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Position Paper: Best practice health service delivery in youth health

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About NAYH

The NSW Association for Youth Health¹ (NAYH) 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.

NAYH works closely with the State's seventeen youth health services and the majority of NAYH'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.

More information about youth health and NAYH can be found at www.nayh.org.au

Young people's health and well being

Research suggests that the health and well being of young people is fairing well², especially in comparison to other age and sub-groups of the population. Research also suggests, that adolescence, or the transition from childhood to adulthood, is a crucial time in the development of health-related attitudes and behaviours. NAYH recognises that adolescence can be a period of high risk taking and habit forming behaviour, both of which can have long-term ramifications on young people's health and wellbeing. Research shows that health compromising attitudes and behaviours exhibited in adulthood are often initiated during adolescence, making this an ideal time for prevention and early intervention initiatives.

Major health concerns for young people aged 12 to 25 years recognised by NAYH include: sexual health and sexual diversity; mental health including self-harm and injury; and alcohol and other drugs.

NAYH also acknowledges that health is much more than simply the absence of illness and disease, and recognises the impact that social and environmental factors, such as: poverty; gender; housing and homelessness; cultural and ethnic background; family functioning; geographical location and connectedness with school or community significantly impact on the health and well being of young people.

¹ The NSW Association for Youth Health (NAYH) 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. NAYH 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 Australian Institute of Health and Welfare (2007) *Young Australians: their health and wellbeing 2007*. Cat. no. PHE 87. Canberra: AIHW.

NSW Policy directives regarding young people's health and well being

Best practice approaches to addressing and improving young people's health and well being are acknowledged by the NSW State Plan and NSW Youth Action Plan.

Released in 2007, the NSW State Plan³ is the NSW Government's 10 year plan regarding delivery of government services in NSW. Over half of the priorities identified in the plan relate to young people. In particular, the following priorities relate to the delivery of services which promote young people's health and well being: improved access to quality of care (S1); improved survival rates and quality of life for people with potentially fatal or chronic illness (S2); improved health through reduced obesity, smoking, illicit drug use and risk drinking (S3); improved health and education for Aboriginal people (F1); improved outcomes in mental health (F3); embedding the principle of prevention and early intervention into government service delivery (F4); reduced avoidable hospital admissions (F5); and reduced rates of child abuse and neglect (F7).

Also released in 2007, the NSW Youth Action Plan⁴ outlines the NSW Government's four year cross government plan to support young people to achieve their goals and participate fully in community life. The Action Plan recognised that young people in NSW are a dynamic and diverse population group whose needs differ according to their background, age and interests.

The NSW Youth Action Plan identifies five themes to support young people to achieve their goals and actively participate in their community: Belonging to Family and Community; Learning and Earning; Feeling Good and Staying Healthy; Engaging in Culture, Sport and Recreation; and Feeling and Being Safe. The Action provides links to the NSW State Plan and identifies youth participation, especially regarding the design and delivery of health services, as a priority for the delivery of services.

Both the NSW State Plan and NSW Youth Action Plan provide key policy directions for health service delivery and young people in NSW. Under the umbrella of both Plans, it is anticipated that the NSW Youth Health Policy 2010 – 2015 (to be released in 2010) will further define these directions. In conjunction with these key policy directives, this Position Paper identifies best practice principles and priorities when working with young people at the service level.

Marginalised young people and health service delivery

All young people have the right to access free specialised and targeted health services, including those young people who are disempowered as a result of their membership of marginalised populations such as:

Young people who are:

- socio-economically disadvantaged;
- Aboriginal and Torres Strait Islander;
- culturally and linguistically diverse;
- refugees;
- homeless or at risk of homelessness;
- gay, lesbian, bisexual, transgender or intersex;
- living with a disability;
- socially isolated;
- living in regional and rural/remote areas;

³ NSW State Government (2006) *NSW State Plan: A new direction for NSW*, available online at www.nsw.gov.au/stateplan

⁴ NSW State Government (2006) *NSW Youth Action Plan - The Way Forward: Supporting young people in NSW*, Ashfield NSW, available online at <http://www.youth.nsw.gov.au>

- experiencing current, or emerging mental health issues;
- experiencing drug and alcohol or emerging alcohol and other drug problems;
- experiencing a dual diagnosis;
- at-risk of, currently in, leaving, or have left Out Of Home Care;
- in contact with the criminal justice system;
- victims of crime;
- have responsibility to care for a family member and/or others with a long term illness, disability, mental illness or drug or alcohol problem (i.e. young carers);
- living with a history of abuse, neglect and trauma; and
- experiencing family breakdown.⁵

For the purpose of this paper, the term *marginalised young people* will refer to, and include, all of the above groups.

