


Office of Kids and Families

# Youth Health 2015

Report on the annual survey of the  
NSW Youth Health Policy 2011-16



Health



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## Summary

The *NSW Youth Health Policy 2011-16: Healthy Minds, Healthy Minds, Vibrant Futures* acts as a guide for the NSW Health system and partner agencies on how to address young people's health concerns. This report reviews the implementation of the Policy by Local Health Districts and Specialty Health Networks. It also includes a summary of the contribution of the Office of Kids and Families.

### Role of the Policy

- The Policy raises the profile of youth health and supports a structured and holistic approach to providing health services to young people in NSW. All Local Health Districts and Specialty Health Networks have made progress on implementation, depending on their local capacity.
- There continues to be a gap in resources to implement the Policy and prioritise services for young people, particularly among rural and remote Local Health Districts.
- The benefits of providing youth-friendly services, engaging young people, and building capacity to provide services to young people are acknowledged. However, limits on resources and other barriers affect consistency of how these aspects of the Policy are implemented.
- The implementation support provided by the Office of Kids and Families is valued. The Office of Kids and Families has an important role in facilitating information sharing and building capacity in youth health.

### Implementation of the Policy

- Among Local Health Districts and Specialty Health Networks, 12 have a Youth Health Coordinator or equivalent, and 14 have a Youth Health Plan, either agreed or in development.
- How health services are provided to young people varies across NSW, for example:
  - There are nine Youth Health Services providing a holistic health service for young people, particularly those in vulnerable circumstances and those with complex needs
  - Outreach services are used to focus on health concerns or target specific groups
  - Specialist tertiary adolescent services are provided by the Sydney Children's Hospitals Network and Hunter New England Local Health District, while Justice Health and Forensic Mental Health provides specific health services for young people in custody
  - Mainstream services, including primary care, mental health, drug and alcohol, sexual health and hospital services provide the majority of care to young people.
- The *Better Practice Checklist* is a recognised tool to support more youth-friendly services, including mainstream service. The new revised checklist should make this more widely used.
- Services are increasing their use of technology to engage young people in health and health services. There is potential to make greater use of technology, including as part of service provision, if barriers around internet and social media access, out-dated technology, and staff capacity are addressed.
- Support is needed for more consistent youth participation. There is a gap between organisations seeking input from young people on an *ad hoc* basis only and those organisations, mainly in metropolitan areas, that are starting to employ young people in more formal advisory roles.
- Most Local Health Districts offer a range of youth health related training and development to mainstream and youth health staff. The Office of Kids and Families Youth Health Training Initiative and Youth Health Forums also support the building of worker capacity.
- Improved data and reporting on youth health would assist in identifying and responding to unmet health needs.
- Strong leadership and champions for youth health, as well as resources, are crucial enabling factors for implementation of the Policy.

## Background

The *NSW Youth Health Policy 2011-2016: Healthy Bodies, Healthy Minds, Vibrant Futures* acts as a guide to the NSW Health system and partner agencies to address young people's health concerns. It is focused on adopting a holistic approach to providing care to young people, promoting wellbeing and improving their access to quality youth-friendly health services. By highlighting how the specific health concerns and developmental needs of young people are different to those of children or adults, the policy ensures that young people are considered as a distinct population group with their own unique needs.

The Policy sets out goals and priorities for action which should be taken into account by all NSW Local Health Districts and Specialty Health Networks when they are planning, developing and delivering health services. It sets out a role for the Office of Kids and Families, through its Youth Health and Wellbeing Team, to provide statewide leadership, guidance and support to NSW Health on implementing the policy.

The Policy was released in 2010 with a requirement that all Local Health Districts and Speciality Health Networks prepare an annual report on their youth health activity. The Office of Kids and Families (formerly known as NSW Kids and Families) has sent out a survey each year since 2013 that seeks feedback on how services are planned and coordinated, the challenges and the enabling factors that support implementation of the Policy in their area. The survey responses provide useful information about how the needs of young people are being addressed. However, this is not the full picture of what services are available as the survey does not cover services provided to young people in areas such as mental health, drug and alcohol and sexual health which have their own reporting systems.

This report presents a summary of the responses to the 2015 survey. It also describes action taken by the Youth Health and Wellbeing Team of the Office of Kids and Families to support implementation during 2015. It outlines the key findings from the information provided under each of the goals set out in the Policy. As the Policy finishes in 2016, these findings will be used along with other evidence, policy information, and feedback from young people and other stakeholders to develop an updated policy.

