ESSENTIAL YOUTH HEALTHCARE SKILLS

TRAINING MANUAL

NSW GOVERNMENT | Health

CONTENTS

CONTENTS

CONTENTS

ABBREVIATIONS USED

ATSI – Aboriginal and Torres Strait Islander

CALD - Culturally and Linguistically Diverse

GPs – General practitioners

EYHS – Essential Youth Healthcare Skills Training Program

HEEADSSS -   **H** – home

                      E – education and employment

                      E – eating and exercise

                      A – activities, hobbies and peer relationships

                      D – drug use, cigarettes and alcohol

                      S – sexual activity and sexuality

                      S – suicide, depression, self-harm

                      S – safety

HETI – Health Education and Training Institute

LGBTI – Lesbian Gay Bisexual Transgender Intersex

LHD – Local Health District

LMS – Learning Management System

ROSH – Risk of significant harm

SESLHD – South Eastern Sydney Local Health District

SHN – Specialty Health Network

WHO – World Health Organisation

WHS – Workplace Health and Safety

YHRK – Youth Health Resource Kit

YHTI – Youth Health Training Initiative

ACKNOWLEDGEMENTS

INTRODUCTION AND CONTEXT

INTRODUCTION AND CONTEXT

1. BACKGROUND

This *Essential Youth Healthcare Skills* training workshop manual was developed as part of the *Youth Health Training Initiative* (YHTI), which commenced in 2015.

The YHTI aims to build the capacity of the NSW Health workforce to better understand, identify and respond to the health needs of young people. This *Training Manual* is an important resource for the YHTI.

The NSW Health key documents which guide the implementation of this training initiative include:
- *NSW Youth Health Framework 2017-2024*
- *Healthy, Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014-24*
- *Youth Health Competency Framework (2015)*
- *Building the Health Workforce Capacity on Youth Health Scoping Study Report (2014)*
- *Access Study: Youth Health — Better Practice Framework (2011).*

This *Training Manual* supports state-wide youth health capacity building by providing youth health training coordinators and trainers with the essential resources required to deliver a one day training session targeting the core and universal competencies outlined in the *Youth Health Competency Framework* (2015).

This updated version of the *Training Manual* also supports the implementation of the *NSW Youth Health Framework 2017-2024* which has three goals:

1. The health system responds to the needs of young people, including targeted responses for vulnerable young people
2. Health services are accessible and young people are engaged and respected
3. Young people are supported to optimise their health and wellbeing.

2. HOW TO USE THIS MANUAL

This manual contains all of the information required to prepare, coordinate, deliver and evaluate the *Essential Youth Healthcare Skills* training program (EYHS).

The manual is divided into three sections:

Part 1 - Training coordinator guide and administration tools

Part 2 - Trainer considerations and preparation

Part 3 - Trainer guide - modules, session plans and resources.

The trainer guide contains detailed training session plans as required to facilitate a one day training session. The training program consists of eight modules. An overview of how to format the modules to deliver a one day training workshop is provided.

All modules are mapped against the core and universal youth health competencies.

3. TRAINING PROGRAM AIMS AND OUTCOMES

Training aims

The *Essential Youth Healthcare Skills* training workshop aims to:

1. Develop the skills of health professionals to engage, assess and respond to the health needs and risks of young people
2. Develop youth friendly services and reduce barriers to young people accessing services.

Training outcomes

Participants attending the one day workshop will develop confidence and competence in the following areas:

1. Understanding young people's development and health needs
2. Engaging and communicating effectively with young people
3. Conducting a HEEADSSS psychosocial risk assessment
4. Identifying and removing barriers to young people accessing healthcare

4. KEY RESOURCES USED TO DEVELOP THE MANUAL

1. Youth Health Resource Kit

The *Youth Health Resource Kit: An Essential Guide for Workers (2014)* was designed to provide information about the major issues associated with meeting the needs of young people and providing services that are responsive and youth-friendly.

2. Youth Health Competency Framework

The *Youth Health Competency Framework (2015)* provides an overview of the core and universal skills and knowledge required to effectively communicate with young people, and manage the often challenging issues which can emerge, from developmental and psychosocial factors, to medico-legal issues and risk-taking behaviours.

3. Youth Health Better Practice Framework

The *Access Study: Youth Health — Better Practice Framework Fact Sheets (2011)* resource is designed for policy makers, managers and service workers involved in reviewing, planning and designing effective adolescent health-related services.

4. Youth Friendly General Practice Training Toolkit

The *Youth Friendly General Practice Training Toolkit (2013)* was developed specifically for general practitioners, however it is aligned with current best practice in youth health training and forms the foundation of this training manual.

5. Youth Health and Wellbeing Assessment Guideline (GL2018_003)

The *Youth Health and Wellbeing Assessment Guideline (2018)* presents the current best evidence for conducting a youth health and wellbeing HEEADSSS psychosocial assessment, recommended for implementation across NSW Health.

5. PRINCIPLES AND TRENDS UNDERPINNING THIS MANUAL

1. World Health Organisation (WHO)

In *Health for the World's Adolescents: A Second Chance in the Second Decade (2014)*, the World Health Organisation (WHO) recommends addressing the structural and organisational issues which create barriers to young people receiving effective health care.

This training manual is aligned with WHO recommendations:

"To make progress toward universal health coverage, ministries of health and the health sector more generally will need to transform how health systems respond to the health needs of adolescents. A number of transitions in service delivery, workforce capacity and financing will be needed.

Service delivery: *A transition is needed from "adolescent-friendly" projects to programmes that strengthen mainstream capacity at primary and referral levels to respond to the priority health and development needs of adolescents.*

Workforce capacity: *Transitions are required in the ways the workforce is trained, so that all providers have a basic knowledge of adolescent development and their implications for clinical practice. Actions that may facilitate this shift include:*

- *Making competency-based training in adolescent health care mandatory in pre-service curricula and post-graduate specialist training;*
- *Designing competency-based training programmes that emphasize the developmental and contextual aspects of adolescent health;*
- *Including policies and strategies that support the supervision of primary care providers and specialists providing services to adolescents."*

(Ref: **Towards adolescent-responsive health systems** http://apps.who.int/adolescent/second-decade/section6/page8/sdolescent-responsiveness.html)

2. Adult professional learning and development

The training processes included in this manual are based on best practices in health sector professional development.

Adult learners bring particular motivations, needs, experience and knowledge to training and development activities which are considered to optimise learning.

The evidence suggests that professional training and development is most effective when it is:

- Linked to clinical practice
- Practical and problem centred
- Integrates new ideas with existing knowledge
- Capitalises on and respects the participant's experience
- Actively engages the learner to implement the lessons learned.

(Facilitating Professional Learning; Dept of Education, **https://education.nt.gov.au**

3. Training in youth health

Quality professional training and education can have a positive impact on the work of health services with young people. In Australia, researchers have demonstrated that training can be effective in improving knowledge, attitudes, and self-perceived competency of health workers in conducting consultations with young people, and that education programs can have a significant and lasting impact (Sanci et al, 2005; Sanci et al, 2015).

Both didactic and experiential methods (e.g. role play) are used in this training program. Clinicians have rated role play as "the most powerful way to learn communication skills, and to better understand and feel more connected with young people" (Sanci et al, 2003). Trainers are advised to facilitate these exercises sensitively, in accordance with *Guidelines for using role plays in Part 2* of this toolkit.

References
L. Sanci, C. Coffey, G. Patton and G. Bowes. (2005). Sustainability of change with quality general practitioner education in adolescent health: a 5-year follow-up. Medical Education, 39, 557-560.

L. Sanci, P. Chondros, S. Sawyer et al. (2015) Responding to young people's health risks in primary care: a cluster randomised trial of training clinicians in screening and motivational interviewing. PLoS ONE 10(9): e0137581. **https://doi.org/10.1371/journal.pone.0137581**

L. Sanci, S. Glover and C. Coffey. (2003). *Adolescent health education programmes: theoretical principles in design and delivery.* Annals of the Academy of Medicine Singapore. 32, 78-85.

4. Consultations with the health sector and young people

The Youth Health and Wellbeing Team commissioned the *Building the Health Workforce Capacity on Youth Health Scoping Study Report* (Allwood 2014) which informed the development of the YHTI and this training program. Consultations were conducted as part of this scoping study with both health professionals and young people to identify perceptions of barriers and enablers to working with young people, training received in youth health, and preferred or required training.

This study, together with other research (Jarrett et al, 2011), identified interpersonal and structural barriers to working with young people. Interpersonal barriers included limited confidence and competence to engage with young people. Structural barriers included services not being 'youth friendly'; waiting lists; limited consultation time; and limited information on referral pathways and opportunities for collaborative interagency care, particularly in rural areas.

It is anticipated that this training program will guide training providers to support health professionals, workers and clinicians to provide responsive and effective services to young people, and thereby better support the needs of young people.

Reference
C. Jarrett, A. Dadich, F. Robards and D. Bennett. (2011). "Adolescence is difficult, some kids are difficult": General Practitioner perceptions of working with young people. *Australian Journal of Primary Health,* 17(1), 54-59.

5. Evaluation of the Essential Youth Healthcare Skills Training Program

Throughout 2016 – 2017, the Youth Health and Wellbeing Team trained two cohorts of youth health trainers to deliver this training program across NSW.

The EYHS training program was evaluated, and the following findings were reported:

1. Training increased participants' confidence in working with young people and resulted in increased competency in the four learning outcomes.

2. Strengths of the EYHS training program included the interactive processes, the variety of learning methods, the expertise of facilitators, and the relevant practical material.

3. As a result of training, participants were committed to adopting a more youth friendly approach to communicating with young people, to use the HEEADSSS Assessment tool and to ensure confidentiality is managed more effectively.

This 2nd edition of the training manual incorporates the key areas for improvement identified through the evaluation process, and also up-to-date best practice tools and resources.

PART 1

TRAINING COORDINATOR GUIDE
AND ADMINISTRATION TOOLS

PART 1. TRAINING COORDINATION GUIDE AND ADMINISTRATION TOOLS

This Training Coordination Guide provides an overview of the essential training administration processes and tools required to plan and manage the delivery of a successful training event.

1. COORDINATOR ROLE AND TASKS

The training coordinator is responsible for overseeing all of the practical aspects of planning, organising and managing the administration of the training event.

Typically, the youth health trainer is responsible for all training coordination activities.

If using a coordinator who is not the trainer, it is important to involve the trainer in all arrangements to ensure a successful training event.

Pre-planning and preparation is essential for delivering this training program.

Following are the tools, checklists and forms which can be tailored as required to align with the planned training event. All documents can be downloaded from the NSW Health website **www.health.nsw.gov.au**. Search for the *Essential Youth Healthcare Skills* training manual page.

2. PROMOTIONAL FLYERS/INVITATION TO ATTEND

The training coordinator is responsible for promoting and advertising the training event and responding to all enquiries regarding the training in a timely manner. Following is an example of information to include in a **promotional flyer** or email for the coordinator to adjust as needed. If not using HETI LMS for registration, ask registrants to provide their name, service, and contact details, along with any special dietary or access needs. (See sample next page)

ESSENTIAL YOUTH HEALTHCARE SKILLS

Professional Development

Many health professionals are uncertain about how to consult effectively with young people. This one day training program is based on proven principles and practices for engaging with young people. The training workshop is designed to equip health professionals with the confidence and essential skills required to work effectively with young people.

Free One Day Training Workshop

Time and date:	
Venue:	
Trainer	

For more information or to inform of special access or dietary needs, contact:	
Name:	
Tel:	
Email:	

Lunch provided

Training aims

- To develop the capacity of health professionals to engage, assess and respond to health needs and risks of young people
- To develop youth friendly services and reduce barriers to young people accessing services

Training outcomes

Participants attending this one day workshop will develop confidence and competence in the following areas:

- Understanding young people's development and health needs
- Engaging and communicating effectively with young people
- Conducting a HEEADSSS psychosocial risk assessment
- Identifying and removing barriers to young people accessing healthcare

Registration is essential – places are limited to 25 people!

Register through HETI. Search by course code 9825 9232

NSW GOVERNMENT | Health

3. PRE-WORKSHOP COORDINATOR CHECKLIST

The training coordinator uses the following checklist to ensure all administration tasks are completed as required to deliver a successful training event.

Action	Checklist	Time frame
Gain key stakeholders support	Engage key stakeholders, such as: ☐ CEO or senior management ☐ Local youth health services coordination group ☐ Funding/sponsorship ☐ Multicultural representative	
Book, trainer and venue	☐ Engage and book skilled trainer/s ☐ Consult with local calendar ☐ Consult with stakeholders ☐ Set training date ☐ Book suitable training venue ☐ Recruit guest speakers/young person for role plays as needed	
Manage Promotion and registrations	☐ Liaise with local HETI LMS Admin to register training ☐ Register participants for training if HETI LMS unavailable ☐ Distribute promotional materials ☐ Manage workshop registrations – maximum 25 participants ☐ Advise participants of recommended pre-training ☐ Send confirmed participants pre-reading list and link to the resource kit ☐ Email participant profile survey ☐ Collect participant profile surveys ☐ Manage communications with participants ☐ Administrative and system support Promote through: ☐ Meetings, committees, networks ☐ Newsletters ☐ Flyers/posters ☐ Phone calls/emails ☐ Letters/invitations ☐ Website and email promotions	

Check venue	☐ Identify participants' special needs
	☐ Check venue e.g.
	  – no intrusive noise (e.g. renovation/near kitchen/bingo calls)
	  – adequate space, lighting, ventilation
	  – seating 'U' shape, equipment, break out rooms, disability accessibility
	☐ Check timing of meal breaks
	☐ Arrange catering including special dietary needs
	☐ Arrange equipment (including wifi connection, data projector, screen, laptop, whiteboard, flipchart and markers)
	☐ Access to public transport/airport	

Prepare trainers	☐ Provide trainer with participant attendance sheet ☐ Provide trainer with profile surveys ☐ Provide trainer with guides, resources and links as needed ☐ Provide trainer with a copy of participant resources as needed ☐ Clarify trainer role ☐ Clarify processes involved in training ☐ Support trainer to deliver training ☐ Brief guest speakers/young person attending ☐ Practise role play	

Gather local resources	☐ Directory of local youth health services ☐ Directory of other relevant local services (e.g. CALD, ATSI) ☐ Collect relevant service contacts, local experts, and other community resources ☐ Provide information to trainer	
Finalise participant arrangements	☐ Send participants a reminder text messages/emails one week prior to training ☐ Confirm numbers with caterer and venue 1 week prior	
Organise workshop materials	☐ Print participant handouts / resources – provide folders ☐ Print trainer resources/tools as negotiated ☐ Set up laptop with PowerPoint presentations download ☐ Set up laptop with downloaded clips/wifi connection ☐ Ensure all participants have the *Youth Health Resource Kit* link ☐ Attendance list for sign on ☐ Participant handouts ☐ Attendance certificates as needed ☐ Evaluation forms ☐ Name tags ☐ Whiteboard ☐ Flipchart, pens, markers, note paper ☐ Laptop, internet connection, speakers, data projector ☐ Provide relevant local resource materials ☐ List local LHD services	
Set up venue	☐ Trainer arrives one hour prior to training start time ☐ Table set up in 'U' shape – maximum 25 participants ☐ Whiteboard or flipchart ☐ AV equipment including laptop, data projector, video clips screen, speakers set up ☐ **Test all equipment** ☐ **Address any WHS issues**	
Photos	☐ Take photos of presenters and participants for promotion **(ensure consent)**	

4. POST-WORKSHOP COORDINATOR CHECKLIST

The training coordinator uses the following checklist to ensure all administration tasks are completed after the training event.

Action	Checklist	Time frame
Follow-up administration	☐ Follow-up any requests resulting from the workshop ☐ Send thank you letters to guest speakers/the young person ☐ Update your database with details of the program ☐ Ensure participants are noted as completing course on HETI ☐ Attend to any other closure items	
Evaluation and follow-up	☐ Send evaluation feedback and forms to the trainer ☐ Send Workshop Delivery Report to Youth Health and Wellbeing Team if negotiated with trainer	

5. VENUE REQUIREMENTS

When the coordinator books a training venue, they must ensure the following requirements are met:

☐ Confidential contained space

☐ Adequate light and ventilation

☐ No intrusive noise and a suitable training room (**Important tip!** When booking the venue, check that there are no planned renovations, or it is not beside a noisy road, venue kitchen service or bingo calling)

☐ Adequate space for breakout groups

☐ Tables set up in a 'U' shape

☐ Whiteboard, butcher's paper, and markers

☐ AV equipment including laptop, data projector, screen, speakers, DVD player, wifi connection

☐ Address the special needs of participants (e.g. accessibility)

☐ Catering

Booking a suitable venue is essential for a successful training day!

6. REGISTRATION FORM

The coordinator uses **this form** to register all training participants and provides the details to the trainer.

REGISTRATION FORM

The coordinator uses this form to register all training participants and provides the details to the trainer.

Essential Youth Healthcare Skills training

Trainer:	Training Date:
Venue:	

No.	Full name	Position/ Service	Postal Address	Email	Phone

NSW GOVERNMENT | Health

Registration Form

7. PRE-TRAINING PARTICIPANT PROFILE SURVEY

The coordinator sends out the **pre-training participant profile survey** (see **Appendix 1**) by email to all registered participants to be completed and returned ideally at least two weeks prior to training. A reminder email should also be sent out at least **1 week prior to training**.

The information is collated and provided to the trainer to inform them of participants' needs, to assist in preparing for delivering the training program and contextualising the case scenarios if required.

8. RESPONDING TO SPECIFIC NEEDS

The registration process will identify participants with specific needs (e.g. dietary, disabilities, interpreter requirements etc).

This information is used by the trainer to ensure appropriate processes are in place so that no participant is disadvantaged.

9. PARTICIPANT PRE-TRAINING EXPECTATION

The training coordinator should advise all participants of the **pre-training expectation and strong recommendation** that they have completed the following NSW Health mandatory training programs, as this training workshop has not been designed to address either of these areas in depth:

- *Child Protection*
- *Aboriginal Culture - Respecting the Difference.*

It is also **strongly recommended** that pre-training, all training participants are encouraged to complete the HETI online HEEADSSS module:

- *Get the Conversation Started: Using HEEADSSS to engage young people and expand their safety net.* **My Health Learning** (course code 99482031)

10. PARTICIPANT PRE-TRAINING RESOURCES

Training coordinators should ensure that all participants receive pre-reading instructions and material prior to training (refer to Section 11 below for a list of inclusions).

It is **strongly recommended** that all training participants have their own copy of the *Youth Health Resource Kit.* When training participants have their own copies of the Kit, this reduces photocopying for coordinators, allows participants to practice using the Kit before training, and ensures that participants have their own copy to consult during and post-training.

As a minimum, **participants should be provided with the relevant sections (listed below)** in the *Youth Health Resource Kit* as training pre-reading. These **excerpts** and the whole *Youth Health Resource Kit* can be downloaded from the NSW Health website (**www.health.nsw.gov.au**). Search for the *Essential Youth Healthcare Skills* training manual page.

11. PREPARING THE TRAINING PARTICIPANT HANDOUTS

All registered participants will receive training notes and handouts identified in the detailed session plans included in this training manual (refer to Part 3).

Coordinators can either photocopy all of the handouts for participants from this training manual, or, alternatively, they can be downloaded from the **Essential Youth Healthcare Training Manual page**.

All participants will require a copy of or a link to the **Youth Health Resource Kit sections referenced in the training modules**, available at the NSW Health website.

Pre-training, email the excerpts from the *Youth Health Resource Kit* (available on the Youth Health Training Manual page of the NSW Health website, or email the *Youth Health Resource Kit* (YHRK) link to participants, identifying the relevant sections listed below as pre-reading:

☐ Section 1: Understanding young people

☐ Section 2: Providing health services to young people

☐ Section 3.1 Youth-friendly communication

☐ Section 3.2 Psychosocial assessment

☐ Section 3.3 Understanding risk-taking behaviour

☐ Section 3.4 Trauma-informed practice

☐ Section 3.5 Medico-legal issues

☐ Section 3.6 Cultural diversity and culturally-competent practice

☐ Appendix 2 – Your Local Services

☐ Appendix 3 – Youth Health Check – *HEEADSSS assessment and care plan template*

☐ Appendix 4 – Youth Health Risk Assessment – *HEEADSSS assessment questions*

All participants will require a hard copy of the following handouts during training:

☐ Training agenda (see Part 3 of this manual)

☐ Module overview slides printed six per page – a total of 16 pages

☐ *YHRK Appendix 2 – Your Local Services*

☐ *YHRK Appendix 3 – Youth Health Check – HEEADSSS assessment and care plan template* (p. 101)

☐ *YHRK Appendix 4 – Youth Health Risk Assessment – HEEADSSS assessment questions* (p. 103)

☐ *Youth Friendly Checklist for Health Services* http://www.health.nsw.gov.au/kidsfamilies/youth/ Documents/youth-friendly-checklist-for-health-services.docx

☐ NSW Health - **Youth Health and Wellbeing Assessment Guideline**

☐ Action Plan template (see Part 3 p. 90 of this manual)

☐ Evaluation Form (see Appendix 2)

12.   PREPARING THE TRAINER TOOLKIT

The trainer toolkit should be delivered as soon as the training date is booked, allowing the trainer sufficient time to prepare for training. The following list is included in the trainer toolkit
(Refer to Part 3.7. Essential Trainer' (pp. 48-51) resources for a complete list):

☐ Training venue address, parking and early entry arrangements, and contact details

☐ Pre-training participant profile survey responses

☐ Registration forms

☐ Attendance form

☐ Training notes

☐ Training PowerPoint slides

☐ Participant handouts

☐ *Youth Health Resource Kit*

☐ Participant pre-reading list

☐ Training manual

☐ Certificates of attendance

☐ Evaluation forms

☐ Name tags

☐ Whiteboard markers, pens, note paper

☐ Laptop, speakers, data projector, internet connection

☐ Video clips – link downloaded onto laptop

☐ Slides downloaded onto laptop

☐ List of local LHD youth health referral contacts, services and programs

☐ All resources identified in the training modules

☐ Training agenda

☐ Training overview

☐ Training exercise cards

13.   AWARDING PROFESSIONAL DEVELOPMENT POINTS

Participants are responsible for completing all administrative processes required by their professional bodies to be awarded professional development points on completion of this training. A certificate of attendance will be available on HETI LMS for participants to download. The training coordinator can use the draft certificate included in this manual for when the course or participants are not registered with HETI who successfully complete the workshop.

