Youth Health Networks

Author:
Thomson, Cathy; McNab, Justin; Fisher, Karen

YOUTH HEALTH NETWORKS

CATHY THOMSON, JUSTIN MCNAB AND KAREN FISHER

For a full list of SPRC Publications see, www.sprc.unsw.edu.au or contact:

October 2002

Social Policy Research Centre
University of New South Wales

Cathy Thomson, Justin McNab and Karen Fisher

Contacts for follow up to this report

Cathy Thomson ph 02 9385 7827, fax 02 9385 7838, email,
CM.Thomson@unsw.edu.au

Justin McNab ph 02 9385 7818, fax 02 9385 7838, email j.mcnab@unsw.edu.au

Table of Contents

Executive Summary

The Youth Health Networks Project

The Youth Health Networks Project (YHNP) was funded by NSW Health as part of the Community Health Innovation Program. NSW Health piloted this project to trial and evaluate new models of care and partnership arrangements between health and other agencies such as GPs, local councils, Police, the Department of Community Services, the Department of Education and community groups. The overall aim of the project was to encourage young people to:

1. identify their needs – whether they be social, cultural, health or economic;

2. be involved in the planning and provision of their local health services, and

3. seek out professional help from services which are 'youth friendly' (NSW Health 1999).

The key objectives of the YHNP in South Eastern Sydney Area Health Service (SESAHS) were to enhance access to health services by young people and develop youth health networks within SESAHS. To achieve these objectives the project aimed to develop Area-wide networks that included young people and service providers and youth friendly service models.

Evaluation

The Social Policy Research Centre was commissioned to conduct the evaluation of the YHNP in SESAHS. The overall aim of the evaluation was to assess the effectiveness of the initiatives implemented in the project from March 1999 to December 2000 by gathering data on the targets, the processes and outcomes. The evaluation was conducted in three stages and used a combination of research methodologies including interviews with project staff, focus groups with service providers and members of Youth Health Advisory Committee and a survey of members of the Youth Health Email Network.

Outcomes

Project Staff

Two of the objectives as specified in the original proposal, creating youth friendly service provision and establishing a youth website, were modified by project staff to take account of the local environment. Project staff considered these objectives too ambitious for the Area given its lack of focus on youth health. Consequently, the project concentrated on raising awareness of youth health as this was seen as a starting point to changing the service culture within the Area.

According to the project staff the YHNP was successful in achieving a number of outcomes such as increasing service providers' knowledge of the available youth services in the Area and how young people can access these services, and bringing together service providers and giving them the opportunity to work collaboratively. In the project staff's view, another significant outcome of the project was that service providers had gained knowledge about how to access information about youth health issues and the health related support available for young people in the Area. Project staff also felt that as a result of the YHNP service providers were consulting with

young people and considering their needs in service development. These achievements have not, as yet, resulted in an increase in the number of young people accessing services in the Area. However, the project staff believed that the structures put in place by the project would enable this to be achieved in the future.

Service Providers

Prior to the establishment of the YHNP there was no focal point for youth health issues within the Area. Service providers felt that one of the most important outcomes from the project was that they now had a contact and referral point for young people. Service providers felt they could access information about youth health from the Project Officer which they could then pass on to other services.

According to service providers another significant outcome of the YHNP was that hospitals were considering youth health issues in the development of services. As a result, a mechanism for consulting young people had been established. Young people had been consulted through focus groups and surveys. This information had been fed back to the hospital administration and resulted in the provision of relevant training for workers.

Service providers were also of the view that another important outcome from YHNP was the establishment of a networking process that linked different types of services, such as health and community services. They were of the view that the Project Officer had acted as an intermediary and assumed responsibility for tasks such as chairing, minuting and coordinating meetings. This was considered important as service providers felt they did not have time to perform these activities because of their heavy caseloads.

Youth Health Advisory Committee

The Youth Health Advisory Committee (YHAC) was established in December 1999. The aim of the YHAC was to: guide and direct the YHNP; provide feedback about the Project's progress and activities; and assist with developing links with the Project's target group. The committee members consisted twelve young people, four South East Health workers and two GPs. The young people on the committee came from diverse backgrounds and were recruited through health services and other networks and also through contact with youth workers and schools.