## Implementing the Youth Health Policy

### Goal 1: Planning and implementing health services for young people

<b>Youth Health Policy: Goal 1</b>	<b>Young people are encouraged and supported to achieve their optimal health and wellbeing</b>
Priorities for action	1.1 Apply a holistic approach to youth health with a focus on wellbeing 1.2 Promote a whole-of-community approach to youth health 1.3 Improve access to primary health care 1.4 Recognise the different needs of young men and young women throughout adolescence

The NSW Youth Health Policy describes the need for the NSW Health system and services to take account of the unique needs and health issues affecting young people. The first goal of the Policy is to provide a holistic approach to meeting the needs of young people. Local Health Districts and Specialty Health Networks are expected to plan services which focus on wellbeing, on addressing risk behaviours, improving access and supporting marginalised and vulnerable young people. At a State level, the Office of Kids and Families has a role in supporting youth health networks, promoting evidence based approaches for responding to the health needs of young people and providing information to help young people navigate the health system.

### Local Health Districts and Specialty Health Networks

#### *Youth Health Coordinators*

The Policy recommends that each Local Health District and Specialty Health Network has a Youth Health Coordinator to promote a holistic approach and provide leadership, planning, coordination, and capacity building around youth health.

- Among the 15 Local Health Districts, 10 survey responses indicated that they have youth health coordination roles. As in 2014, all eight metropolitan Local Health Districts have a Youth Health Coordinator. However, there continues to be limited capacity for coordinating youth health in rural and remote areas. Out of seven, only Hunter New England Local Health District and Murrumbidgee Local Health District have a Youth Health Coordinator. This is one less than 2014, as there is not currently a role in Mid-North Coast Local Health District, although this is planned following restructuring.
- Only one of the Local Health District Youth Health Coordinators (South Eastern Sydney Local Health District) is a full time position solely focused on youth health coordination. All other Youth Health Coordinators are either part time, have clinical duties or youth health service management as well, or also have responsibilities for other service areas (eg. homelessness, out-of-home care, sexual health promotion).
- Among the three Specialty Health Networks, Justice Health and Forensic Mental Health and the Sydney Children's Hospitals Network both provide specialist adolescent services and have staff whose responsibilities include managing, leading and coordinating services for young people.
- Youth Health Coordinators consistently have responsibilities around: leading and coordinating youth health projects and programs; collaborating with other agencies and stakeholders; and supporting development of capacity to respond to the health needs of young people.

### Youth health plans

The Youth Health Policy implementation plan asks all Local Health Districts and Specialty Health Networks to develop and implement a Youth Health Plan.

- Fourteen Local Health Districts/Specialty Health Networks (78%) responded that they either have an agreed youth health plan (8) or have a plan in development (6). In some cases, the youth health plan is/will be incorporated into broader division, organisation or local area plans.
  - Murrumbidgee Local Health District has agreed its first youth health plan in the last year.
  - Compared to 2014, a larger number of Local Health Districts/Specialty Health Networks (6) are in the development phase of their plan. In all but one case, this is a review of a previous plan that was already in place. In some cases, the review process was initiated following the release of *Healthy, Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014-24*. St Vincent's Health Network has started developing a youth health plan for the first time.
  - Central Coast Local Health District and Sydney Local Health District are currently working with other local agencies across health and human services to develop local area plans around youth health and wellbeing.
- Responses show a general correlation between Youth Health Coordinators and youth health plans.
  - Seven out of eight Local Health Districts with a youth health plan also have a Youth Health Coordinator or equivalent.
  - All four Local Health Districts that do not have a plan are in rural or remote areas. None of these has a Youth Health Coordinator.
- While not all organisations have a specific plan, all have taken some actions in 2015 around youth health. Understandably, the level of activity is more limited where there is not a coordinator and/or plan in place. The most common youth health activities were:
  - Health promotion activities (100%)
  - Establishing clinical services (83%) and outreach services (78%)
  - Mechanisms to promote access; use of technology to engage young people; staff training; and use of youth confidentiality resources (all 83%)
- In some areas, particularly in rural and remote Local Health Districts, the lack of dedicated resources for youth health is the main barrier to implementing a youth health plan. Other barriers mentioned include disruption caused by organisational change, competing priorities and demands of services, staff not being equipped and service structures not reflecting the needs of young people.

- In addition to having a Youth Health Coordinator, having senior champions, good local partnerships, and clear accountability are important enabling factors for implementing youth health plans.

