Women’s and Children’s Health Network

Youth Health Service

Model of Care
September 2013
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Executive Summary

The Review of Non-Hospital Based Services has informed the most recent planning process for youth health service development in metropolitan Adelaide. As an outcome of the Review, the existing government metropolitan youth health services have been integrated into one model of care under the governance structure of the Women’s and Children’s Health Network. The service will have a presence in Adelaide’s north, south and city regions, and will provide a visiting service for the Adelaide Youth Training Centre.

The Youth Health Service is a community-based service that provides specialist management of complex health care needs of young people from priority populations. Generally young Australians are a healthy population group. However, young people in the priority population groups have increased risks of adverse health outcomes both as young people and as adults. They often experience barriers in access to appropriate service provision, compounding their vulnerabilities. The Youth Health Service aims to be a leader in quality youth health service provision, with an emphasis on building young people’s capacity to manage their own health care. The service has an aim of improving service access and health outcomes for young people 12 to 25 years of age, with a focus on those less than 18 years of age who are:

- Currently (or have previously been) under the Guardianship of the Minister;
- Aboriginal and/or Torres Strait Islander;
- In the youth justice training centre;
- Other vulnerable population groups including:
  - Young pregnant and/or parenting under the age of 20;
  - Refugees;
  - Homeless;
  - Newly identifying as same sex attracted, transgender and gender questioning, under the age of 18

These priority youth populations experience complexities such as risk and safety concerns, social exclusion, co-morbidities which lead to multiple acute presentations. These young people will receive from the Youth Health Service more intensive and tailored health care in accordance with their greater need. Using a case management approach the Youth Health Service identifies young people’s holistic health needs and supports responses to these through collaborative work with other service providers and the community. The services provided include:

- Clinical health assessments and care planning;
- Information and referral;
- Medical treatment; and
- Short and medium term interventions which support young people to build their capacity to manage their own health care.

In providing a quality service, the Youth Health Service will include a contemporary, interdisciplinary, flexible, youth friendly, culturally competent and clinically accountable workforce. The service will work alongside its communities of interest to support access and improve youth health and wellbeing outcomes. It will build pathways from the acute sector to the Youth Health Service and from the Youth Health Service to the community and primary health care sectors.
Introduction

The Review of Non-Hospital Based Services conducted in 2012 and the SA Health Metropolitan Youth Primary Health Care Services Review conducted in 2010 have informed the most recent planning process for youth health service development across metropolitan Adelaide. The Review of Non-Hospital Based Services highlighted the changing role of the Commonwealth in the provision of primary health care services, with the primary instrument to be used being the Medicare Locals. However, the Review also recognised that the State had a role in providing services to particularly disadvantaged or vulnerable groups. The main recommendations from the review processes included:

- The development of a single integrated metropolitan youth primary health service with governance arrangements under the Women’s and Children’s Health Network (WCHN);
- That the service population groups are young people 12 to 25 years of age who are Aboriginal, under the Guardianship of the Minister and in the Adelaide Youth Training Centre as well as other vulnerable populations identified during the service modelling process;
- The development of a flexible service delivery approach with a north, south and city metropolitan area presence; and
- The development of key performance indicators and productivity benchmarks linked to hospital avoidance, chronic disease and measurable impacts on population health.

The Youth Health Service – Metropolitan, herein referred to as the Youth Health Service, brings together youth primary health care services from the Northern, Southern and Women’s and Children’s Health Networks into one integrated service under the governance of the WCHN. The Youth Health Service will provide services in the areas of greatest need across metropolitan Adelaide, including service sites, colocation sites and outreach services across northern, southern and central Adelaide.

The Youth Health Service focuses on delivering specialist primary health care services to improve health outcomes for populations of young people aged 12 to 25 years, including those who are Aboriginal and/or Torres Strait Islander, under the Guardianship of the Minister, in the youth justice training centre, and other priority population groups of young people who experience vulnerabilities in accessing appropriate health services.

The Youth Health Service model of care is informed and guided by a number of national, state and local policy/strategic drivers (see Appendix 1). The key national and State drivers include:

- National Framework for Protecting Australia’s Children 2009-2020, Council of Australian Governments;
- National Standards for Out-of-Home Care 2011, Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs;
- Rapid Response, Government of South Australia;

Rationale for Providing Youth Health Services

Being young represents a time of opportunity but also one of risk. Youth is a time where young people’s actions can have immediate health consequences, for instance outcomes of accidents and unwanted pregnancies. Youth is also a time where the pathway into healthy adulthood can be set and the likelihood of chronic disease reduced.

Generally young Australians are a healthy population group. However, young people in the priority population groups have increased risks of adverse health outcomes both as young people and as adults. They often experience barriers in access to appropriate service provision, compounding their vulnerabilities.

Young people will achieve better health outcomes if they have access to ‘youth friendly’ services. Young people want a service where:

- their confidentiality is ensured and the care they receive is respectful;
- there is quality communication by clinicians;
- they are involved in their own care planning and outcomes;
- the environment is age appropriate; and
- there is continuity of care.

The Youth Health Service is a service in the community that provides the management of complex care requiring specialist input. The Youth Health Service works with the young person to build their capacity to manage their own health care in the community, with a focus on avoiding hospital presentations for preventable conditions and intervening early to manage experiences of chronic disease.

The Youth Health Service, through its tailored, youth friendly service response, seeks to improve service access, appropriateness of service response, and in turn health outcomes for vulnerable youth.