Strategies to address marginalised young people's health and well-being

NAYH acknowledges that specialised health service provision is crucial in addressing the health and well being needs of marginalised young people as this population group is reluctant to seek treatment through child, adult and mainstream services as they regard them as judgemental and unsympathetic to their needs and life situations⁶.

In regards to best practice health service provision when working with marginalised young people, NAYH describes an accessible service designed and targeted specifically for young people as one that is:

- available at times suitable to young people;
- easy to get to (geographically accessible premises and/or outreach service);
- culturally appropriate on a variety of levels relating to ethnicity, gender, sexuality, disability and "youth culture";
- "youth-friendly" and respectful in its engagement strategies;
- a deliverer of services and programs that are relevant to young people and delivered in a youth-friendly way;
- confidential and respectful of privacy;
- free;
- consultative with young people and their communities;
- an advocate for young people in the wider society;
- a promoter of access for young people in other services; and
- enabling of youth participation⁷.

Taking the above principles in to account, NAYH also recommends that organisations, agencies and individuals provide specialised services and programs that are culturally appropriate to the needs of young people, and recommends the following strategies regarding health service provision:

- Services take a social view of health and place an emphasis on prevention and early intervention initiatives;

⁵ Silk, J. (1999) *Getting it Right Report*, NSW Association for Adolescent Health.

⁶ 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.

⁷ Kang, M., Bernard, D., Usherwood, T., Quine, S., Aperstein, G., Kerr-Roubicek, H., Elliott, A. & Bennett, D. (2005) *Better Practice in Youth Health: Final Report on Research Study Access to Health Care Among Young People in New South Wales: Phase 2*. NSW Centre for the Advancement of Adolescent Health.

- Services be easily accessible both, financially and structurally, by marginalised young people;
- Services have a multi-dimensional approach and include counselling, medical services, group work, outreach services, health promotion and the provision of health information and resources.
- Health Promotion strategies acknowledge and cater for diversity⁸, and include community development, health education, assist in building public policy and develop personal skills.
- Services working with young people work towards better practice models, specifically in regards to confidentiality policy and practice, duty of care and the development of codes of behaviour for staff and clients within their services.
- Services working with young people undertake cross sector collaboration and strategically develop partnerships and working relationships with organisations, agencies and individuals in their local communities. These partnerships should enable a more effective response to the local client groups.
- In the development of services and programmes addressing the health needs of young people, services ensure that participation principles (as articulated in this document) be a key feature of program development, implementation and evaluation.

NAYH supports youth services in the provision of health services in NSW and promotes the development of partnerships and initiatives that address the health needs of young people.

In addition, NAYH also supports Recommendations 22 to 27, 29 and 36 to 37 made by the Children and Young People Committee in the *Final Report of the Inquiry into Children and Young People Aged 9-14 Years in NSW: The Missing Middle 2009*⁹ which make reference to:

- Expansion and increased availability of prevention and early intervention (counselling and mental health) programs for young people (recommendation 22);
- Increasing availability of age appropriate (sexual health) programs, particularly in disadvantaged communities (recommendation 23);
- Increased funding for organisations that provide support services for young people with sexuality and/or gender issues and young people with disability; (recommendation 24);
- Expansion of innovative strategies vide oral health prevention and treatment for disadvantaged young people (recommendation 25);
- Establishment of additional, and expansion of current, youth health services (recommendation 26);
- Establishment of youth health coordinators in each Area Health Service in NSW (recommendation 27)
- Extension of early intervention programs for young people at risk of homelessness (recommendation 29);
- Provision of one-stop-shop services which are integrated, multi-disciplinary and co-located (recommendation 36);
- Establishment of a mechanism to review and assess access of young people in out-of-home care to health services (recommendation 37).