### **Health services for young people**

A range of health services are in place across NSW that are specifically targeted at young people. These include youth-specific health centres and clinics, outreach services, youth mental health services, health promotion programs, services for priority populations and case management for young people with complex needs. Services are provided by Local Health Districts, Specialty Health Networks and non-government organisations. Young people also use mainstream primary care, hospital, community and public health services, in particular, GP practices, emergency departments, mental health and drug and alcohol, and sexual health services.

- Across NSW, nine services run by Local Health Districts provide a tailored holistic health service for young people. These youth health services operate in six Local Health Districts, five metropolitan (Central Coast, Illawarra Shoalhaven, South Western Sydney, Sydney, and Western Sydney) and one rural (Hunter New England). Two Local Health Districts commission non-government organisations to provide holistic youth health services to specific population groups in their area. Different models are used by the youth health services which usually provide a range of primary care, health promotion, and case management services. The range of services and the models of care vary across the different youth health services. For example, they differ in their approach to providing primary care; provision and coordination with other services such as sexual health, mental health and drug and alcohol services; their target population; and the level of case management for young people with complex needs. Survey responses show they range from about two to about 12 full-time equivalent staff members. This picture of specific youth health services has been consistent over the life of the Youth Health Policy.
- Ten Local Health Districts provide outreach services for young people, and/or have youth health services and outreach provided by non-government organisations in their area. In some areas, for example Central Coast Local Health District and Hunter New England Local Health District, the youth health service is primarily run on an outreach model. Outreach services are often targeted at specific marginalised populations, including Aboriginal young people, young people who are homeless or at risk of homelessness, refugees, and young carers. Specific programs also target particular health and wellbeing issues, for example young parenting, domestic violence, sexual health, drug use, smoking cessation or healthy eating.
- Five rural and remote Local Health Districts (Far West, Mid-North Coast, Murrumbidgee, Northern NSW, and Southern NSW) indicated that all care to young people is provided by mainstream services including primary care, sexual health and drug and alcohol services, and they do not have youth-specific clinics or outreach services. Some suggested that young people in their area, particularly those from marginalised groups, could benefit from a service model which uses a more holistic approach.
- There are 27 *headspace* services across NSW, with at least one service in 14 of the 15 Local Health Districts. In the next few years, a further six services are planned, four of these will be in rural and remote Local Health Districts, including the first *headspace* service for Far West Local Health District in Broken Hill. It will be important to build a strong relationship between *headspace* services and NSW Health services to provide a coordinated service system across a continuum of healthcare for young people.
- All three Specialty Health Networks provide services specifically for young people.
  - The Adolescent Health team in Justice Health and Forensic Mental Health has 74.5 full-time positions, with adolescent clinics in seven juvenile justice centres and 14 courts across NSW. The Community Integration Team runs clinics in 11 sites.
  - The Department of Adolescent Medicine at Sydney Children's Hospitals Network has 27 clinical staff positions and three administrative staff. The Network provides specialty inpatient and outpatient services, including adolescents with chronic and complex illness, eating disorder services, weight management, adolescent addiction medicine, child and adolescent gynaecology service, gender dysphoria service, and a transition service.
  - St Vincent's Health Network runs the Program for Early Intervention and Prevention of Disability (PEIPOD), a community and outreach service providing intensive case management for people with mental health issues.





## Learning in relation to Goal 1

- All Local Health Districts and Specialty Health Networks are committed to and recognise the particular health needs of young people and benefits of considering young people as a specific population group.
- The ongoing gaps in coordination and planning resources and leadership capacity in some rural and remote Local Health Districts creates challenges in planning and delivering equitable care and ensuring that young people's needs are met, particularly for disadvantaged or vulnerable young people. Resources and capacity for planning and coordination are the top issues raised in the survey responses from rural and remote Local Health Districts.
- Survey responses show that where there are resources dedicated to youth health, this has a positive impact on the ability of Local Health Districts and Specialty Health Networks to address the needs of young people in a targeted and coordinated way.
- Service provision for young people is complex and varied depending on local needs and circumstances, as well as available resources. While a key message is that one-size does not fit all, nearly all organisations (16 out of 18) highlighted the need for greater resources to explore service models that are more tailored to meeting the needs of young people.
- Further information and/or evaluation of existing interventions would be helpful to understand what models work best and promote improved access and good outcomes for young people.
- Networking and advisory mechanisms to bring colleagues from across NSW together to share information are valued and help to identify and respond to common youth health issues.

