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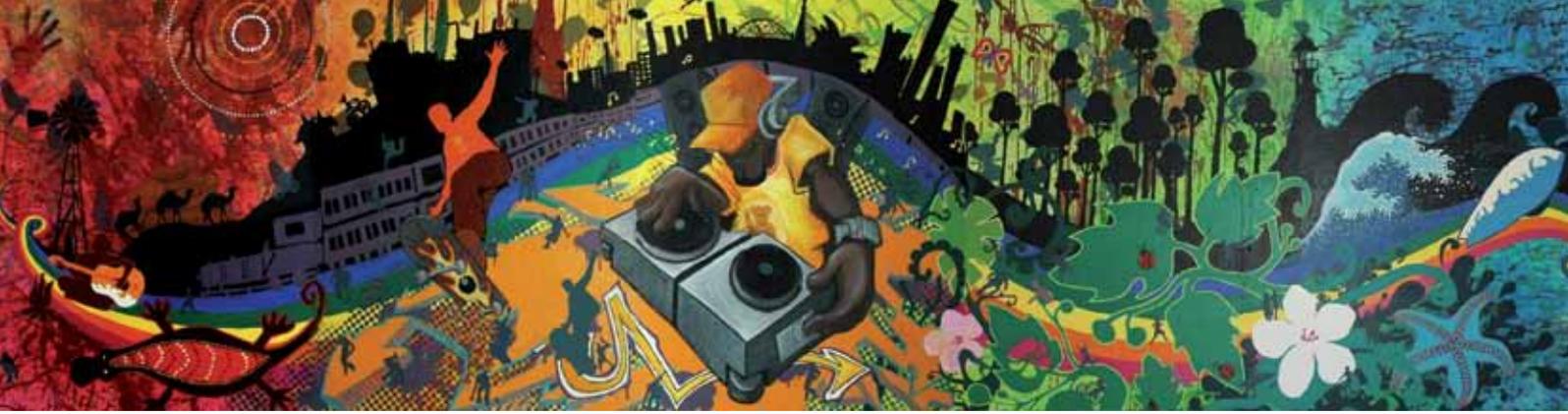
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About the cover image

This mural was created by more than 50 inpatients from across New South Wales who attended the *Adolescent Inpatient Group Program* at The Children's Hospital at Westmead. Entitled *Teenscape: A Backyard Odyssey*, the panels explore five landscapes - the outback, suburbia, the city, bushland, and the beach - representing the environments that patients leave behind when they go to hospital.



Advice from a young person...

Don't assume that you know something...
ask questions if you need to.

Don't judge us...
be open and accepting of what we tell you.

Don't talk in a language that we won't understand...
use words we can take with us.

Don't break our confidentiality...
explain to us about this so we are aware of it.

Don't focus on the negative aspects of our lives...
help us to see the positives as well.

Don't try to force your values and perspectives onto us...
help us to discover our possibilities and choices.

Don't try and lead us where you want us to go...
walk beside us and offer a helping hand along the way.

Online consultation, 2009



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From the Director-General

In 1998, NSW Health launched its *NSW Youth Health Policy, Young People's Health, Our Future*, to create better health and well-being for all young people aged 12-24 in NSW. The NSW Centre for the Advancement of Adolescent Health (NSW CAAH) was launched in December 1998 under the NSW Youth Health Policy and is located at The Children's Hospital at Westmead.

Since the launch of *Young People's Health, Our Future*, extensive research has been undertaken in the area of youth health, and a number of subsequent government policies impacting on youth health have been published. It is therefore time for a policy that sets new directions in young people's health in NSW, and aligns with the broader framework of NSW Government policies and plans.

Research into young people's access to health services was undertaken by NSW CAAH in partnership with the NSW Department of Health and the youth health sector over the past ten years, contributing significantly to an understanding of the barriers young people face to accessing health care. Significant consultation was conducted with young people in developing this policy, and young people's views are heard throughout this document.

This policy provides the NSW Health system with a fresh approach to providing health services to young people, guided by the best evidence available, and the voices of young people. In this policy, NSW Health sets out its commitment to young people in NSW as a Charter for the first time. Also significant is the *Youth Health Better Practice Framework* checklist contained in this policy, which provides health services with a practical tool to ensure their services are more accessible to young people, and encourages their participation and input into the service.

Over the next five years, NSW Health will work towards its vision of a community in which young people's health and wellbeing is valued, supported and optimised. Successful implementation and achievement of this vision will require commitment of efforts of other NSW Government agencies and jurisdictions.

I commend this policy to you.

Professor Debora Picone AM
Director General,
NSW Health

1. Introduction

This policy was developed in a collaborative partnership between the NSW Centre for the Advancement of Adolescent Health (NSW CAAH) and the NSW Department of Health. Young people have been central to the development of this policy, helping us to identify what the health system currently does well and where service delivery can be improved. They have participated in on-line consultations, face-to-face forums and as representatives on the policy development committee to inform our understanding of young people, their needs, their worries and their hopes for the future in regard to their health and wellbeing.

Throughout the policy, there are quotes from young people who generously and honestly shared their ideas, opinions and experiences to help us improve the health system. The young people consulted were a diverse group of 13-24 year old males and females including Aboriginal young people; young people from rural, regional and urban areas; young people from culturally diverse backgrounds; and those with a range of health service experiences.

Throughout the development process, consultation took place with youth-specific and mainstream health services, non-government organisations, government agencies, academics and health professionals.

Young people participating in the consultation forums were invited to suggest names for the new policy. The suggestions showed creativity and thoughtfulness. *Healthy bodies, healthy minds, vibrant futures* was chosen, as it captured the essence of efforts to create opportunities and take steps towards positive futures for young people in NSW.

The NSW Youth Health Policy is set out in the next section. The policy environment or context of this policy, and demographics and health issues and challenges for young people this policy addresses follow in sections 3 and 4 respectively.

Adolescents, youth or young people?

There are many definitions for the terms adolescent, youth and young people. The differences take into account the different experiences that accompany different developmental stages.

However, young people moving through puberty, adolescence and into adulthood share many challenges – dealing with periods of rapid growth and development, establishing a sense of identity, and negotiating transitions from one phase of life to another.

In this policy, the terms young people, adolescents and youth are used interchangeably to refer to young people aged between 12 and 24. The age range recognises that the transition from childhood to adulthood is a process rather than a discrete event, and that the length of the process varies from individual to individual.

It is also recognised that responding to and meeting developmental needs rather than considering chronological age is important in providing good health care for young people.





2. NSW Youth Health Policy

Charter for health and wellbeing of young people in NSW

NSW Health will:

- Work in partnership with young people to support young people who may be at risk of poorer health outcomes because of homelessness, sexual and physical abuse and neglect, domestic and family violence in the home or other risk factors.
- Help young people access a range of services that support them to actively manage their health and wellbeing and obtain primary health care when they need it.
- Strive to develop community awareness that adolescence is a distinct developmental phase... neither childhood nor adulthood, but a transition period that is experienced differently by individuals
- Encourage government agencies to develop policies and programs that value and support:
 - parents, carers and families to create environments in which young people can learn, grow and develop safely and confidently
 - listening to and involving young people in all decisions that affect them
 - learning and working environments in which wellbeing is promoted, valued and made a priority
 - young people with a disability to access government services, facilities and jobs on an equitable basis through the delivery of better services that promote fairness and opportunity for all citizens.

Health services will¹:

- take a holistic approach to young people's wellbeing
- recognise the range of factors and issues that affect a young person's wellbeing and respond in innovative ways to address these issues
- have strong linkages with specialist services that support disadvantaged young people and those at risk of poorer health outcomes
- draw on the expertise of mainstream and specialist resources to help find the most suitable path to care for young people
- provide support, information and referral services to young people who are carers
- have linkages to schools and post school education and training to support young people's health in all settings
- help young people to navigate the health system so they can find the care that they need
- create smooth transitions between children's or adolescent health services and adult health services
- understand, respect and celebrate diversity and difference – in all its forms
- recognise and respond to the needs of young people through existing multidisciplinary care models
- respect young people's privacy and confidentiality in consultations and procedures
- provide designated adolescent spaces for young people in which they can receive treatment alongside other young people and build connections while in hospital
- incorporate suitable recreation facilities providing opportunities for young people to learn, express themselves and experience personal growth
- ensure staff are trained and educated about working with young people in health care.

¹ Includes NSW Health funded services



2.1 Vision for young people's health and wellbeing

A community in which:

- Young people are supported to reach their potential
- The diversity, talents and abilities of young people are celebrated and fostered
- The community works in partnership to ensure that young people who need help receive it in the most appropriate place, time and way
- Young people actively making positive choices about their own health and wellbeing and shaping their own future
- Young people have access to health services that provide a range of prevention, early intervention and primary health care options, as well as specialist services when required
- Health care professionals committed to working in partnership with young people, and who understand the unique health care needs and challenges that the period of adolescence presents provide these services in a range of environments accessible to young people.

NSW Health services will strive to achieve this vision by working towards three goals:

Goal 1: Young people are encouraged and supported to achieve their optimal health and wellbeing

Goal 2: Young people experience the health system as positive, respectful, supportive and empowering

Goal 3: Responses to the health needs of young people are evidence-based, promote prevention and early intervention and are delivered efficiently and effectively.

The following section describes twelve priorities for action that will help NSW Health services to achieve these goals.

2.2 Priorities for action

Each of the three goals is supported by four priorities for action, as set out in the table below. The following pages give further detail on what NSW Health services will do under each priority.