14. ATTENDANCE LIST

The training coordinator should ensure the trainer has a copy of the **training attendance list** and asks all participants to sign into training.

ATTENDANCE LIST

The coordinator should ensure the trainer has a copy of the training attendance list and asks all participants to sign into training.

Essential Youth Healthcare Skills training					
Trainer: **Venue:**			**Training Date:**		

No.	Full name	Position/ Service	Postal Address	Email and Phone	Signature

NSW GOVERNMENT | Health

Attendance List

15. TRAINING ROOM WHS CHECKLIST

The coordinator should ensure the trainer understands their Workplace Health and Safety (WHS) responsibilities when delivering training and manages all risks appropriately before beginning the training session.

Training Hazard Checklist and Risk Control

Ref: http://www.connect.edu.au/pages/haz_checklist.pdf

This form is to be completed at the training venue by the coordinator or the trainer.

Training:	Venue:
Trainer Name:	Date of training session/s:
Venue contact person:	Tel:

Part A – Roles and Responsibilities

- I understand the purposes and approaches of WHS in the training environment: Y/N
- I understand my WHS responsibilities as a trainer/coordinator: Y/N
- I am familiar with relevant WHS standards and guidelines: Y/N
- I understand the WHS legal responsibilities in the training environment: Y/N
- I have assessed the hazards and risks relating to this training environment: Y/N

Part B – Hazards Assessment and Risk Controls

Training Room Hazard	Risk Control Action	Person responsible	Completed Y/N
e.g. Electrical cords across doorway	Report to venue manager	Venue manager	Y

EXAMPLE OF HAZARDS	• Food preparation
• Furniture fixture and equipment	• Conditions – excessive heat/cold/noise
• Violence/bullying	• Welfare – breaks etc
• Cultural issues	• Electrical cables/equipment
• Flooring surfaces – slippages	• Lighting
• Electrical safety	• Cables/height/pathways
• Manual handling (e.g. equipment)	• Slips/trips – leads in thoroughfares
• Evacuation exits	• Obstruction of fire exits
• Wheelchair access	• Access to bathrooms

Part C – Participants with special needs

Do any participants have special needs requiring specific arrangements to be made for them?	
Are there any potential hazards to consider for participants with special needs?	
What action will be taken to address the special needs of participants?	

Part D – Additional WHS information

Have I provided information relating to WHS to participants (e.g. fire exits)?	
What supervisory arrangements will be put in place during training to manage hazards?	

Part E – Reporting Requirements

What are my reporting requirements?	

Part F – Declaration

Based on the actions taken to control the risks detailed above, I ……………………………………………… (Trainer)

agree/refuse to deliver training in this training environment.

Signed: …………………………………………………………………………………………………

16. TRAINING EVALUATION

It is highly recommended that the trainer hands out the **training evaluation forms** at the end of the training session (refer to Appendix 2).

The evaluation form should be completed by participants before they leave the venue, and collected and reviewed by the trainer. This evaluation feedback together with the pre-training profile provides information on how successful the training has been in meeting the learning objectives for each participant. It also provides useful feedback for the trainer on the participant's experience of the facilitation of the workshop.

The trainer (or coordinator as negotiated) should then complete the brief Workshop Delivery Report (available in the Appendices) and forward it to the Youth Health and Wellbeing Team.

17. CERTIFICATE

Following is an example certificate of completion. The coordinator should ensure that the trainer hands out **Certificates of Completion** at the end of each training session when the course or participants are not registered with HETI.

ESSENTIAL YOUTH HEALTHCARE SKILLS CERTIFICATE

CERTIFICATE OF COMPLETION

This is to certify that

has completed 6.5 hours of training in
Essential Youth Healthcare Skills

Delivered by:

At

On

Authorised by

Contact details:

NSW GOVERNMENT | Health

TRAINER CONSIDERATIONS
AND PREPARATION

PART 2. TRAINER CONSIDERATIONS AND PREPARATION

This section provides guidelines for the trainer on how to plan and manage the delivery of the one day *Essential Youth Healthcare Skills* training workshop, including:

- Assumed trainer expertise and experience
- Managing training to address both content and process issues
- Contextualising training to address participant needs
- Preparing to facilitate training and manage group processes.

SECTION 1. TRAINER CONSIDERATIONS

The success of training requires coordinators to identify and use trainers with appropriate expertise, experience, attitudes and qualities.

1. TRAINER EXPERTISE

The training modules have been designed to be delivered by a health professional with experience and expertise **in both** *youth health* **and delivering** *facilitated, interactive and experiential* **training programs.**

As there are a limited number of expert trainers in youth health, a combination of trainers may be used, who collectively have both youth health and training expertise.

For example, two trainers might be engaged, one with experience in training, and another who has extensive knowledge of youth health issues.

Engaging youth health specialists (e.g. doctor, psychologist, or other adolescent mental health worker) can also be considered to co-facilitate specific sections of the training. However, note that appropriate management of guest speakers (e.g. timing, input, co-facilitation issues) is important to ensure the training day deliverables are met (refer to Section 5 below).

For example, *Module 6. Conducting a HEEADSSS Psychosocial Risk Assessment* should be conducted by a trainer who has appropriate experience in conducting assessments with young people.

Coordinators should consider the degree to which potential trainers:

- Are enthusiastic about youth health
- Understand young people and are committed to their improved care and wellbeing
- Are well informed about youth health issues
- Are respected by their peers
- Have training and facilitation skills and experience
- Have experience in working with young people
- Can work within constraints of the program (e.g. time, content and process).

2. MEDICO-LEGAL KNOWLEDGE

It is essential that the trainer conducting *Module 4. Confidentiality and medico-legal dilemmas* has a sound knowledge of medico-legal issues in relation to providing services to young people.

Pre-training, it is expected that the trainer and participants have completed NSW Health *Mandatory Training Module – Child Protection*. **The information covered in this mandatory course is not covered in-depth in this training program.** This mandatory training covers the obligations of all NSW Health staff to identify possible signs of child abuse and neglect, and then consult and respond appropriately.

If the trainer delivering the overall program does not have sufficient knowledge in this topic, then it may be necessary to recruit a professional with expertise in this area to act as a resource person for the module.

Note that the module is not designed to provide specific legal advice about individual cases. The role of the trainer is *not* to provide (and they should not enter into) an opinion about specific medico-legal problems or cases that participants raise.

Rather, the focus is on exploring and defining key medico-legal dilemmas in relation to the treatment of young people, particularly minors. Participants should be advised that if they have specific medico-legal concerns or questions, they should consult their manager or Child Protection Unit.

3. CULTURAL AWARENESS

Culturally competent practice is a major theme of the *Youth Health Resource Kit*. To incorporate this theme into training, trainers are encouraged to:

- Raise cross-cultural issues throughout delivery of all modules
- Invite representatives of local multicultural and indigenous organisations to participate in the modules
- Ensure the availability of information about local or national culturally specific services and how to access multilingual information.

Pre-training, it is expected that the trainer and participants have completed the NSW Health Mandatory Training Module: *Aboriginal Culture – Respecting the Difference.* **The information covered in this mandatory course is not covered in-depth in this training program.**

SECTION 2. TRAINER PREPARATION

1. THE TRAINING CONTENT AND PROCESS

Trainers are expected to use the content and process outlined in Part 3 Trainer Guilde.

The trainer has scope to contextualise elements of the training program to address the needs of training participants. This might include:

- Using pre-training survey feedback to identify specific competency gaps or issues which might arise in training
- Using local guest speakers or young people
- Contextualising case scenarios and exercises to align with participant roles.

2. TRAINING SESSION PLAN

It is important for trainers to have a good understanding of the training to be delivered, as outlined in Part 3 of this training manual. Ensure clarity of:

1. Overall purpose
2. Goals, aims and objectives
3. Participants' profile and needs
4. Topics covered, sequencing and timing
5. External or internal people to involve
6. Content and resources
7. Processes and delivery methods
8. Evaluation.

3. MODULES MAPPED TO UNITS TO COMPETENCY

The following table maps the *Essential Youth Healthcare Skills* training modules against each unit of competency outlined in the *Youth Health Competency Framework (2015)*.

Due to the time limitations of a one day training program, the core and universal competencies are not all addressed in depth, and ongoing professional development should be undertaken as relevant to the individual needs of the worker and their role.

	MODULE 1	MODULE 2	MODULE 3	MODULE 4	MODULE 5	MODULE 6	MODULE 7	MODULE 8
UNIVERSAL COMPETENCIES								
1. Understand young people's development and health needs	✓							
2. Effective communication and engagement					✓	✓		
3. Confidentiality, privacy and safety				✓				
4. Cultural diversity and culturally competent practice			✓					
5. Working with Aboriginal young people			✓					
6. Create accessible, youth friendly services		✓						
CORE – MANAGEMENT COMPETENCIES								
7. Conduct a psychosocial (HEEADSSS) assessment					✓	✓		
8. Identify and respond to risk and protective factors						✓	✓	
9. Medico-legal and child protection issues				✓				
10. Navigate service referral pathways and collaborative care								✓

4. TRAINER PREPARATION

Before commencing delivery of training, it is important for the trainer/s to plan ahead and ensure they are well prepared for conducting the program and managing any issues which might arise.

Trainers need to:

- Read this Training Manual and be thoroughly familiar with the content and processes of the training program
- Familiarise themselves with the *Youth Health Resource Kit*
- Confirm administrative responsibilities with the coordinator
- Prepare each training session in advance and be familiar with both the content and the process / activities of the session, including all of the participant handouts
- Read the activities for each module prior to the training session, and be prepared to conduct the activities and answer questions relevant to the participants
- Familiarise themselves with the time required for each activity so that the session runs smoothly within the scheduled timeframe
- Meet with co-facilitators or guest speakers to ensure all possible issues are identified and addressed prior to delivering training.

5. USING PRE-TRAINING PARTICIPANT PROFILE SURVEY FEEDBACK

The coordinator emails a pre-training participant profile survey to each training participant, to be completed and returned ideally at least two weeks prior to training. This information is passed onto the trainer.

The trainer analyses the feedback to identify participants' training needs in relation to providing services to young people, including participants':

- Service, role and profession
- Qualifications and relevant training completed
- Current competencies and gaps (experience, knowledge and skill)
- Challenging situations they would like to address
- Specific needs or concerns to be addressed in training.

6. CONTEXTUALISING TRAINING

The trainer analyses the pre-training participant profile survey feedback to gain an understanding of the training participants' experience, roles and needs.

While the training program content and process should be delivered as outlined in Part 3 of this training manual, there is scope to contextualise the training.

Specifically, the case scenarios outlined in the training modules can be modified to ensure relevance to roles of participants, while also aligning with the intended process and content outlined in the module material.

Also, through analysis of the pre-training survey, the trainer can prepare to address specific issues which might arise in the facilitated discussions.

7. USING AND PREPARING GUEST SPEAKERS/CO-FACILITATORS

Trainers may choose to use an expert as a guest speaker or co-facilitator to deliver a session/s within the training program. If a guest speaker/co-facilitator is engaged, they should be well prepared and understand the terms of their engagement, including:

- Fee for service arrangements (if applicable)
- The aims and objectives of their session/role
- How their session/role fits into the overall training program
- Time limits and scope of session input, content, discussion and activities to ensure alignment with overall requirements
- Who will be the lead trainer, their role and approach
- How the lead trainer will co-facilitate, communicate and support the guest speaker during training to manage time and any challenging issues which arise
- Guest speakers will be debriefed and provided with relevant evaluation feedback after the training event
- Expectations regarding values and approach communicated through training.

8. PROS AND CONS OF USING GUEST SPEAKERS/CO-FACILITATORS

There are advantages and disadvantages to co-facilitation of a session or training day. Planning is essential to identify how you will share responsibility, support each other and communicate during the session to achieve the training program outcomes.

Advantages of co-facilitation:

- Eases the pressure of full responsibility
- Co-facilitators can validate and support each other in the group
- Allows for joint planning, evaluation and feedback
- Brings different experiences and expertise to the group
- Means a greater sharing of skills, resources and energy
- Enables less experienced facilitators to develop skills.

Disadvantages of co-facilitation:

- Joint planning, evaluation and feedback is time-consuming
- One co-facilitator may be favoured by the group
- Feelings of insecurity or competitiveness may develop
- One co-facilitator may dominate
- Vague definitions and unclear delineation of responsibilities may cause problems
- Values clash may occur.

Reference: P. Prendiville. (2008). Developing Facilitation Skills – A Handbook for Group Facilitators. Combat Poverty Agency, p. 24

9. RECRUITING A YOUNG PERSON TO ROLE PLAY/AS A SPEAKER

Engaging a young person as a guest speaker or for role plays **is not recommended for this training program due to time constraints**. Young people with diverse backgrounds and experiences were consulted when the program was developed and the videos also include young people. This ensures the workshop reflects the needs of young people and their 'voice' is represented in the program.

If a young person is engaged, they need to be appropriately prepared for this role. It is essential that responsibility for recruiting and preparing the young person is planned for, and undertaken, in advance of the training.

Trainers should also consider if the presence of the young person for the discussion that ensues, will add to or limit the discussion. The training program has time constraints which may cause challenges when using a young person as speaker.

It is essential that the trainer carefully and responsibly manages all processes when using a young person in training, so that any interactions with the group do not result in the young person exposing personal issues or details which are not appropriate to the training session, and may cause the young person to feel embarrassed either during, or after training.

10. KNOW THE LHD DEMOGRAPHIC AND SERVICES

Prior to delivering training, trainers should prepare by scoping the LHD or local region participants are from, identifying the following:

- Youth health services
- Youth health experts
- Demographics of young people in the area
- Local resources
- Referral pathways, options, blockages and challenges.

This knowledge will assist the trainer to direct participants to relevant services for ongoing referral, resources and advice.

11. USING EVALUATION FEEDBACK TO IMPROVE TRAINING

The trainer hands out the evaluation forms at the end of each training session, and reviews the information on the completed forms.

Information from the evaluation is used by the trainer to improve the delivery of future training programs. This is important feedback for the trainer's ongoing learning and development as a trainer.

After each workshop, the trainer or coordinator, as negotiated, submits the Workshop Delivery Report to the Youth Health and Wellbeing Team.

12. USING ACTION PLANNING AS A REINFORCING ACTIVITY

The last section of the training day includes 'Action Plans'. This is a reinforcing activity incorporated into the training program, designed to prompt participants to implement and apply the learning from the training into their work.

The trainer uses the process to ask participants to link training to a commitment to take action in the workplace. Participants identify their own goals or areas for development.

13. GROUP AGREEMENT ON GROUND RULES

Trainers are expected to manage group processes and ensure a safe learning environment for all. To do this, the trainer has been provided with training ground rules for interacting.

As time is limited, the trainer outlines the suggested ground rules and seeks the group's agreement that the trainer will manage group processes to ensure participants interact in accordance with the ground rules. The suggested ground rules include:

- One person speaking at a time
- Speak on behalf of yourself only
- Respect any differences and limitations
- De-identify clients in case discussion
- Maintain confidentiality of any disclosures
- Listen and respond respectfully – no attacking, putting down, dismissing
- Return on time after breaks
- Let the trainer know if you are uncomfortable
- It is ok to 'pass'
- Mobile phones/laptops/electronic devices off – *to ensure confidentiality of discussions, strictly no photos or recording of sessions.*

14. TRAINING GROUP WORK

Many of the modules involve managing group processes, including small group discussion and role plays. Change small group composition for each activity, so that group members benefit from interacting with a range of group members, rather than being restricted to the same group members for all small group work.

Group members typically enjoy discussion and it is easy for the group work to run over time. Trainers need to keep an eye on time, allow discussion but at the same time communicate clear guidelines about how long to take with discussion activities.

Give one group member responsibility for reporting back and explaining their ideas to others. When managing group sessions, trainers need to keep in mind that any report back from small groups to the large group requires additional time.

In order to enhance learning and provide some variety, for example vary how groups report back to the large group.

15. EXPERIENTIAL LEARNING CYCLE

The *Essential Youth Healthcare Skills* training workshop has been designed to provide a mix of approaches and to address participants' different learning styles. The program incorporates *four distinct learning styles (preferences)* outlined in *Kolb's experiential learning styles model* which are an important part of the 'training cycle':

1. Concrete experience – **feeling**
2. Reflective observation – **watching**
3. Abstract conceptualisation – **thinking**
4. Active experimentation – **doing**.

16. BALANCING CONTENT AND PROCESS

Many of the training activities in this manual use group facilitated discussion and experiential training methods. These methods encourage the active involvement of all group members in learning by sharing information and experiences, and practicing new skills.

The modules include the following delivery methods:

- Overview of key concepts
- Case scenario reflection
- Facilitated large group discussion
- Small group work
- Role plays
- Video clips.

The modules are not designed to be delivered as a lecture/presentation, but rather as interactive processes, aimed at balancing content and process.

This approach requires trainers to be skilled at managing both training content and process:

Process = How	Content = What
How things are discussed – the methods, tools and procedures Style of facilitating training How relationships are maintained The group rules, dynamics, climate	What tasks, subjects, problems being addressed The agenda The subject matter The goals

Reference: B. Bell. (2008). The Role of the Facilitator.

17. FACILITATED DISCUSSION

The training program requires delivery by a skilled training facilitator.

Good facilitation of training programs appears effortless, however requires careful planning and skill. Effective facilitation promotes motivation, engagement, and learning, and is a catalyst for change in the workplace.

Skilled facilitation of training involves the capacity to manage group discussion to:

- Test assumptions and values
- Allow new ideas to surface and encourage robust debate
- Address participant needs not easily articulated
- Reframe and link points and see new connections and patterns
- Provoke and stimulate new ideas and ways of thinking
- Explore issues before possible solutions emerge
- Harness diverse experience, skills and attributes.

Reference: I. Colley. (2008). Situational Facilitation.
http://makestuffhappen.com.au/wp-content/uploads/2010/07/Situational-Facilitation2.pdf

18. SIMPLE RULES FOR FACILITATING TRAINING GROUP PROCESSES

Reference: P. Prendiville. (2008). *Developing Facilitation Skills – A Handbook for Group Facilitators*, Combat Poverty Agency.

- Set ground rules at the beginning – sets boundaries, norms and limits
- Maintain an assertive leadership role in the group
- You are responsible for ensuring a safe learning environment for all participants
- Listen to and manage both individuals, and the group as a whole
- Guide the content and process – to align with the aims and objectives of the session
- Start with the simple/broad and work to the complex/detailed
- Start with the whole, break it down into parts, then put the whole back together
- Use listening and trust building exercises at the beginning
- Start with the safe and move to the risky
- Tell people – what is coming next, what to do, what they did
- Cover important issues or content delivery early – when people have higher energy
- Alter activities slightly every 15-30 mins
- Don't try to cover too much
- Breaks are essential
- Read the non-verbals – change an exercise or pace to increase energy and participation
- Use a variety of activities so people change partners or groups
- In small groups allow 5–10 mins per person, larger groups 3-4 mins
- Plan large group rounds to allow 1 min per person
- Be clear on time allocated for an activity, and give a 1 min reminder before close
- Allocate a recorder and a reporter to speed up small group reporting
- Allow some flexibility in the plan and amend agenda if required
- Present key concepts briefly – use discussion, case reflection, skills practice, review and application wherever possible.

19. GUIDELINES ON USING ROLE PLAYS

The training activities in the modules focus on providing participants with the opportunity to practise skills and reflect on their approach through activities, such as role plays, video clips and case studies.

Video clips and case studies have been included for use in small group discussions and for practising youth friendly skills in role plays.

The purpose of the role plays is to develop improved confidence and skills in handling an interpersonal interaction using a realistic simulated situation.

Video clips are used to ensure 'standardised' mock consultations for training in communication and interviewing skills.

The benefits of using role play include:

- Enables participants to experience 'real life' scenarios and practise the skills they are learning in a simulated and supportive environment
- Provides a practical demonstration of skills that are being taught
- Encourages interactive learning and sharing of experiences
- Illustrates key steps in complex interpersonal interactions
- Provides rapid and direct feedback which can be given to the participant in a constructive manner.

However, role plays need to be carefully managed and facilitated. The following guidelines can assist with facilitating successful role plays.

20. GUIDELINES FOR CONDUCTING ROLE PLAYS

While role plays have been shown to be an effective training method, some people are anxious about participating in a role play. Therefore, it is important to create a safe learning atmosphere for the role plays.

It is important for the trainer to step in and coach participants to manage resistance or anxiety and support participation in the role plays.

Emphasise to the participants that they are not being judged or assessed on their performance. Adopt an approach that there is no 'right' or 'wrong' way to carry out the interviewing tasks. Rather, each time a participant takes a turn in a role play as a health professional communicating with a 'young person, it is an opportunity to learn from each other.

Since role plays are a rehearsal, they can stop and start at will. Emphasising this will prevent people from thinking that they have to give a performance and will relieve fears and concerns.

Before starting a role play demonstration or role plays in small groups, set some ground rules with the group, including:

- Discuss and make an agreement about confidentiality for all participants
- Observers should not interrupt the role play, call out, or make fun of the role players
- Observers remain quiet, watch and provide feedback at the end of the role play
- Participants should not 'overact' or make their characters too difficult or complex
- All participants can provide feedback on what was effective, or not so effective, however this must be delivered in a respectful manner.

21. CONDUCTING THE ROLE PLAY

Once the role play has commenced, the trainer's main role is to move around the small groups, facilitate the action in the role play and keep it moving.

It is important to recognise when a participant in the role play is getting stuck, or when the action is stalling or becoming side-tracked.

When necessary, the trainer can pause the role play, and provide support or direction to the interviewer. The trainer can do this by asking open-ended questions such as:

- *What is happening for you right now as the interviewer?*
- *Where are you getting stuck at the moment?*
- *What are your ideas about where you want to go with this interview?*
- *What other areas do you think would be good to explore with the client?*
- *What help do you need in order to keep going with the interview?*

The trainer can provide the 'interviewer' with some brief feedback and reassurance, and if necessary provide some coaching about how to proceed.