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Guiding principles

The Youth Health Service recognises that young people’s health includes social, environmental, emotional and physical aspects of wellbeing and that the health response needs to include prevention through to intervention to be responsive to the specified population groups.

Several principles underpin the Youth Health Service model of care. The Youth Health Service is:

- **Youth Centred** – driven by the needs of the priority client groups first, and informed by inclusive and meaningful youth participation;
- **Strengths based** – builds on existing capacity and resilience of clients;
- **Understanding** of the importance of the impact of family and community systems on the resilience, health and wellbeing of young people;
- **Developmentally and culturally appropriate** – taking into account legislative requirements and the developmental stage of the young person whose vulnerabilities may have impacted on their physical, cognitive and psychosocial development;
- **Responsive to clients** in partnership with other agencies to provide a primary health care service;
- **Process and outcomes orientated**, and is accountable to its service community;
- **Evidence based, contemporary, and cost effective** model of youth primary health care;
- **Accessible** to all priority population groups of young people, recognising that “one size does not fit all”; and
- **Continually improved** through evaluation and review processes that are integral to service delivery.

Priority Populations for the Youth Health Service

The services provided by the Youth Health Service are targeted to specific groups of young people who are living with a range of psychosocial complexities that can lead to adverse health outcomes. These young people require particular support to navigate the health system and to build their capacity to take control of their own health.

Overall young people in Australia are identified as a relatively healthy population group but there are concerns around vulnerable groups of young people. For instance, there is significant evidence of poorer health outcomes for Aboriginal young people. These outcomes sit alongside experiences of socio-economic disadvantage, poorer educational outcomes, higher unemployment rates, poor housing and exposure to violence. Aboriginal young people are significantly represented in the child protection system, juvenile justice and experience higher rates of teenage pregnancy, poor nutrition, obesity and substance use.

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\(^4\) Australian Institute of Health and Welfare (2011) *Young Australians: their health and wellbeing 2011*. Cat. no. PHE 140. Canberra: AIHW.
Young people under the Guardianship of the Minister are also identified as a priority youth population. The number of young people in care in South Australia is growing steadily. Young people in the care of the Minister experience significant health, developmental and educational issues. Despite their health issues, young people under Guardianship find it difficult to or do not access professional services\(^5\).

Young people in the justice system also have poorer health outcomes than the general youth population. They have experiences of social disconnection with family, school and community. Health issues include asthma, ear infections, Chlamydia, Hepatitis C, mental health (including comorbidity with drug and alcohol misuse) and a high incidence of smoking\(^6\).

The priority populations of the Youth Health Service are youth with health needs aged 12 to 25 years, with a particular focus on young people under 18 years of age, who are:

<table>
<thead>
<tr>
<th>Priority Populations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently (or have previously been) under the Guardianship of the Minister</td>
</tr>
<tr>
<td>Aboriginal and/or Torres Strait Islander</td>
</tr>
<tr>
<td>In the youth justice training centre</td>
</tr>
<tr>
<td>Other vulnerable young people including:</td>
</tr>
<tr>
<td>&gt; Young pregnant and/or parenting under the age of 20</td>
</tr>
<tr>
<td>&gt; Refugees</td>
</tr>
<tr>
<td>&gt; Homeless</td>
</tr>
<tr>
<td>&gt; Newly identifying as same sex attracted, transgender and gender questioning, particularly those under the age of 18</td>
</tr>
</tbody>
</table>

Further description of the priority population groups and the relevant impacts on their health and on the health system is provided in Appendix 2.

The Youth Health Service operates as an entry point into community based health care for the priority populations of young people. For young people within the priority populations, eligibility for services is determined by the psychosocial complexities which have led, or could lead to adverse health outcomes. The young people in the priority populations can enter the service whatever their presenting issue, and be supported to access a pathway into the service they need. For some young people that will initially be the Youth Health Service itself; for others, it will be a pathway into mainstream primary health care and specialist health and community services.


Youth Health Service Model of Care

Service Aims
The aims of the Youth Health Service are:

> To provide an accessible and responsive community based health service to vulnerable young people;
> To provide a health care service that improves health outcomes for vulnerable young people and builds their capacity to manage their own health care; and
> To provide a quality service that is a leader in youth health and exemplifies best practice.

Service Objectives
The Service Objectives for the Youth Health Service contribute to reducing avoidable hospitalisations and improving chronic disease management of the priority youth population groups, and include:

1. Engaging with priority youth population groups to provide appropriate primary health care services which reduce reliance on hospital services and improves their ability to manage their own health care needs.
2. Providing early intervention in the chronic disease pathway for priority youth populations through the provision of health screening, health information and referral into specialist services.
3. Creating discharge processes and referral pathways from acute services to the Youth Health Service for priority youth populations, particularly for those with frequent hospital presentations and/or poorly managed chronic conditions.
4. Contributing to capacity building within the acute, community and primary health care sectors to better respond to the health needs of the priority groups of young people.

Service Access Criteria
Eligibility for access to services provided by the Youth Health Service will be evaluated against a number of criteria, including being in a priority youth population group and experiencing psychosocial complexities. The type and level of service provided depends on the presenting issues of the young person and their capacity to engage in their own health care management. The Service Criteria for the Youth Health Service are presented in Figure 1.