NSW Youth Health Policy 2011-2016: Summary

GOALS	1. Young people are encouraged & supported to achieve their optimal health & wellbeing	2. Young people experience the health system as positive, respectful, supportive & empowering	3. Responses to the health needs of young people are evidence-based, promote prevention and early intervention and are delivered efficiently and effectively
PRIORITIES FOR ACTION	1.1 Apply a holistic approach to youth health with a focus on wellbeing 1.2 Promote a whole-of-community approach to youth health 1.3 Improve access to primary health care 1.4 Recognise the different needs of young men & young women throughout adolescence	2.1 Improve access to youth-friendly health services 2.2 Use creative approaches including multi-media & technology to engage young people & their parents, carers & families 2.3 Make transitions easier for young people 2.4 Walk beside young people moving through the health system	3.1 Strengthen youth health education & training 3.2 Strengthen the focus on research & evaluation 3.3 Manage resources & improve accountability 3.4 Invest now or pay later!



Goal 1: Young people are encouraged and supported to achieve their optimal health and wellbeing

What young people say:

“You have to be physically, mentally, socially, spiritually and emotionally healthy in order to view yourself as being healthy in an overall sense.”

“Just be yourselves and be creative. We don’t like services which are boring or that we don’t understand. We like to actively participate, whether that’s through helping us to manage and maintain our wellbeing, or whether we are working with you to overcome difficulties.”

Priority 1.1 – Apply a holistic approach to youth health with a focus on wellbeing

NSW Health is strongly committed to basing its services, programs and responses to young people on a holistic understanding of young people’s health and wellbeing. This means recognising the range of socio-economic and environmental factors that have an impact on young people’s wellbeing. It also means understanding that healthy environments – physical, social and emotional – support positive youth development.

NSW Health will work collaboratively with private health care providers, other government agencies, non-government organisations and young people to focus its efforts on activities that support and encourage young people to develop and maintain healthy attitudes, lifestyles and behaviours in adolescence. Young people will be supported to: develop good relationships with their family, their peers and the community; stay in education or employment; forge their own identity and to make their own decisions; adopt healthy lifestyles; learn how to seek help; and identify and manage risks to their health and wellbeing.

Providing support and positive youth development opportunities is particularly important for groups of young people who are disadvantaged or at increased risk of poor health outcomes. NSW Health or NSW Health funded services and programs will be guided by principles of positive youth development.

Young people seeking health care are more than just their illnesses or symptoms: they are individuals who have the capacity and strength to meet challenges and the right

and responsibility to be involved in decisions about their health and treatment. They will be given the opportunity to actively participate in decisions that affect them. The privacy and confidentiality of young people will be maintained within the law, and NSW Health staff will clearly explain to young people any limits to confidentiality.

Priority 1.2 – Promote a whole-of-community approach to youth health

Based on the principle that everybody has a role to play in providing environments that support young people’s health and wellbeing, NSW Health will embed a whole-of-community approach to youth health in its activities.

NSW Health and NSW Health funded agencies will strive to ensure that parents, carers and families are able to access advice where and when they need it to provide supportive and nurturing environments for young people. NSW Health will work with parents, carers and families to provide educational opportunities so that they know how to access support if they need it.

NSW Health will continue its work with government partners on programs and initiatives that support young people to stay connected to education, their parents, carers and families, their peers and their communities. It will be particularly important to work closely with agencies that have common goals of encouraging the healthy development of young people – including the Department of Education and Training, Community Services – Department of Human Services NSW, and the NSW Commission for Children and Young People.

NSW Health will also work closely with its non-government and community partners to develop new ways of responding to issues facing young people, particularly young people at risk. NSW Health and NSW Health funded services will strive to support young people at risk through difficult transitions such as bereavement, changing schools and the physical changes associated with adolescence, and ensure they have access to services that are connected – so they don't have to navigate complex service pathways and referral systems alone. NSW Health will create opportunities for young people to support each other and to draw on their own strengths and capabilities.

Priority 1.3 – Improve access to primary health care

Young people today face a complex range of challenges to their health and wellbeing. A range of lifestyle factors carry with them significant risks of harm to young people – both now and as they grow older. Early detection of the warning signs of illness and support for young people by providing accessible primary health care services can reduce the harm generated by these risk factors. Primary health care services – often provided by general practitioners, community health services and youth health services, and oral health services – are the front door to the health system for most young people in NSW.

Young people report that they would like the chance to discuss health issues such as contraception, sexually transmitted infections, diet and exercise, and substance use with health care providers and that they trust their advice (Tylee et al, 2007).

One way to ensure that young people have access to primary health care is by improving access to Medicare-funded services. While Medicare is a Commonwealth Government program, NSW Health has an important role to play in ensuring that young people know about Medicare, understand what sort of services they can



access using Medicare, and know about how they can get a Medicare card when they become eligible at 15 years of age. Having their own Medicare card enables young people to access care confidentially and with privacy.

NSW Health will approach the NSW Commission for Children and Young People and the Commonwealth Government to jointly consider ways to improve access to primary health care and the Medicare system.

Priority 1.4 – Recognise the different needs of young men and young women throughout adolescence

For all young people, the period between 12 and 24 is a period of change. The experiences, concerns and needs of a 12 year old are quite different to those of a 16 year old, and dramatically different to those of a 24 year old. At various stages of adolescence, specific factors or determinants of health are going to vary in their applicability, relevance and impact.

But the differences are not just within age groups. Young men and women experience adolescence differently. Different biological processes occur within young men and women, including puberty hormone differences, and young men and women develop at different rates socially, psychologically and emotionally. It is important that health services – whether primary, secondary or tertiary – and everyone who works within them, appreciate the rapid and complex developmental processes that are inherent to adolescence and the impact that these changes can have on a young person's health and wellbeing.

Young men and women also experience adolescence differently because of society's understanding and expectations of what it is to be a young person, and what it means to be a boy or girl, or a man or a woman. The ideas around how young men and women are supposed to behave, and what young men or women are supposed to do, like or be can have an impact on young people's development and on the way in which they seek health care or support if they need it.

Programs developed for young people will recognise the biological, health and social differences between young men and women. Where there is a need, NSW Health and NSW Health funded services will endeavour to develop programs that meet the needs of different groups of adolescents and the different needs of young men and young women.



Goal 2: Young people experience the health system as positive, respectful, supportive and empowering

What young people say:

“Services should promote themselves in spaces that young people use: radio, print media, online presence (including social networking like MySpace and facebook), posters / pamphlets in youth centres / libraries / schools. It’s about saturating youth spaces with the knowledge that certain services exist, but in a non-threatening way that allows young people to be aware of their existence and gives them the agency to find more information if they need it.”

“Youth advisory boards! Feedback forms! Opinion boxes! Asking people...TALKING to young people. Asking young people what they need / want to see in a service.”

“When I’m worried about my health, I just go straight to my doctors and wait for a very long time.”

Priority 2.1 – Improve access to youth-friendly health services

NSW Health can improve access to youth-friendly health services in two key ways.

Firstly, through the development of new ways to improve access – and it’s not always about having ‘walk-in’ health services. NSW Health will explore new ways of reaching out to young people and provide them with a range of options for how they ‘reach in’ when they are looking for health advice or support. Options involving the use of multi-media and information technology to communicate with young people will be explored, to enable young people to access health information and advice in their own time and in their own ways.

NSW Health will also find new ways of providing health information to young people in places where they are: on the internet; in schools; youth centres; community organisations; TAFE colleges; employment services; accommodation services; public transport hubs; and other points of contact and connection with and between young people. Equally, health information, resources and support need to be provided to the broad range of professionals who work with young people.

NSW Health will identify further opportunities for outreach health services where young people are

unable to reach in for the assistance they need. This is particularly important for young people in disadvantaged communities, rural areas, young mothers and fathers, young people in crisis accommodation, and young people in correctional facilities.

Secondly, NSW Health and NSW Health funded services can become more youth-friendly. This means making the spaces services are provided in comfortable and welcoming for young people. Health staff will develop skills and expertise in communicating and working with young people in a health care setting, and will develop their understanding of adolescent development and health.

Young people’s contribution to the design and delivery of NSW Health or NSW Health funded health services is critical to their success. The experiences of young people, their needs and their preferences are important factors to be considered when making decisions about what services are to be provided and how they will be delivered. Opportunities will be created for young people to participate in designing, developing and delivering health programs for other young people, and to contribute their experiences to evaluation processes.

NSW health services will also respect and respond to diversity. Culture, religious beliefs, sexual identity, values and experiences contribute to a young person’s sense of self and development of identity. Health services need to be culturally competent in their responses to

young people and respectful of young people's cultural or religious identity (Bennett et al, 2006).

Through the Access Series, NSW CAAH and the NSW Department of Health developed a checklist to assist health services to assess their youth-friendliness (see Appendix 1). A series of factsheets support health services and health professionals to make changes that can have a positive effect on the youth-friendliness of a service, program or facility. The checklist and factsheets (NSW CAAH, 2005) are evidence-based and their application by all health services is an important step towards improving young people's access to youth-friendly services.

Youth Health Coordinators work within NSW Health services and help improve young people's access to health services. They are a point of coordination for youth health activities and services in the local NSW Health services. Their work involves planning, networking, mapping and professional development. The maintenance and expansion of these positions will boost young people's access to NSW Health services.

Priority 2.2 – Use creative approaches including multi-media and technology to engage young people and their parents, carers and families

Young people value being able to connect to each other and to services through the internet and other forms of technology – the feedback received during consultations was that the internet was often the first place where young people looked for health information or advice. They also highlighted the importance of being able to connect with other young people over the web and using mobile technology.

The creative use of technology can help to engage young people in discussions about their health, in learning about how they can keep themselves safe and healthy and in finding out about the services available to support them. It involves establishing a useful, relevant and accessible presence for youth health in NSW on the web, and providing quality health information for young people using these media.