## Goal 2: Engaging young people

Youth Health Policy: Goal 2	Young people experience the health system as positive, respectful, supportive and empowering
Priorities for action	2.1 Improve access to youth-friendly health services 2.2 Use creative approaches including multimedia and technology to engage young people and their parents, carers and families 2.3 Make transitions easier for young people 2.4 Walk beside young people moving through the health system

Providing services which are accessible and youth-friendly is a central aim of the Policy. It sets out the need to ensure that young people have a voice so that services take account of current issues and experience. The Policy has a particular focus on using creative approaches, including multimedia and technology, to more actively engage young people, their families and carers.

### Local Health Districts and Specialty Health Networks

#### *Youth-friendly services*

The *Better Practice Checklist* is an evidence-based assessment tool based on the *Youth Health Better Practice Framework*. The Youth Health Policy recommends that the checklist is used by youth health and mainstream health services as a mechanism to review, plan and evaluate how youth-friendly their services are.

- In 2015, the checklist was used in 28 services across NSW, a similar number to the previous two years. These were evenly split between youth-specific services and mainstream services. Nine Local Health Districts used the checklist in at least one service in 2015, including Far West Local Health District which used the checklist for the first time in the Broken Hill Health Service Paediatric Ward. This site was used as a trial, with a plan in place to implement the checklist more widely in 2016.
- Over the last three years, the checklist has been used in 80 services across NSW. Twelve out of 15 Local Health Districts have used the checklist at least once, although 60 per cent of uses were in South Eastern Sydney Local Health District (25) and Hunter New England Local Health District (23). There are three Local Health Districts that have not used the checklist, and a few which have used it only a few times.

- In the nine Local Health Districts that used the checklist in 2015, the most common actions taken were:
  - Promote access and advertise services (7)
  - Improve the youth friendliness of generic waiting rooms (7)
  - Use of the youth-friendly confidentiality resources (7)
  - Develop staff skills to work with young people (6).
- Feedback suggests that use of the checklist has been successful where there is a strong champion and some resource for implementation, often a Youth Health Coordinator but not exclusively.
- The benefit of considering young people as a distinct group is not always recognised among mainstream services, especially where there are competing demands and other populations are prioritised in service agreements.
- There continues to be a momentum to use the checklist, particularly now that a shorter and more user-friendly version of the tool has been released. For example, Illawarra Shoalhaven, Far West and Murrumbidgee Local Health Districts are each planning further use of the checklist in 2016. A number of responses also mentioned that mainstream services are more likely to use the new checklist.
- The Sydney Children's Hospitals Network Department of Adolescent Medicine ensures that all of its clinics and services meet the Better Practice Framework. The team also supports other sub-specialties, such as renal and diabetes, to tailor their services to young people.

### **Use of technology**

The Youth Health Policy recognises that technology plays a role in the lives of young people, particularly as a means to connect to each other and to services using the internet and mobile technology. The Policy identifies that health services should use technology to engage with young people.

- All Local Health Districts/Specialty Health Networks are using at least one form of technology to engage with young people about health and wellbeing and health services. Most organisations are focused on a small number of uses although a few are using a wide range of technology and creative methods to engage young people. For example, Central Coast Local Health District, South Eastern Sydney Local Health District and Sydney Children's Hospitals Network utilise all 12 of the technology tools suggested in the survey.
- Using technology as a form of communication with young people is widespread: SMS appointments (89% of Local Health Districts/Specialty Health Networks); email as a point of contact (72%); and email as a form of communication (61%).
- Websites and social media are used to share information about services and health promotion topics. Some organisations have developed their own websites for young people, and these are increasingly interactive with greater use of video clips and webchat facilities. Examples include:
  - The Youth Point (South Eastern Sydney and Sydney Local Health Districts)
  - Central Coast, Hunter New England and Murrumbidgee Local Health Districts have each developed their own service websites
  - Increasing use of social media with 50 per cent utilising tools such as Facebook and Twitter as a method of engaging young people.
- Use of technology within service locations and as part of clinical care is more limited. However, the use, development and signposting of apps is increasing and is considered to have potential. Examples include trialling of a transition app (Sydney Children's Hospitals Network) and use of Mindfulness apps and Young Carers apps.
- Barriers to greater use of technology are ongoing. The biggest issues are limited access to social media (89%), out-dated technology compared to young people (72%), and lack of knowledge and skills (61%).
- Survey responses identified a greater role for the Office of Kids and Families in supporting and advocating the use of technology. Suggestions include developing a more consistent and clear policy on

access to social media, capacity building, exploring use of tech-champions to share new approaches to using technology, and supporting development of apps and web resources.

### **Youth participation**

Youth participation is one of the implementation principles of the Youth Health Policy. Involving and listening to the views of young people is important to ensure services are appropriate and accessible.