The psychosocial complexity being experienced by clients helps determine the service access eligibility and the level of care to be provided. These complexities include:

> **Client safety** – known to the child protection system; experiences of violence; lack of safe housing, engaged in unsafe risk-taking behaviours;
> **Social exclusion** – no or poor connection to family/significant other, not engaged or poor engagement in education/learning;
> **Unmanaged chronic disease** leading to multiple acute services presentations; and/or
> **Co-morbidities** which are leading to, or have the potential to lead to, repeated acute services presentations.
Figure 1. Service access criteria and intensity of service response for the Youth Health Service

1. **All young people (aged 12-25 years)**

   Young people as a population group tend to be healthy. Vulnerabilities can be managed through family, recreation, social and cultural support.

   - The majority of young South Australians cope well with vulnerabilities that arise during the Time of youth

   **Risk factors:**
   - Traumatic life events (death of family/friends)
   - Transition points
   - Difficulty with peers

2. **Vulnerable Youth with adverse health outcomes**

   Level of vulnerability requires early interventions to support a pathway to life-long health and health seeking behaviours.

   **Population Criteria:**
   - Aboriginal
   - Guardianship of the Minister
   - Youth Justice
   - Homeless
   - Refugee/humanitarian
   - Young Parents (<20yrs)
   - Same Sex Attracted (<18yrs)

   **Service Response:**
   - Intake
   - Health Assessment
   - Annual OOHC* Health Assessment

3. **Highly vulnerable youth**

   Require comprehensive and coordinated interventions from a range of disciplines.

   **Population Criteria:**
   - As per 2.

   **Health Issues:**
   - Short term health issues
   - Psychosocial complexities
   - Limited capacity to manage own health care

   **Service Response:**
   - Intake
   - Health Assessment
   - Annual OOHC* Health Assessment
   - Treatment and supported referral to specialists
   - Short term interventions
   - Capacity building and support to exit to community services

4. **High risk youth**

   Require more intensive interventions.

   **Population Criteria:**
   - As per 2.

   **Health Issues:**
   - Longer term health issues
   - Psychosocial complexities
   - Limited capacity to manage own health care

   **Service Response:**
   - Intake
   - Health Assessment
   - Annual OOHC* Health Assessment
   - Treatment and supported referral to specialists
   - Medium term interventions
   - Capacity building and support to exit to community services


*OOHC= Out of Home Care, for young people under the Guardianship of the Minister. Annual assessments are done until such time as the young person has capacity to access community services outside of the Youth Health Service.
Service Provision

Service Approach – Case Management

As a ‘youth friendly’ service the Youth Health Service is youth centred, strengths based and focused on building the young persons capacity and resilience. In the Youth Health Service the young person is the change agent, an expert in their own health care needs, and is supported to take the lead in finding solutions towards improving their own health and wellbeing.

All young people in the priority population groups who are accessing ongoing youth health services are a part of a health based, goal focused, case management approach. In this setting case management is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual’s health needs. This approach best manages the risk of vulnerable young people who often fall through the gaps as they navigate service systems. This approach includes a supported process of referral as well as assertive follow-up, which is an active, worker-led strategy of case management that supports clients who might otherwise disengage from services.

Whilst the Youth Health Service uses case management as an approach to its service delivery, it is not a designated case management service. Young people are not referred in for case management services; rather, they access the Youth Health Service for health care and the case management approach is used to coordinate their care.

Service Activities

The Youth Health Service will achieve its aims and objectives through the provision of the following service activities:

1. **Clinical health assessments and care planning** – Young people accessing the Youth Health Service undergo a standard assessment process using the HEADSS (Home and Environment; Education and Employment; Activities; Drugs; Sexuality; Suicide and Depression) assessment and defined secondary assessment processes. All clients participate in the development of their health care plan. For young people under the Guardianship of the Minister, Aboriginal young people and young people in the Adelaide Youth Training Centre they will be provided with an Advanced HEADSS Assessment based on the National Standards for Children in Out of Home Care and the Medicare Aboriginal Health Assessments.

2. **Information and referral** – Following assessment, young people in the priority populations receive health and social service information, and where indicated, supported referral to specialist health and community services.

3. **Medical treatment** – Young people in the priority populations receive General Practice services, including assessment, treatment and specialist referral until such time as they have developed the capacity to access primary health care services independently.

4. **Short and medium term interventions** – Young people in the priority populations will receive support in building their capacity to manage their own health care. These interventions include psychosocial support and client advocacy as well as self-management programs.

The client pathway for the Youth Health Service is presented in Figure 2.
Figure 2. Youth Health Service Client Pathway

* Refer to Figure 1 for Service Criteria (page 9).
Referral Pathways into the Youth Health Service

The Youth Health Service recognises that reaching the clients in the identified populations will require engagement strategies. This will include accessing young people at services and agencies that they already engage with and then using client-specific engagement initiatives to build the access pathway for the client to the Youth Health Service.

Young people in the identified population groups will enter the Youth Health Service through a number of pathways, which include:

- Self-referral into a site-based or outreach service where the young person will be assessed for eligibility of service provision against Service Criteria;
- Partner agencies referral of clients to the Youth Health Service will be reviewed for eligibility of service provision against Service Criteria. An intake assessment will be undertaken with the young person to determine the type and level of service provision required;
- Hospital emergency departments or assessment services will notify the Youth Health Service of presenting clients in the priority population groups who meet Service Criteria, and the Youth Health Service will assertively follow-up the client in the community; and
- Prior to their discharge, hospital inpatient areas will notify the Youth Health Service of clients in the priority population groups who meet Service Criteria. The Youth Health Service will then in-reach to hospital and assertively follow-up the client in the community.