Overall the members of the YHAC felt that given the time constraints of the Project they had achieved a great deal. The main outcome from the YHAC was a poster and a wallet card informing young people of their health rights, including their entitlement to a Medicare card when they reached 15 years of age. The members had been responsible for developing the idea and producing the poster and the wallet card. They planned to organise a launch of the poster in schools, doctors' surgeries, youth centres and shopping centres in late 2001.

Through their experience on the YHAC the young members commented they had developed valuable skills. These skills included the ability to articulate in a group, provide critical comments on issues and to work effectively as part of a team.

Participating in the YHAC, according to the members, had provided them with a unique opportunity to talk with different people about a range of issues. This had

increased their awareness of health rights issues and the types of services available for young people.

Youth Health Email Network

The Youth Health Email Network (YHEN) user group was established in January 2000 and consisted of SESAHS staff who worked with young people or were connected with those who worked with them. The aim of the YHEN was to encourage communication and information sharing and to facilitate networking amongst health services and workers. The e-mails were compiled by the Project Officer and took the form of a newsletter containing relevant information on youth health issues such as reports on the health and wellbeing of young people and how to increase youth participation. Members of the e-mail network could write about relevant issues and events and attach documents for discussion. Of those who had seen the YHEN, 78 per cent thought that it was an effective way to disseminate and share information about youth health issues.

Other Activities

While not forming a part of the main initiatives of the project, there were a number of other related outcomes generated from the activities of the YHNP. These included the following:

- The Child Health Committee was renamed the Child and Youth Health Committee. This was a result of the Project Officer's involvement in raising awareness of youth health issues and her input into the committee. In connection with this increased awareness, the health strategy produced by the committee included processes to address both child and youth health issues.

- The Sydney Children's Hospital Health Promotions Committee produced a draft discussion paper reviewing Adolescent Health Services and Issues for Sydney Children's Hospital. The participation of the Project Officer lead to specific recognition of youth health issues within the review.

- In collaboration with the H.A.R.D. unit, young people had become involved in the decision making within their Gay and Lesbian Youth Southern Suburbs Network (GLYSSN) groups. These young people had increased their knowledge about service availability and how to use services.

- In September 2000 a submission was made to Hurstville Council. The aim of the submission was to ensure that there were appropriate and accessible services for same-sex attracted young people in the St George and Sutherland areas. The submission was successful and received a community grant of $5,500. This funding was used to employ a community artist who worked in partnership with young people from GLYSSN to develop appropriate strategies to increase same-sex attracted young people's access to services.

- the submission of a funding application in conjunction with Carers NSW for the development and implementation of a youth carers support model, supported by four youth inter-agency networks in the area.

- the development of a community based suicide prevention project for the St George Area.

Apart from these outcomes there were a wide range of other activities carried out that focused on developing collaborative partnerships with GPs, government and non-government, youth and community organisations.

Conclusion

Overall the evaluation found that the YHNP achieved a number of significant outcomes that contributed to encouraging young people to identify their needs and to be involved in the planning and provision of their local health services through meaningful consultation mechanisms. As a result of the YHNP service providers' knowledge of services available to young people in the Area increased. Some service providers also began working more collaboratively resulting in a greater focus on youth health issues and changes in their practice.

The evaluation identified the following factors as critical to the success of the Youth Health Networks Project:

- the appointment of a Project Officer with a background in health, experience in working with young people and highly developed networking and communication skills;

- a system of management that allowed the Project Officer to work autonomously and flexibly to develop initiatives responsive to the needs of the Area;

- a system of management that linked the Project Officer to key people within the executive level of the Area Health Service;

- the position of Project Officer not being physically located within or associated with a specific health field (eg mental health, health promotion, drug and alcohol services) and so being perceived by service providers as independent;

- sufficient financial resources to draw on to support various project initiatives; and

- young people being incorporated into the consultative mechanisms and the service development processes of the SESAHS in a youth friendly and meaningful way and hence allowing them to contribute as consumers and advocates of youth health issues.

The findings of the evaluation suggested some changes that would have assisted the Project in achieving its objectives. These were:

- having a steering committee to assist in the development and management of the project and also in fostering commitment from a wider range of relevant stakeholders both within and outside SESAHS;

- a longer time frame in which to establish Project initiatives; and

- additional YHNP Project Officers to work as part of a team.