- The level of youth participation varies greatly although all Local Health Districts/Specialty Health Networks have some participation mechanisms. However in some areas, this takes place on an *ad hoc* basis only where needed for a specific project. In common with other aspects of the Policy, a lack of Youth Health Coordinators and specific youth participation resources were mentioned as a significant barrier to greater youth participation. A lack of funding specifically for youth participation was identified as barrier to implementing the Policy, particularly among metropolitan Local Health Districts (6 out of 8) which already have a baseline level of planning capacity.
- The most popular forms of youth participation are similar to 2014: use of consumer surveys (14 out of 18), consultation with youth network interagency workers (12), and involving young people in program evaluations and service reviews (12).
- In 2015, a number of Local Health Districts received feedback from young people as part of more significant evaluation and planning activities. For example:
  - Central Coast Local Health District ran a major consumer engagement and feedback project which gathered feedback from 122 young people
  - Far West Local Health District held youth consumer focus groups as part of an integrated care project
  - The YES (Your Experience of Service) mental health survey is used by adolescent health teams at Justice Health and Forensic Mental Health.
- There are more examples of Local Health Districts/Speciality Health Networks involving young people more formally as advisors, to help deliver training, or in the provision of peer support. For example:
  - Peer Wellness workers to support implementation of Keeping the Body in Mind (South Eastern Sydney Local Health District)
  - Training peer leaders as part of the ChIPS (chronic illness peer support program) – (Sydney Children's Hospitals Network and Central Coast Local Health District)
  - Young people present at 'Engaging young people in the health setting' workshops (Sydney Local Health District)
  - Each local *headspace* has a Youth Reference Group.

### **Office of Kids and Families**

A number of projects and resources from the Office of Kids and Families support NSW Health services to engage young people.

### **Better Practice Checklist**

The *Youth Health Better Practice Checklist* is an important resource that supports implementation of the Youth Health Policy. In 2015, the Youth Health and Wellbeing Team, with the support of two Local Health Districts, reviewed and revised the checklist to make it shorter and more practical to use. It is now named the [Youth Friendly Checklist for Health Services](#).

### **Tech Savvy and 'Appy report, workshop and webinar**

The [Tech Savvy and 'Appy](#) project explored how technology can be used to promote young people's access to health services. The opportunities, barriers and enablers to using technology were considered. It included four workshops with health professionals, an online focus group with young people and consultations with youth health service managers. The project findings were published in a report. The main issues identified were:

- Websites and social media play a positive role for young people in promoting health information and services. However, the system is fragmented and difficult to navigate. Young people want to know they can trust the information.

- Most health services recognise the opportunities that exist and make some use of technology to engage young people, their parents, carers and families. However, the use of technology varies greatly, with many services acknowledging their current limitations, including a lack of access to technology, the internet and relevant websites.

An Action Plan was developed focusing on the need to improve access to technology by health professionals and to provide further support and training to help them to engage better with young people. In 2015, the Office of Kids and Families commissioned ReachOut to deliver webinars to workers on using technology.

These findings are reinforced by the feedback from Local Health Districts and Specialty Health Networks, suggesting that the use of technology needs to be supported and that it should continue to be a prominent feature of the Youth Health Policy.

### **Youth Health Brand Development project**

The Office of Kids and Families and the Youth Health Council collaborated on the initial development of a youth health brand. The intention is for the youth health brand to be recognised as a symbol of commitment to provide accessible and youth-friendly health services in NSW. The initiative will serve as a conduit to unify the youth health sector, increase youth health presence in NSW, and support greater trust and access to healthcare services for young people.

The project is ongoing. In 2015, a reference group was formed and the Office of Kids and Families consulted on the brand artwork with young people from the following services:

- Adolescent Health, Justice and Forensic Mental Health Network
- Northern Sydney Youth Consultants (Northern Sydney Local Health District)
- The Corner Youth Health Service (South Western Sydney Local Health District)
- YouthBlock (Sydney Local Health District).

### **Learning in relation to Goal 2**

- Responses to the survey show that in some areas, there is a great deal of activity to engage and involve young people and to promote youth-friendly services.
- Where resources are available for implementation, the *Youth Friendly Checklist for Health Services* is recognised as a tool which can support more youth-friendly services.
- The potential to make better use of technology is widely recognised. When asked for overall views on the Youth Health Policy, 'better access to technology' (16 out of 18) was the joint top factor that could assist implementation.
- While significant challenges and inconsistency still exist, the role of technology is broadening. Technology is used for different purposes, including as a form of communication, to share and promote health and service information, as part of clinical assessment, screening and care, and to gather feedback from young people.
- There is a need for greater consistency in the use of technology to make the most of the potential to improve access to health information and services for young people. There is a continued focus on building capacity and a call for the development of clear guidance on using technology and access to social media and other technology in a health setting.
- Given the variation in youth participation and limited resources, it would be useful to gather feedback on what methods are most useful and what changes have been made as a result of input from young people. This would help in providing appropriate support and guidance in relation to cost-effective youth participation.