Service Access

The Youth Health Service will include a presence across metropolitan Adelaide’s northern, southern and central areas. Service locations will include:

- Fixed Youth Health Service sites – SA Health leased or owned space branded as the Youth Health Service;
- Collocated sites – the Youth Health Service collocates on an ongoing basis with another agency providing services to young people; and
- Outreach sites – the Youth Health Service provides clinics within another youth focused agency or service as outreach from either its fixed or collocated sites.

In line with best practice service provision to vulnerable young people, the service locations will be:

- Flexible to remain responsive to young people’s changing demographics and needs;
- Easily accessible by various transport means;
- Located, where possible, in or close to other agency hubs; and
- Safe and in line with the cultural and social identity of young people.

Table 1 provides a summary of several vulnerable youth populations by Local Government Area (LGA). SEIFA (Socio-Economic Index for Areas) is a composite measure of disadvantage, which takes into account a range of social factors such as income, education level, and public housing. The Local Government Areas in the Adelaide metropolitan area in which there are the highest youth populations (over 10,000 young people) and in which the SEIFA index indicates the highest levels of disadvantage (SEIFA <1000) in the 2011 Census were Port Adelaide Enfield, Playford, Salisbury, Charles Sturt, West Torrens and Onkaparinga. The Port Adelaide Enfield, Salisbury and Charles Sturt LGAs contain the highest numbers of all the presented vulnerable youth populations.
Table 1. Number of Vulnerable Youth in the Population by Local Government Area

<table>
<thead>
<tr>
<th>Local Government Area</th>
<th>Population Disadvantage (SEIFA Index)</th>
<th>Total Youth Population (^{i})</th>
<th>Aboriginal Youth Population (^{ii})</th>
<th>Youth under the Guardianship of the Minister (^{iii})</th>
<th>Newly Arrived Migrant/Refugee Youth (^{iv})</th>
<th>Teenage Mothers (^{v})</th>
<th>FLO program students (^{vi})</th>
</tr>
</thead>
<tbody>
<tr>
<td>Port Adelaide Enfield</td>
<td>884</td>
<td>20,859</td>
<td>793</td>
<td>74</td>
<td>271</td>
<td>87</td>
<td>248</td>
</tr>
<tr>
<td>Playford</td>
<td>924</td>
<td>18,045</td>
<td>735</td>
<td>57</td>
<td>48</td>
<td>203</td>
<td>774</td>
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<tr>
<td>Salisbury</td>
<td>936</td>
<td>26,782</td>
<td>799</td>
<td>50</td>
<td>239</td>
<td>133</td>
<td>418</td>
</tr>
<tr>
<td>Charles Sturt</td>
<td>963</td>
<td>18,866</td>
<td>389</td>
<td>30</td>
<td>153</td>
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<td>240</td>
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<tr>
<td>West Torrens</td>
<td>984</td>
<td>10,335</td>
<td>137</td>
<td>20</td>
<td>167</td>
<td>19</td>
<td>221</td>
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<tr>
<td>Onkaparinga</td>
<td>986</td>
<td>31,476</td>
<td>683</td>
<td>123</td>
<td>82</td>
<td>151</td>
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<tr>
<td>Marion</td>
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<td>Campbelltown</td>
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<td>Adelaide</td>
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<td>Norwood Paynemah St Peters</td>
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<td>101</td>
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<tr>
<td>Holdfast Bay</td>
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<td>5,833</td>
<td>47</td>
<td>3</td>
<td>54</td>
<td>6</td>
<td>4</td>
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<tr>
<td>Tea Tree Gully</td>
<td>1032</td>
<td>18,588</td>
<td>239</td>
<td>29</td>
<td>61</td>
<td>44</td>
<td>198</td>
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<tr>
<td>Prospect</td>
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<td>Unley</td>
<td>1065</td>
<td>6,749</td>
<td>49</td>
<td>4</td>
<td>83</td>
<td>7</td>
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<tr>
<td>Mitcham</td>
<td>1071</td>
<td>12,243</td>
<td>104</td>
<td>9</td>
<td>123</td>
<td>8</td>
<td>26</td>
</tr>
<tr>
<td>Burnside</td>
<td>1089</td>
<td>8,582</td>
<td>39</td>
<td>11</td>
<td>131</td>
<td>0</td>
<td>24</td>
</tr>
</tbody>
</table>

\(^{i}\) Number of youth aged 10 to 24 years, Adelaide, 2011 Census of Population and Housing  
\(^{ii}\) Number of Aboriginal and/or Torres Strait Islander youth aged 10 to 24 years, Adelaide, 2011 Census of Population and Housing  
\(^{iii}\) Number of youth under the Guardianship of the Minister aged 12 to 18 years, Adelaide, Department of Communities and Social Inclusion, 2011-12  
\(^{iv}\) Number of youth aged 10 to 24 years newly arrived to Australia (arrival between 1 January 2011 and Census night 2011 (9 August 2011), Adelaide, 2011 Census of Population and Housing  
\(^{v}\) Number of babies born to teenage women aged under 20 years, 2010 SA Perinatal Statistics Collection, SA Health  
\(^{vi}\) Flexible Learning Options (FLO) program student numbers. Based on location of schools with FLO program. Department of Education and Child Development, 2012
The Playford and Onkaparinga LGAs also have consistently high numbers of vulnerable youth. The Marion LGA has a significant population of newly arrived young people.

The Youth Health Service has staff with strong communication skills in managing a dynamic youth environment. Service spaces include access to confidential clinic space and group rooms. Young people with high and complex needs often lead unpredictable lives and their capacity to manage appointments is affected. As such the Youth Health Service appointment system is responsive to the needs of young people from the priority population groups.

