



PURPOSE: TO OUTLINE KEY ISSUES AND RECOMMENDATIONS ARISING FROM THE NAYH FORUM ON YOUTH HEALTH AND HEALTH REFORM

During a panel session at the NAYH forum on Health Reform and Youth Health (held on 8 December 2010), participants from the Youth Health Sector raised and discussed issues related to recent activity in health reform and its potential impact on the provision of Youth Health services in NSW. This paper has been written to outline the key issues raised and includes (where relevant) reference to the newly launched NSW Youth Health Policy and presents several recommendations for consideration. This paper is not designed to be an accurate reflection of the entire content or breadth of discussion during the session.

EQUITY AND ACCESS

Reducing inequity in health outcomes for marginalised young people is a key policy value articulated in the NSW Youth Health Policy 2011-2016: Healthy bodies, health minds, vibrant futures. Youth Health Services directly contribute to equity through the effective targeting of marginalised young people who are homeless, or at risk of homelessness due to family breakdown, disengagement from education, unemployment, living with a mental illness or engaging in behaviours which place them at risk such as underage/unsafe levels of drinking or unprotected sex. The health status of these young people is often compromised by a range of identifiable risk factors and difficulty in accessing mainstream services due to a variety of reasons (socio-economic, lifestyle or inappropriate service responses).

There are seventeen Youth Health Services in NSW which provide medical treatment, education, counselling, health promotion, group work, health education, nursing, case management, basic needs and community development programs with various targeted populations of young people throughout NSW and with different funding sources, budgets, staffing levels and resources.

Youth Health Services aim to provide marginalised, homeless and at risk young people with developmentally appropriate programs as well as multiple and easy 'soft' points of access to health and related services; acknowledging the varying needs, referral pathways and engagement preferences of young people. The services are based in community settings to promote access and undertake early intervention activities with hard to reach young people whose access to mainstream health services may be limited. Accessibility of services is essential, both in terms of physical location and environment, and issues such as minimal waiting times, maintaining confidentiality and the ability to access services without requiring payment or the use of a Medicare or Health Care card.

The relocation of youth health to a broader "child, youth and families" environment presents several challenges and opportunities. It is important to note that working within an alliance with child health may present additional opportunities for some young people to access services (as opposed to using adult services). In addition the link between child and youth health is vital, as many of the problems faced by young people are underpinned by their childhood experiences.

However, there are concerns that important aspects of youth health may get "subsumed" in the incorporation of child and youth health. In general, child health has more "mainstream" population

focus than the youth health sector and it would also be the larger member (in terms of budgets and resources) of the proposed partnership. Whilst it is true that many advocates for the youth health sector (particularly those from clinical backgrounds) originated in paediatrics and child health, there are concerns that the targeted focus of the existing youth health sector may be at risk of dilution. In addition, there are concerns that Youth Health would need to compete with Child Health for resources and funding as has been the case when other targeted programs have been incorporated or “mainstreamed” into other areas of health care. This would have a negative impact on programs that aim to reduce inequity through targeted, culturally appropriate and accessible services.

Also, it may not be appropriate for some young people to access services through a “child health” service and it is important to note that there already exist significant issues in providing a good transition for young people moving into adult models of care.

In addition, the new Local Health Network (LHN) arrangements have some LHNs maintaining responsibility for multiple Youth Health Services, while others appear to provide no Youth Health Services. Further complexity in individual health network agreements and the formation of 'cluster' based arrangements add to the lack of clarity in this matter.

Finally, there are concerns that locating Youth Health within the mandate of individual LHNs may see a relative disinvestment in Youth Health Services that could be prevented through a “whole-of-State” approach to Youth Health. These changes disproportionately impact on service provision to marginalised and “at risk” young people (as “mainstream” young people are more likely to access health care services through the current Medicare based primary health care system) and act to increase inequity in health.

INEQUITABLE DISTRIBUTION OF RESOURCES

As mentioned above, the geographic distribution of resources which support targeted Youth Health Services is unequal. This inequality becomes more marked in the new LHN structure, with several LHNs not having any specific Youth Health Services. The same is true for Area Youth Health Coordinators, with some LHNs employing one whilst others do not. Whilst the creation of roles responsible for youth health across multiple LHNs can attenuate some of this inequity, it is a suboptimal response to a clear equity and access issue.

Ideally, every LHN needs to be resourced to provide appropriate youth specific services which are accessible to young people and are capable of meeting need. The provision of youth specific services need not be direct (eg the Youth Health Service model), and some LHNs may need to investigate models which work in partnership with Divisions of General Practice or Medicare Locals to ensure that young people are able to access safe and appropriate health care.

CO-ORDINATION AND RESOURCING

NSW Health Youth Health Policy clearly articulates the role of area based Youth Health Coordinators.