### Goal 3: Evidence-based care

<b>Youth Health Policy: Goal 3</b>	<b>Responses to the health needs of young people are evidence-based, promote prevention and early intervention and are delivered efficiently and effectively</b>
Priorities for action	3.1 Strengthen youth health education and training 3.2 Strengthen the focus on research and evaluation 3.3 Manage resources and improve accountability 3.4 Invest now or pay later!

The Youth Health Policy describes how important it is that young people receive evidence-based healthcare and support. As with all healthcare, this relates to clinical care and also to the way that care is delivered, the information young people receive, and the way they are involved in decision-making. Evidence-based care is crucial for promoting the best outcomes and improving the health and wellbeing of young people, as well as ensuring health resources are used effectively and efficiently. The third goal of the Policy highlights the need to strengthen education and training, as well as evaluation and research relating to health services for young people.

#### Local Health Districts and Specialty Health Networks

##### *Youth health training and development*

Workers in Local Health Districts and Specialty Health Networks have had access to training and development related to youth health, although the topics, methods and volume of training activity vary. There are three themes which come through in the survey responses.

- Many staff working in youth-specific services receive training relating to their roles and/or to specific programs and projects, for example:
  - Tailored programs of training for youth health service staff and adolescent medicine teams working at Illawarra Shoalhaven Local Health District, Justice Health and Forensic Mental Health and Sydney Children's Hospitals Network.
  - Training relevant to providing care to young people with mental health problems was identified in responses from at least eight Local Health Districts/Specialty Health Networks. Such training is undertaken by staff from child and adolescent mental health services (CAMHS), drug and alcohol services, youth health service and others. Topics includes cognitive behavioural therapy (CBT) for psychosis in young people, dialectical behaviour therapy for adolescents, mental health first aid, trauma focused CBT, and RAGE, a training program about navigating anger and guilty emotions for adolescents.
- Six survey responses indicated that training and development is provided to build capacity of staff in mainstream health services and other local services in relation to providing healthcare to young people. All have youth health coordination and/or service resources and the training is usually delivered by staff from youth services, for example:
  - In Central Coast Local Health District, the youth health services liaison social worker trained emergency department and paediatric assessment unit staff members in working with young people. Training was also provided to local GP practices, psychology staff and child and family health staff
  - Western Sydney Local Health District, South Eastern Sydney Local Health District, Northern Sydney Local Health District, Sydney Local Health District and the Sydney Children's Hospitals Network indicated that they undertook capacity building among staff working in hospital, community and primary care settings in relation to working with young people.
- More than half of the survey responses highlighted development sessions run by the Office of Kids and Families on different youth health topics, including:
  - The Youth Health Forums which have had a broad impact, reaching a large number of staff in health services in all Local Health Districts and Specialty Health Networks as well as people from non-health settings. The forums are an important mechanism for raising the profile of youth health and

the needs of young people. In Far West Local Health District and Southern NSW Local Health District this was the only development activity mentioned.

- Participation by Local Health District staff in other training which forms part of the Office of Kids and Families Youth Health Initiative (see below), including pilots of online HEEADSSS assessment training, and pilots of train–the-trainer sessions for the forthcoming essential youth health skills workshops.

### **Service evaluation and research**

Seventeen out of 18 survey responses stated that at least some information about young people's use of and satisfaction with health services is collected, showing that the increase seen in 2014 has been maintained.

