Young People's Access to Health Care: Exploring Youth Health Programs and Approaches in NSW*, Sydney 2005.