The trainer can also ask for suggestions from the observers at this point. Note, however, that this should be kept concise and contained at this point, otherwise you risk losing the momentum of the role play, or the interviewer may become overwhelmed with too much information.

22. DEBRIEFING AND FINISHING UP

It is important to debrief or 'de-role' the role players after the role play is finished, so as to assist participants to leave their role behind and return to being themselves. This is especially important if you notice that any of the participants have been strongly affected by playing roles.

An effective way to debrief the actors is to ask them questions about the character they played, in order to make a clear distinction between their role as the character and themselves as an individual.

When doing this, it is good to address them by their real name. For example:

- *Joe, how did it feel playing a young person who is involved in so much risky behaviour?*
- *Angela, how did it feel playing the health professional trying to engage such a difficult young person?*
- *Marie, what would you normally do differently to your character in a situation like this?*

Other questions that could be addressed to the role player include:

- *What went well?*
- *How did you feel about the interaction?*
- *What did you learn about the character you were playing?*
- *How was the way your character acted similar to or different from real life?*
- *What would you have liked to have done differently?*

23. GIVING FEEDBACK

Giving and receiving feedback is a vital part of the debriefing process and an essential component in the learning process. Feedback helps in consolidating the communication and interviewing skills being practised in the role plays.

When providing feedback to the participants, allow the participants playing the interviewer and the young person to comment on how the role play went before asking observers to comment.

Observers play a key role in the participants' learning. Not only can the observers learn by watching, their feedback to the participants of the role play can enhance the learning of all involved.

When asking observers to give feedback, it should be specific and realistic. Feedback should include specific examples of what was said and done, and should not include judgments based on personal knowledge or assumptions.

Feedback should be meaningful and specific, so that the participant can incorporate this into their work practices.

Some guidelines for giving feedback are:

- Comments should focus on behaviours and not on personality traits or other characteristics of the participants
- Always commence with positive feedback and say what the person did well
- Then proceed to give constructive corrective feedback if appropriate, such as what the interviewer could have done differently, or what was missing.

24. MANAGING 'HOT' YOUTH HEALTH ISSUES

Training in youth health typically elicits a number of 'hot' issues which may cause anxiety or other strong response in training participants.

The trainer will need to be prepared to manage these issues through a number of tactics, such as containing the discussion, reframing and linking issues, referring to experts or evidence-base, or facilitating a discussion of the issue or dilemma.

Examples of some of the issues trainers should be prepared to manage which participants may express strong opinions about:

- Underage sex
- Binge drinking and illicit drug use
- Mandatory reporting – when to report and who to report to
- Managing confidentiality issues – when to share information
- When to involve parents/carers
- Harm reduction.

PART 3

TRAINER GUIDE
MODULES, SESSION PLAN
AND RESOURCES

PART 3. TRAINER GUIDE – MODULES, SESSION PLAN AND RESOURCES

SECTION 1. OVERVIEW OF TRAINING

1. ABOUT THE GUIDELINES

This trainer guide provides trainers with the key information required to conduct the *Essential Youth Healthcare Skills* training workshop.

The guide includes:
- Training agenda
- Learning outcomes
- Training modules session plan
- Detailed description of the training module process and content
- Training notes, slides and instructions
- Links to resources on specific topic areas.

The following training guide is based on the *Youth Health Resource Kit (2014)* which provides background material and other reference information for both the trainer and the participants.

The training program content and process is also based on the training resources in the *Youth Friendly General Practice Training Kit (2013)*; and the *SESLHD and Yfoundations Engaging Young People in the Health System (2013)* one day training program.

The references cited in the above resources are not duplicated in this training guide.

2. TRAINING PROGRAM TARGET GROUP

The target audience for this training program are clinicians, health professionals and health workers within LHDs that come into contact with young people along the service delivery and referral pathway.

3. TRAINING PROGRAM LEARNING OUTCOMES

The training program is aimed at increasing the capacity of health professionals to deliver effective, responsive, youth-friendly health services to young people, by equipping them with the essential knowledge, attitudes and skills to effectively engage with young people and manage their health risks and concerns.

The two key aims are:
1. Develop the skills of health professionals to engage, assess and respond to the health needs and risks of young people
2. Develop youth friendly services and reduce barriers to young people accessing services.

Participants attending the one day workshop will develop confidence and competence in the following areas:
1. Understanding young people's development and health needs
2. Engaging and communicating effectively with young people
3. Conducting a HEEADSSS psychosocial risk assessment
4. Identifying and removing barriers to young people accessing healthcare.

4. TRAINING PROGRAM CONTENT AND PROCESS

The content and processes outlined in this training guide supports a one day face-to-face training program, addressing the core and universal competencies outlined in the *Youth Health Competency Framework (2015).*

CONTENT

The training program is designed as a one day workshop, inclusive of these modules:

1. Understanding young people's development and health needs
2. Creating accessible, youth friendly services
3. Responding to diversity
4. Confidentiality and medico-legal dilemmas
5. Engaging a young person to conduct a HEEADSSS assessment
6. Conducting a HEEADSSS psychosocial risk assessment
7. Developing a plan to manage risks
8. Navigating local service referral networks.

The modules vary in duration from 30 to 60 minutes, and therefore vary accordingly in the content and depth of material covered.

The eight training modules are designed to be delivered in the order presented over one day.

Participants should not be permitted to attend only part of the day, as each module integrates and builds on prior modules.

PROCESS

The training process activities are designed to encourage facilitated large group discussion, small group discussion and skills practice in a safe environment.

The workshop should be held in a venue that is suitable for large group discussion, small group breakout sessions, and has adequate privacy and space for participants to feel comfortable to actively participate in the experiential training activities.

Due to the interactive nature of the training, participant numbers **should not exceed 25** *in order to achieve optimal outcomes.*

While slides have been provided to cover all module content, these are a guide for the trainer to refer to when facilitating sessions. ***It is not the intention of this program to deliver a didactic presentation on all slides.***

The activities within modules are intended to **flow sequentially,** with linkages between activities and the modules made through facilitated discussion.

Time management of facilitated discussion is essential to ensure all topics are adequately covered.

5. AGENDA – ESSENTIAL YOUTH HEALTHCARE SKILLS

Following is the agenda for the one day *Essential Youth Healthcare Skills* training workshop. **Provide this agenda as a training participant handout.**

Schedule	Module	Time
9.00 – 9.20	Introductions and overview	20 min
9.20 – 10.20	**Module 1.** Understanding young people's development and health needs	60 min
10.20 – 10.50	**Module 2.** Creating accessible, youth friendly services	30 min
10.50 – 11.05	**Break**	**15 min**
11.05 – 11.25	**Module 3.** Responding to diversity	20 min
11.25 – 12.25	**Module 4.** Confidentiality and medico-legal dilemmas	60 min
12.25 – 12.55	**Lunch**	**30 min**
12.55 – 1.55	**Module 5.** Engaging the young person to conduct a HEEADSSS assessment	60 min
1.55 – 2.55	**Module 6.** Conducting a HEEADSSS psychosocial risk assessment	60 min
2.55 – 3.10	**Break**	**15 min**
3.10 – 3.40	**Module 7.** Developing a plan and manage risks	30 min
3.40 – 4.10	**Module 8.** Navigating local service referral networks	30 min
4.10 – 4.30	Action planning Evaluations, certificates, close	20 min

6. TRAINER ROADMAP – DELIVERY OF ONE DAY TRAINING

This roadmap is intended as a guide for the delivery of training. Trainers should be familiar with the detailed content and process outlined in the session plans.

Module	Session	Time	Content	Slides	Delivery	Handouts / material	Trainer resources
Introductions and training overview (20 min)	**Welcome and introductions**	20 min	• Introductions • Housekeeping and WHS • Ground rules • Training aims and overview • Training resources • Context – Youth Health Framework 2017- 24 • Youth Health and Wellbeing Team's role • New – NSW Youth Heath & Wellbeing Assessment Guidelines	1 – 5	• Large group discussion • Brief presentation	• Participant handout folders • Training agenda	• Participants handouts • Name tags, note paper, pens • Copy of the *Youth Heath Resource Kit (YHRK)* • Copy of relevant guidelines
Module 1. Understanding young people's development and health needs (60 min)	**1.1 The guiding principles and defining adolescence**	10 min	• Overview module • The four guiding principles of youth health care • Define 'adolescence'	6-8	• Brief presentation • Large group discussion		• *YHRK: Section 1. Understanding Young People*
	1.2 The time machine – the adolescence perspective	10 min	• The adolescent perspective • Why the adolescent perspective matters	9	• Large group exercise – time machine • Large group discussion		• *YHRK Section 1.1 Adolescence: A developmental perspective*
	1.3 Developmental perspective	10 min	• Adolescence changes, tasks, stages and behaviour • The developmental perspective • Adolescent brain development	10-15	• Large group discussion • Brief presentation		• *YHRK – Section 1.1 Adolescence – A developmental perspective*

Module	Topic	Time	Content	Slides	Methods	Materials	References
	1.4 Biopsychosocial model of adolescent health – young people's health concerns and status	10 min	• Biopsychosocial model • Adolescent health concerns and health status • Interconnectedness of primary health issues and psychosocial wellbeing	16 – 20	• Large group discussion • Brief presentation		• *YHRK – Section 1.2 The Health and Wellbeing of Young People*
	1.5 Understand the risk and protective factor framework	20 min	• Risk and protective factor framework • Key messages in: Video clip 2 – What a young person brings to the conversation (8.21 min)	21 – 26	• Brief presentation • Large group discussion • Large group exercise – case scenarios analysis • Video 2	• Case studies handout – Chen OR Alda • Video clip 2	• *YHRK – Section 3.2 Psychosocial assessment* • *YHRK – Section 3.3 Understanding Risk-Taking Behaviour*
Module 2. Creating accessible, youth friendly services **(30 min)**	**2.1 Barriers for young people entering health services**	10 min	• Overview module • Barriers for young people accessing services • Health worker challenges	27 – 28	• Large group exercise – case scenario analysis • Large group discussion	• Case scenario – Charlene	• *YHRK – Section 2. Providing Health Services to Young People* • *YHRK – Section 2.2 Young People and Health Services*
	2.2 Characteristics of youth friendly services	10 min	• Identify characteristics of a youth friendly service	29 – 30	• Large group discussion • Brief presentation		• *YHRK – Section 2.2 Young People and Health Services* • *YHRK – Section 2.4 Using technology*
	2.3 Service review – is your practice youth friendly?	10 min	• Introduce the service review checklist • Undertake a quick review of participants' services – (1) Accessibility section of checklist only	31	• Brief presentation • Small group exercise – service review • Large group discussion	• *Youth Friendly Checklist for Health Services – YHRK Appendix 5 - (1) Accessibility section of checklist only*	• *Youth Friendly Checklist for Health Services - YHRK Appendix 5*

MORNING TEA – 15 min (slide 32)

Module	Session	Time	Content	Slides	Delivery	Handouts / material	Trainer resources
Module 3. Responding to diversity **(20 min)**	**3.1 Diversity – strengths, risks, disadvantage, opportunity**	10 min	• Overview module • Variety of ways young people identify • The range of diversity issues for young people • Diversity related risks and strengths of young people	33 – 34	• Brief presentation • Small group exercise – strengths, disadvantage, risks and opportunities • Large group discussion	• 3 x butcher's paper with one heading per sheet: - African refugee young people - Transgender young people - Aboriginal young people	• *YHRK – Section 3.6 Cultural Diversity and Culturally Competent Practice* • *YHRK – Section 3.4 Trauma-informed practice*
	3.2 Diversity sensitive youth health consultations	10 min	• Overview of the principles of culturally competent consultation with young people	35 – 37	• Brief presentation • Large group discussion		• *YHRK – Section 3.6 Cultural Diversity and Culturally Competent Practice* • *YHRK – Section 3.4 Trauma-informed practice*
Module 4. Confidentiality and medico-legal dilemmas **(60 min)**	**4.1 Medico-legal issues when working with young people**	10 min	• HEEADSSS introduced • A brief overview of key medico-legal concepts, legislation and issues • Values explored	38 – 46	• Brief presentation • Large group exercise – values continuum • Large group discussion		• *YHRK – Section 3.1 – Youth Friendly Communication* • *YHRK – Section 3.5 Medico-legal issues* • *We keep it Zipped – fact Sheet* • *Mandatory Reporter Guide*
	4.2 Key medico-legal dilemmas	35 min	• Explore four key medico-legal dilemmas	47 – 51	• Large group exercise – medico-legal dilemmas • Large group discussion	• Four scenarios and responses: 1. Consent to treatment 2. Parental confidentiality 3. Sharing information without consent 4. Child protection and mandatory reporting	• *YHRK – Section 3.5 Medico-legal issues* • *CFCA Resource Sheet—Mandatory reporting of child abuse and neglect* • *Child Wellbeing and Child Protection fact sheet for NSW Health Workers*

Topic	Time	Content	Slide	Method	Materials	References
4.3 Your service – confidentiality and information sharing	15 min	• Identify the confidentiality concerns of both young people and the service	52	• Large group discussion		• *YHRK – Section 3.5 Medico-legal issues 109 – 120.* • *We Keep It Zipped – fact sheet* • *Chapter 16A handout*
LUNCH BREAK – 30 min (slide 53)						
Module 5. Engaging the young person to conduct a HEEADSSS assessment **(60 min)** **5.1 About the HEEADSSS psychosocial risk assessment**	15 min	• Overview of module • Brief overview HEEADSSS domains, tool and process • Importance of engagement – conversational style • New – NSW Youth Heath & Wellbeing Assessment Guidelines	54 – 57	• Brief presentation • Large group discussion	• NSW Youth Heath & Wellbeing Assessment Guidelines • *YHRK - Appendix 3 - Youth Health Check* • *YHRK - Appendix 4 – Youth Health Risk Assessment*	• *YHRK - Section 3.2 Psychosocial Assessment* • *YHRK – Appendices 3 and 4* • NSW Youth Heath & Wellbeing Assessment Guidelines
5.2 Engaging young people – do's and don'ts	15 min	• Young person's needs and fears when seeing a health professional for the first time • Key approaches for engaging and communicating effectively with young people.	58 – 60	• Large group discussion • Pairs exercise – listening • Large group discussion • Brief presentation	• Health worker listening experiment – part 1 & 2	• *YHRK – Section 3.1 – Youth Friendly Communication*
5.3 Engaging a 'challenging' young person	15 min	• Key approach for engaging the 'challenging' young person • Challenges for worker	61 - 63	• Large group exercise – case analysis • Large group discussion • Brief presentation	• Michael case scenario	• *YHRK – Section 3.1 – Youth Friendly Communication*
5.4 Starting the HEEADSSS conversation – explaining confidentiality to a young person	15 min	• Demonstrate the importance of engaging and explaining confidentiality to a young person • Video 3 (10.54 min) – *Useful tips for HEEADSSS conversations*	64	• Video clip 3 • Large group discussion • Brief presentation	• Video clip 3	

Module	Session	Time	Content	Slides	Delivery	Handouts / material	Trainer resources
Module 6. Conducting a HEEADSSS psychosocial risk assessment **(60 min)**	**6.1 HEEADSSS skills practice – engaging and explaining confidentiality to a young person**	30 min	• Practice skills in engaging and explaining confidentiality in an initial consultation • Reflect on the personal challenges when engaging young people to conduct a HEEADSSS	65 - 67	• Role plays – small groups • Large group discussion • Case study	• Role play scenario - Jenny	• *YHRK - Section 3.1 - Youth Friendly Communication*
	6.2 HEEADSSS skills practice – risk assessment	30 min	• Key micro skills for conducting HEEADSSS • Practice conducting a HEEADSSS assessment	68 - 75	• Role play – small groups • Large group discussion	• HEEADSSS 'case scenario' card – Alison • *YHRK Appendix 3 - Youth Health Check* • *YHRK - Appendix 4 – Youth Health Risk Assessment*	• *YHRK - Section 3.2* • *YHRK - Appendix 3: Youth Health Check* • *YHRK - Appendix 4 – Youth Health Risk Assessment*

TEA BREAK – 15 min (slide 76)

Module	Time	Content		Method	Resources
Module 7. Module 7. Developing a plan to manage risks **(30 min)**	**7.1 Developing a plan to manage risks**	30 min	• Risk levels and interventions • Developing a plan to address risks • Working with the young person to promote behaviour change • Key messages in VIDEO 4 (8.23 min) - *Developing a responsive management plan*	77 - 85	• Brief presentation • Large group discussion • Small group discussion • Video clip 4	• Refer to *YHRK - Appendix 3 & 4* • Video clip 4	• *YHRK – Section 3.3 Understanding risk-taking behaviour*
Module 8. Navigating local service referral networks **(30 min)**	**8.1 Identify local services and referral pathways**	30 min	• To identify local services and referral pathways for young people • To identify service gaps and barriers to collaborative care for both the health worker and the young person	86 – 88	• Large group exercise	• *YHRK – Appendix 2 – Your Local Services*	• *YHRK – Section 2.3 Collaboration and Case Management*
Action planning, evaluations, close (20 min)	**Action planning**	15 min	• Participants develop an action plan to implement post-training	89	• Large group activity	• Action Plan template • Butcher's paper x four with headings: • Look and Feel • Personal Style • Opening Doors • Knowledge/Skill Gap	
	Close, certificates, evaluations	5 min	• Thank participants • Collect completed evaluation forms • Hand out certificates	90		• Evaluation forms • Certificates	

7. ESSENTIAL TRAINER RESOURCES

Prior to delivering training, trainers require a comprehensive understanding of all resources, video clips, handouts and reference material used in this training program. Training resources can be downloaded from NSW Health website (**www.health.nsw.gov.au**). Search for the *Essential Youth Healthcare Skills* training manual page.

1. Reference material

Trainers must be familiar with, and use the following reference material when delivering training:

☐ Essential Youth Healthcare Skills Training Manual

☐ Participant profile surveys

☐ The *Youth Health Resource Kit* sections referenced in the training modules:

○ *Section 1: Understanding young people*

○ *Section 2: Providing health services to young people*

○ *Section 3.1 Youth-friendly communication*

○ *Section 3.2 Psychosocial assessment*

○ *Section 3.3 Understanding risk-taking behaviour*

○ *Section 3.4 Trauma-informed practice*

○ *Section 3.5 Medico-legal issues*

○ *Section 3.6 Cultural diversity and culturally-competent practice*

○ *Appendix 2 – Your Local Services*

○ *Appendix 3 – Youth Health Check – HEEADSSS assessment and care plan template (pp. 217-220)*

○ *Appendix 4 – Youth Health Risk Assessment – HEEADSSS assessment questions (pp. 221-223)*

○ *NSW/Australian youth health population data links and summary in the Resource Kit (pp. 19-20)*

☐ Any additional references in the training modules

☐ A list of LHD youth health referral system, services and programs

☐ The exercise cards and templates

☐ The video clips referenced in the training modules

☐ Training agenda and overview

☐ *Youth Friendly Checklist for Health Services*
http://www.kidsfamilies.health.nsw.gov.au/publications/youth-friendly-checklist-for-health-services/

☐ All training participant handouts (outlined in Part 1 section 11)

☐ Evaluation form

2. Training video clips

Upload videos two, three and four from the **HEEADSSS assessment learning video resource page** to a laptop ready for use in training:
http://www.health.nsw.gov.au/kidsfamilies/youth/Pages/heeadsss-videos.aspx

Learning pathway: HEEADSSS assessment - working effectively with young people

VIDEO 2 (8:21 min) - What a young person may bring to the conversation

VIDEO 3 (10:54 min) - Useful tips for HEEADSSS conversations

VIDEO 4 (8:23 min) - Developing a responsive management plan

3. Training role play / exercise cards

Photocopy these role plays to use as needed in the session.

MODULE 1. UNDERSTANDING YOUNG PEOPLE'S DEVELOPMENT AND HEALTH NEEDS

Scenarios:

1. Chen is a 17 year old boy who attends the appointment with his mother who is divorced. He presents as moody, agitated and has difficulty articulating his thoughts. He lives at home in a granny flat where his mother says 'he sits around all day smoking pot and playing his guitar with all of his mates'. At school he had formed a band with his mates. She says he relies heavily on her to 'look after him'. He resents his mother's interference, however doesn't take any action to get a job. She says she can't have him living with her anymore.

2. Alda is a 16 year old girl who binge drinks each weekend with her friends. She is sexually active with her boyfriend of one year. They sometimes have unprotected sex when they drink. She does well at school and in sport, but recently her grades have dropped. She gets along with peers and family. Lately she has been anxious and withdrawn about her parent's relationship as they are having a lot of conflict and are going to separate. She finds discussing this difficult.

MODULE 2. CREATING ACCESSIBLE YOUTH FRIENDLY SERVICES

Scenario:

Charlene is aged 16. She has recently begun to be sexually active. Charlene's mother is Aboriginal. Her father is presently living away from the family as he deals with his alcohol addiction. Charlene's mother is subsisting on welfare payments. Sometimes Charlene has to stay at home to look after her baby brother while her mum goes to appointments and interviews. Charlene is a quiet young woman who finds it difficult to ask for help. Sometimes she gets angry and withdraws when challenged about her behaviour at school. Charlene lives a long way from shops or public centres.

MODULE 4. CONFIDENTIALITY AND MEDICO-LEGAL DILEMMAS

Scenario 1 consent to treatment

You are a drug and alcohol counsellor. A 16 year old boy comes in to see you. **Can you provide counselling without parental/guardian consent?** *Yes/No/Don't know/Depends*

Scenario 2 parental confidentiality

You are reviewing a 15 year old boy who attends your clinic for management of his diabetes. You see him on his own to take a HEEADSSS history because it has been a while since you have seen him. His mother is in the waiting room. He reveals that he and his friends drink alcohol at parties about once a month and that last weekend he got quite drunk. His diabetes has not been well controlled for the past four months. You feel that his alcohol use is affecting his diabetes control and would like to inform his mother. **Can you tell her directly about your concerns?** *Yes/No/Don't know/Depends*

Scenario 3 sharing information without consent

You are a drug and alcohol counsellor and you see a 14 year old girl for the first time who is referred to you by her school counsellor for counselling about her marijuana use. A HEEADSSS history reveals that her stepfather is violent towards her mother. She has missed several days of school in the past month and seems sad and anxious. She says she does not want you to talk to anyone. **Can you share information with other services without her consent?** *Yes/No/Don't know/Depends*

Scenario 4 child protection and mandatory reporting.