Youth Health Coordinators are located within NSW Health services and work towards improving young people's access to health services. They provide a point of coordination for youth health activities and services in the NSW Health services, and undertake planning, networking, mapping and professional development activities. Youth Health Coordinators build networks and foster a collaborative approach between stakeholders, agencies and young people. They

work across government and community sectors with organisations that deal with a range of issues affecting young people. They have an important role to play in promoting young people's health rights, needs, involvement and participation. Equally important is their role in responding to the professional development needs of mainstream health professionals in the NSW Health Service, encouraging and supporting the development of skills in adolescent health.¹

Evidently, the Youth Health Coordinators are fundamental to the success of local implementation of the NSW Youth Health Policy. However, there are significant concerns that not every LHN will be able to adequately resource and support these roles. Further to this, the location and scope of these roles is unclear in the current transitional arrangements and with the development of geographic Clusters.

This situation is compounded when considered alongside current national health reform plans and the expansion of Federal investment in Headspace across NSW. A high level of informed coordination will be required at the local, State and National levels to ensure that Youth Health is delivered strategically and appropriately. Arrangements for participation and collaboration with Medicare Locals and other government agencies (both state and federal) in both planning and service delivery lack clarity due to the limited information available at this time.

Finally, there are significant concerns related to recent changes in health reform and the launch of the recent NSW Youth Health Policy without the allocation of additional funds to support the activities which the policy clearly details. This situation may result in some LHNs being unable to meet the aims of the policy within current resource allocations.

Clear leadership and responsibility for co-ordination (at all levels) is necessary and will require appropriate resourcing and support.

ROLE OF NON-GOVERNMENT ORGANISATIONS

There currently exist concerns around the lack of clarity supporting the role of non-government organisations (NGOs) who provide services in youth health in the context of ongoing health reform and changes to funding arrangements.

NGOs contribute to youth health in NSW through direct service provision, health promotion activities and a range of prevention and early intervention activities. The relationships between NGOs and both LHNs and Medicare Locals have yet to be articulated and will be essential to the coordinated and effective delivery of youth health services.

RECOMMENDATIONS

Recommendation 1: that leadership and responsibility arrangements for the coordination of youth health services be clearly articulated by NSW Health (in consultations with stakeholders and other agencies)

Recommendation 2: that each LHN resource and support an Area Youth Health Coordinator

Recommendation 3: that NSW Health resource and support the creation of an Area Youth Health Coordinators network

¹ NSW Department of Health, 2010, *NSW Youth Health Policy 2011-2016: Healthy bodies, healthy minds, vibrant futures*. NSW Department of Health, North Sydney.

An Area Youth Health Coordinators Network would have several functions including providing support to Area Youth Health Coordinators, strategic evaluation and service planning, capacity development and program sharing. Similar networks exist in other areas of NSW Health and have been considered effective.

In addition, the Area Youth Health Coordinators Network could be given responsibility for leadership and coordination of youth health at a State level as a potential strategy for Recommendation 1.

Recommendation 4: that NSW Health develop and incorporate a section dedicated to reducing inequity and targeted youth health programs in the template for Local NSW Health service Youth Health Plans and reports

Recommendation 5: that NSW Health develop and incorporate a section dedicated to the health of Aboriginal young people in the template for Local NSW Health Service Youth Health Plans and reports

The NSW Youth Health Policy 2011-2016: Healthy bodies, healthy minds, vibrant futures includes a brief Implementation Plan (with some milestones) which includes the development of a template for Local NSW Health service Youth Health Plans and reports. This template is the responsibility of NSW Health and is currently scheduled to be completed by June 2011.

The inclusion of specific sections which focuses on reducing inequity and targeted youth health services and programs would ensure that the work of the youth health sector stays “on the agenda” of LHNs.

Recommendation 6: that Local Youth Health Plans be evaluated or monitored to ensure compliance with the NSW Youth Health Policy 2011-2016: Healthy bodies, health minds, vibrant futures.

It is currently unclear how LHNs (and NSW Kids) will be held accountable to the Youth Health Policy. At the least, a robust evaluation framework (which includes the development of the Youth Health Plans and any reporting requirements) needs to be developed.

Recommendation 7: that data related to the health of marginalised young people be collected in a systematic way to inform service planning and evaluation.

Marginalised young people are poorly represented in most mainstream data collections which focus on reporting health outcomes (such as the NSW Population Health Survey or the AIHW report Young Australians: their health and well-being 2011). Significantly whilst data is currently collected by central agencies from Youth Health Services, most of the data and reporting relates to inputs (i.e. client numbers, budgets, hours, types of service) and processes and doesn't capture information related to health outcomes.

The absence of this data presents significant issues in evaluating and monitoring the success of targeted youth health programs and the ongoing provision of quality Youth Health Services to this cohort.