It is also important to communicate clearly about the range of health services available to young people through targeted marketing to young people, their parents, carers and families. This involves establishing an identity or brand for young people's health and using opportunities

to market the range of services, programs and support available to young people through a range of media.

NSW Health can also improve its workforce's capability in the use of technology to reach out to young people, employing internet and mobile communications technology for such purposes as on-line counselling and advisory services, peer support groups, appointment reminders and follow-ups.



Photography: www.photos.com

Priority 2.3 – Make transitions easier for young people

Adolescence features a number of transition points. They are the points at which young people move from one environment to another: the move between primary school and secondary school; the move between formal education and employment; and the move from living at home to independent housing. Research has demonstrated that for young people experiencing increased vulnerabilities, such as chronic illness or disability, these transition points are often times of increased stress and risk (Steinbeck, Brodie & Towns, 2007). At these points, a young person makes choices that could have a range of outcomes and effects for them – positive, healthy, rewarding, risky, damaging or negative.

For some particular groups of young people, other transition points also present risks: young people who are transitioning from care into independent living; from the juvenile justice system to the community; from life in rural areas to metropolitan areas; from child health facilities to adult health facilities; or from a supported school environment to further education or employment.



Health services need to ensure that support is provided to young people who need it during transitions, and to be able to recognise the signs that a young person is experiencing challenges negotiating the transition between environments or life stages. This requires a holistic understanding of young people's development that recognises the impact of familial, social, cultural and environmental factors on young people.

NSW Health needs to ensure that young people can identify and access the information and support services they need, and that, wherever possible, parents, carers, families and other significant people in the young person's life are involved in supporting that young person through the transition.

For young people with specific needs, such as those transitioning from care to independent living or from child and adolescent health services to adult health services, programs that emphasise early preparation, education, ongoing support, collaborative action between services, and strength-based approaches are important.



Priority 2.4 – Walk beside young people moving through the system

Young people can find it challenging to negotiate the pathways that the health system and other services have set up. It's not always easy for a young person to find the information, support or assistance they need, or to know what is available.

The experiences that young people have can be improved by strengthening collaboration between services and removing some of the red tape and inflexibility that young people sometimes experience. In short, services must be flexible enough to work with young people to solve problems and to support the young person as they make changes in their life.

Actions to support this aim can include: new protocols for service delivery; strategies for sharing information; and the provision of services from co-located facilities.

NSW Health staff need to become familiar with the range of services that are available to support young people's health and wellbeing, and be able to make effective referrals easily to services.

It is important to move away from situations that focus on a young person's problems as the key issue to be resolved for them and instead focus on creating a structure around the young person that will enable them to seek, choose and implement practical strategies to improve their health and wellbeing. Service providers throughout the community need to move away from thinking that young people have problems that 'someone else' needs to resolve, and begin to understand the value in walking beside young people.

Young people should be able to find gateways to the information and services they need, regardless of wherever they access the health system.

Goal 3: Responses to the health needs of young people are evidence-based, promote prevention and early intervention and are delivered efficiently and effectively

What young people say:

“ I think it’s also important for professionals to be educated in a range of youth health problems, and given new ways to interact with young people. ”

“ We count on these ‘learned’ people in the community for advice, guidance, diagnosis etc. We need to know that they know what they’re doing. ”

“ Health care: you need to know how important you are... you affect us all and you need to get your act together before we can take you seriously...we should be concerned with who you are and how you work. ”

Priority 3.1 Strengthen youth health education and training

High quality, accessible care that is responsive to the specific needs of young people in NSW is one of the keys to supporting wellbeing. NSW Health already has staff with strong clinical skills and an ability to provide high levels of care for young people who are in need of health and medical care. There are many health professionals who are passionate about working with young people and bring to their work a commitment to supporting young people’s health and wellbeing. Many of these people have chosen specifically to work in adolescent medicine and youth health.

However, there is a growing understanding worldwide of the importance of understanding adolescent developmental pathways, and the implications of the stages of development for clinical decisions and options. It is vital that education and training for all health care professionals providing primary, secondary and tertiary services incorporate professional development in the field of adolescent health and development, and in managing complex and challenging health problems.

NSW Health needs to support health professionals to learn more about working with young people to improve health outcomes, and to become more comfortable in communicating with young people, so that young people feel confident about accessing health

services and speaking openly with health professionals about their concerns.

NSW Health also needs to support agencies and professionals involved in providing health care support to young people in non-health settings such as schools as part of their core role and to meet their legislative requirements.

NSW Health will implement strategies such as The Framework for Responsive and Respectful Healthcare Services with Aboriginal Individuals, Communities and Staff, which will help develop a culturally competent health workforce providing professional, accessible, respectful and culturally secure health services to Aboriginal young people, their parents, carers, families and community.

NSW Health will also look for opportunities to facilitate the involvement of young people directly in the design, delivery and evaluation of its health programs and services.

Priority 3.2 – Strengthen the focus on research and evaluation

It is vital that the actions NSW Health and NSW Health funded services, in collaboration with other government human services agencies, take to support and work with young people are evidence-based. NSW Health



needs to review information from all sorts of sources to assess whether sound decisions are being made about investment in particular programs, services and activities. The health system is founded on the concept of evidence-based practice and it makes sense to apply this approach to everything done to support the health and wellbeing of young people.

Implementation of the NSW Youth Health Policy will present an opportunity to undertake research in instances where the evidence base does not exist. There may be research areas NSW Health, in collaboration with other government human services agencies, needs to prioritise to fill knowledge gaps about the health care and access needs for key groups of young people. For example, improving health service responses to young people at risk requires a clear understanding of the health status, experiences and access needs of refugee young people, young people from culturally and linguistically diverse backgrounds, Aboriginal young people and inter-generationally disadvantaged young people including young people in out-of-home care.

NSW Health needs to continually review its activities in youth health and identify opportunities to improve the way health services for young people are delivered. This



means ensuring that projects undertaken and programs implemented have strong evaluation frameworks built in at the design stage. Evaluation needs to occur in a range of ways, including measuring input and output (how much and how many), but also measuring outcomes (how well, with what effect), which are sometimes more difficult to measure.

NSW Health will ask young people to help evaluate its youth health services and programs and improve the way things are done.

Priority 3.3 – Manage resources and improve accountability

For any organisation, effective management of resources and accountability for how those resources are allocated is a foundation of good practice. NSW health system resources need to be managed to achieve the best possible outcomes for the young people of NSW, whether in urban or more remote areas. This means that investment in health programs and services must be based on sound evidence about what works and what offers the best return on investment.

For NSW Health programs and services for young people, this means building in performance indicators and evaluation mechanisms that enable informed decisions to be made about the financial effectiveness and sustainability of its activities.

Activities and programs need to be developed with sustainability in mind – the ability for programs to become integrated into the core business of a health service and to continue beyond pilot phases if they show success.

NSW Health will also need to focus on collecting good data and information about the need for services, young people's health and emerging areas of concern, service usage and uptake and outcomes. This kind of data collection is extremely valuable for building an evidence base for particular interventions and for identifying the resource implications of new ideas and initiatives.

Priority 3.4 – Invest now or pay later!

“Wellbeing is enhanced by democratic processes that enable young people to have a say, to feel valued and to influence decisions.” (Wyn 2009).

Appreciation and understanding of the concepts of early intervention and prevention has grown dramatically over the last five years. The body of evidence that has emerged about the value of government investment in preventing the development of serious or long-term medical conditions has prompted significant interest in the costs and benefits of early intervention and prevention activities.

In NSW Health, these principles have been embedded in its services for maternal and child health and wellbeing, through the implementation of programs and activities that support parents, carers and families to create healthy environments for their children, identify emerging health issues before they become problems, and provide appropriate referral pathways to specialist support services where they are required. All these activities have the aim of producing the best possible environment for an infant to enable them to grow healthily into childhood.

It's important to apply the same principles to activities in youth health. It's known that many of the earliest indicators of, or risk factors for, chronic illness, mental health issues and physical and intellectual disability occur in the early years of adolescence. There is also an increasing body of evidence about the unique changes

that occur within the adolescent body and brain during these years, and the impact those changes can have on a young person's development and future health and wellbeing.

NSW Health will focus its investment in programs that: reduce risks to young people; support young people at risk at key transition points in their lives; intervene early when young people need support and assistance; and maximise the opportunities for young people to grow healthily into adulthood.

NSW Health will monitor emerging evidence about effective programs for positive youth development and about service delivery to young people, their parents, carers and families, and apply the evidence to its activities. NSW Health needs to generate conversations about how to invest wisely in programs that take strength-based approaches to working with young people, that build the capacity of the sector and that embed the principles of early intervention and prevention in its clinical and social responses to young people.



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3. Policy Context

This policy draws on the findings of the Access Series, a research project undertaken by NSW CAAH in partnership with the NSW Department of Health (Booth et al, 2002; Kang et al, 2005). The project contributed to a better understanding of the barriers young people face to accessing health care and how some of these barriers might be overcome (Kang et al 2003; Bernard et al 2004).

From the project came the *Youth Health Better Practice Framework* (NSW CAAH, 2005) which includes checklists to support health services to review, plan and evaluate youth health services and programs. The *Framework* also identifies seven principles for better practice in youth health. These principles have been incorporated into *Healthy bodies, healthy minds, vibrant futures*, and activities under the policy will adhere to these principles.