The initiatives developed within this project would be replicable across other Area Health Services, although some modifications may be necessary to take account of the specific needs and youth profiles of other Areas.

The YHNP and the Project Officer provided a focus for a wide range of youth related issues in SESAHS. This demonstrated a need for permanent youth health related positions within the SESAHS. Sustaining and developing further youth health

initiatives within the Area appeared to depend on the creation of permanent youth health positions. This would assist other policy, research and project initiatives focusing on youth health to have continuity within and between Area Health Services and across other youth health related organisations throughout the community.

1 Introduction

The Youth Health Network Project (YHNP) was funded by NSW Health as part of the Community Health Innovation Program. NSW Health piloted this project to trial and evaluate new models of care and partnership arrangements between health and other agencies such as GPs, local councils, Police, the Department of Community Services, the Department of Education and community groups. The overall aim of the project was to encourage young people to:

1. identify their needs – whether they be social, cultural, health or economic;

2. be involved in the planning and provision of their local health services, and

3. seek out professional help from services which are 'youth friendly' (NSW Health 1999).

This report presents the findings of the evaluation of the YHNP in South Eastern Sydney Area Health Service (SESAHS). The first section of the report provides the background and summary of the YHNP and describes the methodology employed in the evaluation. The second section provides a brief overview of the major issues in youth health policy in Australia and more specifically in New South Wales. The third section outlines the development, implementation and initiatives of the YHNP. This is followed by a review of the results of the evaluation in terms of the effectiveness of the YHNP in achieving its aims and objectives. The final section of the report summarises the overall findings of the evaluation and then discusses the future of the project.

1.1 Background

Much of the policy and literature in the area of youth health acknowledges that adolescence is often a turbulent time, a time of transition from childhood to adulthood, where young people are maturing physically, emotionally and socially. In the broader social context, the high incidence of youth unemployment, depression and suicide has highlighted the importance for policy to address the special needs of young people. Studies have shown that young people need specific targeting so that they are not discouraged from using unemployment, health or other services (Mitchell, 1998: 10; Shaver and Paxman, 1995: 11).

It is also generally recognised by policy makers and health professionals that the main health risks for adolescents arise from their own unhealthy or 'risk taking' behaviours. As a consequence of the issues involved, many youth health policy initiatives advocate a holistic approach in the establishment or continuation of healthy attitudes and behaviours established during this life period. The World Health Organisation provides a definition of holistic health as 'a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity' (World Health Organisation, 1998).

In response to the need to develop specific youth health initiatives in New South Wales, the NSW Ministerial Youth Health Taskforce defined a key policy aim as 'ensuring easy access to high quality, appropriate services' for young people (1991: 11). To overcome access barriers, it was suggested services should, among other things, involve young people in the planning and running of relevant health service

activities (ibid: 12). As a specific strategy to improve responsiveness of mainstream health services to young people it was suggested that health staff have access to specialist adolescent consultants and that training and support be provided for young people who participate in the planning and delivery of youth health services (ibid). A comprehensive national youth health policy was developed in 1995 when Commonwealth, State and Territory Governments made a formal commitment 'to work co-operatively to promote, maintain and improve the health status of all Australian children and young people' (CDHSH, 1995).

More recently, the involvement of young people at all stages of policy development has been highlighted in the 1998 amendment to the NSW Local Government Act 1993 which requires local councils to discuss social and community planning with youth. NSW Health is also committed to involving young people in the development, delivery and evaluation of health care services (NSW Health, 1999; Paterson, 1999: 41). NSW Health's policy document 'Young People's Health: Our Future' focused on the need to improve access and quality of health services for youth and to promote partnerships both within and outside the health system (1999: 4).

Another aspect of the wider policy and health environment that forms part of the background to the YHNP is the now well established practice of consultation with and/or advocacy on behalf of special interest or consumer groups. Young people are recognised as one of many consumer groups within the health system that have particular health and other care needs. It has long been recognised that consultation with and feedback from consumer groups can improve participation from those who need care, access to services and health outcomes. However, while many professionals and policy makers have sought the input of consumers and special interest groups, others are more cautious, raising points about the difficulty of power relations, tokenism and representation in the broader effort to carry out participatory research and seek meaningful consultation with these groups (see for example Paterson 1999, Flowers 1998 and Wilkins et al 1993).