The Youth Health Service is a visiting community based primary health care service provider for the Adelaide Youth Training Centre. Guiding this service model are the SA Health Model of Service, Adelaide Youth Training Centre and the Youth Health Service, Adelaide Youth Training Centre, Practice Guide.

The Workforce

Principles underpinning the workforce structure include:

- Culturally competent and connected workforce with clinical skills;
- Multidisciplinary professional workforce;
- Levels of specialty to meet client need;
- Youth specific trained and developed workforce;
- Clinical governance professional/lead component;
- Administrative support and coordination; and
- Strategic and operational leadership.

The Youth Health Service is an interdisciplinary practice model with staff involved in a range of functions including:

- Assessment and planning;
- Goal focused short and medium intervention and treatment;
- Health education linked to clinical intervention and building capacity to self-manage health;
- Active referral processes to link young people from acute health to community services; supported referrals from community settings to health and social services;
- Targeted engagement;
- Clinical governance;
- Strategic and program planning; and
- Administration and business management.

Clinical Governance

Strategic Partnerships

Partnerships are utilised to support access and improve youth health and well being outcomes. Partnerships are a mechanism by which a health and community services system response can be provided, with the young person at the centre of care. Partnerships optimise effective use of resources available to the youth and health sectors. They build pathways from the acute sector to
the Youth Health Service and then from the Youth Health Service to the community and primary health care sectors.

Key partners for consideration include Local Health Networks, Medicare Locals, Headspace, Department for Education and Child Development, Child and Adolescent Mental Health Service and the new youth mental health service system of care, Aboriginal health agencies, DASSA, Shine SA, Youth Justice and Families SA, local government and non government organisations, particularly the youth sector agencies with a focus on the Youth Health Services priority population groups.

Partnership opportunities include:

> Co-work;
> Outreach of clinical health services to agency sites;
> Linkages to General Practitioners;
> Consortium approaches to funding applications and research opportunities;
> Joint health and community engagement projects;
> Formalised referral pathways;
> Pathways to and from hospital emergency services, women’s assessment services and inpatient wards; and
> Capacity building/sector development within the youth and health sectors to build workforce capacity to better manage the health of the young people in the priority population groups.

Community Participation

Community participation is a key component of service development, implementation and review. For the Youth Health Service this includes involving young people in the priority population groups, their communities and related agencies.

As a rights based approach youth participation acknowledges that young people have a right “to express...views freely in all matters affecting [them], the views...being given due weight in accordance with [their] age and maturity”. In accordance with the SA Health Youth Health Services Youth Participation Framework, young people’s participation operates across the spectrum of engagement with the service. This ensures that the service is informed, responsive, relevant and consistent with best practice frameworks for youth engagement. It is also a demonstrable affirmation of the value placed on young people’s contribution to youth health.

The Youth Health Service is further informed by the engagement of the wider community through formal and informal processes to inform service development, planning, implementation and review. These strategies could include advisory group structures, through to community events and surveys, amongst others.

Quality Framework and Accountability

Program planning underpins service development and delivery, and facilitates the provision of accountable Youth Health Service practice. Key program directions will be developed for all priority population groups of the Youth Health Service Model and will include:

> Development of services specific to the priority population groups;
> Development of service and staff capacity to provide quality, culturally appropriate health and wellbeing services to the priority population groups;
> Development of partnerships, referral pathways and funding opportunities to expand the Youth Health Service responses to priority population groups;
> Robust communication with key interested parties by developing accessible service information for young people, the community and services; and
> Provision of strong and innovative leadership for Youth Health Service provision through participation in research, policy and youth service planning.

In accordance with both the Metropolitan Youth Primary Health Care Services Review and the Review of Non-Hospital Based Services, the Youth Health Service will work with SA Health partners to establish appropriate Key Performance Indicators and an agreed evaluation framework against which it will regularly report.

This reporting and evaluation will be supported by the development of one client data collection and records management system. Reporting will be in line service/program planning cycles. It will also look at data from acute system preventable presentations and admissions as a means of measuring service impact and planning service improvement.

Clinical Leadership

A clinical leadership team operates within the Community Health Division structure. It develops and oversees the implementation of the frameworks to guide the provision of high quality, contemporary, safe and accountable health care services. The allied health, medical and nursing/midwifery clinical leads ensure the service has a range of strategies, systems and processes designed to review, monitor, measure and promote quality health care and its outcomes.
### Appendix 1: Policy drivers/strategic directions

#### National Policies / Directions

<table>
<thead>
<tr>
<th>Policy</th>
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<tbody>
<tr>
<td><strong>COAG, Protecting Children is Everyone’s Business. National Framework for Protecting Australia’s Children 2009–2020</strong></td>
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<td><strong>FaHCSIA, National Standards for Out of Home Care 2011</strong></td>
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<td><strong>Australian Activity Based Funding Strategy</strong></td>
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#### State Policies / Directions

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<tr>
<td><strong>Office For Youth (OFY), Youth CONNECT</strong></td>
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<tr>
<td><strong>Charter of Rights for Children and Young People in Care</strong></td>
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<tr>
<td><strong>Keeping them Safe</strong></td>
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<td><strong>Rapid Response</strong></td>
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<td><strong>DCSI, Youth Justice Training Centres, New Directions Framework 2011</strong></td>
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Family Safety Framework
This framework is intended to improve safety outcomes for the whole family through the provision of guidelines for an integrated response for each region and organisation. The Family Safety Framework is supported through the State Cabinet and Privacy committee of South Australia. The key aspects of the Family Safety Framework include: Common Risk Assessment, Protocol for Information Sharing, The Family Safety meeting and Ongoing Monitoring and Evaluation.