⁸ Family Planning Victoria. Royal Women's Hospital, Centre for Adolescent Health (2005) *The Sexual and Reproductive Health of Young Victorians*, Victoria 2005

⁹ Final Report of the Inquiry into Children and Young People Aged 9-14 Years in NSW: The Missing Middle 2009, NSW Government

Profile of specialised youth health services in NSW

In NSW, 'youth health services' are specialised and targeted health services for marginalised and at risk young people aged 12 to 25 years who, due to their personal circumstances, have limited access to mainstream, child and adult health services. Research indicates that marginalised young people are reluctant to seek treatment from mainstream, child and/or adult services as they view them as judgemental and unsympathetic to their needs and life situations¹⁰. Mainstream services often do not provide settings and interventions that are friendly to young people and subsequently lack the flexibility to engage this diverse group in healthcare.

Youth health services aim to address and improve the health needs of young people by providing developmentally appropriate programs as well as multiple informal or 'soft' points of access to health and related services, acknowledging the varying needs, referral pathways and engagement preferences of young people. Examples of 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, arts based and drop in health services. Many services are delivered via outreach, services are provided off site at appropriate venues in the community. As well as providing free primary health care, youth health services provide assistance in meeting the accommodation, education, housing and legal needs of marginalised young people.

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 homeless and at risk young people who are often 'hard-to-reach' because of the complexity of their needs and/or failures in the service system. Youth health services are staffed by multidisciplinary teams and undertake intersectorial collaboration based on the understanding that health is more than merely the absence of disease and includes the social environment young people live in.

In order to promote and encourage access by marginalised young people, youth health services are located in areas of extreme disadvantage and locations that are easily accessible by public transport. Services must not only be accessible geographically, physically, and culturally, but also in all its procedures including financial and administrative arrangements. Through the provision of free services, youth health services are able to help young people overcome poverty and financial barriers, such as bulkbilling, which would otherwise limit young people's access to mainstream healthcare.

Accessibility to youth health services is paramount to improving the health and well being needs of marginalised and 'hard to reach' young people¹¹. Best practice evidence describes an accessible youth health service as one that is:

- available at times suitable to young people;
- easy to get to (geographically accessible premises and/or outreach service);
- culturally appropriate on a variety of levels relating to ethnicity, gender, sexuality, disability and "youth culture";
- "youth-friendly" and respectful in its engagement strategies;
- a provider of services and programs that are relevant to young people and delivered in a youth-friendly way;
- confidential and respectful of privacy;
- free;

¹⁰ 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.

¹¹ Kang, M., Bernard, D., Usherwood, T., Quine, S., Aperstein, G., Kerr-Roubicek, H., Elliott, A. & Bennett, D. (2005) *Better Practice in Youth Health: Final Report on Research Study Access to Health Care Among Young People in New South Wales: Phase 2*. NSW Centre for the Advancement of Adolescent Health.

- consultative with young people and their communities;
- an advocate for young people in the wider society;
- a promoter of access for young people in other relevant services; and
- enabling of meaningful youth participation.

Impact of Youth Health Services on the health and well being of marginalised young people

A report of a pilot program conducted in 2006 to measure health outcomes of young people accessing youth health services in NSW¹² identified that youth health services provide marginalised young people who are homeless or at risk of homelessness, with access to developmentally appropriate programs and specialised health services.

A total of 262 young people aged 12 to 24 years participated in this pilot program. Results outlined in the report showed that, in regards to the young people accessing youth health services:

- over two thirds were over 16 years of age;
- the 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
- 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.

Results from the pilot program indicate that nearly 25% of participants presented with moderate to high risk substance (alcohol and other drug) abuse and over 30% presented with significant mental health problems. These results are supported by research conducted by the Australian Institute of Health and Welfare which states that homeless young people are more likely to suffer from mental health issues and abuse alcohol and other drugs than non homeless young people.¹³

In regards to the impact of the youth health services, the pilot project identified that, of the young people accessing the youth health services:

- over 70% exhibited positive outcomes in regards to their health status;
- 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 strongly demonstrate that youth health services are holistic and significantly impact on the health and well being of marginalised, at risk and homeless young people and are addressing the social determinants of health.