1.2   Summary of the Youth Health Networks Project

Initially Northern Sydney Area Health Service (NSAHS) and SESAHS developed the YHNP collaboratively in response to concerns about young people's access to health services. NSAHS and SESAHS formed a consortium in recognition of the need to work collaboratively to ensure that health services were meeting the needs of young people. Although a joint proposal was submitted to the NSW Health sponsored Community Health Innovation Program it was decided that each would adopt an approach appropriate to their Area.

The NSAHS project developed three main initiatives designed to improve young people's access to health services. The first involved conducting a literature review to assist in the development of guidelines as to what makes services 'youth friendly'. The second initiative was to develop a youth internet site. The third initiative involved recruiting and training young people in the Area to be 'youth consultants'. These consultants visited service providers in the Area and conducted a review of their 'youth friendliness'. A separate evaluation of the Youthealth Project in NSAHS was completed in November 2000 (NcNab and Fisher, 2000).

The key objectives of the YHNP in SESAHS were to: enhance access to health services by young people and develop youth health networks within SESAHS. To achieve these objectives the project aimed to develop Area-wide networks that included young people and service providers and youth friendly service models.

1.3 Evaluation of the Youth Health Network Project

The Social Policy Research Centre was commissioned to conduct the evaluation of the YHNP in SESAHS. The overall aim of the evaluation was to assess the effectiveness of the initiatives implemented in the project from March 1999 to December 2000 by gathering data on the targets, the processes and outcomes. The evaluation was conducted in three stages and used a combination of research methodologies. The three stages included:

- **Stage I** involved meeting with the project staff to clarify priorities.

- **Stage II** consisted of the fieldwork component, including both the collection and analysis of data from four sources by:
    - focus groups held with key stakeholders including service providers and youth representatives on the Youth Health Advisory Committee;

    - a survey of health workers participating in the Youth Health E-mail Network;

    - a documentary review; and

    - a case study of a service provider.

- **Stage III** of the project involved consultation with members of the project staff to prepare a final report.

The data collection instruments were designed to collect information on three aspects of the project: targets or outputs, the processes and outcomes of the project.

Targets: The targets or outputs were developed by the project and included: health worker participation in an e-mail user group initiative; the recruitment and attendance of youth representatives on the Youth Health Advisory Committee; service provider involvement; the production of inter-agency guidelines for structured inter-agency committee meetings; the Project Officer's participation in two executive level SESAHS hospital committees, the children's hospital committee and the operational working group for emotional, behavioural and social health services for younger people; and participation in other partnerships, networks and initiatives as they arose, including workers and young women's pregnancy and parenting program and the Gay and Lesbian Youth Social Support Network. Appropriate documentation from these targets were gathered by the SESAHS Project Officer for the evaluation.

Process: Information regarding the processes by which these targets were met was gathered in the interviews and focus groups. A case study of a service provider involved in the working party for the Young Women's Pregnancy and Parenting Program and a survey of email user group provided additional information. The data collection instruments are included in Appendix 1.

Outcomes: Outcomes were difficult to measure because of the short-term nature of the project. Many of the outcomes will be achieved over the long-term. However, the evaluation gathered information from focus groups, the health worker survey and documentary review to assess whether some of the anticipated intermediate outcomes such as increased communication between services and awareness of youth friendly practices had been achieved.

The evaluators and project staff worked closely together during the evaluation to ensure that maximum information exchange and accurate data collection occurred. In addition it was important that the evaluation kept pace with the innovative and evolutionary nature of the project.

2 Youth Health Networks Project

This section reviews the organisation, development, implementation and activities of YHNP. First, the funding for the project is outlined followed by a summary of the project structure and staffing. The main initiatives implemented in the project are then described, including the Youth Health Advisory Committee, the Youth Health Email Network and the Young Women's Pregnancy and Parenting Program.

2.1 Funding

YHNP in SESAHS was funded through the NSW Health sponsored Community Health Innovation Program in early 1999. An amount of $100,000 per annum for two years (1998 – 2000) was received by SESAHS. This funding was part of a $2 million investment over 2 years to implement Community Health pilot programs throughout NSW (NSW Health 1998: 9).