A 14 year old girl attends your clinic to follow-up a health issue. You conduct a HEEADSSS review and she reports that she is having sex with her 16 year old boyfriend. She says that they use condoms. **Do you need to make a report of a child at risk of significant harm?** *Yes/No/Don't know/Depends*

MODULE 5. ENGAGING THE YOUNG PERSON TO CONDUCT A HEEADSSS ASSESSMENT

Pairs experiment – 'listener' role instructions:

Avoid eye contact

Act restless, look around the room, at their watch

Interrupt at least once to ask something off topic

Check their phone / take notes on the computer

Avoid encouraging gestures or sounds

Case scenario 1.

Michael is a 16 year old boy who has been brought in by a support worker. He looks angry and agitated, and stares at the floor while the support worker explains he has brought Michael in to discuss his issues.

Case scenario 2.

Jenny is a 15 year old girl is seeing the health professional alone for the first time. She is anxious about confidentiality, and doesn't want her parents to know she is seeing you.

MODULE 6. CONDUCTING A HEEADSSS PSYCHOSOCIAL RISK ASSESSMENT

Case scenario – skills practice

15 year old girl – Alison

H – home

Divorced parents, lives alone with mother who works at a low income job, has an older brother who has left home, no other family, mother's boyfriend stays over

E – education and employment

Still at school, art is her favorite subject, wants to leave and get a job to make money

E – eating and exercise

Wants to lose weight, eats a lot of take-away, doesn't like exercise

A – activities, hobbies and peer relationships

Gets on with peers, likes art, has a best friend

D – drug use, cigarettes and alcohol

Binge drinks with friends on weekends, smokes cigarettes, occasional drug use

S – sexual activity and sexuality

Same-sex sexual activity with best friend when drinking

S – suicide, depression, self harm

Gets a bit down, frustrated having no money, not suicidal

S – safety

Doesn't like mother's boyfriend when he drinks, he gets 'overly friendly'

SECTION 2.

DETAILED MODULE SESSION PLANS

ONE DAY TRAINING

Following are the detailed instructions for conducting the one day training program *Essential Youth Healthcare Skills*. This detailed training description provides the following:

- Purpose of session
- Material used
- Delivery methods
- Trainer delivery steps
- Key points – in addition to the reference material and slides.

SYMBOLS USED

 PowerPoint Slides are highlighted in blue

 Timing – the overall module time appears in a clock icon and times for activities within the module appear in brackets in the activity title banner after the activity name

 Youth Health Resource Kit – where YHRK is highlighted in orange

INTRODUCTIONS AND TRAINING OVERVIEW

Welcome and introductions (20 min)

Purpose	• Participants introduced • Trainer/s introduced • Housekeeping and WHS covered • Ground rules agreed • Participant handouts folders provided • An overview of training day aims and modules is provided • Key training resources introduced – YHRK • Expectations and limitations clarified • Overview of NSW Health context
Material	• PowerPoint slides 1 – 5 • Participant handout folders • Name tags, note paper, pens • Training agenda handout • Copy of the *Youth Heath Resource Kit* (YHRK)
Methods	• Large group discussion • Brief presentation

Delivery steps	**Show slides 1 – 3**
	1. Acknowledge the **traditional owners** of the land
	2. **Welcome** participants to the training
	3. **Introduce yourself** and co-facilitator(s)
	4. Do a **quick group round** – ask participants to briefly **introduce themselves** and share some information about their background e.g.
	  • *Where they work*
	  • *The type of contact they have with young people*
	  • *Their needs and expectations for the training program*
	5. Cover **housekeeping and WHS issues**
	6. Seek group agreement on the **ground rules and your role**
	7. Provide a brief overview of the **training aims and program modules**
	8. Discuss the limitations of training and **clarify expectations** that cannot be met
	9. Answer any **questions** about training
	10. Refer to the **key YHRK resource** underpinning training
	11. Ensure all participants have a participant **handout folder**
	
	Show slides 4 - 5
	12. Briefly provide a snapshot of the **NSW Health context** including:
	  a. NSW Health Youth Health Framework 2017-24 – three goals
	  b. Youth Health and Wellbeing Team initiatives– role, resource development & sector training
	13. Discuss the implications for **LHD services**.

| Key points | • This is intended as a brief welcome, so limit discussion
• **Refer to notes on slides**
• Refer participants to the **YHRK** as the **key resource** for this training
• Ideally, **participants will have copies of the YHRK**. If not, coordinators will have copies of the relevant pages as training handouts for participants
• Refer to the alignment of the training modules, with the core and universal **competencies** in the *Youth Health Competency Framework*
• **Inform participants** – there will be some presentation of key concepts and information. However, the majority of the **training activities will be interactive** with a focus on practising skills and exploring ways to apply the skills and knowledge in working with young people in their own practices. They will also have an opportunity to share their experiences regarding working with young people
• **Clarify your role** in keeping discussions contained and on track within the limited timeframe. | |

MODULE 1

UNDERSTANDING YOUNG PEOPLE'S DEVELOPMENT AND HEALTH NEEDS

1.1 .The guiding principles and defining adolescence (10 min)	
Purpose	• Introduce participants to the four guiding principles of youth health care • Define 'adolescence'
Materials	• PowerPoint slide 6 - 8 • Flipchart/whiteboard • YHRK – *Section 1. Understanding Young People*
Methods	• Brief presentation • Large group discussion
Delivery steps	**Show slide 6 - 7** 1. Briefly provide an **overview of the module** 2. Briefly outline the **four guiding principles** in providing effective health care to young people. (Note – this module covers the **first three** guiding principles). **Show slide 8** 3. **Large group discussion – defining adolescence – ask and record responses:** • *How do you **define 'adolescence'?*** *Note – contain the discussion*

Key points	• **Refer to notes on slides**
	• **This module covers the first three** guiding principles – working with young people:
	  1. Developmental perspective – stages, tasks and changes
	  2. Biopsychosocial model of adolescent health – health problems and needs
	  3. Risk and protective framework
	• The **guiding principles** are the foundation for best practice service delivery.
	• Risk assessment of the risk and protective factors will be addressed in **Module 6.**
	• Youth friendly communication and engagement skills will be addressed in **Module 5.**
	• **Note** that the terms 'adolescent' and 'young people' are used interchangeably to refer to age group 12-24 years in this training. Note the WHO definition of adolescence is 10-19 years.
	• **Defining adolescence:**
	  – The developmental period from childhood to adulthood
	  – Begins with the onset of puberty
	  – Culminates with the acquisition of adult roles/responsibilities
	  – Entails a number of 'developmental tasks'
	  – It is culturally determined – varies between societies and cultures
	  – Involves rapid physical and psychosocial change
	  – More than just an age-defined period of time – it is a dynamic period of development characterised by rapid biological, cognitive and psychosocial changes

1.2 The time machine – the adolescence perspective (10 min)	
Purpose	• To increase understanding of the adolescent perspective. • Articulate why the adolescent perspective is important.
Materials	• PowerPoint slide 9 • Whiteboard or flipchart • YHRK – *Section 1.1 Adolescence: a developmental perspective*
Methods	• Large group exercise • Large group discussion
Delivery steps	**Show slide 9** 1. **Large group exercise – being an adolescent – the time machine:** a) **Introduce the activity:** *A good starting point for better understanding young people is to* **reflect on our own experiences of growing up** *– what was most important to us, who most influenced us, and the concerns and challenges we experienced in this period of our lives.* b) **Instruct participants:** *You are going to step back on the 'time machine'. Take a moment to relax, put down your pens and workbooks and settle back in your chairs. In a moment you are going to go on a journey back in time to recall a time in your own adolescence. If you are comfortable to do so, it is best to close your eyes while you do the activity. Imagine you are stepping into a 'time machine' that is going to take you back in time from the present moment to a time in your adolescence. Think about what it was like for you.* **Please keep yourself safe – we will not be addressing traumatic experiences.** c) **Ask:** • *Who did you spend most of your time with?* • *What was important to you?* • *What did you do that was risky?* • *What concerned you the most?* • *What things were you worried about?* • *Who did you trust to talk to or confide in?* • *If you had a problem, who could you talk to?* d) **After a few minutes, instruct the group:** *You will slowly come forward in time to the present moment. Bring your attention back into the room.* e) **Large group discussion** – invite people to share their responses. f) **List** key adolescent issues and perspectives elicited in their responses. g) **Highlight** that a lot is going on for young people during this time and 'normal' development varies. h) **Ask** participants to comment on any differences between the experiences and activities of **14 and 18 year olds**. **Highlight** the developmental differences, particularly in relation to identity, relationships, cognitive and emotional development. 2. **Large group discussion – the adolescent perspective – elicit key points by asking:** • *What is the importance of understanding the adolescent perspective?* • *Why does it matter as a health worker?*

Key points	• **Refer to notes on slides**
	• **Be aware that the time machine may trigger a traumatic memory.** Ensure the safety of all participants by not inviting disclosure of, or asking about traumatic experiences.
	• In the **time machine** discussion participants may note that **18 year olds are more likely** to be:
	– Comfortable with their bodies
	– Clearer about their sexual identity
	– Capable of mutually caring and sexual relationships
	– Capable of making independent decisions about life goals including vocational pursuits
	– Capable of understanding abstract thinking and able to anticipate future consequences
	• Note that issues such as **trauma can impact on development.** These issues will become apparent through the HEEADSSS assessment process.

1.3 Developmental perspective (10 min)

Purpose	• To gain an understanding of adolescence changes, tasks, stages and behaviour from a developmental perspective.
Materials	• PowerPoint slides 10 – 15
	• Whiteboard or flipchart
	• **YHRK** – *Section 1.1 Adolescence – a developmental perspective*
Methods	• Large group discussion
	• Brief presentation
Delivery steps	**Show slide 10 - 12**
	1. **Large group discussion – physical, cognitive, psychosocial changes:**
	a) Write the three headings on the board – **ask:**
	• Identify some of the major changes that occur during adolescence in the three areas of development: physical, cognitive and psychosocial.
	b) **List** responses under each of the headings.
	c) **Highlight** the key changes in each area.
	2. **Group discussion – developmental tasks – ask and note responses:**
	• *What do you think are the main developmental tasks of adolescence?*
	• *Does development happen at an even pace or to a timetable?*
	• *How might psychosocial changes be influenced by culture?*
	Show slide 13 - 14
	3. **Give a brief presentation – adolescent brain development:** *For example risk-taking as an important part of developing as an adult, and the mismatch between risk-taking, impulse control and development of judgement is normal.*
	4. **Discuss** any questions participants have about adolescent developmental issues.
	Show slides 15
	5. **Large group discussion – the adolescent perspective - elicit key points by asking:**
	• *What is the importance of understanding the developmental perspective?*
	• *Why does it matter as a health worker?*

Key points	• **Refer to notes on slides**
	• **Physical changes such as:**
	– Physical growth
	– Development of secondary sexual characteristics
	– Onset of menarche
	– Development of sexual drive
	• **Cognitive changes such as:**
	– Movement from concrete to more rational and abstract thinking
	– Recognition of consequences for their behaviour, and
	– Greater capacity to address moral and ethical dilemmas
	• **Psychosocial changes such as:**
	– Movement towards independence
	– Development of individual identity
	– Influence of peer groups
	– Capacity for intimate relationships
	• Many adolescents from **CALD backgrounds** face the challenge of dealing with the tasks of adolescence while growing up between two cultures. This often involves very different behavioural and social expectations.
	• The typical **concerns of young people vary with each developmental stage** and so require different communication and consultation approaches.
	• **The brain is still developing during adolescence** – fully ripe emotional impulsivity, but limited inhibitory capacities
	• **The last part of the brain to develop is the prefrontal cortex responsible for:**
	– Critical judgements, weighing up consequences/risks
	– Planning, prioritising
	– Organising thoughts
	– Suppressing impulses
	– Regulating emotions
	– Learning from repeated bad outcomes
	• **Adolescents can experience difficulty in:**
	– Expressing thoughts and feelings
	– Understanding another's point of view
	– Rational thinking, planning ahead, predicting possible consequences
	– Behavioural/impulse control challenges

1.4 Biopsychosocial model of adolescent health – young people's health concerns and status (10 min)

Purpose	• Understand the nature of adolescent health concerns and health status. • Highlight the interconnectedness of primary health issues for young people's social, emotional, financial and cultural wellbeing.
Materials	• PowerPoint slides 16 – 20 • Whiteboard or flipchart • **YHRK** – *Section 1.2 The Health and Wellbeing of Young People*
Methods	• Large group discussion • Brief presentation

Delivery steps	**Show slide 16**
	
	1. **Large group discussion – the nature of adolescent health:**
	    a) **Introduction** – *It is essential to have a good understanding of the nature of adolescent health problems, patterns and the biopsychosocial model.*
	    b) **Ask:**
	       • *What do you think are the main health concerns or problems of young people?*
	    c) **Brainstorm – note responses and discuss** – *the key health statistics and features of adolescent health problems.*
	
	Show slides 17 – 20
	
	2. **Group discussion – implications for service delivery – ask:**
	    • *What do you find most interesting in the list of statistics?*
	    • *Do these reflect the most common problems that young people present at your service with?*
	    • *What are the implications for young people help-seeking in siloed health services?*
	3. **Briefly summarise** and answer questions about youth health patterns.

Key points	• **Refer to notes on slides**
	• The major causes of disease and injury among young Australians are mainly **psychosocial** – related to risk-taking behaviours and psychosocial risk factors.
	• **Source of statistics:**
	    ○ The AIHW youth health portal **http://www.aihw.gov.au/nyif**
	    ○ **http://youth.nsw.gov.au/youth-snapshot/**
	• **Refer to:**
	    – *The Mental Health of Children and Adolescents; Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing, David Lawrence et al (2015):* **http://www.youngmindsmatter.org.au**
	    – NSW Family and Community Services **http://youth.nsw.gov.au/youth-snapshot/**
	    – Youth Health Portal **http://www.aihw.gov.au/nyif/**

1.5 Understand the risk and protective factor framework (20 min)		
Purpose	• To understand the risk and protective factor framework	
Materials	• PowerPoint slides 21 – 26 • Case studies handout – Chen OR Alda • **YHRK** – *Section 3.2* • **YHRK** – *Section 3.3 Understanding Risk-Taking Behaviour* • Video 2 – What a young person may bring to the conversation (8.21 min)	
Methods	• Brief presentation • Large group discussion • Large group exercise – case scenarios analysis • Video 2	

Delivery steps	**Show slides 21-23**
	
	1. **Brief presentation – risk and protective factors framework:**
	   a) **Introduction** – *The main health problems of young people are psychosocial, the consequence of risk behaviours and exposure to social and developmental risk factors. The WHO recommends a holistic approach, recognising the interconnectedness of primary health issues and the young people's social, emotional, financial and cultural wellbeing. A comprehensive HEEADSSS psychosocial assessment* **(Module 6)** *will elicit both risks and protective factors in the young person's life.*
	   b) **Give a brief presentation** on the risk and protective factors framework
	   c) **Answer** any questions that participants have about risk and protective factors.
	
	Show slide 24
	
	1. **Large group exercise – risk and protective factors framework – case scenario analysis:**
	   a) **Present ONE case scenario only:**
	     • *Chen is a 17 year old boy who attends the appointment with his mother who is divorced. He presents as moody, agitated and has difficulty articulating his thoughts. He lives at home in a granny flat where his mother says 'he sits around all day smoking pot and playing his guitar with all of his mates'. At school he had formed a band with his mates. She says he relies heavily on her to 'look after him'. He resents his mother's interference, however doesn't take any action to get a job. She says she can't have him living with her anymore.*
	
	      OR
	
	     • *Alda is a 16 year old girl who binge drinks each weekend with her friends. She is sexually active with her boyfriend of one year. They sometimes have unprotected sex when they drink. She does well at school and in sport, but recently her grades have dropped. She gets along with peers and family. Lately she has been anxious and withdrawn about her parent's relationship as they are having a lot of conflict and are going to separate. She finds discussing this difficult.*
	   b) **Ask the group to discuss these questions:**
	     ○ *What are some of the possible risks and protective factors in the young person's life?*
	     ○ *What is your assessment of the risk status (Low/Medium/High)?*
	     ○ *What would you focus on to minimise the risks and enhance the protective factors?*
	   c) **Note** answers on the whiteboard.	

Delivery steps	**Show slide 25**	
	d) **Refer back** to the importance of the interconnectedness of these factors; and highlight the importance of a strengths-based approach and **balancing the focus on both protective and risk factors. Ask:** • *Do you assess and focus on both risk and protective factors?* • *How can you take a more holistic approach to address interconnected factors impacting on health/wellbeing?* e) **Record** responses and summarise the discussion.	
	Show slide 26	
	3. Watch Video 2 – What a young person may bring to the conversation **(8.21 min)** a) Ask participants – what are the key messages from the video? Inform the group that these issues will be discussed in following sessions	
	Note – manage time and contain the discussion	

Key points	**Refer to notes on slides**
	• Conducting a risk assessment is covered in **Module 6.**
	• Young people often present to health professionals with relatively minor physical complaints; the main causes of morbidity are psychosocial and behavioural.
	• Health professionals need to be sensitive to the psychosocial circumstances of the young person and actively screen for psychosocial risk factors and risk behaviours.
	• Adolescent health problems are often complex and require a collaborative, multidisciplinary approach (covered in **Modules 7 – 8**).
	• Many health and wellbeing issues are interconnected.
	• **All health professionals can play a key role in youth health care through:**
	   ○ Promoting young people's access to health services
	   ○ Making practices youth friendly
	   ○ Developmentally appropriate consultation and treatment
	   ○ Early intervention and education for health risk behaviours
	   ○ Collaborative care – with youth services and specialists
	   ○ Formulating multidisciplinary care plans and referral
	   ○ Assisting to gain access into the health system
	• For a **CALD young person** you may need to explore pre-&-post migration experiences, acculturation and identity issues. For example, a young person who comes from a refugee background is at greater risk of developing mental health problems. A young person who feels a low sense of identification with both the Australian and their traditional culture may be at risk of feeling alienated.	

MODULE 2

30 min

CREATING ACCESSIBLE, YOUTH FRIENDLY SERVICES

2.1 Barriers for young people entering health services (10 min)	
Purpose	• To identify barriers for young people accessing services • Reflect on health worker related barriers
Materials	• PowerPoint slides 27 – 28 • Whiteboard or flipchart • Case scenario – Charlene • **YHRK** – *Section 2. Providing Health Services to Young People* • **YHRK** – *Section 2.2 Young People and Health Services*
Methods	• Large group exercise – case scenario analysis • Large group discussion

Delivery steps	**Show slide 27**
	
	1. Provide a brief **overview of the module**
	2. **Large group exercise – case scenario analysis:**
	   a) **Introduction:** *When we see a young person we often represent all health services, in that their experience with us will affect their ability to access health services in the future. Previous bad experiences can be one of many barriers for young people accessing services.*
	   b) **Instruct participants:** *Listen to the following scenario and* **yell out 'stop'** *when you identify a place in the story when a young person might experience a* **barrier** *to their successful* **access to a health service.**
	   c) **Read the following case and when the group yells 'stop', ask what the issue is:**
	
	   Charlene is aged 16. She has recently begun to be sexually active. Charlene's mother is Aboriginal. Her father is presently living away from the family as he deals with his alcohol addiction. Charlene's mother is subsisting on welfare payments. Sometimes Charlene has to stay at home to look after her baby brother while mum goes to appointments and interviews. Charlene is a quiet young woman who finds it difficult to ask for help. Sometimes she gets angry and withdraws when challenged about her behaviour at school. Charlene lives a long way from shops or public centres.
	
	   d) **List the barriers the young person may experience.**
	
	Show slide 28
	
	3. **Large group discussion – service access barriers for young people:**
	
	   a) **Ask the group to discuss:**
	     • *What are the main barriers for young people accessing your service?*
	     • *What are the main challenges and barriers YOU experience in working with young people (e.g. experience, knowledge, skill)?*
	   b) **List challenges and barriers** – *for both the young person and the health worker.*

| Key points | • **Refer to notes on slides**
• **Charlene** – the range of barriers a young person may experience e.g. young person; female; Aboriginality; culture; shame; help-seeking; disengaged from school; lack of knowledge on health issue etc. **Be careful not to make assumptions about all Aboriginal young people.**
• Address the challenges and barriers for both the health worker and the young person.
• **The range of barriers a young person may experience e.g.**
  – Less willing to seek help for sensitive issues e.g. mental health
  – Lack of understanding of their own health needs
  – Fears about confidentiality and privacy
  – Embarrassment, self-consciousness
  – Lack of awareness of services and how to access them
  – Concerns that service providers will be judgemental
  – Practice environment and accessibility
  – Transport
  – Structural barriers – e.g. opening hours; cost; admin etc.
  – No Medicare card
• **The range of challenges a health worker may experience e.g.**
  – Lack of confidence/skills communicating with young people
  – Time constraints in providing effective consultations
  – Lack of training in consultation skills
  – Lack of training in managing psychosocial problems
  – Cncerns about medico-legal issues
  – Focus often on presenting physical health issue – yet the main issues are often behavioural and psychosocial. | |

2.2 Characteristics of youth friendly services (10 min)		
Purpose	• To identify characteristics of a youth friendly service.	
Materials	• PowerPoint slides 29 – 30 • Flipchart or whiteboard • **YHRK** – *Section 2.2 Young People and Health Services p.30 – 33* • **YHRK** – *Section 2.4 Using technology*	
Method	• Large group discussion • Brief presentation	

Delivery steps	**Show slide 29**
	
	1. **Large group discussion – characteristics of youth friendly services:**
	 a) **Introduce this activity:** *We will now examine some of the practical steps you can take to make your services more youth friendly in terms of both the structure of the practice and health professionals' communication and consultation style.*
	 b) **Ask and discuss:**
	  • *What are some of the key characteristics of a youth friendly service?*
	  • *How youth friendly is your service environment?*
	  • *What steps (if any) have you taken to make it a more youth friendly environment?*
	 c) **Record responses – prompt** to think about issues such as – *accessibility; staff attitudes and approach to young people; environment; administration procedures; etc.*
	
	Show slide 30
	
	2. **Briefly present the key issues** and answer any questions about youth friendly services.	