In 1999, NSW Health released its first youth health policy, *Young People's Health – Our Future*, which identified the importance of understanding and responding in positive and innovative ways to the health needs of young people. In the years that have passed, NSW Health has extended and deepened its understanding of: young people's health and wellbeing; how they access health services; how the health system can better support them to achieve health and wellbeing; and the role that the entire community plays in supporting young people. It's time for a policy that sets a new direction in young people's health in NSW. This policy's vision, goals and priorities for action are set out in Section 2.

Healthy bodies, healthy minds, vibrant futures sits within a broader framework of policies and plans that support young people in NSW: the NSW Government's State Plan, and the NSW Youth Action Plan.

The NSW Government is currently developing and implementing a series of reforms within the health and human services sector that are related to ensuring better outcomes for young people in NSW. These include:

- *Keep Them Safe: A shared approach to child wellbeing*, the NSW Government's response to the Special Commission of Inquiry into Child Protection Services in NSW conducted by Justice James Wood AO QC
- *Caring Together: The Health Action Plan for NSW*, the NSW Government's response to the Special Commis-

sion of Inquiry into Acute Care Services in NSW Public Hospitals, conducted by Mr. Peter Garling SC. A key reform introduced as part of the Government's response was the creation of the Sydney Children's Hospitals Network (Randwick and Westmead), to improve the co-ordination of care and simplify access to the full range of child health services. A new branch with responsibility for child and youth health will also be established in the Department of Health to improve links between the full range of child healthcare services.

- *A Way Home: Reducing Homelessness in NSW, the NSW Homelessness Action Plan 2009-2014* sets the direction for statewide reform of the homelessness system to achieve better outcomes for people who are homeless or at risk of homelessness
- The NSW Implementation Plan – *National Partnerships Agreement to Close the Gap in Indigenous Health Outcomes* which recognises that making improvements in Aboriginal health requires an integrated approach and engagement with Aboriginal Australians
- The *NSW Youth Alcohol Action Plan 2009-2013* provides a framework for strategies that aim to prevent and reduce alcohol related harms in young people aged 12 to 24 years
- The *NSW Suicide Prevention Strategy 2011-2016* provides the basis for a coordinated whole of government approach to suicide prevention in NSW, and aligns with the national suicide prevention framework *Living Is For Everyone*.
- The *NSW Carers Action Plan* describes how the NSW Government will contribute to carers achieving quality of life for themselves and the people they support
- The NSW Community Health Services Review
- NSW Health NGO Review

In NSW, policy development and strategic planning for youth health is undertaken by the NSW Department of Health, which has developed specific policies that consider the needs of young people in areas of mental health, alcohol and other drug use, Aboriginal health, hepatitis C, sexually transmissible infections, and sexual and reproductive health. These policies provide specific guidance for health services about working with young people in these areas.

Local NSW Health services, The Sydney Children's Hospitals Network (Randwick and Westmead) and Justice Health are responsible for delivering a range of programs and services to young people within their geographical area or area of specialty. These programs and services range from primary health care services (providing prevention and early intervention programs, health education, medical treatment services and counselling) through to specialist secondary and tertiary health services (provided through hospitals and other health facilities which respond to complex and serious health issues in adolescents). The availability of specific services differs across the state.

Change is also occurring at the national level following the release of the National Health and Hospitals Reform Commission's report, *A Healthier Future for All Australians*. The report made a range of recommendations about the provision of early intervention, prevention, health promotion and primary health care services across Australia.

Implementation of national health reform in NSW will commence with the establishment of 18 Local Health Networks from 1 January 2011, replacing the current Area Health Service structure. The Local Health Networks will strengthen local decision-making and consumer involvement in health service delivery.

A range of services provided by private and non-government service providers, including general practitioners and community or non-government organisations, complement the health services provided by the NSW Government to young people. For more information about the youth health landscape in NSW, see Appendix 2.

3.1 Policy values

Development of this policy was underpinned by the following values, which were articulated in the consultations with young people and our interagency partners:

1. Holistic approach to young people's health that focuses on wellbeing

NSW Health:

- Believes that good health and wellbeing relies on being well in every sense – physically, emotionally, sexually, mentally, socially and spiritually – not just an absence of illness
- Will focus on the young person it is working with, not the symptoms they present
- Will strive to learn about and understand each young person's world and how their bigger picture impacts on their health and wellbeing

- Believes services can be flexible and that interventions can be tailored to the needs of disadvantaged and at risk young people

2. Young people

NSW Health:

- Sees young people as valuable members of the community with important contributions to make now and in the future
- Can learn important things from young people, their experiences and their ideas about how it can do things better
- Believes in building the capacity of young people to participate in actions and decisions about their own health and wellbeing
- Is committed to supporting young people to develop in healthy ways

3. Strength-based approaches

NSW Health:

- Is committed to positive youth development and approaches that build young people up
- Believes that all young people have strengths, talents and abilities that – when fostered – help them achieve their goals
- Believes in building the capacity of families and communities to support young people's development

4. Social justice

NSW Health:

- Believes all young people have the right to access comprehensive health care
- Is committed to reducing inequities in health outcomes for disadvantaged young people or young people at risk of poorer outcomes
- Will ensure that health services show respect for diversity in all its forms and value the contribution diversity makes to the community

5. Creativity and innovative ideas

NSW Health:

- Embraces sparkling ideas about how to do things better
- Will encourage health services to be creative in their approaches to working collaboratively with young people
- Believes that from little things, big things grow





4. Young people in NSW: demography, health and wellbeing

4.1 Young people in NSW

There are some 1.14 million young people aged 12-24 in NSW, comprising 17.4% of the NSW population and 31% of all young people in Australia (ABS, Census 2006a). Of these, 36,600 or 3.2% of young people aged 12-24 in NSW identified as indigenous in the 2006 Census (ABS, 2006a).

Significant numbers (around 22%) of young people experience major health problems, some of which may be life threatening (AIHW, 2007).

Young people aged 12-24 have specific health problems and developmental needs that differ from those of children or adults. The major causes of ill-health in adolescents in NSW are mostly psychosocial rather than biological and therefore potentially preventable.

What young people say:

“I know I’m healthy when physically I feel great. When my body is strong, fit, energised and I’m not sick. Also when I’m thinking positive thoughts and acting pro-actively. When there is order in my life, like when my room is tidy, I know that I’m mentally healthy.”

New South Wales is an increasingly culturally and linguistically diverse community and our young people reflect that. Sixteen per cent of young people in NSW aged 15-24 were born overseas. Sixty three per cent of those young people who were born overseas came from Asian countries (ABS, 2006b). In the 2006 census, some 36,000 young people (or 3.2 per cent of all young people aged between 12 and 24) in NSW identified as being of Aboriginal and Torres Strait Islander background (ABS, 2006c).

An increasing number of young people arrive in NSW as refugees or humanitarian entrants – most commonly from the Sudan and other Central and West African countries, Iraq and Afghanistan (Department of Immigration and Citizenship, 2008).

But diversity isn’t just about where you were born, or where your parents were born, or the culture with which you identify. Young people in NSW are diverse in many ways including where they live, their family structures, their religious and cultural beliefs, their sexual orientation, their values, their likes and dislikes, their health status, their life experiences, their education and employment pathways, and their socio-economic status. In responding to the needs of young people, innovative approaches that reflect and respect this diversity are required.

The Australian Institute of Health and Welfare’s third national report on the health of young people, *Young Australians: their health and wellbeing* (2007), not only tells us that the majority of young people are healthy, but also provides us with important information about key adolescent health problems.

It identified a number of positive trends in adolescent health:

- Death rates among young people halved over the last 20 years, a trend largely attributable to a decrease in deaths due to injury
- Transport accident deaths declined by 35 per cent between 1995 and 2004
- Smoking rates in young people have declined by approximately 30 per cent over a 10 year period
- Significant declines have occurred in the notification rates for a number of diseases including measles, rubella, hepatitis A and B, and meningococcal disease since 2003
- Declines have occurred in the prevalence of some chronic conditions, including asthma and melanoma in the last ten years



But these gains in youth health need to be considered in light of the serious and often complex health issues young people continue to face. According to the same report:

- 17 per cent of young people smoke tobacco
- 23 per cent of them had used an illicit drug in the last 12 months
- 31 per cent drank alcohol once a month or more at a level that puts them at risk of short-term alcohol-related harm
- 11 per cent of them drank at a level that puts them at risk of long-term alcohol related harm
- 25 per cent of young people are overweight or obese
- 63 per cent per cent of young people said they had a long-term medical condition (lasting 6 months or more)
- Mental health disorders accounted for almost 50 per cent of the total disease burden among young people in 2003
- The notification rate for Chlamydia, a sexually transmitted infection, almost doubled in young women between 2001 and 2005
- Only half of young people had their skin regularly checked for changes in freckles and moles in 2004–05. Melanoma is the skin cancer with the highest incidence rate among young people

What young people say:

“When I think of being healthy, I think of feeling really good, not just ‘not feeling sick.’”

The differences between young men and women are also evident in their health status. According to the Australian Institute of Health and Welfare (2008):

- Young men were 3–4 times as likely as young females to be hospitalised for transport accidents, falls and assault
- Young women were 3 times as likely to be hospitalised for intentional self-harm
- Mood disorders (depression and anxiety) were the most common problem for females, while problems of psychological development were most common among males
- More young women (80 per cent) than young men (69 per cent) stay in school to Year 12.

There are particular groups of young people in Australia who are at risk of much poorer health outcomes than most young people. Many young people will fall into a combination of these groups, which may compound the level of risk experienced.