- The capacity for youth participation and evaluation in rural and remote Local Health Districts is more limited compared to metropolitan Local Health Districts and Specialty Health Networks, meaning that a smaller range of data is collected and/or reviewed.
- The most frequent sources of feedback about services are: standard governance procedures (eg. 'have your say') (14); surveys of young people (14); data from patient records (13) and evaluation of health promotion programs (13). The four organisations which did not carry out any surveys with young people were all rural and remote Local Health Districts. Evaluations of outreach programs and focus groups with young people were also relatively common.
- There are a few examples of targeted evaluation and feedback exercises of youth health services and programs the results of which may be of interest to other youth health colleagues. For example:
  - A youth needs assessment and an evaluation of the youth health service YouthBlock, carried out in Sydney Local Health District. The results will be available in early 2016 and will inform the Inner West youth health and wellbeing plan.
  - Sydney Children's Hospitals Network formal evaluation of both the Trapeze (transition) and ChIPS (chronic illness) programs.
- It can be difficult to specifically identify feedback from young people within the range of data that is collected. Illawarra Shoalhaven Local Health District suggested that the Patient Journey used by Local Health Districts should allow for age groupings so that reports and analysis can be generated to identify the patient journey of young people as distinct from other groups.
- Fifteen organisations highlighted the need for measurable performance indicators within service agreements as a way to better support implementation of the Youth Health Policy. Related to this, a few Local Health Districts, including Central Coast and South Western Sydney, raised concerns about the Child, Youth Family section of the new Community Health and Outpatient Care (CHOC) program electronic medical record. They felt that improvements to CHOC are needed so that more meaningful data can be collated and analysed about young people's interactions with health services.
- More than half of organisations have either presented at conferences and/or undertaken research relating to youth health. More active organisations, including Sydney Children's Hospitals Network, Justice Health and Forensic Mental Health and South Eastern Sydney Local Health District mentioned multiple conference presentations within Australia and internationally. Examples of topics covered by research projects, publications and conferences include:
  - Engagement of adolescents with neuromuscular disorders in healthcare (Northern Sydney)
  - Family Tribes program for young Aboriginal carers (Sydney)
  - Transition care (Hunter New England)
  - Core of Life program (Northern NSW)
  - Mental health of adolescent offender populations (Justice Health)
  - Adolescents as a special area of medical practice, and approaches to engaging adolescents (Sydney Children's Hospitals Network)
  - Let's Talk About Sex program, and Keeping the Body In Mind program (South Eastern Sydney).

## Office of Kids and Families

The Office of Kids and Families develops resources to promote evidence-based care and collaborates with experts on youth health particularly in the areas of research and training and education.

### Youth Health training initiative

The Office of Kids and Families released a [Youth Health Competency Framework](#), developed by a technical working party of youth health experts. The framework identifies the core skills for health service providers in working with young people.

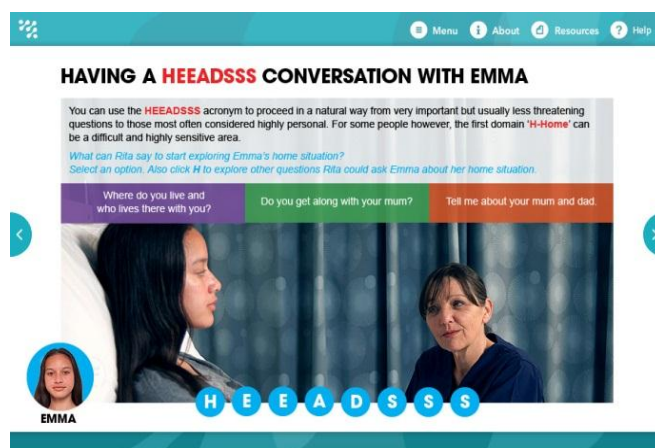
As part of the Youth Health Training Initiative, the following two key initiatives are being developed that will deliver training that aligns to the Competency Framework.

### Essential Youth Healthcare Skills workshop

A face-to-face, one-day training workshop on core skills in providing healthcare for young people has been developed and piloted in the Murrumbidgee and Hunter New England Local Health Districts. Trainers have been selected by Local Health Districts and Specialty Health Networks to receive training in March 2016 on the *Essential Youth Healthcare Skills* workshops. The trainers will then be supported by the team and a training mentor to conduct the workshops for health service providers in their local areas.

### Get the conversation started: Using HEEADSSS to engage young people and expand their safety net

HEEADSSS assessment is a brief psychosocial assessment used by health service providers with young people. The Office of Kids and Families commissioned the Health Education and Training Institute (HETI) to produce an interactive e-learning module on conducting a HEEADSSS assessment. The Agency for Clinical Innovation and The Sydney Children's Hospitals Network were partners in the project. This online module was piloted in the Illawarra Shoalhaven Local Health District and will be released on HETI online in early 2016.



### Youth Health Forum

The Youth Health Forum is a program of half-day forums that cover a range of adolescent health and wellbeing issues. They are aimed at health, education, community and welfare professionals and students. Each forum event usually features four or five presentations, followed by a panel session. Recent topics covered include:

- Still deadly: Building on the strengths of Aboriginal and Torres Strait Islander young people (March 2015)
- Understanding and supporting adolescent development: More than one direction (August 2015)
- Locked up but not locked out: Working with young people, not young offenders (October 2015).