Key points	• **Refer to notes on slides** • Discuss **both structural and interpersonal characteristics** of a youth friendly service. • Young people are more likely to use a service if it has a 'youth friendly' environment ***i.e. psychologically and physically accessible*** • **Service environment** – welcoming environment – youth friendly pamphlets, posters, magazines – make privacy and confidentiality explicit – promotes security and safety for young people • **Establish practice administrative procedures** – reduce structural barriers to young people's access – reduce costs where possible – bulk bilk – Medicare card application forms available • **Use of technology** – text reminders, apps, client tracking (service evaluation) etc. • **Service staff – attitude and interpersonal skills** – understand developmental and health issues – non-judgmental approach – use youth friendly communication skills – knowledge of risk and protective factor framework – ability to conduct psychosocial risk assessment (e.g. HEEADSSS) – adopt culturally sensitive approaches • **Refer to** *Using technologies safely and effectively to promote young people's wellbeing; A better practice guide; A. Campbell and F. Robards (2013)*	

2.3 Service review – is your practice youth friendly? (10 min)	
Purpose	• To introduce the service review checklist. • Undertake a quick review of participants' services - accessibility.
Materials	• PowerPoint slide 31 • Flip chart or white board • **Handout** – *Youth Friendly Checklist for Health Services – Section 1. Accessibility*
Method	• Brief presentation • Small group exercise – service review • Large group discussion

Delivery steps	**Show slide 31**
	
	1. **Briefly introduce** the *Youth Friendly Checklist for Health Services.*
	2. **Small group exercise** – groups of six people – those from the same service group together – **instructions** – note this is intended as a quick exercise:
	   a) Turn to the *Youth Friendly Checklist for Health Services* in the handouts.
	   b) Each person will undertake a **quick service review** – of the 1st section only: Accessibility.
	   c) **Discuss your findings** with the group on how youth friendly your service is
	   d) Identify **one area to address** to make their service more youth friendly
	3. **Ask:**
	   • *How accessible is your service?*
	   • *What has been implemented in your service to increase accessibility?*
	   • *What access barriers are powerless to control or change?*
	   • *What have been the implications for your service/daily work?*

Key points	• **Refer to notes on slides** • **Note** that this is a **quick 'snapshot' exercise only** to introduce the checklist – encourage follow-up post training within their services – **you will have time to complete just the 1st section of the checklist (accessibility)**. • **The checklist is referred to during the Action Planning activity at the end of the day.**
Slide 32 – MORNING TEA (15 min)	

MODULE 3

20 min

RESPONDING TO DIVERSITY

3.1 Diversity – strengths, risks, disadvantage, opportunity (10 min)		
Purpose	• Identify the range of diversity issues among young people • Identify the diversity related risks and strengths of young people within health service delivery.	
Materials	• PowerPoint slides 33 – 34 • Butcher's paper x 4 • **YHRK** – *Section 3.6 Cultural Diversity and Culturally Competent Practice* • **YHRK** – *Section 3.4 Trauma-informed practice*	
Method	• Brief presentation • Small group exercise • Large group discussion	

Delivery steps	**Show slide 33**
	
	1. **Provide a brief overview of the module**
	 a) **Advise limitations of this module** – assumes completion of NSW Health mandatory training *Respecting the Difference*
	 b) **Explain – *we are taking a broad view of diversity***
	
	2. **Large group discussion**
	 a) **Ask and record responses:**
	  • *What are different ways young people can identify themselves?*
	 b) **Discuss:**
	  • There are different ways young people can identify themselves including: *gender, sexuality, ethnicity, local and family cultures, disability, political/religious beliefs, socioeconomic status*
	  • The **developmental need** for young people to define themselves outside of their parent's culture (establishing independence) and try different cultures as they grow into adulthood (boundary testing).
	
	Show slide 34
	
	3. **Small group exercise – strengths, disadvantage, risks and opportunities:**
	 a) Split into groups of four
	 b) Stick 3 x butcher's paper around the room – with one of the following headers on each:
	  1. African refugee young people
	  2. Transgender young people
	  3. Aboriginal young people
	 c) Ask the groups to **list** any **strengths, disadvantage, risks and opportunities** and any **special health needs** that might arise from involvement in these cultures.
	 d) Each group provides a **brief report back – large group discussion**
	4. Summarise **the diversity issues, needs, do's and don'ts about making assumptions and responding to diversity.**	

Key points	• We cannot know everything about cultures but it is important to be attuned to the needs of different cultures, experiences and lifestyles. • **Cultural awareness training is recommended**, along with contact with diverse cultural groups/services. • A young person can feel like a **minority within their own family** culture (e.g. LGBTI).	

3.2 Diversity sensitive youth health consultations (10 min)		
Purpose	• To understand the principles of culturally competent consultation with young people.	
Materials	• PowerPoint slides 35 – 37 • **YHRK** – *Section 3.6 Cultural Diversity and Culturally Competent Practice* • **YHRK** – *Section 3.4 Trauma-informed practice*	
Method	• Brief presentation • Small group exercise • Large group discussion	

Delivery steps	**Show slide 35**
	
	1. **Large group exercise**
	   a) **Introduce the activity:** *We work with young people from diverse backgrounds who face health or psychosocial issues (e.g. refugees). There are also young people who feel alienated from their own family culture/values (e.g. LGBTI young person rejected by their family) which may adversely affect their health and development. We also have our own values, norms and cultural influences which can impact on how we perceive or interact with young people around these issues.*
	   b) **Instructions – discuss these questions:**
	     • *What are some of the issues to consider when working with young people from diverse backgrounds?*
	     • *What are possible risk and protective factors?*
	     • *How do you approach working in a 'diversity sensitive' way with young people?*
	     • *How might your own background impact on the consultation?*
	
	Show slides 36 – 37
	
	2. **Brief presentation** – to summarise the principles of competent practice when working with young people from diverse backgrounds.
	
	• Note: This topic is dealt with briefly – it is not within scope to explore diversity issues in depth, however these issues should be included in discussions on HEEADSSS and risk assessment.	

| Key points | • **Refer to notes on slides**
• **Possible risk factors to consider:**
  – Country of birth of parents; English proficiency of parents
  – Migration, resettlement, acculturation issues, refugee background
  – Familial stress, socioeconomic status
  – Minority ethnic status, intercultural conflict
  – Racism and discrimination
  – Identity formation; sexuality; schooling; bullying
  – Stress associated with growing up 'between two cultures' – family/traditional and mainstream cultural values
• **Possible protective factors**
  – Collectivism, biculturalism
  – Exposure to a range of stressors or life events
  – Family support, self esteem
• **Other issues – culturally competent consultations:**
  – Engaging and gaining the trust of parents is often critical
  – Respect parents' decision-making authority – while recognising the growing need for independence
  – Ask about cultural-based traditional health practices
  – Check their understanding of the diagnosis and treatment
  – Assess whether intergenerational issues are impacting on health
  – Use an interpreter to remove barriers
• **Health professional's approach**
  – Be sensitive to cultural influences in the young person's life
  – Adopt a non-judgmental approach to differing cultural norms, values and practices
  – Consult with specialist services or workers if unsure
  – Avoid cultural stereotyping
  – Be sensitive to gender/sexuality issues (e.g. female seeing a male clinician)
  – Ask about the influence of their background, experiences, family history, *and how they identify*
• Cultural sensitivity involves **being aware** of your own **cultural background, values, norms, attitudes and assumptions** about young people from diverse backgrounds.
• The **communication skills for culturally competent practice are the same generic consultation micro-skills applicable for working with any young person:** *an open, empathic and non-judgmental approach; reassurance about confidentiality; and normalising to allay fears and anxieties.*
• **Refer to – Transcultural Assessment Checklist** which provides practical guidelines for cultural assessment.
http://www.dhi.health.nsw.gov.au/Transcultural-Mental-Health-Centre/Programs-and-Campaigns/GPs/Cultural-Resource-Kit/Assessment-Guidelines-and-Tools/default.aspx

• **Refer to** – *Good practice when working with young people from refugee and migrant backgrounds, Nadine Liddy and Heather Stewart (2015).* | |

MODULE 4

CONFIDENTIALITY AND MEDICO-LEGAL DILEMMAS

4.1 Medico-legal issues when working with young people (10 min)		
Purpose	• Provide a brief overview of key medico-legal concepts, legislation and issues.	
Material	• PowerPoint slides 38 – 46 • **YHRK** – *Section 3.1 – Youth Friendly Communication* • **YHRK** – *Section 3.5 Medico-legal issues 109 – 120.* • *We Keep It Zipped – fact sheet* http://www.health.nsw.gov.au/kidsfamilies/youth/Pages/confidentiality-resources.aspx • NSW Health - *Child Wellbeing and Child Protection fact sheet for NSW Health Workers* http://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2013_007	
Methods	• Brief presentation • Large group exercise – values continuum • Large group discussion	

Delivery steps	**Show slide 38**
	
	1. Give a **brief overview** of the module:
	    a) **Advise** – participants should have completed NSW Health *Mandatory Child Protection training.*
	    b) **Clarify the limitations** of the module – i.e. it is intended to provide information about general principles and is not a substitute for specific advice. **Participants are advised to seek specific medico-legal advice and follow NSW Health/service policies and procedures.**
	
	Show slide 39
	
	2. **Large group exercise – values continuum – instructions:**
	    a) Ask the group to stand
	    b) Identify a 'continuum' line across the room – one end of the room represents 'agree' and the other end 'disagree'
	    c) In response to your question, they are to stand somewhere on the 'continuum' line which represents their values
	    d) Ask questions related to medico-legal issues and young people e.g.:
	      • *Parents should be given information on the young person's health issues if they request it*
	      • *Young people have the right to confidentiality*
	      • *Sharing information with other services without the consent of the young person is ok in some circumstances*
	    e) Discuss responses briefly – highlight ethical dilemmas and potential values clashes (e.g. when responding as a health worker vs a parent)
	
	Show slides 40 - 46
	
	3. **Give a brief overview of the key medico-legal issues when working with young people:**
	    a) **Briefly introduce the HEEADSSS psychosocial risk assessment** (this is discussed in Module 6) – *when conducting an assessment we may elicit information which may have medico-legal implications, such as mandatory reporting or information sharing to address risks in key areas of the young person's life.*	

Delivery steps	b) **Briefly provide an overview of the relevant NSW Health policy and legislation and related resources** for working with young people including general principles of: – Medico-legal issues for minors (under 18 year olds) – Confidentiality – Consent and competency assessment – Child protection and mandatory reporting – Information sharing (Chapter 16A) – Contacts for advice c) **Discuss briefly and answer any questions**	

Key Points	• **Refer to notes on slides**
	• **HEEADSSS** *is a framework for a comprehensive assessment of the key areas of the young person's life:*
	   H – home
	   E – education and employment
	   E – eating and exercise
	   A – activities, hobbies and peer relationships
	   D – drug use, cigarettes and alcohol
	   S – sexual activity and sexuality
	   S – suicide, depression, self-harm
	   S – safety
	• Participants are likely to raise specific questions about medico-legal concerns or cases. **Manage and contain** the discussion on these issues as there is neither sufficient time to address these issues, **nor is it the role of the trainer to provide specific answers.**
	• Trainers should be familiar with, and refer participants to **relevant NSW Health policy, websites and resources.**
	• **Stress that the focus is on dilemmas and not providing advice:**
	– The module is intended to give information about general principles and is not a substitute for specific advice
	– Obtain medico-legal advice for specific cases
	– Follow NSW Health policies and guidelines
	– Refer to the key NSW Health policies, legislation and resources and contacts.	

4.2 Key medico-legal dilemmas (35 min)	

Purpose	• To understand four key medico-legal issues: *consent to treatment, parental confidentiality, sharing information without consent, child protection and mandatory reporting.*
Materials	• PowerPoint slides 47 – 51 • Flipchart / whiteboard • **YHRK** – *Section 3.5 Medico-legal issues 109 – 120.*
Methods	• Large group exercise • Large group discussion

Delivery steps	**Show slide 47**
	
	1. **Large group exercise – medico-legal dilemmas:**
	   a) Introduce this activity – *we are now going to explore four key medico-legal issues:*
	      1. Consent to treatment
	      2. Parental confidentiality
	      3. Sharing information without consent
	      4. Child protection and mandatory reporting
	   b) **Instructions:**
	      1. After each scenario – answer quickly:
	        Yes/ No/Don't know/Depends
	      2. Record the number of responses on the flipchart
	      3. Facilitate a discussion of the issues
	      4. Refer to the 'correct' answer attached below and discuss the dilemmas
	
	Scenario 1 – consent to treatment
	
	You are a drug and alcohol counsellor. A 16 year old boy comes in to see you. **Can you provide counselling without parental/ guardian consent?** *Yes/No/Don't know/Depends*
	
	Scenario 1 – correct response – show slide 48
	
	In NSW, it is reasonable to assume he can consent to treatment on his own. Consent to treatment for those under 18 years is mostly guided by competency assessments of maturity and generally young people aged about 14 and above can give their own consent. Competency means having a full understanding of treatment/s being proposed.
	
	Invite discussion about how to make a competency assessment.
	
	Refer to additional notes attached below.
	
	Scenario 2 – parental confidentiality
	
	You are reviewing a 15 year old boy who attends your clinic for management of his diabetes. You see him on his own to take a HEEADSSS history because it has been a while since you have seen him. His mother is in the waiting room. He reveals that he and his friends drink alcohol at parties about once a month and that last weekend he got quite drunk. His diabetes has not been well controlled for the past four months. You feel that his alcohol use is affecting his diabetes control and would like to inform his mother. **Can you tell her directly about your concerns?** *Yes/No/Don't know/Depends*

Delivery steps	**Scenario 2 – correct response** – show slide 49
	You cannot tell his mother directly about anything discussed without the boy's permission. Talk to the boy before his mother comes in about your concerns and say that you would also like to discuss these with his mother present (as well as alone).
	Say that although he can attend for confidential consultations by himself, by putting his health at serious risk there could be reasonable grounds for breaking confidentiality.
	Central to managing this issue is engaging him in a trusting relationship and giving him the opportunity to talk about his risk-taking behaviour and context.
	Invite discussion about confidentiality and parental rights issues.
	Refer to additional notes attached below.
	Scenario 3 – sharing information without consent
	You are a drug and alcohol counsellor and you see a 14 year old girl for the first time who is referred to you by her school counsellor for counselling about her marijuana use. A HEEADSSS history reveals that her stepfather is violent towards her mother. She has missed several days of school in the past month and seems sad and anxious. She says she does not want you to talk to anyone. **Can you share information with other services without her consent?** *Yes/No/Don't know/Depends*
	Scenario 3 – correct response – show slide 50
	Under Chapter 16A you can share information with other 'prescribed bodies' that relates to the safety, welfare or wellbeing of the young person, whether or not the young person is known to Community Services, and whether or not consent has been given.
	Invite discussion about 16A and managing the relationship with the young person.
	Refer to additional notes attached below.
	Scenario 4 – child protection and mandatory reporting.
	A 14 year old girl attends your clinic to follow-up a health issue. You conduct a HEEADSSS review and she reports that she is having sex with her 16 year old boyfriend. She says that they use condoms. **Do you need to make a report of a child at risk of significant harm?** *Yes/ No/Don't know/Depends*
	Scenario 4 – correct response – show slide 51
	Consensual peer sex is not in of itself an indicator of sexual abuse.
	The NSW Health Policy (PD2013_007) states that:
	Health workers need to consider whether the sexual activity is with a peer and whether it is consensual, as well as any other indicators that may suggest the young person is at risk of significant harm (ROSH). In the context of this document, 'peers' are defined as individuals who are aged within two chronological years of each other (from Section 7).
	Invite discussion about whether they would report this scenario to Child Protection authorities.
	Refer to online NSW Mandatory Reporting Guide and 007 Policy.

| Key points | • **Every Health worker** coming into contact with a child or young person **has a responsibility to protect** their safety, welfare and wellbeing.
• NSW Health guidance is contained in the **NSW Health Child Wellbeing and Child Protection Policies and Procedures (PD2013_007).**
• **Refer to additional reference materials outlined in section below.** | |

TRAINER MEDICO-LEGAL REFERENCE GUIDELINES

Scenario 1 – consent to treatment

Further information on consent to treatment and competency assessment
Consent to treatment for minors (aged under 18 years)
Young people are able to see a doctor or health worker confidentially and make decisions about their health if the doctor thinks they are mature enough to fully understand their health problems and the treatment options.

There is no fixed age for this but it is usually about 14 years of age.

Making a competency assessment involves consideration of issues such as:
• The age and maturity of the young person
• Their independence – whether they live at home with a parent or carer, or support themselves;
• The seriousness of the treatment;
• Whether they understand why the treatment is needed, what it involves, and things that might go wrong (like side-effects from drugs, or other complications); and
• Their ability to appreciate the wider consequences of the decision (like the effect of that decision on others including your family, moral issues, and emotional long-term impact).

Scenario 2 – parental confidentiality

Further information on confidentiality
Confidentiality is a legal right of minors, but can present ethical and practical difficulties. Engaging the young person in a trusting relationship by reassuring them of confidentiality, will also involve discussions relating to involving parents/guardians in their management.

Confidentiality
• Is legally part of duty of care to patients
• Information divulged to health professionals must be kept confidential unless an exemption applies
• A young person who can consent to their own treatment is entitled to the same privacy of medical records as an adult.

Limits to confidentiality include:
• Where the patient consents to disclosure
• Where the law makes disclosure essential, e.g. mandatory reporting, notifiable diseases, court proceedings
• Best interests of the patient (e.g. suicide risk)
• Public interest (e.g. homicide risk, intention to commit serious crime)
• Where necessary to respond to safety, welfare and wellbeing.

See also:
NSW Health, *Confidentiality – Fact Sheet for NSW Health Workers*

NSW Health, *Privacy Manual for Health Information (2015)*
http://www.health.nsw.gov.au/policies/manuals/Pages/privacy-manual-for-health-information.aspx

Scenario 3 – sharing information without consent

Key documents relating to child protection are -
NSW Children and Young Persons (Care and Protection) Act 1998
- Section 23 of this Act provides a definition of the Risk of Significant Harm (ROSH) and the circumstances it covers. These include:
  – Physical/sexual abuse/psychological abuse
  – Neglect – basic physical or psychological needs not met
  – Neglect – medical and educational
  – Domestic violence
  – Prenatal Reporting
- Section 24 – includes reporting of young people at ROSH
- Section 27 of this Act covers Mandatory Reporting of risk of significant harm (ROSH) to a child (or class of children). (Note: in the Act a child is defined as under 16 years old and a young person is aged 16 and 17 years.)
- Section 120 – 122 covers reporting of children and young people who are homeless. For young people reporting should be done with their consent.

What are the responsibilities of NSW Health workers?

Identify
- Be alert to signs of possible child abuse, neglect, family violence and prenatal harm
- Consider adult health issues that may affect parenting capacity

Consult
- Discuss your concerns with your colleagues or manager
- Use the online NSW Mandatory Reporter Guide (MRG) to inform initial decision making
- Contact the NSW Health Child Wellbeing Unit (CWU) for further advice - 1300 480 420 (8.30am to 5.00pm, Monday to Friday or leave a message if after hours).

Respond
- Continue to provide health services and work with the family where concerns exist
- Contact other professionals working with the child, young person or family in line with information sharing requirements detailed in Section 6 of **PD2013_007 Child Wellbeing and Child Protection Policies and Procedures for NSW Health**. See also *My Health Learning* online module: 'Sharing Information to Support and Protect Vulnerable Children and Young People'
- Report imminent suspected Risk of Significant Harm to the Child Protection Helpline **132 111** (24/7) or eReport non-imminent Risk of Significant Harm via the **online MRG**.
- Speak to the **NSW Health Child Wellbeing Unit** about intervention and/or referral options - 1300 480 420 (8.30am to 5.00pm, Monday to Friday). After hours leave a message or eReport wellbeing concerns to the CWU via the online MRG).

Chapter 16A of the Act creates a legal mechanism for the sharing of information when requested by a prescribed body.

4.3 Your service – confidentiality and information sharing (15 min)		
Purpose	• Participants will identify the confidentiality concerns of both young people and the service.	
Material	• PowerPoint slide 52 • **YHRK** – *Section 3.5 Medico-legal issues 109 – 120.* • *We Keep It Zipped – fact sheet*	
Method	• Large group discussion	

Delivery steps	**Show slide 52**
	
	1. **Large group discussion – your service confidentiality and information sharing (refer to Chapter 16A)**
	  a) **Introduce** the topic by emphasising that confidentiality is the number one concern raised by young people in attending health services.
	  b) **Ask:**
	    • *What are the most common confidentiality concerns of young people entering your service?*
	    • *What is your service policy and routine approach for managing confidentiality and information sharing?*
	    • *How do you explain to a young person the limits to confidentiality and information sharing?*
	    • *How does information sharing between services improve outcomes for young people?*
	    • *What are the challenges in this area?*
	  c) **Discuss and summarise the key issues** – *It is important to explain what confidentiality means to the young person in your first meeting, your obligations to report issues, and to remind them again when they are about to disclose.*	

Key Points	• **Refer to notes in slide**
	• Explain the developmental rationale for young person's confidentiality:
	  – Increasing importance of peers
	  – Building independence from parents
	• Refer to relevant NSW Health resources e.g. *We Keep It Zipped – fact sheet*
	http://www.health.nsw.gov.au/kidsfamilies/youth/Pages/confidentiality-resources.aspx
	• **Refer to Chapter 16A** – explain the difference between sharing information and mandatory reporting.	