Aboriginal and Torres Strait Islander young people in particular have significantly poorer health outcomes than all other young people, making their needs a high priority for action (AIHW 2008):

- Aboriginal teenagers (13-19 years old) were 2.6 times as likely to be obese as non-Aboriginal teenagers in 2004–05
- The prevalence of mental and behavioural problems was 40 per cent higher among Aboriginal teenagers (13-19 years old) than non-Aboriginal teenagers
- The overall hospitalisation rate for Aboriginal teenagers (13 - 19 years old) was 30 per cent higher than for other teenagers
- The rate of hospitalisation associated with assault was 5 times as high among Aboriginal teenagers (13-19 years old)
- The unemployment rate for Aboriginal young people aged 15–24 years was more than twice as high as for other young people in 2006 (22.4 per cent compared to 9.9 per cent)
- Year 12 completion rates among 19 year olds were half as high for Aboriginal than non-Aboriginal youth (37 per cent compared with 74 per cent) in 2006
- In the juvenile justice system, the supervision rate for Aboriginal teenagers was 13 times that of other teenagers

Data from Community Services tells us that Aboriginal children and young people in NSW are over-represented in out-of-home care. As at 30 June 2009, 32.1 per cent of the children in out-of-home-care were Aboriginal. For every 1000 Aboriginal children and young people in NSW, 84 were in care. This is more than eleven times the rate for other children and young people in out-of-home care (Department of Community Services, 2010).

What young people say:

“Young people would find keeping themselves healthy an easier task if they had doctors who were trustworthy and interested in holistically treating the person ”



Young people who are at risk include but are not limited to the following groups and health conditions:

- Aboriginal and Torres Strait Islander
- Socio-economically disadvantaged
- Living in geographically and socially isolated remote and rural areas
- Culturally and linguistically diverse, particularly newly arrived or from a refugee background
- Approaching transition periods (including moving from paediatric to adult health care)
- Homeless or at risk of homelessness
- Experiencing family conflict and/or family breakdown
- Domestic and family violence exposure
- Sexual, physical and/or emotional abuse and neglect
- At risk of not completing school
- In out-of-home care or exiting care
- Involved with the criminal justice system, including those exiting detention
- Victims of crime
- Pregnant and parenting young people and their children
- Young carers
- Same-sex attracted, questioning their sexuality, bisexual or transgender young people
- Chronic illness and/or physical disability
- Intellectual disability
- Having mental health issues or a dual diagnosis (e.g. mental health and substance use)
- Eating disorders
- Problematic substance use
- Risky sexual behaviours



Photography: www.photos.com

4.2 What happens in adolescence?

For all young people, the period between childhood and adulthood is a period of enormous physical, psychological, cognitive, emotional, spiritual and social development. Adolescence is a distinct developmental phase that sits as the bridge between childhood and adulthood. It can be exciting, daunting, positive or challenging and, for most young people, it's all of these things at various times.

Adolescence is a period when young people are establishing a sense of identity, looking at who they are and where they fit, defining their values and establishing a level of independence and autonomy. It is a time of growth and learning, and of experiencing new things.

The experience of adolescence today is a very different experience to the adolescence experienced by other generations. Rapid technological change, saturation marketing and advertising, changing youth cultures, family structures, education patterns, social and economic shifts, changes in lifestyle and delays in moving out of home, marriage and having families are creating a different set of experiences for young people. These experiences have an impact on the way they live, their hopes, dreams and fears...and their health and wellbeing.

As young people open up to new ideas and new experiences, they are also more likely to engage in activities that carry a level of risk greater than that an adult might choose to take. Risk-taking is a normal part of adolescent development. It's part of trying new things, finding out what is possible and learning about the world.

However, risk-taking behaviours have the potential to cause significant harm to young people. The leading causes of death and illness in the age group 12-24 are accidents and injuries (unintentional and self-inflicted); mental health problems (depression, anxiety disorders and suicide); substance use; and sexually transmitted infections (AIHW, 2007). Young people often lack both an awareness of the potential harm associated with risky behaviours and the skills to protect themselves.

What young people say:

“It’s important that services promote seeking help as something to not be ashamed of. Young people’s attitudes in regards to seeking help need to be addressed and there needs to be a greater sense of trust”

There is dramatic growth and development of nerve pathways in the brain during adolescence, with changes in both brain structure and function (Giedd, 2004). The part of the brain responsible for regulating behaviours and decision making is not fully developed until a young person reaches their mid-20s, and during the development period is particularly vulnerable to alcohol and other drugs. This means that a young person’s ability to recognise and assess the consequences of choices is relatively low and their willingness to engage in risk-taking behaviours is relatively high. This situation in turn impacts on their ability to make and maintain connections with their family, peers and community and on their health-seeking behaviours.

Some of the risk factors linked to the development of chronic disease in adulthood (such as obesity, substance use and poor nutrition) are also present or begin to emerge in adolescence (Chown et al, 2008). Increasingly, there is concern about problems in adolescence having a significant impact on their health later in life, for example poor diet and reducing physical activity.

What young people say:

“I know if it’s something I’m very worried about I don’t talk about it, and I tend to go and see a doctor or something in complete secrecy! But if it’s something not so terrifying, I tend to be pretty open and ask for opinions and such.”

4.3 Good health: more than just ‘not feeling sick’

A young person can survive if their basic needs of food, water, shelter and warmth are met. However, to move from survival to wellbeing, there are a range of more complex needs that should be met.

It was the World Health Organization in 1948 that succinctly articulated the idea that health is about more than just a lack of symptoms, stating that *“health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”*.

When talking about adolescent health, this concept of wellbeing is particularly important. Wellbeing relies on being well in every sense – physically, emotionally, mentally, socially, sexually and spiritually. For any person, imbalance in one or more of these areas moves us away from a state of optimal wellbeing.

Young people are quick to point out the importance of *connectedness* to their health and wellbeing. Solid and trusting relationships with their family and with peers enable young people to build resilience – the ability to bounce back from difficulties and to overcome adversity or challenges. Factors that threaten a young person’s ability to form these solid connections (such as domestic violence, sexual and physical abuse, neglect, homelessness, incarceration, isolation, mental illness, chronic health issues and so on) can have a long term effect on a young person’s sense of self, their ability to solve problems and meet challenges, and – ultimately – their health and wellbeing.

A literature review conducted to inform this policy found that efforts to address these factors, reduce or lessen their impact, resolve their effects, and strengthen young people’s capacity to bounce back, aren’t the sole responsibility of health agencies (Robards, 2009).

What young people say:

“It’s about all aspects of life, including physical, mental, emotional, spiritual, psychological and also a work/life balance. Being healthy isn’t always easy; it is something that needs to be worked at and maintained.”





Young people spend a significant amount of time in education, work and social environments. They may need support from government and non-government organisations to assist with housing, transport, disability or financial concerns. They may be experiencing family conflict or breakdown or living in out-of-home-care. They may be part of the juvenile justice system. They may be involved in sporting groups and other community activities. They may live in rural or remote parts of the state or in densely populated urban areas.

Some adolescents are young carers supporting family members who may have a disability, mental illness, medical or access to services problems and require additional support. Sometimes this puts additional pressure on young people and can affect their health and education outcomes.

When the potential impact of a young person's environment on their development and wellbeing is considered, it becomes more apparent that creating the right environment for young people's wellbeing is not the responsibility of any one organisation. For a picture of how the entire community has a role to play in supporting young people's wellbeing, see Appendix 3.

What young people say:

“Feeling connected is important for a million reasons; not feeling alone or outside, feeling connected is like a baseline of normality, a perspective thing. If you are not connected then you might feel alien, you may feel unhealthy and you might be in strife without connectedness.”

4.4 Wellbeing: making things better

The importance of intervening early to address some of the risk factors for poor health and wellbeing is now widely acknowledged. In the last decade, NSW Health has come to better understand the importance of the early years of development for long-term health and wellbeing and have made significant efforts to reduce risk in early childhood. Collaborative efforts with other government and non-government agencies have seen

innovative health programs and service delivery reform that are improving the health and wellbeing of mothers and babies, setting them up for the best possible start to life and for positive development.

For a range of serious health problems originating in childhood or adolescence, there is continuity into adulthood. For example, risk factors for obesity are frequently evident before adolescence and, in fact, rates have doubled in the 10 years to 2007 (Population Health Division, 2008). For adults with mental disorders, approximately half would have met the criteria for diagnosis of a mental disorder before the age of 15 (Kessler et al, 2005). Adolescence is therefore an ideal time for intervening early to prevent ongoing health problems across a lifetime.

Many of the approximately 3% of young people who have an intellectual disability also experience ongoing health problems such as psychiatric conditions, physical disabilities, speech problems and hearing disorders. They are also more likely to come into contact with the criminal justice system, and less likely to complete year 12 studies, undertake further education or participate in the labour force. Intervening early to meet the specific health, education and support needs of this group of young people will help to reduce the long-term impact of their disabilities on their development into adulthood.

Early intervention when problems begin to emerge has positive effects for the individual, their family and the community. But young people also have the capacity to overcome great challenges if they are provided with positive, supportive and encouraging environments in which to live, learn, work, socialise and get well.

In many ways, the transition from childhood to adolescence presents outstanding opportunities to provide health system responses that support young people to develop in positive directions, and to achieve health and wellbeing throughout their adolescent years and into adulthood.



NSW Youth Health Policy 2011-2016

Healthy bodies, health minds, vibrant futures

Implementation Plan

Introduction

The release of the NSW Youth Health Policy 2011-2016 presents a number of opportunities for action for mainstream health services and for youth-specific health services. It's a first step in creating a new landscape for youth health and wellbeing in NSW. Opportunities for action exist at all levels, and a partnership approach is essential to improving young people's health and wellbeing.

The NSW Department of Health and local NSW Health services will work together to develop a policy implementation plan detailing specific strategies and actions that will be undertaken against each of the 12 priorities.