These results also demonstrate that the draft tool developed by NAAH was effective in collecting data regarding service provision with homeless and marginalised young people. Further application of this tool needs to be explored and further data collection needs to occur to build on this evidence base.

¹² Bruce Callaghan and Associates, *Final CQP Report – Phase One, Part A*, November 2007.

¹³ Australian Institute of Health & Welfare (2003). *Australia's young people: Their health and well being 2003*. AIHW Cat. No. PHE 50. Canberra: AIHW.

Economic Impact of Youth Health Services

Both national and international research has found that responding to long-term solutions to factors which contribute to the marginalisation of young people reduces the use of government services and substantially decreases the overall cost to the government¹⁴.

Research published in United States of America¹⁵ states that significant savings in government expenditure in regards to homelessness populations are directly related to health care and resource expenditure. Nearly 70% of savings for supporting housing residents were related to health care outlay regarding hospitals, emergency rooms, clinics, mental health and public health. Furthermore, research shows that homeless individuals not associated with supportive services cost the government five times more than those who are engaged with services. The report also highlights that young adults (18 to 29 years) with no jail history and no substance abuse problems, mental illness or disabilities, cost an average of US\$406 per month. In comparison, older adults (46 years or more) with substance abuse problems, mental health illness and no recent employment history cost \$5,038 a month. These results demonstrate the cost effectiveness of prevention and early intervention initiatives.

Australian research, in the *National Youth Commission Inquiry into Youth Homelessness*, suggests that the net benefit to the Commonwealth Government of early intervention and prevention programs for marginalised young people is close to \$900 million¹⁶.

A review conducted in 2007¹⁷ of specialised services for marginalised young people states that if marginalised young people are not provided with specialised health care services (complementary to mainstream health services), their health needs are likely to be exacerbated and lead to increased presentations at emergency departments and increased burden on hospitals and other government services. This review also notes that the absence of specialised health service provision for marginalised young people would 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 chronic homelessness.

In summary, Youth Health Services in Australia can be described as cost effective initiatives that not only contribute to long term solutions for factors which contribute to marginalisation and social disadvantage through their holistic approach to health, but also as crucial elements in the government's health care response.

¹⁴ Housing NSW (2008), *Homelessness Strategic Framework - Stage 1*, Sydney 2008. Available online at [http://www.parliament.nsw.gov.au/prod/parliament/committee.nsf/0/65c6804073d3506bca2574ad00095990/\\$FILE/Tab%20B.PDF](http://www.parliament.nsw.gov.au/prod/parliament/committee.nsf/0/65c6804073d3506bca2574ad00095990/$FILE/Tab%20B.PDF)

¹⁵ Flaming, D., Matsunaga, M., and Burns, P., (2009), *Where We Sleep: Costs When Homeless and Housed in Los Angeles*, Los Angeles Homeless Services Authority available at www.economicrt.org

¹⁶ *Australia's Homeless Youth: a report of the National Youth Commission Inquiry into Youth Homelessness*, National Youth Commission, Victoria, 2008.

¹⁷ 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)

Summary

In summary, NAYH regards the provision of specialised services, which are easily accessible and tailored to the needs of marginalised young people as best practice when working to address the health and well being needs of young people. In addition, acknowledgement of young people as individuals aged 12 to 25 years; emphasis on prevention and early intervention initiatives; provision of multiple entry points to promote engagement of hard to reach young people; co-location of services and cross sector collaboration; commitment to staff training and development; collection of data to build on the evidence base of youth health service provision; and a multi disciplinary approach all work together to prioritise and address the health and well being needs of young people in NSW. For optimum health and well being, these principles must be executed cohesively and not in isolation.

NAYH calls for all sectors and levels of government to make a greater commitment to youth health, especially in regards to marginalised young people, and recommends greater financial and resource investment into youth health services now and into the future across the state of NSW.