Slide 53 – LUNCH BREAK – 30 min		

MODULE 5

ENGAGING THE YOUNG PERSON TO CONDUCT A HEEADSSS ASSESSMENT

5.1 About the HEEADSSS psychosocial risk assessment (15 min)		
Purpose	• To understand the HEEADSSS psychosocial risk assessment tool and process.	
Materials	• PowerPoint slides – 54 - 57 • *Resource Kit Section 3.2 Psychosocial Assessment* • *Handout - YHRK - Appendix 3 - Youth Health Check pp. 217-220 (HEEADSSS assessment and care plan template)* • *Handout – YHRK - Appendix 4 – Youth Health Risk Assessment pp. 221-233 (example questions for each domain)* • *NSW Health Youth Health and Wellbeing Assessment Guideline (GL2018_003)*	
Method	• Brief presentation • Large group discussion	

Delivery steps	**Show slide 54**
	
	1. **Provide an overview of the module.**
	   a) **Ask** if anyone has experience using the HEEADSSS risk assessment tool.
	   b) **Recommend the HEEADSSS online module – Get the conversation started** (HETI).
	   c) **Inform** the group that in the next activity, they will practice conducting a **HEEADSSS assessment**.
	
	Show slides – 55 - 57
	
	2. **Give a brief presentation**
	   • *On use of HEEADSSS, the domains, conversational style of conducting the assessment process*
	   • *The new NSW Health – Guideline for implementing HEEADSSS across all services*
	
	3. **Provide the handouts:**
	   - *YHRK Appendix 4 – Youth Health Risk Assessment for a HEEADSSS case plan template*
	   - *YHRK Appendix 4 – Youth Health Risk Assessment – example questions for each domain.*
	   - *Youth Health and Wellbeing Assessment Guideline – flow diagram*
	
	4. **Discuss any concerns about conducting a HEEADSSS.**	

Key points	• **Refer to notes in slides** • *Ensure you are familiar with the* **Youth Health and Wellbeing Assessment Guideline (GL2018_003)***.* • HEEADSSS assists to identify risk behaviours, to develop a management plan with the young person that addresses risks, and determines interventions to promote behaviour change and build on strengths. • Some assessment areas (e.g. drugs and sex) require the use of sensitive questioning skills in order to elicit information from the young person. • Explore approaches that can be used to raise sensitive issues and ask questions in a non-threatening way, such as the "third person" technique for asking questions.	

| Key points | • Approach to conducting assessment includes:
  - Take a strengths-based approach
  - Identify and strengthen protective factors - minimise risk factors
  - Psychosocial screening can be undertaken even when a young person presents with a minor complaint; enquire on a general level about the young person's functioning in key areas of their life such as home; school; friendships; mood.
  - Explain confidentiality and your reasons for screening in these areas, you will help to normalise the process.

• HEEADSSS is a systematic process
  - An overall picture of the young person's situation
  - A psychosocial 'biopsy'
  - An assessment of risk and protective factors - risk status
  - Lifestyle profile - underlying health or social problems
  - Identification of key problems and concerns in their life
  - A guide to intervention
  - Routinely screen to identify risk and protective factors in the young person's life

• Eliciting sensitive information
  - Begin with less sensitive issues and proceed to more sensitive ones
  - Assessing risk involves asking about sensitive information
  - This can mean making more direct enquires than you are used to
  - The key is effective engagement and framing questions in a way that enables discussion of sensitive topics | |

5.2 Engaging and communicating with the young people - do's and don'ts (15 min)		
Purpose	• Understand the young person's needs and fears when seeing a health professional alone. • Understand the key elements of engaging and communicating effectively with young people.	
Materials	• PowerPoint slides 58 – 60 • Flipchart or whiteboard • **YHRK** – *Section 3.1 – Youth Friendly Communication pp. 57 – 66*	
Method	• Pairs exercise • Large group discussion • Brief presentation	

Delivery steps	1. **Introduction** – *Young people are often embarrassed, mistrustful and anxious about seeing a health professional. The key to overcoming these concerns is effectively engaging and communicating with them to establish a trusting relationship. This involves giving them your time and attention, developing rapport, hearing their story and connecting with them in a meaningful way.*
	
	   Show slide 58
	2. Ask participants to think back to their own experiences as a young person – their **needs and fears** seeing a health professional for the first time
	   a) **Briefly – ask and summarise responses:**
	   • *What are their needs and fears when seeing a health professional for the first time?*
	   • *How do/don't they like to be treated?*
	   • *Do they want us to use their slang/talk like them?*
	   • *What do/don't they want to see in the waiting room?*
	   • *Who are they likely to bring along for support? Why?*
	
	3. **Health worker listening experiment – pairs – part 1:**
	   a) **Instruction** - *the group is now going to conduct an experiment. This exercise takes only a few minutes and is not intended to be an in-depth role play.*
	   b) **Take half the large group outside** and instruct them they are to take the 'listener' role and must follow the **instructions on the card (refer to page 50)**:
	   • *Avoid eye contact*
	   • *Act restless, look around the room, at their watch*
	   • *Interrupt at least once to ask something off topic*
	   • *Check their phone/take notes on the computer*
	   • *Avoid encouraging gestures or sounds*
	   c) **The 'listeners' return to the group and pair up with another person who is instructed to be the 'story teller'.**
	   d) **The 'storyteller'** is asked to tell the listener about a **happy event in their life**, like a holiday or special event like a wedding.
	   e) **Stop after a couple of minutes and ask:**
	   • *How was the experience as story tellers?*
	   • *How was the experience as listeners?*
	   f) **Reveal** that the listeners were specifically instructed to exhibit poor listening skills, and that there will be time to try again at the end of this activity.
	   g) **Discuss:**
	   • *How do young people react when they get this response from health professionals and why?*
	   • *Why is it important to take the time to hear the young person's story?*
	   • *How do you know when you've got it wrong?*	

Delivery steps	4. **Large group brainstorm – do's and don'ts of engaging and communicating**
	   a) **Introduction:** *We need to take time to engage with and hear young people's stories. It can be easy to lose the young person when we respond in a way that is rushed, judges or assumes. Some young people, especially those with experience of abuse, may have trigger words or phrases that will close down communication if used.*
	   b) **Facilitate a brief discussion – ask:**
	     • *What are the* **do's and don'ts** *of effectively engaging and communicating with young people?*
	   c) **List the responses under two headings:**
	     1. Don'ts - communication blockers
	     2. Do's - communication builders
	
	5. **Health worker listening experiment – pairs – part 2:**
	   a) **Reform the pairs for a second experiment** - Now the listeners are encouraged to use **effective communication skills.**
	   b) The story tellers complete their story.
	   c) **Stop after a couple of minutes.**
	   d) **Large group debrief - discuss:**
	     • *What was the difference from the first experience?*
	     • *How does your communication style change the way they connect with you?*
	   e) **Summarise** the key do's and don'ts of engaging young people elicited in the discussion.
	
	Show slides 59 - 60

Key points	• **Refer to slides**
	
	• **10 principles for listening to young people:**
	   1. Stop talking – prepare yourself to listen
	   2. Show respect and positive regard
	   3. Put the speaker at ease
	   4. Remove distractions
	   5. Empathise
	   6. Avoid personal prejudice
	   7. Listen to the tone
	   8. Listen for ideas – not just words
	   9. Watch for non-verbal communication
	   10. Don't assume – ask
	
	• **Communication blockers with young people:**
	   1. Use of jargon
	   2. Closed mind – taboo topics
	   3. Lack of attention, low interest, distractions, not focusing
	   4. Previous experiences
	   5. Sympathy or over identifying – not empathy
	   6. Prejudice, preconceived ideas, biases
	   7. Preaching, futurising, researching
	   8. Reassuring/minimising
	   9. Problem solving
	   10. Blame-questioning
	   11. Rescuing

Key points	• Consultation skills – engaging and communicating with the young person:
	1. Build a trusting relationship – essential
	2. Rapport building – an ongoing process
	3. Allow more time for consultations
	4. Worker requires self-awareness
	5. Be yourself – sincerity
	6. Non-judgmental attitude
	7. Discuss confidentiality
	8. See the young person alone
	9. Professional confidence without being authoritarian
	10. Ask open-ended questions
	11. Use reflective/active listening
	12. Be interactive – give feedback, ask questions
	13. Encourage them to contribute to decision-making
	14. Allow them to educate and inform you – *e.g. "I'm not sure..... have I got this right?"*
	15. Compliment them on what they're doing well
	16. Be sensitive to diversity issues
	• Reinforce the importance of **worker self-awareness and sincerity; and allowing time and active listening** is really important for engaging with young people.
	• Refer to *Resource Kit Section 3.1 Youth Friendly Communication pp. 57 – 66* for specific examples of communication responses and questions.

5.3 Engaging a 'challenging' young person (15 min)		
Purpose	• To identify skills for engaging the 'challenging' young person.	
Materials	• PowerPoint slides 61 – 63 • Michael case scenario • **YHRK** *– Section 3.1 – Youth Friendly Communication*	
Methods	• Large group exercise – case analysis • Large group discussion • Brief presentation	

Delivery steps	**Show slide 61**
	
	1. **Large group exercise:**
	   a) **Introduce this activity:** *Health professionals often encounter young people who appear hostile, sullen or withdrawn. Some of these young people may be at high risk or may have been coerced into attending. They may present a particular challenge for the health professional. It is important to take time to build rapport and trust, and encourage the young person to engage with you.*
	   b) **Read out the following case:**
	
	     "Michael is a 16 year old boy who has been brought in by a support worker. He looks angry and agitated, and stares at the floor while the support worker explains why he has brought Michael in to discuss his issues."
	
	   c) **Ask for and summarise responses:**
	     • *What concerns or issues might he be experiencing?*
	     • *What difficulties might you experience in establishing rapport and trust?*
	     • *How would you arrange to see him alone?*
	     • *What might be effective ways to engage with him?*
	     • *What would be ineffective ways of trying to engage?*
	     • *Would you involve his family? Why/why not?*
	
	Show slides 62
	
	2. **Briefly summarise** the key strategies to engage the 'challenging' young person, stressing the need for the health professional to be self-aware regarding their own reactions to the young person.
	
	Show slides 63
	
	3. **Ask** - What are the engagement challenges for YOU when working with challenging young people?	

Key points	• **Refer to notes in slides** • Challenging behaviours may be a coping mechanism, a learnt response, or an expression of underlying trauma • Highlight that the aim of the first interaction might be just to take time to build rapport and trust, and may not focus on conducting a health consultation.	

5.4 Starting the HEEADSSS conversation - explaining confidentiality to a young person (15 min)		
Purpose	• To demonstrate the importance of engaging and explaining confidentiality to a young person when starting a HEEADSSS conversation.	
Materials	• PowerPoint slides – 64 • Laptop, projector, wifi connections, clips downloaded • Watch Video 3 (10.54) – Useful tips for HEEADSSS conversations	
Method	• Video clips • Large group discussion • Brief presentation	

Delivery steps	**Show slide 64**
	
	1. Watch Video 3 (10.54) – Useful tips for HEEADSSS conversations
	
	2 Large group discussion:
	   • **Ask for feedback** on the approaches taken in the video about the following;
	      • *What are the key tips for making the engagement effective?*
	      • *What words are used to engage and discuss confidentiality in the first session (see key points below for an example).*
	      • *How should you ask the parent / carer if you can see the young person alone?*
	
	3. **Briefly summarise how to engage the young person and explain confidentiality with young people and/or their carers.**	

Key points	• **Refer to notes in slides**
	• Emphasise the importance of explaining confidentiality to successfully engaging with the young people.
	• The micro skills are the same generic communication and engagements skills referred to earlier.
	
	• **Specific skills which are essential for discussing and managing confidentiality issues e.g.**
	   – Greeting the young person
	   – Building rapport and gaining trust
	   – A respectful, non-judgemental attitude
	   – Asking questions and listening to the young person
	   – Giving information and explaining confidentiality
	   – Responding to the young person's concerns
	   – Checking understanding and clarifying
	   – Responding to concerns of the parent/relative
	A form of words:
	• **Explaining confidentiality**
	Anything we discuss will be kept confidential. That means I will not repeat anything you tell me to anyone else, unless I think it would help you and you give me permission to do so. There are some situations where I will not be able to keep confidentiality and these are:
	   – *if I am concerned that you could harm yourself or someone else*
	   – *if I am concerned that you are being harmed or at risk of being harmed because of somebody else*
	   – *In these situations it would be my duty to look after your safety, welfare and wellbeing. I would tell you if I need to notify somebody about something you've told me and I would make sure that you have as much support as possible.*	

Key points	• Disclosure of abuse – reiterate the limits of confidentiality	
	As you know there are some situations where I cannot keep confidentiality, including where I believe there are children being abused or hurt. I'm very concerned about what you have told me and would like to know more about your safety at home. I might need to act on this information but if I do I will explain the process to you. The ultimate goal is to make sure that home is a safe place for you and your family.	

MODULE 6

60 min

CONDUCTING A HEEADSSS PSYCHOSOCIAL RISK ASSESSMENT

6.1 HEEADSSS skills practice – engaging and explaining confidentiality to a young person (30 min)		
Purpose	• To practise skills in engaging and explaining confidentiality with a young person in an initial HEEADSSS consultation. • To reflect on the personal challenges participants experience when engaging with young people to conduct a HEEADSSS assessment.	
Materials	• PowerPoint slides – 65-67 • Space for role plays • Case study • **YHRK** - *Section 3.1 - Youth Friendly Communication*	
Method	• Role play • Large group discussion	

Delivery steps	**Show slide 65**
	
	1. **Explain – We are about to practise conducting a HEEADSSS in 2 parts:**
	Step 1 - Explaining confidentiality in the initial session (this role play)
	Step 2 - Conducting the HEEADSSS risk assessment conversationally (next role play)
	
	Show slides 66 – 67
	
	2. **Role play instructions:**
	a) **Explain the aim**: *to role play* ***the initial session with a young person, engaging them and discussing confidentiality.***
	b) **Instruction** - *Do not try to address the young person's problem. When playing the role of the 'young person', do not make it too difficult or unrealistically easy. The health worker practices engaging the young person and explaining confidentiality*
	c) **Read the role play case scenario:**
	
	Jenny is a 15 year old girl seeing the health professional alone for the first time. She is anxious about confidentiality, and doesn't want her parents to know she is seeing you.
	
	d) **Form triads** - (1) young person; (2) health worker; (3) observer
	e) **Allow 5 min per person** – each takes a turn for role play and feedback.
	f) Stop the role play – provide feedback – swap roles:
	  • The young person gives feedback to the health worker on their approach.
	  • The health worker discusses the issues they experienced.
	  • The observer provides feedback on what was / wasn't effective.
	g) **Ask participants to return to the large group - debrief by asking:**
	  • *How did you feel as the young person/health worker?*
	  • *What was difficult about the process of engaging?*
	  • *What approaches were effective/ineffective?*
	
	3. **Large group discussion – self-reflection:**
	  • *What are the challenges YOU experience when engaging young people in a first session?*
	  • *How could you more effectively engage with the young people you provide services to?*
	  • *What opportunities are there for engaging with young people with new and emerging technologies?*	

Key points	• Emphasise the importance of developing rapport and trust, and providing support and clear information when explaining confidentiality in the first session. • Young people's access to, and use of health services is greatly affected by the service environment and by the attitude and approach of the staff. • Successful engagement takes time and should be a primary goal of your initial consultation. A good outcome may be initially successfully engaging the young person and increasing the chances of them returning for a follow-up visit.	

6.2 HEEADSSS psychosocial risk assessment - skills practice (30 min)		
Purpose	• To practise conducting a HEEADSSS psychosocial risk assessment. • Understand the questioning approach, asking sensitive questions, wrapping up	
Materials	• PowerPoint slides 68 -75 • Space for role plays • Case scenario card • **YHRK** – *Section 3.2* • **YHRK** – *Appendix 3: Youth Health Check* • **YHRK** – *Appendix 4 – Youth Health Risk Assessment*	
Method	• Role play • Large group discussion	

Delivery steps	**Show slide 68**
	
	 1. **Explain** – *before we do a HEEADSSS role play, we will cover the core micro skills which you will need to use*
	
	 Show slides 68 – 74
	
	 2. **Give a very brief overview of the micro skills** - do not go into detail
	
	 Show slides 75
	
	 3. **Role play – practise conducting a HEEADSSS psychosocial risk assessment.**
	     a) Handout the HEEADSSS 'case scenario' card:
	
	         15 year old girl – Alison
	         H – home
	             Divorced parents, lives alone with mother who works at a low income job, has an older brother who has left home, no other family, mother's boyfriend stays over
	         E – education and employment
	             Still at school, art is her favorite subject, wants to leave and get a job to make money
	         E – eating and exercise
	             Wants to lose weight, eats a lot of take-away, doesn't like exercise
	         A – activities, hobbies and peer relationships
	             Gets on with peers, likes art, has a best friend
	         D – drug use, cigarettes and alcohol
	             Binge drinks with friends on weekends, smokes cigarettes, occasional drug use
	         S – sexual activity and sexuality
	             Same-sex sexual activity with best friend when drinking
	         S – suicide, depression, self harm
	             Gets a bit down, frustrated having no money, not suicidal
	         S – safety
	             Doesn't like mother's boyfriend when he drinks, he gets 'overly friendly'	

Delivery steps	b) **Role play in triads – instructions:** 　1. **All participants** are to practise conducting a HEEADSSS assessment. 　2. **Form groups of three** – mix the experienced with less experienced 　3. **Each plays a role:** (1) young person (2) health worker (3) observer. 　4. **Role play process** – start by explaining confidentiality, work through the domains, provide assessment feedback. 　5. **Allow 5 minutes in role per person** 　6. Observer and young person provides feedback to the health worker on what was effective or not so effective. 　7. **Rotate roles** so that all participants have a turn in each role 　8. Observers during the role plays should not interrupt – provide feedback at the end. 　9. The 'young person' should not make it too difficult for their partner. On the other hand it should not be unrealistically easy. **4. Large group discussion - debrief the role plays - ask:** 　• *What was difficult about the process?* 　• *What approach was effective/not effective?* 　• *How can you ensure that you cover the key issues in a short consultation time?* 　• *How did you decide what to emphasise in summarising the information shared?* 　• *How would you encourage the young person to return for a follow-up if needed?* 　• *What would you do if it is clear the young person is unlikely to return?* **5. Summarise** the benefits and challenges of conducting a HEEADSSS assessment.
Key points	• **Refer to notes in the slides** • Emphasise that using an assessment tool is a start to the process and requires follow-up, ongoing screening and interventions to address risk factors. • Use HEEADSSS as **a way of engaging** and **building rapport** – getting to know the young person's life while gathering a more in-depth history. • HEEADSSS is **not simply an information gathering exercise; listen carefully** to the young person's verbal and non-verbal responses. • HEEADSSS is a **guide not a prescription; don't use it as a checklist**, and be flexible in how you apply it. • Let the **'interview' flow naturally** as a conversation in an interactive style and come back to any areas not covered. • You **may not have time to cover all** of the HEEADSSS areas in the one session. • Ask **open-ended and less sensitive questions** first, moving to more focused, probing or sensitive questions where necessary in order to gather more detail about a particular area of the young person's life.

Slide 76 – TEA BREAK – 15 min

MODULE 7

DEVELOPING A PLAN TO MANAGE RISKS

7.1 Developing a plan to manage risks (30 min)		
Purpose	• Assess risk level, determine if intervention is required, and develop a plan to manage risks. • Understand the process of engaging the young person to promote behaviour change.	
Materials	• PowerPoint slides – 77 - 85 • **YHRK** - Section 3.3 Understanding risk-taking behaviour pp. 86 – 92 • Handout – **YHRK** Appendix 3 - Youth Health Check pp. 217-220 (HEEADSSS assessment and care plan template) • VIDEO 4 (8.23 min) - Developing a responsive management plan	
Method	• Brief presentation • Large and small group discussion • Video clip	

Delivery steps	Show slide 77
	
	1. **Introduce the topic**
	  a. *A goal of HEEADSSS is to assess risks and develop a plan for managing risks. Many young people are ambivalent about changing their risk behaviours, and/or lack the knowledge and skills to make these changes. It is helpful to have an understanding of the change process in order to facilitate change with young people.*
	
	Show slides 78 - 84
	
	2. **Briefly present the key concepts – risk levels, when & how to intervene**
	  a. **Acknowledge** that there are a number of different models and approaches for working with young people on risk intervention and behaviour change – recommend training in these e.g. Motivational Interviewing **(refer to Headspace handouts on Motivational Interviewing)**.
	  b. Developing a plan to intervene
	
	Show slides 85
	
	3. Watch VIDEO 4 (8.23 min) - Developing a responsive management plan
	4. **Small groups – Discuss video & report back on: how can you improve responding to risks and developing a risk management plan WITH the young person?**
	
	  a) **Large group discussion** - encourage discussion of the interventions:
	    • *Are these approaches applicable to your role/service?*
	    • *Do you already use the approach? How?*
	    • *What is the benefit? What are the limitations?*
	    • *How could you incorporate these approaches to achieve better outcomes?*
	  b) **Conclude** and answer any questions or issues they have about the behaviour change approaches.	

Key points	• **Refer to notes in slides**
	• **Emphasise** that **further training** is required to become competent in using motivational interviewing and other interventions with young people. *Refer to face-to-face training provided by Institute of Family Practice, CCWT, ECAV etc.*
	
	Examples of techniques:
	
	• <u>**Exploring consequences of risks in an interactive and non-judgmental style:**</u>
	"Jason, you said that when you get together with your friends and smoke dope you have a lot of fun and you forget about your problems. I'm wondering how you feel the next day. What do your body and your mind feel like? What's it like trying to go to school after you've had such a big night?"
	
	• <u>**Cognitive rehearsal**</u> *– allows the young person to anticipate the risks in different situations and to think about strategies to use:*
	What would you do if you went to a party with your friends who were taking drugs and wanted you to also? How do you think your friends would react if you said no? What could you do to make sure you were safe in that situation?
	or
	How do you think your boyfriend might react if you tell him that you won't have sex with him unless he uses a condom? What would you do if he puts pressure on you to have unsafe sex?
	
	• <u>**Assessing importance and confidence**</u>
	*On a scale of 1-10, how **important** is it for you to change….? (e.g. cut down on your alcohol use?)*
	*On a scale of 1-10, how **confident** are you that you can change . . .*
	
	• <u>**Increasing importance**</u>
	A **'decision balance'** process to tip the balance toward changing – identify the pros and cons:
	   – *What are some of the good things about …(the risk behaviour)?*
	   – *What are some of the not so good things about..?*
	  Explore concerns and benefits to changing or not
	
	• <u>**Increasing confidence**</u>
	Build the young person's **self-efficacy** – i.e. their belief and confidence in their ability to make changes:
	   - What will help you to feel more confident?
	