Actions planned under the policy will align with the values articulated in the policy and with the seven principles for better practice contained in *Youth Health Better Practice Framework* (NSW CAAH, 2005).

NSW Health will work closely with other government agencies, the NSW Commission for Children and Young People and other relevant bodies on interagency activities that recognise the importance of a whole-of-community response to improving the health and wellbeing of young people.

In local NSW Health services, partnerships will be forged with local schools, post-school providers, youth services and non-government organisations to develop local, responsive and needs-based services and programs for young people. Where positive relationships already exist these will be maintained and strengthened whilst opportunities to develop new partnerships should be regularly identified.

The NSW Department of Health, in continuing partnership with the NSW Centre for the Advancement of Adolescent

Health, will hold two forums over the duration of the policy to highlight best practice research and evaluation in the provision of health care to young people.

In 2012 and 2014, evaluation workshops will be convened at which local NSW Health services can present their programs, activities and achievements under the policy. Young people, partner agencies, youth health services, non-government organisations, academics, researchers and health professionals will be invited to participate in the workshops. This approach offers many benefits, including the opportunity to apply what has been learned from early actions, and to share good ideas and promising projects with each other.

Implementation principles

Implementation of the policy will be guided by the following better practice principles:

- 1. Accessibility:** health services should be easily accessible, flexible, affordable, relevant and responsive to the needs of all young people (regardless of age, sex, sexuality, race, cultural background, religion, socio-economic status or any other factor)
- 2. Youth participation:** young people should be actively involved in developing, implementing, reviewing and evaluating youth services and programs. This requires formal structures and youth-friendly ways for young people to express their opinions and exercise decision-making power. Young people's participation increases mutual respect between service providers and adolescents; and young people's sense of ownership and involvement in programs



3. Collaboration and partnerships: these can only occur when service providers develop working relationships with other groups that share similar service goals and target groups. Actions include communicating, networking and working together, both within and beyond the service's immediate sector (e.g. health, education, welfare, drug and alcohol and recreation)

4. Professional Development: developing our workforce's knowledge, skills and attitudes to enable them to work confidently and effectively with young people includes providing training, mentoring and supervision opportunities, and creating and maintaining organisational structures which support both individual and team performance

5. Evaluation: evaluation involves determining what was done, how it was done, and how well it was done, as well as what changes or results were achieved because of the program or intervention.

Effective evaluation of youth services engages staff, young people using the service or program and other stakeholders in providing feedback and suggesting improvements. Evaluation contributes to evidence-based practice by highlighting what works and why

6. Evidence-based approaches: considering and learning about what works in responding to young people, meeting their health care needs, and developing approaches to address health issues among young people is vital. It means being prepared to critically review programs, services and responses to ensure that there is a sound basis for doing things in a particular way, and it means learning and adjusting activities where necessary

7. Sustainability: it's important to invest in programs and initiatives that become self-maintaining in the long term, or that can become everyday practice. Sustainable programs support long-term improvements in health and wellbeing for young people.

Implementation plan - Milestones

Finalisation of the *NSW Youth Health Policy 2011-2016* and this implementation plan is being undertaken at a time of significant reforms of health systems across Australia. Therefore, it is not possible to assign responsibilities and timeframes more specific than those in the table below.

ACTION	RESPONSIBILITY	BY WHEN
Publication of NSW Policy Directive for <i>NSW Youth Health Policy 2011-2016</i>	NSW Department of Health (DoH)	December 2010
Launch of <i>NSW Youth Health Policy 2011-2016</i>	NSW DoH	December 2010
Prepare report on indicators (refer to page 24 – <i>established data collections</i>) annually	NSW DoH	Annually – first report in December 2011
Review services against <i>Youth Health Better Practice Framework Checklist</i> & collect baseline information – local assessment (refer to page 24)	Local Health Networks	12 months following formation of Local Health Networks
Develop template for Local NSW Health service Youth Health Plans and reports	NSW DoH	June 2011
Convene an advisory group to develop an e-technology strategy for youth health	NSW Centre for the Advancement of Adolescent Health	June 2012
Local Health Networks develop Youth Health Plans to implement this priorities for action in <i>Youth Health Policy 2011-2016</i> , and identify, where needed, actions to improve against their results from the review of services against <i>Youth Health Better Practice Framework Checklist</i>	Local Health Networks	12 months following review of services
Local Health Networks implement local Youth Health Plan and, where needed, actions to improve the promotion of youth health	Local Health Networks	12 months following plan development
Review effectiveness of Local Health Networks Youth Health Plans	Local Health Networks	12 months following implementation

NSW Youth Health Policy 2011-2016: Implementation Plan



GOALS	1. Young people are encouraged and supported to achieve their optimal health and wellbeing	2. Young people experience the health system as positive, respectful, supportive and empowering	3. Responses to the health needs of young people are evidence-based, promote prevention and early intervention and are delivered efficiently and effectively
PRIORITIES FOR ACTION	<p>1.1 Apply a holistic approach to youth health with a focus on wellbeing</p> <p>1.2 Promote a whole-of-community approach to youth health</p> <p>1.3 Improve access to primary health care</p> <p>1.4 Recognise the different needs of young men & young women throughout adolescence</p>	<p>2.1 Improve access to youth-friendly health services</p> <p>2.2 Use creative approaches including multi-media & technology to engage young people & their parents, carers & families</p> <p>2.3 Make transitions easier for young people</p> <p>2.4 Walk beside young people moving through the health system</p>	<p>3.1 Strengthen youth health education & training</p> <p>3.2 Strengthen the focus on research & evaluation</p> <p>3.3 Manage resources & improve accountability</p> <p>3.4 Invest now or pay later!</p>
OUTCOMES	<p>1.1 Services, programs and responses to young people on a holistic understanding of young people's health and wellbeing</p> <p>1.2 NSW Health & NSW Health funded services engage in the development of collaborative strategies guided by principles of positive youth development to support young people</p> <p>1.3 Young people can access government-funded, preventative, holistic assessment services in primary health care environments</p> <p>1.4 Young people have access to NSW Health or NSW Health funded services that are responsive to & respectful of diversity & the different needs of groups of young people</p>	<p>2.1 NSW Health or NSW Health funded services meet young people where they are, through creative approaches to engaging & working with young people</p> <p>2.2 Young people, their families, parents & carers are better informed about health issues and health services for young people</p> <p>2.3 Young people, their families, parents & carers receive support to negotiate transitions – throughout adolescence & in specific environments & circumstances where help is needed</p> <p>2.4 Practical information, support & assistance strategies help young people & their parents, carers & families to better negotiate health care</p>	<p>3.1 All relevant professionals within NSW Health & NSW Health funded services, and other professionals involved in providing health care support to young people, have access to training/education about working with young people that incorporates as a minimum basic training in adolescent health & development</p> <p>3.2 NSW Health policies & practice reflect a better understanding of the health status, issues & health care needs of vulnerable & at-risk young people</p> <p>3.3 Current youth health services within or funded by NSW Health are maintained & further strengthened to work with disadvantaged young people</p> <p>3.4 NSW Health or NSW Health funded programs & services take an early intervention & prevention approach to working with young people that recognises the complex range of factors that affect a young person's health & wellbeing</p>



NSW Youth Health Policy 2011-2016: Implementation Plan

GOALS	1. Young people are encouraged and supported to achieve their optimal health and wellbeing	2. Young people experience the health system as positive, respectful, supportive and empowering	3. Responses to the health needs of young people are evidence-based, promote prevention and early intervention and are delivered efficiently and effectively
MEASURING CHANGE - Established data collections	<ul style="list-style-type: none"> Number & proportion of young people who rate their health as 'excellent', 'very good' or 'good' (NSW Population Health Survey) 	<ul style="list-style-type: none"> Number & proportion of pregnant young women aged 15-24 years attending antenatal services before 20 weeks gestation (NSW Midwives Data Collection) 	<ul style="list-style-type: none"> Ambulatory care sensitive conditions hospitalisation rate for young people aged 12 – 24 years (to be reported on in the 2011 AIHW report Young Australians: their health and wellbeing 2011)
MEASURING CHANGE - local assessment		<ul style="list-style-type: none"> Number & proportion of NSW Health & NSW Health funded services, both mainstream & youth-specific, that have assessed & made positive, youth-friendly changes to their service design & delivery, through using the <i>Youth Health Better Practice Framework</i> checklist Number of local NSW Health services that have a Youth Health Coordinator Number & proportion of youth-specific health services that have a structured mechanism for youth participation Number of universally available confidentiality brochures distributed Number of young people with chronic conditions going into adult care that have been referred to a Transition Coordinator 	<ul style="list-style-type: none"> Number of staff & proportion of the workforce in mainstream health services (i.e. not youth-specific) that have undertaken training/ education in adolescent health issues & in working effectively with young people Number of health services (mainstream & youth-specific) gathering data about young people's use of, & satisfaction with, the service Number & frequency of activities linking health services with education institutions

Appendix 1: Youth Health Better Practice Framework checklist



1. Accessibility

HOW ACCESSIBLE IS YOUR SERVICE?	YES	PART	NO
Does your service have a promotion strategy for targeting young people?			
Is there a confidentiality policy? Is this widely publicised to your target group?			
Does your service actively seek to understand young people's concerns and needs, and have the capacity to respond to their needs?			
Does your service use creative, innovative activity-based strategies to improve young people's access to, and engagement with, youth health services?			
Are services provided free, or at a cost affordable to young people?			
Can young people reach the service easily (e.g. by public transport)?			
Is the service open after hours when young people can get there?			
Is it possible for young people to drop in and use the service without having to make an appointment?			
Is there flexibility around consultation times, and the capacity to offer longer sessions to deal with complex issues that may arise?			
Are staff provided with training, supervision and support to maintain the knowledge and skills required for working with young people?			