### Youth Health Forum video conference sites 2015



Working in partnership with local contacts, significant progress has been made to extend access to the forum in rural and remote areas. In 2015, the number of Youth Health Forum video conference links to rural and regional areas increased from 10 to 16 (as shown in the map). The Youth Health Forum held on 5 August 2015 was attended by 630 people. All forum presentations are also published on the events section of the Office of Kids and Families website.

### **ACCESS 3 Study**

The Office of Kids and Families commissioned The University of Sydney's Department of General Practice at Westmead to carry out the ACCESS 3 research study which aims to gather intelligence about the experiences of young people when accessing and navigating the health system in NSW, including the impact of digital media. It will focus on the experience of five marginalised groups of young people:

- Identifying as Aboriginal and/or Torres Strait Islander
- Who live in rural/remote areas
- Who are homeless or at risk of homelessness
- Who are refugee or vulnerable migrants
- Identifying as gender or sexuality diverse.

This project includes: a cross-sectional survey of young people in NSW; an in-depth, qualitative, longitudinal study of a subsample of marginalised young people and their journeys through the health system over 12 months; a series of interviews with service providers and practitioners; and a knowledge workshop to help translate findings into policy-relevant recommendations. The outcomes of this research will inform the development of the Youth Health Policy and health service capacity building in NSW beyond 2016.

### **Primary care youth health training**

The Royal Australian College of General Practitioners (RACGP) ran a series of interactive webinars and face-to-face skills training sessions based on the learning objectives of the first Active Learning Module of the *GP Training Toolkit* in 2014. Overall feedback was very positive with good recruitment and engagement of training participants. Initial planning has been conducted with the RACGP to provide further training on youth health via the clinical issue of addiction in 2016, dependent on funding.

The team has also been working with the Australian College of Rural and Remote Medicine (ACRRM) to develop an online module on working with young people in general practice. The content of the module will be finalised in early 2016 and the ACRRM will then produce the module and make it available on their online platform.

### **Adolescents and young adults presenting to Emergency Departments Evidence Check**

The Office of Kids and Families commissioned an Evidence Check from the Sax Institute on young people's use of emergency departments. The research questions focussed on patterns of use of emergency departments, whether there was evidence that presentations could be considered avoidable, and system responses. Overall, a dearth of robust empirical studies was identified to address the research questions, particularly in relation to studies that examined the trajectory of young people through the health system and any relationship between access to GP practices and use of emergency departments. However the Evidence Check did usefully document the current state of knowledge on this issue and provide direction for further research.

Clinical Professor David Bennett and Dr Sally Gibson from the Office of Kids and Families collaborated with Professor Kate Steinbeck, Chair in Adolescent Medicine, University of Sydney and Associate Professor Lena Sanci, Department of General Practice, The University of Melbourne on a presentation on young people's use of emergency departments at the National Youth Health Conference held in 2015.

### **Learning in relation to Goal 3**

- There is generally a more structured approach to building capacity in relation to youth health among organisations that have specific youth health coordination and/or service resources. In addition to training for youth health staff, these organisations provide opportunities for staff in mainstream services to develop skills and knowledge they need to provide more youth-friendly care.
- The knowledge sharing and development of training resources led by the Office of Kids and Families' Youth Health and Wellbeing Team are widely utilised and are important for building capacity and awareness about providing care to young people. In some rural and remote areas, these are the main mechanisms through which staff members engage in youth health issues.
- The important role of evaluation and research is recognised and projects which focus on young people's health and the services they receive are increasing. While a range of data is collected for service evaluation and planning, more consistent indicators and evaluation tools are needed. Thirteen



organisations identified this as something that the Office of Kids and Families could support. Evaluation activity specifically focused on young people is generally greater where there is someone in a Youth Health Coordinator role, or where specialist adolescent services are in place. Conversely in rural and remote areas, there is often limited capacity to gather data from young people about their experiences of healthcare. This is a gap the ACCESS Phase 3 Research Study will address.

## Next steps

The *NSW Youth Health Policy 2011-16: Healthy Minds, Healthy Minds, Vibrant Futures* finishes at the end of 2016. The survey responses and this report will be considered in the development of a new policy to build on existing work and strengthen how NSW Health takes account of the health and wellbeing of young people.

The Office of Kids and Families thanks all those who contributed to the survey responses provided by the Local Health Districts and Specialty Health Networks.