	Assist them to **learn skills** that will help them to change:
	   – Alternative ways of coping with problems – e.g. stress, low self-confidence, anxiety
	   – Identifying risk situations and learning skills for dealing with these – e.g. assertiveness/refusal skills
	   – Strategies for coping with barriers to change – e.g. peer pressure, sleeplessness etc.	

MODULE 8

NAVIGATING LOCAL SERVICE REFERRAL NETWORKS

8.1 Identify local services and referral pathways (30 min)		
Purpose	• To identify local services and referral pathways for young people. • To identify service gaps and barriers to collaborative care for both the health worker and the young person.	
Materials	• PowerPoint slides 86 – 88 • YHRK – Section 2.3 Collaboration and Case Management • Handout – YHRK – Appendix 2 – Your Local Services	
Method	• Large group exercise	

Delivery steps	**Show slide 86**
	
	1. Provide an **outline of module**.
	
	Show slides 87 – 88
	
	2. **Large group exercise** – place butcher's paper around the room with headings of types of services (e.g. health, community etc)
	  a) **Introduction:** *Access to local services is essential in providing health care to young people who can require intervention by multiple services. It is helpful to develop a network of local services and build partnerships.*
	  b) **Ask participants to record the services they know under the service types**
	  c) **Large group discussion** –- provide the **Handout** YHRK *Appendix 2 – Your Local Services –* **record responses to these questions:**
	    • *What are the services in the region that are relevant to young people?*
	    • *What are service gaps?*
	    • *What is your role in linking the young person to services?*
	  d) ***Ask*** a couple of individuals to share their positive experiences of collaborating with a youth-specific service.
	  e) **Large group discussion – benefits and challenges of collaborative care:**
	    • *What are the benefits – for the young person/for service provider?*
	    • *What is your role in negotiating service referrals?*
	    • *How should referrals be made for best outcomes?*
	    • *Who should lead or manage the young person's care?*
	    • *What are the challenges and barriers?*
	    • *How can you advocate to reduce barriers for the young person?*
	
	3. **Summarise** and address any questions or issues about navigating service referral of young people to other services.	

Key points	• **Refer to notes in slides** • It is important that the **trainer research the LHD** and is **informed on local services and referral pathways** for young people. • **Encourage** participants to take the local service template back to their service and develop a comprehensive list of services for use when working with young people.	

ACTION PLANNING, EVALUATIONS, CLOSE

Action planning (15min)		
Purpose	• Participants will develop an action plan to implement post-training.	
Material	• PowerPoint slides 89-90 • **Handout** – Action Plan template • Butcher's paper	
Method	• Large group activity	

Delivery steps	**Show slide 89**
	
	1. **Large group activity**
	    a) **Set up** – place four pieces of butcher's paper on the wall with the following headings:
	        1. **Look and Feel**
	        2. **Personal Style**
	        3. **Opening Doors**
	        4. **Knowledge/Skill Gap**
	    b) Participants are asked to **move around the room and write ideas** on any of the butcher's paper.
	    c) **Return to the larger group**
	        Handout the **action plan template**. Ask participants to complete their action plan as a personal commitment to take back to their services for action.
	    d) **Facilitate a final group round – ask** each person to **name the most important action** they will follow-up on **post training – advise the group** that there is not time to discuss each of their actions.	

Close, certificates, evaluations (5 min)		
Purpose	• Thank participants • Certificates • Collect completed evaluation forms	
Materials	• Evaluation forms • Certificates of completion • Slide 90	
Method	**Show slide 90** 1. **Thank all participants.** 2. **Distribute evaluation forms** to be complete before leaving the venue. 3. Advise on how to access **Certificates of Completion**. 4. **Thank the organisers and any volunteers** (young people; co-facilitators; etc.) for their participation in the training.	

HANDOUT – ACTION PLAN TEMPLATE

Name:	Service:

What will you do differently as a result of this training?

Look and Feel
What can I do to make my service more appealing to young people?

Personal Style
What can I do to better engage with young people?

Opening Doors
What changes could I implement to make my service more accessible to young people?

Knowledge/Skill Gap
What else do I need to develop to more effectively engage with young people about their health?

Other?

NSW GOVERNMENT | Health

Handout Action Plan

NSW HEALTH TRAINING AND RESOURCE PROVIDERS

Refer to the *Youth Health Resource Kit* Appendix 1 for a list of Youth *Health Resources and Contacts.*

Following are the links to key training and resource providers for youth health-related issues.

This list is not intended to be exhaustive. Many organisations across NSW specialise in working with young people and provide training programs to NSW Health services and NGOs. Training programs and providers change regularly.

It is recommended that trainers keep up-to-date and are aware of current training and resources available in their LHD.

Check the Youth Health section of the NSW Health website for information on training and resources, in particular the Better Practice Resources and Youth Health Focus Area sections:
http://www.health.nsw.gov.au/kidsfamilies/youth/Pages/default.aspx:

NSW Health Education Centre Against Violence –
http://www.ecav.health.nsw.gov.au

Family Planning NSW –
http://www.fpnsw.org.au

NSW Institute of Psychiatry –
http://www.nswiop.nsw.edu.au

Centre for Community Welfare Training –
https://www.ccwt.edu.au/

Health Education and Training Institute –
http://www.heti.nsw.gov.au

AIDS Council of NSW – ACON –
http://www.acon.org.au/

Network of Alcohol and Other Drugs Agencies (NADA) –
http://www.nada.org.au/

Mental Health Coordinating Council (MHCC) –
http://www.mhcc.org.au/

Uniting Institute of Education (UIE) –
http://www.uie.edu.au/

REFERENCE LIST

Reference List

The following documents are the primary references and contain additional references that have not been duplicated here. To find these key references, go to the NSW Health website and search under publications: **http://www.health.nsw.gov.au/kidsfamilies/youth/Pages/default.aspx**

NSW Youth Health Framework 2017-2024 (PD2017_019)

Youth Health and Wellbeing Assessment Guideline (GL2018_003)

Youth Health Resource Kit - An Essential Guide for Workers (2014)

Youth Health Competency Framework; working with young people to address their health needs (2015)

Youth Friendly General Practice Training Toolkit (2013)

We Keep It Zipped - confidentiality fact sheet (2015)

Additional References

Allwood K. (2014). *Building the Health Workforce Capacity on Youth Health Scoping Study Report.* Report commissioned by NSW Kids and Families.

Campbell A and Robards F. (2013). *Using technologies safely and effectively to promote young people's wellbeing: A better practice guide for services.* NSW Centre for the Advancement of Adolescent Health and Young and Well Cooperative Research Centre. **http://www.health.nsw.gov.au/kidsfamilies/youth/Pages/better-practice-guide-using-technology.aspx**

Engaging Young People in the Health System Training Package. (2013). Package developed by Yfoundations and South East Sydney and Sydney Local Health Districts.

Lawrence D, Johnson S, Hakefost J, Boterhaven De Hann K, Sawyer M, Ainley J, Zubrick SR. (2015). *The Mental Health of Children and Adolescents: Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing.* Department of Health, Canberra. **www.youngmindsmatter.org.au**.

Liddy N and Stewart H. (2015). *Good practice when working with young people from refugee and migrant backgrounds.* Webinar. Multicultural Youth Advocacy Network. **https://aifs.gov.au/cfca/events/good-practice-when-working-young-people-refugee-and-migrant-backgrounds**

NSW Centre for the Advancement of Adolescent Health (2011). *Access Study: Youth Health Better Practice Framework Fact Sheets.* **http://www.health.nsw.gov.au/kidsfamilies/youth/Documents/youth-health-better-practice-framework.pdf**

NSW Online Mandatory Reporter Guide and Resources/Factsheets **https://reporter.childstory.nsw.gov.au/s/topiccatalog**

NSW Health. *Child Wellbeing and Child Protection Policies and Procedures for NSW Health.* **http://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2013_007**

Child Wellbeing and Child Protection - NSW Interagency Guidelines **http://www.community.nsw.gov.au/kts/guidelines/info_exchange/provide_request.htm**

Paediatrics & Child Health Division, RACP. (2008). *Standards for the care of children and adolescents in health services* **https://members.racp.edu.au/index.cfm?objectid=393E4ADA-CDAA-D1AF-0D543B5DC13C7B46**

Transcultural Mental Health Centre - *Transcultural Assessment Checklist* **http://www.dhi.health.nsw.gov.au/Transcultural-Mental-Health-Centre/Programs-and-Campaigns/GPs/Cultural-Resource-Kit/Assessment-Guidelines-and-Tools/default.aspx**

APPENDICES

APPENDIX 1: PARTICIPANT PRE-TRAINING SURVEY

ESSENTIAL YOUTH HEALTHCARE SKILLS

PRE-TRAINING PARTICIPANT INFORMATION AND PROFILE SURVEY

Location:	Date:

The workshop has a focus on the core skills in working with young people and is designed for staff who work with young people regularly or occasionally.

Information and feedback from participants will be collected before and immediately after the workshop via a brief questionnaire. **This is the pre-training survey.**

Feedback on the workshop will be used to inform the delivery and ongoing implementation of the workshop, promotion of the workshop, and future resource development.

The information you provide will be seen by the workshop trainers and the workshop organiser only. Your responses will remain confidential.

Please answer the following questions about yourself and your experience and confidence in relation to working with young people:					
Are you of Aboriginal or Torres Strait Islander origin?	○ No				
	○ Yes - Aboriginal				
	○ Yes – Torres Strait Islander				
	○ Yes – both Aboriginal and Torres Strait Islander				
What is your current position title?					
What is the name of the organisation/unit /service?					
How long have you been employed in your current role?	○ Less than a year				
	○ 1 – 2 years				
	○ 2 – 5 years				
	○ 5 years +				
How often do you work with young people in the course of your work?	Not at all 1	2	3	4	All the time 5
	○	○	○	○	○
On a scale of 1-5, please rate your general confidence in working with young people.	Not at all confident 1	Somewhat confident 2	Neutral 3	Confident 4	Extremely confident 5
	○	○	○	○	○
Please comment:					
On a scale of 1-5, please rate your competency[1] in relation to the following course objectives:	Low competence 1	2	3	4	High competence 5
Engaging and communicating effectively with young people	○	○	○	○	○
Conducting a HEEADSSS psychosocial risk assessment	○	○	○	○	○
Understanding young people's development and health needs	○	○	○	○	○
Identifying and removing barriers to young people accessing healthcare	○	○	○	○	○

---

[1] for the purposes of the evaluation, competency includes knowledge, awareness, attitudes and skills; in line with the Youth Health Competency Framework

Essential Youth Healthcare Skills Pre-training Survey

Pre-workshop training modules		
Have you completed the 'HEEADSSS – Get the conversation started" online module?	○	No
	○	Yes
Are you currently using the HEEADSSS assessment?	○	No
	○	Yes
	○	Not applicable
Have you had any prior training in working effectively with young people?	○	No
	○	Yes

If yes, please describe:

Other information

Please list up to three areas that you are keen to develop in relation to working with young people:

1.

2.

3.

Please describe any specific scenarios or situations that you find challenging when you work with young people. Please list up to three. (Please de-identify).

What are the key personal or organisational challenges or barriers you face in working with young people?

1.

2.

3.

SURVEY END

Thanks for your participation in this survey

APPENDIX 2: POST-WORKSHOP PARTICIPANT EVALUATION SURVEY

POST-WORKSHOP PARTICIPANT EVALUATION SURVEY

Location of workshop:	Date:

Feedback on the workshop will be used to inform the delivery and ongoing implementation of the workshop, promotion of the workshop, and future resource development.

The information you provide will be seen by the workshop trainers and the workshop organiser only. All responses will remain confidential.

Essential Youth Healthcare Skills Evaluation Form

Please provide information about your experience of the workshop					
On a scale of 1-5, please rate your level of agreement with the following statements:					
I was satisfied with the *Essential Youth Healthcare Skills* workshop	1 Strongly disagree	2 Disagree	3 Disagree	4 Agree	5 Strongly agree
	○	○	○	○	○
Please comment:					
I was satisfied with how the workshop was facilitated	1 Strongly disagree	2 Disagree	3 Disagree	4 Agree	5 Strongly agree
	○	○	○	○	○
Please comment:					
The content of the workshop was relevant to my work	1 Strongly disagree	2 Disagree	3 Disagree	4 Agree	5 Strongly agree
	○	○	○	○	○
Any comment:					
The workshop was well organised	1 Strongly disagree	2 Disagree	3 Disagree	4 Agree	5 Strongly agree
	○	○	○	○	○
Any comment:					
My interest in youth health has increased	1 Strongly disagree	2 Disagree	3 Disagree	4 Agree	5 Strongly agree
	○	○	○	○	○

What do you think could be improved about the workshop?
Please describe:
What do you think were the strengths of the workshop?
Please describe:

Essential Youth Healthcare Skills Evaluation Form

Please answer the following questions about your confidence in relation to working with young people					
On a scale of 1-5, please rate your general confidence in working young people.	1 Not at all confident	2 Somewhat confident	3 Neutral	4 Confident	5 Extremely confident
	○	○	○	○	○

Please comment:

Do you think your level of confidence in working with young people has been enhanced as a result of participating in the *Essential Youth Healthcare Skills* workshop?	◉ No ○ Yes

Please comment:

On a scale of 1-5, please rate your competency[1] in relation to the following course objectives:	Low competence 1	2	3	4	High competence 5
Engaging and communicating effectively with young people	○	○	○	○	○
Conducting a HEEADSSS psychosocial risk assessment	○	○	○	○	○
Understanding young people's development and health needs	○	○	○	○	○
Identifying and removing barriers to young people accessing healthcare	○	○	○	○	○

Please list up to three things you intend to do differently as a result of participating in the workshop
1.
2.
3.

SURVEY END

Thanks for your participation in this survey

---

[1] for the purposes of the evaluation, competency includes knowledge, awareness, attitudes and skills; in line with the Youth Health Competency Framework

Essential Youth Healthcare Skills Evaluation Form

APPENDIX 3: YOUTH FRIENDLY CHECKLIST FOR HEALTH SERVICES

YOUTH FRIENDLY CHECKLIST FOR HEALTH SERVICES

Service name	Date
Address	Phone
Completed by	Email

Instructions for completion

This checklist is for service providers to plan how to improve health services for young people. The checklist is based on research into young people's access to services and the *Youth Health Better Practice Framework.*

Who is the checklist for?

This self-assessment checklist is for services that see young people, including services that have a generalist focus but do see some young people. The checklist is relevant to all health services in primary, community and acute healthcare settings.

Why is this checklist needed?

+ Young people may be reluctant consumers of health services and delay seeking help. Services should promote themselves to young people to break down barriers.

+ Adolescence is a time of increased risk-taking behaviour, so is a key time to promote healthy behaviours. Intervention in adolescence can have long term health benefits and prevent serious long-term conditions.

+ Some young people are more vulnerable due to disabilities, chronic illnesses or experiencing abuse. Others are marginalised because of sexual orientation or cultural background.

+ Research has provided new insights into how to make services more accessible and welcoming to young people.

> **"Adolescents need explicit attention. Adolescents are not simply big children or small adults. Unique developmental processes take place during this period. Adolescents have specific characteristics that need to be taken into consideration in policies and programmes and in the strategies to reach this section of the population with health promotion, prevention, treatment and care."**
> **(World Health Organisation, 2014)**

How to use this checklist

+ The self-assessor should work through the questions in the tool, selecting 'yes', 'no' or 'partly achieved'.

+ The checklist includes spaces for services to describe their current approach as well as spaces for services to plan how to improve. It is recognised that service approaches vary between areas and so specific service models have not been prescribed.

+ The checklist can be completed by an individual on behalf of a service, or can be used to enable team discussion and planning.

+ Young people can be involved in leading the review process, for example by using observation and interview strategies to complete the checklist.

+ This checklist can be saved electronically, enabling sharing and collation.

+ By collating results, areas can identify recurring themes that can be addressed through collaborative projects, sharing resources to improve services.

+ Repeated use of the checklist can capture improvements over time.

Need extra help?

+ More information about the better practice principles can be found in the *Youth Health Better Practice Factsheets* located on the NSW Health website.

+ Some services may seek assistance to use the checklist from their Youth Health Coordinator, Youth Health Service or Youth Interagency network.

+ If you have any queries about the checklist, please contact Youth Health and Wellbeing, NSW Health www.health.nsw.gov.au

1. Accessibility	yes	part	no
Does your service have a promotional strategy targeting young people?	○	○	○
Is the confidentiality policy widely publicised to young people, their parents and carers?	○	○	○
Does your service use creative, innovative strategies including technology and activity based approaches to improve young people's engagement with health services?	○	○	○
Are services provided free, or at a cost affordable to young people?	○	○	○
Can young people access the service easily?	○	○	○
Is the service open when young people can access it?	○	○	○
Is the service sensitive to the cultural and language needs of young people?	○	○	○
Is it possible for young people to drop in and use the service without having to make an appointment?	○	○	○
Is there capacity to offer longer sessions to deal with complex issues that may arise?	○	○	○
Are waiting rooms and facilities welcoming, with health promotion materials that appeal to young people?	○	○	○
Please describe:			
Recommended actions:			

2. Evidence-based approach	yes	part	no
Does your service regularly look at the latest research evidence to make sure your practice is up to date? For example, are youth health checks (including HEEADSSS assessments) routinely used with young people? Or do you have a system in place to receive regular research updates?	○	○	○
Please describe:			
Recommended actions:			

3. Youth participation	yes	part	no
Does your service involve young people in service planning and review?	○	○	○
Please describe:			
Recommended actions:			

4. Collaboration and partnerships	yes	part	no
Does your service work collaboratively with others to help young people navigate the health system? For example, by providing co-location, outreach and referral facilitation?	○	○	○
Please describe:			
Recommended actions:			

5. Professional development	yes	part	no
Do staff receive training, supervision and support in working with young people aged 12-24 and youth health issues?	○	○	○
Please describe:			
Recommended actions:			

6. Sustainability	yes	part	no
Does your service develop sustainability strategies? For example starting with small initiatives or changes, and gradually building on success, and networking with other providers?	○	○	○
Please describe:			
Recommended actions:			

7. Evaluation	yes	part	no
Does your organisation evaluate its services, including seeking feedback from young people?	○	○	○
Please describe:			
Recommended actions:			

APPENDIX 4: TRAINING POWERPOINT SLIDES

Essential Youth Healthcare Skills
Youth Health Training Initiative

Training date **[Insert]**
Location [Insert]
Trainer [Insert]
Copyright 2018 - NSW Ministry of Health

2nd Edition

NSW GOVERNMENT | Health
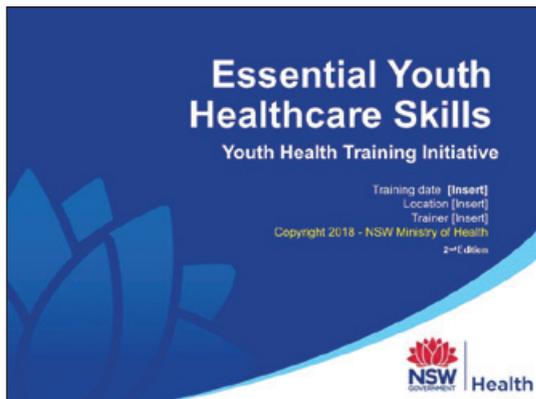
Introductions and Training Overview (20 min)

1

Suggested ground rules

- One person speaking at a time
- Confidentiality of any disclosures
- Respond respectfully – no put downs, minimising
- Speak on behalf of yourself only
- It is ok to 'pass' – *taking risks enhances learning!*
- Respect any differences
- Mobiles / laptops / devices off – *strictly no recording or photos to allow confidential discussions*
- Return on time after breaks

2

Training day – overview

1. Understanding young people's development and health needs
2. Creating accessible, youth-friendly services
3. Responding to diversity
4. Confidentiality and medico-legal dilemmas
5. Engaging the young person to conduct a HEEADSSS assessment
6. Conducting a HEEADSSS psychosocial risk assessment
7. Developing a plan to manage risks
8. Navigating local service referral networks
9. Your action planning

3

NSW Youth Health Framework 2017-2014

Three goals – the health system and services:

1. Respond to the needs of young people, including targeted responses for vulnerable young people
2. Are accessible and young people are engaged and respected
3. Support young people to optimise their health and wellbeing.

NSW Health Initiatives

- Youth Health and Wellbeing Team – role
- Youth Health and Wellbeing Initiatives
  - Sector wide training
  - Resource development
  - Sector support

5

Module 1: Understanding young people's development and health needs (60 min)

6

Four guiding principles:

1. Developmental perspective – stages, changes, tasks

2. Biopsychosocial model – health problems and needs

3. The risk and protective framework

4. Youth friendly communication and engagement skills

7

How do you define adolescence?

8

The adolescent perspective - why does it matter?

Activity – the time machine

Group of young people from the Brighton Road Congregational Intermediate Society, Brisbane, 1911 (State Library Queensland)

9

The developmental perspective

Three stages:

- Early (11-14yr) – rapid pubertal growth / change
- Middle (14-17yr) – changes nearly complete, peer / social / sexual interests
- Late (17-20yr) – adult roles & appearance

10

Developmental changes and concerns – group discussion

What are the major changes that occur in adolescence?

- Physical
- Cognitive
- Psychosocial

11

Major developmental tasks

- Autonomy – independence
- Self-identity
- Sexual identity formation
- Body image
- Negotiating peer and intimate relationships
- Developing goals
- Acquiring skills
- Developing own moral/value system

12

Brain development and risk-taking

- The brain is still developing during adolescence – trauma can impact
- A 'normal mismatch' between:
  - Urges and drives (e.g. novelty-seeking, risk-taking)
  - Impulse suppression - weighing up consequences of behaviour
- Risk-taking is a **normal and important** part of developing into an adult – *not necessarily negative*

13

The 'engine' is switched on but the 'brakes' are still developing
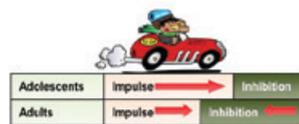
Picture source: Joyce Djaelani Gordon & Peter Chown. Practical Guide to Youth Friendly Health Services in Indonesia. September 2009. YAKITA & Noesat Institute for Global Health.

14

The developmental perspective – why it matters?