2. Evidence-based approach

WHICH TYPES OF EVIDENCE DOES YOUR SERVICE USE?	YES	PART	NO
When undertaking a systematic needs assessment, does your service utilise:			
1. Existing policies and background documents?			
2. 'Normative' research reports (such as epidemiological data, qualitative research studies)?			
3. Comparative studies of similar populations or issues — but from a different area?			
4. Surveys and direct consultations with key stakeholders and target populations?			
When reviewing programming priorities, does your service systematically monitor changes to the target population or issue (e.g. emerging needs) through regularly reviewing the above?			
When starting a new program, does your service:			
1. Use current evidence on the issue, including existing models, standards and practice guidelines?			
2. Locate and review reports, articles and publications (e.g. tools and guidelines) from similar programs?			
3. Develop expected outcomes based on existing performance indicators (where possible)?			

3. Youth participation

HOW DOES YOUR SERVICE INVOLVE AND PROMOTE YOUTH PARTICIPATION?	YES	PART	NO
Does your service have policies and procedures in place that outline how young people's participation and decision-making can be used in program development, implementation, review and evaluation?			
Does your service regularly review and revise its youth participation mechanism in consultation with young people?			
Does your service provide opportunities for increasing young people's confidence, knowledge and skills in using participation mechanisms?			
Does your service have specific ways in which it acknowledges and values young people's input and contributions?			
Does your service ensure that its youth representatives reflect the diversity of young people's views and needs?			



4. Collaboration and partnerships

HOW DOES YOUR SERVICE WORK COLLABORATIVELY WITH OTHERS?	YES	PART	NO
Does your service propose collaboration and partnerships within its strategic or business plan?			
Does your service identify potential partners for collaboration and have protocols for working out roles, responsibilities and agreements between agencies or services?			
Does your service regularly review and evaluate its collaborative strategies, to ensure effective processes and outcomes?			
Does your service treat young people as equal partners where possible and appropriate?			

5. Professional development

HOW DOES YOUR ORGANISATION SUPPORT PROFESSIONAL DEVELOPMENT?	YES	PART	NO
Is professional development identified as a service objective, and are planned activities costed into service budgets and proposals?			
Are there formalized induction processes for staff taking up new positions — including handover, orientation and probation?			
Does your organisation provide regular opportunities for staff members to review and discuss their professional development needs? Does it assist workers to plan and undertake activities to improve knowledge, skills and performance?			
Does the service collaborate with other agencies/organisations around staff development events, in order to maximise resources, share expertise and ensure a healthy flow of ideas?			
Are there working mechanisms within the service (e.g. team meetings, team forums, internal newsletters etc.) where staff share newly acquired knowledge and information with co-workers?			
Do young people inform staff training around youth issues – and are they directly involved in its delivery?			
Do staff training/development programs have clearly identified outcomes (such as identified competencies) and are they regularly evaluated?			

6. Sustainability

HOW SUSTAINABLE ARE YOUR ORGANISATION'S PROGRAMS AND ACTIVITIES?	YES	PART	NO
Where possible, does your service develop sustainability strategies within its strategic and business plans, for example:			
1. Putting income generation strategies in place			
2. Developing partnerships and collaboration, and			
3. Building community capacity and planning transition strategies with the ultimate goal of handing over project ownership within an identified time frame?			
Does your service actively integrate its activities into existing mainstream programs where possible?			
Does your service develop programs which can be replicated elsewhere?			
Does your service invest in advocacy and utilisation of Board and other key stakeholder influence, in order to promote programs?			

7. Evaluation

HOW DOES YOUR ORGANISATION EVALUATE ITS SERVICES?	YES	PART	NO
Does your service have clearly articulated aims and objectives against which it can evaluate?			
Does your service incorporate evaluation into its strategic plan, designating resources as required (e.g. time, costs, fees if external evaluator support is required)?			
During the initial stages of project design, does your service include evaluation as an essential activity in all project work plans?			
Does your service take a baseline assessment of the issue or target audience prior to project implementation?			
Does your service evaluate both the qualitative and quantitative aspects of its work, including consumer feedback and identifying unexpected outcomes?			

NSW CAAH (2005). ACCESS study: Youth Health Better Practice Framework Fact Sheets, NSW Centre for the Advancement of Adolescent Health / The Children's Hospital at Westmead, Westmead, NSW [www.caah.chw.edu.au]

Appendix 2: Health services and programs for young people in NSW



Youth health services

Youth health services are specialist services providing multi-disciplinary, primary health care to young people. Focusing on engaging disadvantaged young people, they deliver flexible and unique services to young people in relaxed and comfortable youth-friendly environments. Youth health services work in partnership with other government and non-government services.

Youth health services provide a range of entry-points and non-threatening services (such as creative arts, basic services such as showers and laundries, a drop-in service, sports and recreational facilities), which encourage young people to connect with the service on their own terms. They also provide informal links to other support services and sectors including education, housing, Centrelink and legal services, offering support to young people who are dealing with complex issues.

Youth health services understand the need to respond immediately to young people's requests for support and assistance and they share a common operating philosophy, which values social justice, equity, and a holistic view of young people's health and wellbeing.

An important aspect of youth health services is the Innovative Health Services for Homeless Youth (IHSY) Program. The objective of this program is to improve the provision of health services for young people who are homeless or at risk of homelessness and their families. The nine IHSY services in NSW provide specialist health services for young people that respond to the complex needs of this client group, including health promotion, intervention and prevention measures and /or assist clients to access mainstream health and community services.

Youth Health Coordinators

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

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

Youth consultants

Some local NSW Health services have focused on improving the youth friendliness of mainstream services by auditing services including health services and general practitioners, often using youth consultants paid to rate services for their youth friendliness and provide feedback about how the service improved their ability to reach, attract, engage and retain young people in need or at risk.

Services for young people with mental health problems

Children and young people with mental health issues or who are vulnerable to developing mental health problems need a comprehensive range of approaches and services. For those aged 17 and under, Child and Adolescent Mental Health Services provide specialist community-based services for young people, their parents, carers, and families; more intensive treatment through day programs and hospitals; outreach telepsychiatry; and special programs such as support for young people who have a parent with a mental illness.

Youth Mental Health Services for 14-24 year olds are located in youth-friendly settings where mental health services are integrated and sometimes co-located with primary health, drug & alcohol and other services for young people. These services focus on early intervention with flexible approaches to service provision. Local models have been developed by local NSW Health



services, with input from young people, to meet their specific needs, local demographics and mix of service agencies.

The *NSW School-Link Initiative: towards better mental health* is jointly coordinated by the NSW Departments of Education and Training and Health. School-Link aims to improve the understanding, recognition, management, support and prevention of mental health problems in young people. It supports partnerships and collaboration between mental health services and schools and TAFE colleges to promote mental health, prevent mental health problems and facilitate early identification, management and support of students with mental health problems.

The NSW Early Psychosis Program is a youth focused service that aims to reduce symptoms and distress levels for young people and their families, reduce suicide risk, assist a rapid and complete recovery, and to improve long-term outcomes for young people.

Sexual health services

Sexual health services across NSW provide young people with free and confidential screening for sexually transmitted infections, treatment, support, counselling and referral to specialist adolescent services. Some sexual health services have youth specific outreach clinics operating in partnership with other specialist youth services to provide holistic sexual health care to at-risk young people.



'Friends at Yuendumu' by Amanda Steele.

Sexual assault services

NSW Health has 55 Sexual Assault Services which provide onsite and outreach crisis and ongoing counselling, medical and forensic services, and support including court support to adult and child victims of sexual assault and non-offending family members. NSW Health Sexual Assault Services also participate in, and conduct, a range of activities in response to sexual assault including advocacy; community development, education and awareness raising; prevention; and professional training and consultation.

Child Protection Counselling Services (CPCS)

There are 17 Child Protection Counselling Services state-wide providing a range of therapeutic, counselling and casework services to children, young people and their families when physical abuse, emotional abuse, neglect or exposure to domestic violence has occurred within the family. Referrals to CPCS services are made by the Department of Human Services - Community Services, Joint Investigation Response Teams and the Children's Court to ensure access to services for those assessed as being at the greatest risk of harm. The most complex, serious cases are referred, where often multiple risk factors co-exist. Some services are also known as Physical Abuse and Neglect of Children Services (PANOC).

NSW Health New Street Adolescent Services (NSAS)

NSAS provides integrated, holistic therapeutic services for young people aged 10 -17 years who have sexually offended, with priority given to those aged 10-14 years. The service aims to prevent child sexual abuse by providing a specialised, early intervention program to address the sexually abusive behaviours of young people, and assist young people change their sexually abusive behaviours before they become an entrenched and possibly life-long pattern. A direct service is also provided to families / carers to assist caregivers to promote and support responsible, appropriate behaviours and lifestyles for the young person.

Community health centres

Young people can also access services through community health centres, which provide primary health care services to the entire community. While the services are not specifically aimed at young people, they include services that young people might access such as counselling, health promotion and allied health care.

Hospital-based care for young people

Hospital-based specialist care is provided through the Departments of Adolescent Medicine at The Children's Hospital at Westmead and Westmead Hospital, the Youth Consultancy at Royal Prince Alfred Hospital (SSWAHS), Sydney Children's Hospital Acute Care Facility and Kaleidoscope at John Hunter Hospital. These units provide expert multidisciplinary assessment and care to young people, their parents, carers and families. Other hospitals also provide some specialised services for young people, such as antenatal clinics and group programs.