Cabinet commissioned independent review of non-hospital based services. For youth services, it was recommended that TSS, Marion and Shopfront youth health service be integrated under the WCHN and focus its service delivery on Aboriginal young people, young people under the Guardianship of the Minister and those within youth training facilities. This review recommended a $2 million reduction in funding over 2 years (36.7%) and a reduction of 30 FTE from 52.7 FTE to 22.7 (57%) FTE.

SA Health Policies / Directions

<table>
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<tr>
<th>Context</th>
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<tr>
<td><strong>South Australia’s Health Care Plan 2007–2016</strong></td>
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<tr>
<td>South Australia’s Health Care Plan 2007–2016 provides the overarching framework for the SA Health system and outlines health system reform to meet growing population health care needs and the future challenges of health service delivery. It focuses on the development of new health services and facilities as well as reorienting the health system in order to make best use of the available professional workforce and health resources. This plan will assist in guiding better coordinated hospital services, a responsive workforce for the future and GP Plus Health Care Centres leading to more primary health care services, more elective surgery, less pressure on emergency departments and improved management of chronic diseases.</td>
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<tr>
<td><strong>The SA Health Metropolitan Youth Primary Health Care Services Review 2010</strong></td>
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<tr>
<td>The SA Health Metropolitan Youth Primary Health Care Services Review 2010 recommended the development of youth health service planning processes. This included setting the core planning context, developing a planning framework as well as developing strategic, action, and regional planning processes. This Review identified the need for the development of service partnerships, research opportunities, youth health leadership structures and a case management approach for vulnerable youth.</td>
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<tr>
<td><strong>SA Health Aboriginal Health Policy and Cultural Respect Framework</strong></td>
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<tr>
<td>The SA Health Aboriginal Health Policy 2007 is a commitment by SA Health to provide leadership and work cooperatively with other government and non-government organisations to ensure the social determinants of health are addressed with the aim of improving Aboriginal health outcomes. The SA Health Aboriginal Cultural Respect Framework provides the guiding principles to develop policy and initiatives to lift the cultural competency of mainstream health services. The aim is to have a health system which provides a safe environment for Aboriginal people and where cultural differences are respected.</td>
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<tr>
<td><strong>The GP Plus Health Care Strategy</strong></td>
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<tr>
<td>The GP Plus Health Care Strategy provides the strategic framework for the development of primary health care services. The GP Plus Health Care Centres provide a focal point within the community where a range of primary health care service providers work together to enable improved coordination and delivery of care services. Coordination of services will be identified through Regional Health Improvement Plans and will include collaboration with local service providers and local communities to ensure the specific needs of the local community are addressed.</td>
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<tr>
<td><strong>SA Health’s Response to the Review of Non-Hospital Based Services 2013</strong></td>
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<tr>
<td>Provision of SA Health’s final response to the Review of Non-Hospital Based Services.</td>
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<tr>
<td><strong>SA Health Adelaide Youth Training Centre, Model of Care 2013</strong></td>
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<tr>
<td>SA Health framework for the Youth Health Service, DASSA, CAMHS and SA Dental service provision within the Adelaide Youth Training Centre.</td>
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<tr>
<td><strong>SA Health Framework for Active Partnership with Consumers and the Community 2013</strong></td>
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<tr>
<td>SA Health has developed a Framework for Active Partnership with Consumers and the Community 2013 to strengthen and improve the practice of consumer and community engagement processes across South Australia. It identifies SA Health’s commitment to engaging with consumers and community. It is written for all SA Health employees including Local Health Networks (divisions, hospitals, wards, departments, service and primary health services, and central office divisions). SA Health values a culture of caring and learning and supports employees to actively engage in partnerships with consumers and the community.</td>
</tr>
<tr>
<td>Document Title</td>
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<tr>
<td>SA Health Youth Participation Framework 2013</td>
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<tr>
<td>SA Health Sexually Transmissible Infections Action Plan 2012-2015</td>
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<tr>
<td>SA Health, South Australian Youth Mental Health System of Care 2012</td>
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<tr>
<td>SA Health Alcohol and Other Drug Strategy 2011-2016</td>
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<tr>
<td><strong>WCHN Directions</strong></td>
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| WCHN Strategic Plan 2011-2015                                    | This plan outlines the organisations visions and goals, sets our broad direction and priorities, taking into account the public policy context, the needs of our populations and the broader social environment. The plan aims to provide quality health care to our patients, clients, and communities. To achieve our vision, the key outcomes we must deliver are:  
  > Contribute to the population’s health and wellbeing;  
  > Improve opportunities to prevent illness and promote health;  
  > Reduce the gap between Aboriginal and non-Aboriginal health and wellbeing;  
  > Provide specialist services; and  
  > Improve equity of access to health services. |
| WCHN, Making Aboriginal Health and Wellbeing Everyone’s Business, Aboriginal Health Improvement Plan 2013-2016 | Provides information to WCHN staff to inform thinking when developing services for Aboriginal and Torres Strait Islanders, to ensure the gap is close between non-indigenous and indigenous populations. Commitment from all staff to Aboriginal and Torres Strait Islander services – everyone’s business |
| WCHN Consumer and Community Engagement Plan 2013 - 2015          | The development of a Women’s and Children’s Health Network Consumer and Community Engagement Plan is to ensure the principles of the SA Health Framework are supported and actioned at the local level. The principles adopted by the SA Health Framework and this Plan recognise the importance of partnering with consumers and the community to improve health outcomes and to maintain high quality and efficient health services in that process. |
Appendix 2: Priority populations and their health care needs

Young People as a Population

For Australian young people some of the significant health concerns include:

- Mental health;
- Alcohol and other drugs;
- Sexual Health;
- Violence and Safety;
- Social disconnection – either through unemployment or underemployment or homelessness;

In Mission Australia’s *Youth Survey 2012* the following were the top five issues of personal concern for young people:

- Coping with stress;
- School or study problems;
- Body image;
- Family conflict; and
- Depression.