Helps to:

- Understand the young person's concerns and risks
- Understand how they make choices, decisions, and capacity to give informed consent
- Guide our communication strategies – tailored to developmental level
- Tailor appropriate interventions and health promotion strategies – for the development stage

15

Young people's health status – group discussion

- What do you think are the main health concerns or problems for young people?

16

Biopsychosocial model of adolescent health – definition

- The dynamic interaction between physical processes, and social and psychological factors and behaviours impacting on health
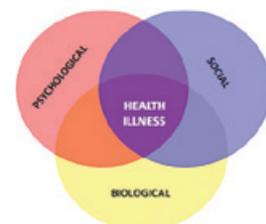
17

Biopsychosocial model of adolescent health

- Most health problems are **psychosocial** – a consequence of **risk-taking and exposure to social and environmental risk factors**
- The leading **causes of death and illness** in the age group 12–24 years
  - o Accidents and injuries (2/3 of all deaths)
  - o Mental health problems
  - o Substance abuse (drug and alcohol use)
  - o Sexual health problems
- **Young males death rate** twice that of young females (43 and 22 per 100,000 respectively)
- **Aboriginal young people's death rate** is 2.5 times higher than other Australian young people (80 and 32 per 100,000 respectively)

18

Current youth health trends

Increasing rates of:

- Abuse and neglect for 12-17 year olds
- Chronic conditions among 12-24 year olds (63.9%)
- Hospitalisation due to self harm among 12-24 year olds

Reducing rates of:

- Death from injury and poisoning for 12-24 year olds
- Physical activity in 15-24 year olds
- Harmful levels of alcohol consumption in 12-24 year olds
- Smoking in 12-24 year olds
- Pregnancy in 15-19 year olds

Source: The AIHW youth health portal
http://www.aihw.gov.au/myif
http://youth.nsw.gov.au/youth-snapshot/

19

Features of adolescent health problems

- A mismatch between help-seeking and major diseases
- Lack of awareness of where to seek help
- Critical time for the onset of many health problems
- Co-morbidity – e.g. mental health, substance misuse, sexual health problems
- Psychosocial – risk-taking
- Socio-economic disadvantage

20

Protective and risk framework

Protective factors:

- Act as a buffer to consequences of any risk factors
- Interrupt the risk chain
- Prevent the initial occurrence of a risk

Risk factors:

- Risk taking is a **normal** part of adolescent development
- Enable testing limits, learning skills, independence
- Can increase adverse psychosocial and health issues

21

Example protective factors – *strengthen*

- Connectedness – school, peers, community
- A caring family environment
- Supportive relationship with at least one caring adult
- Achievements and sense of belonging at school
- Social skills, positive self-esteem
- Sense of purpose and meaning

22

Example risk factors – *minimise*

- Socio-economic disadvantage
- Poor parenting, family conflict and breakdown
- School failure, bullying
- Lack of meaningful relationships with adults and peers
- Individual characteristics – e.g. low self-esteem, poor social skills
- Exposure to trauma, violence and crime
- Racism
- Discrimination

23

Risk and protective factors – case scenario

- What are some of the possible risk and protective factors in the young person's life?

- What is your assessment of the risk status (Low/Medium/High)?

- What would you focus on to minimise the risks and enhance the protective factors?

24

Implications for your service/practice – group discussion

- Do you assess and focus on both risk and protective factors?

- How can you take a holistic approach to address interconnected factors impacting on health and wellbeing?

25

Watch Video 2 – What a young person may bring to the conversation (8.21 min)

and let them talk about it if they want to

26

Module 2: Creating accessible, youth friendly services (30 min)

Ref: *YHRK – Section 3.4 + 3.6*

27

Access barriers and challenges: your service – group discussion

- What are the main barriers for young people accessing your service?

- What are the main barriers YOU experience in working with young people (e.g. experience, knowledge, skill)?

28

Characteristics of youth friendly services

- What are the key characteristics of a youth friendly service?

- How youth friendly is your service?

- What steps have you taken to make your service more youth friendly?

29

Slide 30

Staff attitudes and communication style

Accessibility – convenience

Confidentiality and privacy

Youth Friendly Service

Youth-friendly environment – reception, waiting area etc

Practice administration and youth-friendly procedures – appointments, billing, cost etc

---

Checklist – is your service youth friendly?

Complete the checklist **1st section only**: (1) Accessibility – how accessible is your service?

Slide 31

MORNING TEA

Slide 32

Module 3. Responding to diversity (20 min)

Ref: YHRK Section 3.6 + 3.4

Slide 33

Diversity – strengths, risks, disadvantage, opportunities

1. African refugees
2. Transgender young people
3. Aboriginal young people

Slide 34

'Diversity sensitive' youth health consultations – large group discussion

1. What are some of the diversity issues to consider when working with young people?
2. What are possible protective factors to strengthen and the risks to minimise?
3. How would you approach working in a 'diversity sensitive' way with young people?
4. How might your own background impact on the consultation?

Slide 35

Working with young people from diverse backgrounds

- Enhance protective factors e.g. collectivism
- Assist them to negotiate both cultures, build self esteem and supportive relationships
- Minimise the risk factors e.g. isolation, shame, discrimination and migration stressors
- Ask how *they define* their own identity in different contexts – don't assume
- Offer support/services - let young people and families decide how they want to proceed

36

Culturally sensitive approach – ask

- How does the young person view themselves within the context of their culture/family?
- In which ways do they follow/not follow the norms of their culture/family?
- What has changed since they became an adolescent? Are they treated differently by parents, siblings, relatives?

37

Module 4. Confidentiality and medico-legal dilemmas (60 min)

General information only - not advice!
- Seek medico-legal advice for specific cases
- Follow NSW Health policies and guidelines

Ref. YHRK Sections 3.1 + 3.5

38

Values continuum

Do you ....

Agree 👍   Disagree 👎

39

Minors (under 18) medico-legal issues

- The law is not clear cut – takes into consideration legal status and adolescence as time of development
- Allows privacy, confidentiality and capacity of a minor to make their own decisions/consent to medical treatment if judged as competent
- Balanced with the need to protect young people from harm, and the central role of parents/carers
- Privacy and medical records – access by parents/carers
- Duty – Child Protection and Mandatory Reporting

40

Confidentiality and consent

- NSW Health Privacy policy
- Youth Friendly *We Keep It Zipped* resources
- Limits to confidentiality – e.g.Chapter16A of *Children and Young Persons (Care and Protection) Act*

41

Principles guiding confidentiality

- Confidentiality is key concern of young people
- Reluctant to discuss risky behaviours / sensitive issues without assurance of confidentiality
- Need to advise – when you have a duty to share or report
- Duty of care – exemptions to confidentiality where:

  - Young person consents to disclosure
  - Practitioner is compelled by law to disclose
  - Exemption is created by legislation

42

Making a competency assessment - minor

- Legally competent to **consent to medical treatment** if they have - *'sufficient understanding and intelligence to understand fully what is proposed'* – **Gillick Competence**

- **Assessment** is based on - *age, maturity, level of independence, seriousness of the treatment, understanding of the treatment and risks, ability to grasp consequences of the decision*

43

NSW *Children and Young Persons (Care and Protection) Act*

Provides

- Definitions of child (under 16yr), young person (16-17yr) and Risk of Significant Harm

- Reporting requirements including for homeless children and young people

- Chapter 16A creates a legal mechanism for **information sharing** for child protection purposes **between** *prescribed bodies*

- Requires taking **reasonable steps to coordinate the provision of services** to ensure the safety, welfare, or the wellbeing of children

44

Responding to abuse and neglect

- Use the Mandatory Reporter Guide (MRG) – decision tree

- Follow *Child Wellbeing and Child Protection Policies and Procedures for NSW Health Workers (PD2013_007)*

45

Child wellbeing and protection - contacts

- **NSW Health Child Wellbeing Units and Child Wellbeing Coordinators** 1300 480 420 (8.30am to 5.00pm, Monday to Friday). After hours leave a message or eReport wellbeing concerns to the CWU via the online MRG).

- **Child Wellbeing Coordinators** – list of LHD contacts is on NSW health website.

- Report imminent suspected Risk of Significant Harm (ROSH) to the Child Protection Helpline **132 111** (24/7)

- eReport non-imminent ROSH via the online MRG.

46

Large group activity – medico-legal dilemmas

1. After each scenario, answer quickly: *Yes/no/ don't know/depends*

2. Discuss responses and related issues

47

Scenario 1 – 16-year-old boy

- In NSW, it is reasonable to assume he can consent to treatment on his own

- Consent to treatment for those under 18 years is mostly guided by competency assessments of maturity and generally young people aged about 14 and above can give their own consent

- Competency means a full understanding of treatment/s being proposed

48

Scenario 2 – 15-year-old boy

- You cannot tell his mother directly about anything discussed without the boy's permission

- Talk to the boy before his mother comes in about your concerns and say that you would also like to discuss these with his mother present (as well as alone)

- Say that although he can attend for confidential consultations by himself, by putting his health at serious risk there could be reasonable grounds for breaking confidentiality

- Central to managing this issue is engaging him in a trusting relationship and giving him the opportunity to talk about his risk taking behaviour and context

49

Scenario 3 – 14 year old girl

- Under Chapter 16A you can share information with 'prescribed bodies' that relate to the safety, welfare or wellbeing of the young person, whether or not the young person is known to Community Services and whether or not consent has been given

50

Scenario 4 – 14 year old girl

- Consensual peer sex is not of itself an indicator of sexual abuse
- The NSW Health Policy (PD2013_007) states:

Health workers need to consider whether sexual activity is with a peer and whether it is consensual, as well as any other indicators that may suggest the young person is at risk of significant harm (ROSH)... 'peers' are defined as individuals who are aged within two chronological years of each other (from Section 7)

51

Your service: Confidentiality and information sharing – group discussion

1. What are the most common confidentiality concerns of young people entering your service?

2. What is your service policy and routine approach for managing confidentiality and information sharing?

3. How do you explain to a young person the limits to confidentiality and information sharing?

4. How does information sharing between services improve outcomes for young people?

5. What are the challenges in this area?

52

LUNCH

53

Module 5: Engaging the young person to conduct a HEEADSSS assessment (60 min)

Ref: YHRK Sections 3.2 + Appendices 3 + 4

54

HEEADSSS psychosocial risk assessment

A framework for assessment of risk and protective factors in key areas of the young person's life:

- H – home
- E – education and employment
- E – eating and exercise
- A – activities, hobbies and peer relationships
- D – drug use, cigarettes and alcohol
- S – sexual activity and sexuality
- S – suicide, depression, self harm
- S – safety

55

NSW Health – HEEADSSS Guidelines

- All young people 12-24 yrs – in health system
- Not a diagnostic tool
- Face-to-face - a conversational approach
- Option for completion of : Youth Health and Wellbeing Assessment Chart
- Protective & risk factors
- Clinical judgement regarding appropriateness (e.g. health condition)

56

A guide to using HEEADSSS

- Before starting - reassure about confidentiality
- Tool to guide the interaction – engagement is important
- Not a prescriptive / checklist process
- Be flexible in how you apply it
- Let the interview flow naturally in an interactive style
- Come back to any areas not covered
- Listen carefully
- Explore in more detail - areas of ambiguity / risks / sensitive areas (e.g. drugs, sex)

57

The needs and fears of the young person when seeing a health professional?

- What are their needs and fears when seeing a health professional?
- How do / don't they like to be treated?
- Do they want us to use their slang / talk like them?
- What approach will built trust and rapport?
- Who are they likely to bring along for support? Why?

58

Engaging the young person – group discussion

- What are the **do's and don'ts** of effectively engaging and communicating with young people?

59

Golden rules

- Stop talking – give your time and attention
- Put them at ease – no jargon, be sincere
- Be interactive – give feedback, ask questions
- Reflective listening – tone, ideas, words, non-verbals
- Don't assume or judge – ask open-ended questions
- Build trust – empathise
- Be self-aware – aware your language / attitude etc
- Allow them to educate / inform you

60

Engaging a 'challenging' young person – case discussion

Michael is a 16 year old boy who has been brought in by a support worker. He looks angry and agitated, and stares at the floor while the support worker explains why he has brought Michael in to discuss his issues.

61

Engaging the 'challenging' adolescent

- Empathise with their situation – validate their feelings
- Take an open stance – be interested in them, take time
- Don't blame them / label them – e.g. 'non-compliant'
- Use reflective listening to build rapport: *"My guess is that you're not too happy about being here today …"*
- Be collaborative – ask them to help you understand - e.g. *"I'm not sure if this is correct …..have I got this right?".*
- Don't take challenging behaviours personally
- Avoid being authoritarian – no power struggles

62

Engagement challenges for YOU when working with 'challenging' young people – group discussion

- What are the challenges YOU experience when engaging challenging young people in a first session?
- How could you more effectively engage with the young person?
- What are specific issues you tend to react to or find a barrier?

63

Video 3 (10.54 min) – Useful tips for HEEADSSS conversations

- What is effective / ineffective?
- What words would you use to engage and discuss confidentiality in the first session?
- How do you ask the parent / carer if you can see the young person alone?

64

Module 6: Conducting a HEEADSSS assessment (60 min)

Ref: YHRK Sections 3.1

65

First consultation – explaining confidentiality

- Don't assume they understand what 'confidentiality' means
- Explain clearly what confidentiality is and what it means to the young person
- Keep it simple – discuss early on
- Explain the limits of confidentiality – including exceptions
- Remind them again if they are about to disclose
- Prepare your 'form of words'
- Explain Australian privacy law to CALD families

66

Engaging and explaining confidentiality in the first consultation – skills practice

Case scenario – Jenny is a 15-year-old girl seeing the health professional alone for the first time. She is anxious about confidentiality, and doesn't want her parents to know she is seeing you.

67

HEEADSSS - types of questions to elicit information

- **Open-ended questions** – e.g. *What difficulties are you having at the moment?*
- **Focused questions** – e.g. *Can you tell me about what happened when you visited the doctor?*
- **Closed questions** – e.g. *Have you been having trouble sleeping?*

68

HEEADSSS - questioning approach

- **Start with open-ended questions** – then move to more focused and closed questions
- The **type of question is influenced by the young person** – e.g. more focused and closed questions if very talkative / rambling
- The **developmental stage influences the type of questions** – early adolescents often respond to more focused questions – e.g. *'Tell me how you are feeling when you are at school'* rather than *'What's school like?'*

69

HEEADSSS - asking sensitive questions

- **Progress from less sensitive** to more sensitive questions
- Remember – **HOME** can be a highly sensitive area
- Offer a **non-threatening explanation for the question** you ask: *'I'm going to ask a number of questions to help me better understand your health…or your situation'*
- **Request permission** to ask sensitive questions: *'I'd like to ask you a few personal questions. You don't have to answer these if you don't feel comfortable. This will help me to get a picture of your life and health issues. Remember that anything we discuss will be kept confidential. Is it OK if I ask you some more questions?'*

70

HEEADSSS - the 'third person approach'

- Use a *'third person approach'* to normalise and lessen the impact of sensitive questions:
- Example:

  'Many young people your age are beginning to have experiences with drugs or alcohol (or sex). Have you or any of your friends ever done this? (or, had a sexual relationship)?'

- Or:

  'Sometimes when people feel very down they can think about hurting themselves. Have you ever had any thoughts like this?'

71

HEEADSSS - wrapping up

- Provide feedback about your assessment
- Compliment on strengths and areas where they're doing well
- Highlight areas of concern for follow-up
- Invite questions – engage in planning
- Discuss who to involve in referral or follow-up
- Discuss what to tell and not to discuss with their parents:

  'Rebecca, before you mother comes back in I'd like to be clear about what to tell her and what not to talk about. What would you like mum to know about what is going on for you?'

72

HEEADSSS - wrapping up

- If engaged in risky behaviours, provide information about the risks and discuss ways to protect themselves:
- **Example:**

  'Rebecca there are a few things you've mentioned that I'm concerned about – especially your drug use. I know you've said that it's a big part of what you do when you're with your friends. But I'm wondering how much you know about some of the risks. If you like, I can give you some information about this and we can discuss ways to reduce the risks.'

73

Look deep
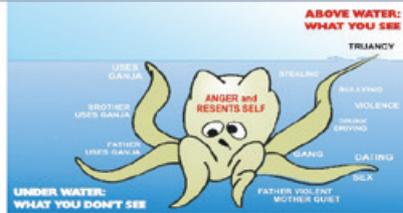
- Many adolescent problems are interrelated and interventions in one area can lead to positive outcomes in other areas. Presenting problems may not be the main problems

74

HEEADSSS role play – skills practice scenario

15 year old girl - Alison:
- **H – home** - divorced parents, lives with mother working in low income job, older brother left home, no other family, mother's boyfriend stays over
- **E – education and employment** - still at school, art is her favorite subject, wants to leave and get a job to make money
- **E - eating and exercise** - wants to lose weight, lots of takeaway, doesn't like exercise
- **A – activities, hobbies and peer relationships** - gets on with peers, likes art, has a best friend
- **D – drug use, cigarettes and alcohol** - binge drinks with friends on weekends, smokes cigarettes, occasional drug use
- **S – sexual activity and sexuality** - same-sex sexual activity with best friend when drinking
- **S – suicide, depression, self harm** - gets a bit down, frustrated about no money, not suicidal
- **S – safety** - doesn't like mother's boyfriend when he drinks, he gets 'overly friendly'

75

BREAK

76

Module 7: Developing a plan to manage risks (30 min)

Ref: YHRK Section 3.3 p.86-92 + Appendix 3

77

Risk level – guides intervention

- **Low risk** – safe experimentation – *'healthy experimenter'*
- **Moderate risk** – behaviours with harmful consequences – *'vulnerable'*
- **High risk** – major disruption or risk to health, safety or life – *'troubled'* or *'out of control'*

Picture source: Joyce Djaelani Gordon & Peter Chown, Practical Guide to Youth Friendly Health Services in Indonesia, September 2009, YAKITA & Nossal Institute for Global Health.

78

When do risk factors require intervention?

- Interferes with normal adolescent development
- Poses serious risks to health and safety
- Established part of the young person's lifestyle
- Disconnection from family, school and relationships
- Risk factors outweigh protective factors

79

Develop a plan to address risks

- Set goals and develop a plan – *with the young person*
- Provide assessment feedback
- Agree on the next steps/who to involve
- Follow-up – advocate/refer/information/support
- Clarify your role

Refer to YHRK Appendix 3 Youth Health Check template

80

Help the young person change

1. Raise awareness of risks and consequences
2. 'Personalise' the risk – help them see how it applies to them
3. Promote a belief that change will reduce risk
4. Support a belief that they can make the change
5. Teach skills to make the change e.g. practising saying 'no'
6. Identify and reinforce support for making changes

81

Stages of Change Model
Developed by Prochaska & DiClemente

Not thinking about change

Pre Contemplation

Thinking about change but undecided re need to change

Contemplation

Where the individual shows intent to change & starts to plan for change

Preparation

This is an important aspect of change & can lead to a return to behaviours of concern

Lapse/ Relapse

CYCLE OF CHANGE

The individual is motivated & works with others to start to effect change

Action

Maintaining the changes made

Maintenance

Sustaining the changes made over time

Lasting Change

82

Change is difficult – resistance is normal

1. **Why should I change?** – costs/benefits
2. **Do I want to change?**
3. **Is now a good time to change?**
4. **Can I change?**
5. **How do I change?**
6. **Do I have support for change?**

83

Motivational Interviewing

- You can't make someone change
- Ambivalence or resistance to change is **normal**
- Arguing/pushing/persuading – increases resistance
- Start with their concerns - not yours
- Assess their stage - 'readiness to change'
- Change goals – meaningful to the young person
- Intervention - should match stage of change
- Worker - assists them to move through the stages
- Increasing resistance – change your approach

84

VIDEO 4 (8.23 min) - Developing a responsive management plan

Small groups – discuss how you can respond to risks and develop a risk management plan WITH the young person

85

Module 8: Navigate local service referral networks (30 min)

Ref: YHRK Section 2.3

86

Healthcare service networks/partnerships

- Develop a network of professionals and specialist services for **complex issues**
- **Specialist health services** – alcohol and drug, DV, sexual assault, HIV, mental health, disability, family etc
- **Youth specific services** – youth health centres, youth refuges, hospital adolescent units, school counsellors etc
- **Community services** – e.g. Centrelink
- **Cultural / community specific services** – e.g. refugees, LGBTI, interpreters, deaf community, ATSI services etc

87

List local services for young people

1. What local services are relevant to young people?
2. What are service gaps?
3. What is your role in linking the young person to services?
4. What are the barriers for young people accessing services?
5. How can you assist to remove access barriers?

88

Action Stations (20 min)

1. **Look and Feel:** *What can I do to make my service more appealing to young people?*
2. **Personal Style:** *What can I do to better engage with young people?*
3. **Opening Doors:** *What policy changes could I implement to make my service more accessible to young people?*
4. **Knowledge/Skill Gap:** *What else do I need to develop to more effectively engage with young people on health?*

89

APPENDIX 5: WORKSHOP DELIVERY REPORT

WORKSHOP DELIVERY REPORT

Your name:		Date:
LHD:		

The purpose of this report is to provide regular updates on the delivery of the Essential Youth Healthcare Skills workshop to the Youth Health and Wellbeing Team in the Maternity, Child, Youth and Paediatrics unit of the NSW Ministry of Health. Please provide this report for each Essential Youth Healthcare Skills workshop that you deliver within two weeks of completing each workshop and send it to:

Youth Health and Wellbeing Team
Maternity, Child, Youth and Paediatrics Unit
NSW Ministry of Health
LMB 961
North Sydney NSW 2059

Activity	Response	Comment (as needed)
Number of workshops held since the introduction of Essential Youth Healthcare Skills Workshops (accumulated total)		
FOR EACH WORKSHOP please complete the following		
Date of the workshop		
Location of workshop (postcode or suburb)		
Recruitment strategies used for this workshop		
Number of participants who enrolled in the workshop		
Number of participants who attended the workshop		
Number of completed pre-workshop evaluation forms received		
Number of completed post workshop evaluation forms received		
What do you think worked well in the training?		
Do you have any suggestions / recommendations as to how the training could be improved?		

NSW GOVERNMENT | Health

Essential Youth Healthcare Skills Workshop Delivery Report