Statewide and specialist services

NSW Health provides a series of statewide specialist services that deal with specific health issues faced by young people. They can be accessed by young people from across NSW and include drug & alcohol and mental health services (including the Transcultural Mental Health Centre and Children of Parents with a Mental Illness), The NSW Adolescent Vaccination Program, eating disorder services, adolescent weight management, complex chronic illness clinics, and services for young people who are victims of sexual assault and those who have been perpetrators of sexual abuse.

Agency for Clinical Innovation Transition Network

As children mature into adolescents and young adults, they outgrow the expertise of children's services (Paediatrics & Child Health) and need to find adult health services to support them. The Transition Network aims to improve continuity of care for young people with chronic illnesses or disabilities.

Statewide health promotion programs

Statewide health promotion programs include programs to prevent young people from taking up smoking; encourage healthy eating and regular physical activity and prevent overweight and obesity; provide safe playgrounds to prevent injury; and provide free, confidential telephone-based services with health information and coaching to facilitate lifestyle changes.

General practice

Each year, approximately two thirds of young people in New South Wales see a general practitioner (Centre for Epidemiology and Research, 2008). General practitioners provide diagnosis, treatment, support and referral for adolescent health problems. For young people who want to talk about their health or get help with a problem, general practitioners are often the first point of contact with the health system. General practitioners usually operate in private practice, although some general practitioners work in youth services and other facilities that support young people.

Health clinics in community-based youth services

Many youth services also have medical clinics. The clinics aim to improve young people's access to general practitioners, with an emphasis on reaching disadvantaged young people who are more likely to access community-based youth services. General practitioners bulk bill their sessions or are paid by their Division of General Practice which means the services are provided at no cost to the young person. Some innovative systems have been developed which provide vouchers for medication, free pathology and free services from other specialist groups. Other clinics that may operate in youth services include sexual health clinics or counselling services developed in partnership between health services and the youth service.

Non-Government Organisations (NGOs)

Many NGOs provide a range of local, accessible services for young people. These services may include assistance with housing and accommodation – both crisis and long-term; education, training and skill development; and counselling, emotional, financial and practical support.





Schools

In NSW, schools have a role to play in promoting the healthy development of young people and supporting individual students' health needs. Where students have individual health needs, schools arrange support so that young people can participate in their learning programs. Health services and health professionals support schools to manage these specific situations. School nurses are predominantly employed by non-government schools to provide clinical services and health promotion. They also provide an important referral point to other medical and specialist health services (Moses et al, 2008). Where individual students have health conditions that impact on the school, health services support schools to manage these specific situations.

headspace

Launched in July 2006, headspace is a federally-funded program that allows young people to seek help early through new models of care provided in youth friendly, integrated, multidisciplinary service centres. These centres provide a public-private model of care involving General practitioners, psychologists, youth workers and other professionals providing primary health, mental health, drug & alcohol and vocational assistance. The aim is to not only assist young people to address their mental health and substance use issues, but also to address other important factors such as homelessness, drug and alcohol use, education, training and employment.

Aboriginal medical services

Aboriginal community controlled health services, also known as Aboriginal medical services, provide culturally appropriate primary health care and health services to young people within the communities they serve in keeping with the Aboriginal holistic definition of health.

NSW Centre for the Advancement of Adolescent Health (NSW CAAH)

NSW CAAH works in partnership with NSW Health and other government and non-government organisations, academic, community, educational and advocacy bodies to improve the health and wellbeing of young people aged 12-24 in NSW. The Centre focuses its work on developing information and resources to increase

awareness of youth health issues; capacity building to increase workers' skills and confidence; supporting applied research and promoting better practice; and supporting advocacy and policy development to increase leadership and action for adolescent health.

NSW Association for Youth Health (NAYH)

NAYH is a non-government membership organisation committed to promoting the health and wellbeing of marginalised young people aged 12-25 years. Representing individuals and organisations who work directly with young people in relation to health and wellbeing, NAYH aims to assist the youth health sector to strengthen and maintain its ability to provide relevant and evidence-based health services to young people.

The NSW Youth Health Council (NSW YHC)

The NSW YHC is a professional forum committed to improving the health and wellbeing of young people across NSW. The Council's mission is to advocate on behalf of young people, to support workers, and to provide opportunities for networking, training, partnerships, consultation and planning within the youth health sector.

More information about programs

More information about youth health services can be found on the NSW CAAH website:

www.caah.chw.edu.au/links

Publications about adolescent programs can be also found listed on the NSW Health website:

www.health.nsw.gov.au



Appendix 3: Working together for young people's health and wellbeing



Health and wellbeing is much more than an individual's lifestyle and behaviour, much more than health care per se (Eckersley, 2009). Being a healthy individual is dependent on the context that one lives in, the quality of social and environmental supports that one can draw upon.

In negotiating their path between sometimes conflicting expectations, young people remain sensitive to the world around them, responsive to the influences of the mainstream culture and the behaviours they observe among their peers and adults. Everyone is responsible for the values and attitudes that young people develop.

Here are some of the different roles that people and groups in the community play to support young people:

- Well functioning **families** with supportive caring parents, as well as other caring adults, can promote positive relationships and resilience to help young people deal with adversity and prepare for adult life and adult roles (Rowe, Bennett, and Tonge 2009).
- **Teachers** have an important role in promoting positive school environments, where young people are engaged and have positive attitudes about school. This can help young people stay at school longer with a reduction in health risk behaviours and improved emotional wellbeing (Patton et al 2006).
- **Schools** support the healthy development of young people through learning in the classroom, school programs and practices that protect and promote health and safety and supporting individual young people who may have specific health issues.
- When **retailers** observe the law and refuse to sell tobacco and alcohol to young people under 18, they help to reduce the risk of young people taking up these damaging habits.
- **Retailers** and chambers of commerce can make sure that fresh fruit and vegetables are available for sale in every town or suburb so that low-income families and those with limited mobility are able to eat healthy food.
- **Employers** can understand the particular needs and vulnerabilities of younger employees to ensure their safety and schedule work to accommodate their needs for study time.
- **Laws** that restrict the advertising of alcohol and unhealthy food help to protect young people from being influenced by advertising and marketing strategies to engage in risky behaviours.
- Evidence based education and **health promotion programs** with young people, their parents, carers and families can be effective in promoting positive health choices and influencing behaviour change.
- Positive **media** representation of young people showing diversity, young people's cultures and achievements can help young people to appreciate their own strengths and skills, and encourage the community to value young people's contributions and potential.
- When young people are invited to join in the **community** as full and active participants with opportunities for meaningful service, they can learn to be responsible contributing members of their community (Evans, 2007).
- **Consulting** young people is integral to good service design, delivery and evaluation. Young people who participate in decision-making develop a sense of autonomy in their lives and are generally more positive in establishing direction. Young people who believe that the forces shaping their lives are largely within their own control are more likely to have positive attitudes towards others (Luthar, 1991).
- **Interventions** are better implemented and more effective when young people are included in decision-making because their understandings and priorities may be different to those of adults (Howard, Dryden and Johnson 1999).
- **Educators, religious leaders, political leaders and other influential community leaders** all have an important role in identifying and understanding the needs of young people and working together to meet those needs.
- **Communities** can make the places where young people congregate safer and more welcoming. Young people's knowledge and opinions can inform the way the physical environment is designed and built (NSW CCYP, 2008).



- Young people who know their **neighbours**, have friends nearby to “hang out” with, and whose parents perceive the local area as being safe, are more likely to walk or ride their bikes to and from school (Carver et al 2005). Physical activity may assist in the prevention of anxiety and depression in young people (Larun et al 2006).
- **Councils** can make water freely available in parks, town centres, schools, sporting facilities and other public places. This can help young people get enough fluid and reduce the volume of soft drink they consume, a significant contributor to weight gain. Including fluoride in water supplies helps protect young people’s teeth.
- **Planners and builders** can design and build roads, vehicles, public buildings, spaces, and high-rise buildings in ways that reduce the risk of accidents, falls, and other injuries. They can also ensure that urban design has an emphasis on public spaces that encourage physical activity such as walking and cycling, and enable positive participation in the community by young people.
- **The entire community** is responsible for fostering caring and respectful relationships and putting an end to violence, including domestic and family violence, sexual assault, physical and emotional abuse and neglect.
- When **working with vulnerable families** where there are safety issues, strengths-based approaches, particularly where workers develop relationships with young people, as well as engaging families and working collaboratively, have been found most useful (Schmeid & Tully, 2009).
- **Government agencies** can build more positive relationships with young people through specialist resources and activities. For example, the NSW Police Force has groups of specialist officers dedicated to young people including Youth Liaison Officers, School Liaison Officers and Youth Command Youth Case Managers, all of whom are dedicated to the safety of all youth within the community.
- **Non-government organisations** work with young people, their parents, carers, families and significant others delivering services and programs that address the impact of some of the social determinants of health, and that respond to the needs of individuals within the community.

- **Parents, relatives, teachers, school counsellors, coaches, youth workers and general practitioners** all play an important role in connecting with young people, asking about how they are going, and providing pathways so that young people can get help when they need it and before problems become serious (Wilson & Dean, 2001).
- **Youth workers** work in collaboration with Youth Health Services and play an important role in supporting and assisting young people who are disadvantaged and at-risk to access Youth Health Services.
- The importance of safe, stable and affordable **accommodation** is central to young people’s development, health and wellbeing.
- The use of technology including **websites and social networking platforms** by service providers offers new and youth-friendly ways to promote access to services.



‘Sisters sharing a laugh’ by Tanya Barber.
<http://www.ourcommunity.com.au/marketing/photobank/photo/701142>”>Tanya%20Barber

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