In Mission Australia’s *Youth Survey 2012*, young people identified friends, family and relatives as important sources of information advice and support. However, help seeking behaviour among young people varied according to Indigenous status, with Aboriginal young people indicating they were significantly more likely to seek advice or support from agencies or people outside of their family, friends or relatives than non-Indigenous young people. Significantly, young people identified that they were most uncomfortable seeking information, advice and support from telephone hotlines.

Young People Most in Need

“Young people who are socially excluded are denied the opportunity to participate in the social, economic, political and cultural system... The costs to the community of excluding young people are unemployment, poverty, poor health, injury and early death”

Overall young people in Australia are identified as a relatively healthy population group but there are concerns around Aboriginal young people and those from more disadvantaged socioeconomic backgrounds.

There are many factors influencing the health of young people. Consideration needs to be given to social, economic and environmental factors as well as the situation individual young person’s

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For Aboriginal young people, the strength and resilience created within family, culture and society, are also key to health and wellbeing.\(^\text{10}\)

Young people access hospital Emergency Departments for a number of reasons, with the most common at the Women’s and Children’s Hospital (WCH) for 2011 being abdominal/gastrointestinal issues, injury or physical trauma, mental health, psychosocial reasons and obstetrics. The reasons for admission from the WCH Emergency Department were generally related to injury/trauma, mental health and infections and asthma.

Potentially preventable conditions make up 5% of all hospital admissions for young people\(^\text{12}\). There are three broad categories of potentially preventable hospitalisations for young people:

- **Acute** – may not be preventable but theoretically would not result in hospitalisation if adequate timely care was received e.g. dental disease, ear, nose and throat infections, pelvic inflammatory disease;
- **Chronic Conditions** – chronic conditions that may be managed effectively through timely care to prevent deterioration and hospitalisation e.g. asthma and diabetes; and
- **Vaccine Preventable**\(^\text{13}\).

**Aboriginal**

“The strengths and resilience within Aboriginal families should not go unrecognised. Despite high levels of adversity and illness, families and communities continue to support each other, take their obligations seriously, share their resources and show considerable tolerance, humour, patience and compassion. From a clinical perspective, children often show remarkable resourcefulness, respect, enthusiasm for life and respond well to clinical interventions. The present state of health for Aboriginal children must be understood in the context of family, culture and society. The Aboriginal kinship system continues to operate as a significant attachment system which confers benefits for children’s health and wellbeing throughout their development. Child rearing practices, family structure, roles and responsibilities all need to be viewed from this important cultural perspective”\(^\text{14}\).

The health data for Aboriginal young people indicates separation figures for mental and behavioural disorders are 1.6 times greater than other young Australians and that injury hospital separations are 33% compared to 7% for non-Indigenous young Australians. Twenty three percent of Aboriginal

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young people have a disability or long-term health condition\textsuperscript{15}. A summary of recent South Australian data for Aboriginal young people is presented as follows:

> In the 2011 Census approximately 4,500 Aboriginal young people aged 10 to 24 years lived in the metropolitan area.
> The Aboriginal youth population aged 10 to 24 years is most heavily concentrated in the Salisbury (N=799), Port Adelaide (N=793), Playford (N=735) and Onkaparinga (N=683) Local Government Areas.
> There were 2,313 Aboriginal youth presentations to emergency departments across metropolitan Adelaide in 2012.
> In 2012, there were 534 Aboriginal youth presentations to the Paediatric Emergency Department at the Women’s and Children’s Hospital. Of these, 167 (31.3%) were admitted to the Extended Care Unit or the wards.

**Child Protection**

*Guardianship of the Minister*

A summary of data for young people under the Guardianship of the Minister is presented as follows:

> In 2011/2012 there were a total of 723 young people under Guardianship of the Minister.
> The total number of Aboriginal young people under Guardianship of the Minister in 2011/2012 was 197.
> In 2012, 422 young people aged 12 to 18 under the Guardianship of the Minister presented to the Women’s and Children’s Hospital Paediatric Emergency Department. Of these, 140 (33.2%) were admitted.
> A total of 54 Aboriginal young people aged 12 to 18 under the Guardianship of the Minister presented to the Women’s and Children’s Hospital Paediatric Emergency Department. Of these, 19 (35.2%) were admitted.

For those young people leaving care there are exposures to vulnerability due to factors such as educational outcomes, fewer employment opportunities and a correlation with homelessness and/or their capacity to live independently. These young people are experience significant mental and physical health issues, are likely to use and occasionally abuse drugs and alcohol and commonly experience early pregnancy and parenting.

*Adeolescents ‘at risk’*

Children and adolescents who are ‘at risk’ are some of the most vulnerable members of the community. Families SA data indicates that the most adolescent ‘at risk’ reports are made in Onkaparinga, Playford, Port Adelaide Enfield and Salisbury. In Playford and Port Adelaide Enfield Local Government Areas, the number of adolescent at risk notifications relative to the number of resident 12 to 16 year olds is disproportionately high, demonstrating that these are the most significant regions for concern.

\textsuperscript{15} Australian Institute of Health and Welfare (2011) *Young Australians: their health and wellbeing 2011*. Cat. no. PHE 140. Canberra: AIHW.
Youth Justice

Young people in the justice system have poorer health outcomes than the general population. They have experiences of social disconnection with family, school and community. Health issues include asthma, ear infections, Chlamydia, Hep C, mental health (including co-morbidity with drugs and alcohol) and a high incidence of smoking.\(^{16}\)

Other Populations of Vulnerability

Pregnancy and Parenting

> In 2010, 789 teenage women gave birth and 817 teenage women had terminations of pregnancy.\(^{17}\)
> In 2010 South Australia teenage pregnancy (15 to 19 years) accounted for 4.0% of the total births; however, 17.6% of Aboriginal women give birth in this age range compared to 3.9% of non-Aboriginal women.\(^{18}\)
> In 2012, 827 young pregnant women aged 12 to 20 years presented to the WCH Women’s Assessment Service (WAS). Of these, 255 were admitted.
> Of the 967 young pregnant women presenting to the WAS in 2012:
  > 4.2% (n=41) were aged 12 to 15 years, and 19.8% (n=191) were aged 16 to 17 years;
  > 2.2% (n=5) of presenting 12 to 17 year olds were under the Guardianship of the Minister; and
  > Aboriginal and/or Torres Strait Islander women aged 12 to 20 years made up 12.2% (n=118) of presentations, and 36.4% of these (n=43) were admitted. Of the 118 presenting Aboriginal and/or Torres Strait Islander women aged 12 to 20 years presenting to the WAS, 2.5% (n=3) were aged 12 to 15 years, and 22.0% (n=26) were aged 16 to 17 years.

For young parents there is often a delay in seeking antenatal care, an increase of risk-taking behaviour, such as drinking and smoking and issues such as preterm delivery, low birth weight and increased perinatal mortality. The experiences of parenting young can lead to impacts both for the child and the parent as there is an interruption in social participation in education and employment often accompanied by poverty.

Homelessness

Homeless young people experience poor health outcomes. They have experienced disconnection from family, school and community and experience issues of poverty and unemployment. Their physical health issues result from neglect and living rough without adequate access to support for


their developmental, health and other needs. Homeless young people are exposed to risk-taking behaviours. They are more likely to be victims of crime, use drugs and alcohol, experience mental health issues and engage in unsafe sex resulting in unplanned pregnancy and parenting.\textsuperscript{19,20,21,22}

\textit{Newly Emerging Migrant and Refugee Populations}

Young people who are newly arrived to Australia experience many barriers to accessing appropriate health services, including a lack of knowledge or awareness of available services, and language and cultural barriers. Young refugees may have experienced a lack of adequate health care prior to their arrival in Australia, and may arrive with complex health needs with which mainstream services may be unfamiliar.\textsuperscript{23}

Data from the 2011 \textit{Census of Population and Housing} indicates that the largest populations of youth aged 10 to 24 years who arrived to Australia between 1 January 2011 and Census Night 2011 (9 August 2011) and who are now residing in Adelaide are concentrated in the north-western Local Government areas of Port Adelaide Enfield, Salisbury and West Torrens.

\textit{Same Sex Attracted and Gender Questioning (SSAGQ)}

SSAGQ young people are reported as having a high risk of suicide with the average age for the first attempt being 16 years. This most often happens when they are coming out about their sexuality or if they are Aboriginal or refugees.\textsuperscript{24} This population group also has higher levels of self-harm.\textsuperscript{25} SSAGQ young people can also have issues with their engagement in school, homelessness, higher levels of drug and alcohol use, lower likelihood of using condoms, and are twice as likely to become pregnant.\textsuperscript{26}

\textit{Disadvantage and Social Exclusion}


\textsuperscript{20} Australian Institute of Health and Welfare (2008) \textit{Making Progress: the health, development and wellbeing of Australia’s children and young people}. Cat. no. PHE 104. Canberra: AIHW.


\textsuperscript{22} Australian Institute of Health and Welfare (2007) \textit{Australia’s Welfare}. Cat. no. AUS 93. Canberra: AIHW.


\textsuperscript{24} Rosenstreich G (2011) \textit{LGBTI People: Mental Health and Suicide}. Sydney: National LGBTI Health Alliance.


\textsuperscript{26} Hillier L, Jones T, Monagle M, Overtorn N, Gahan L, Blackman J and Mitchell A. \textit{Writing Themselves In 3 (WTI3). The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people}. Melbourne: The Australian Research Centre in Sex, Health and Society, La Trobe University.
Young people living in poverty are seven times more likely to experience low incomes, long-term unemployment, leave school early, suffer from physical and mental disabilities, be incarcerated in prison and be at risk of child abuse and neglect.

In June 2013 the Youth Unemployment Rate (for those aged 15 to 19 years) in metropolitan Adelaide was 28.5%. For the Northern Adelaide region, the Youth Unemployment rate was much higher than the average for Adelaide, at 37.5%. The total unemployment rate for all persons aged 15 years and over was 5.9%.27

Department for Education and Childhood Development data indicates that in 2012 there were 5,204 young people in Flexible Learning Options (FLO) programs across South Australia. These programs offer alternative education pathways for young people who are disengaged or disengaging from the education system. The highest number of FLO students attended schools in the Northern Metro (n=1,524) and Outer Southern (n=1,203) regions of Adelaide.

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