As stated in the NSW Health policy document, *Strengthening Community Health: A Framework for the Future* 'The project will work with young people … to identify youth needs and plan and market a network of services that are responsive and 'youth friendly'. Youth community care networks were to be developed in partnership with general practitioners and other agencies' (NSW Health, 1998:12).

2.2 Project Structure and Staff

Prior to the development of the YHNP in SESAHS there was no specific focus on youth health issues or youth health needs in the Area. The YHNP in SESAHS commenced in July 1999. The project was supported at the executive level by Sally Torr, Associate Director of Community Development and Rita Creegan, Director of Nursing and Community Development, within SESAHS. The Project did not have an executive steering committee.

The Associate Director Community Development for SESAHS was the Project Manager and had overall responsibility for the project. The Project Manager provided supervision and advice to the Project Officers. The Project Officers were responsible for the day-to day operation of the Project. Initially a full-time Project Officer was appointed for a period of 6 months, which was extended for 6 months and subsequently extended for a further 6 months (July 2000-January 2001). A second full-time Project Officer initially worked on the project for 3 months (July - September 1999).

2.3 Youth Health Advisory Committee

The Youth Health Advisory Committee (YHAC) was established in December 1999. The aim of the YHAC was to guide and direct the YHNP; provide feedback about the Project's progress and activities and to assist with developing links with the Project's target group. The Committee members consisted of twelve young people, four South East Health workers and two GPs. The young people on the Committee came from diverse backgrounds and were recruited through health services, other networks and contact with youth workers and schools.

The YHAC met approximately every six weeks for two hours. Transport costs for young people were reimbursed and members received $20.00 per meeting payable

after attending three meetings. The YHNP's Project Officer was responsible for ensuring that the YHAC members were informed of the Project's progress by providing minutes of meetings and relevant material about the Project as well as a written agenda for each meeting.

2.4 Young Women's Pregnancy and Parenting Program Working Party

In March 2000 a meeting was held to discuss the partnership between the Glen Mervyn Young Women's Health Program and the Royal Hospital for Women (RHW). The aim of this group was to develop a more formalised model for the RHW work with young women and their partners from Glen Mervyn. The Project Officer from the YHNP was consulted and invited to participate. The Project Officer agreed to work with both organisations with the aim of developing a service model for young women who were pregnant attending obstetric hospitals in SESAHS.

A working party was formed and included representatives from RHW, Community Health Services, Women's Health, the Youth Sector, Glen Mervyn and the Project Officer from the YHNP. Focus groups were conducted with a number of young women. A survey of early childhood health nurses working with young women and others working with young women accessing the RHW was developed to gain information about young women accessing services in the area. In addition a working party was formed to develop a seminar for in-service training for hospital staff, other interested workers and early childhood health nurses. The surveys and in-service training were conducted in early 2001. The working party produced a proposal to develop appropriate and accessible services for young women who were pregnant and/or parents in South Eastern Sydney. This was submitted to the Area Women's Health Co-ordinator who supported the project and worked with the Project Officer to secure funding.

The aim of the program, once it is developed, will be to network young women to each other, prepare young women for birth and young men and women for parenthood. The program will also endeavour to support young people so that they can increase their confidence, develop an awareness of their rights and responsibilities and gain knowledge about available services.

2.5 Youth Health Email Network

The Youth Health E-mail Network (YHEN) user group was established in January 2000, consisting of SESAHS staff who worked with young people or were connected with those who worked with them. The aim of the YHEN was to encourage communication and information sharing and to facilitate networking amongst health services and workers. The e-mails were compiled by the Project Officer. The material from the e-mails was produced and took the form of a newsletter containing relevant information on youth health issues such as reports on the health and wellbeing of young people and how to increase youth participation. Participants could also write about relevant issues and events and attach documents for discussion.

2.6 Other Activities of the Project

Area Child Health Committee

In August 1999 the Project Officer for the YHNP was invited to attend the SESAHS Child Health Services Committee now known as the SESAHS Child and Youth

Health Services Committee. The committee was formed prior to the development of the YHNP. It was designed to provide leadership in health and increase communication between child health services. The Project Officer actively participated in the Committee emphasising the need to acknowledge youth in the development of health policy. In February 2001, the committee produced the Child and Youth Health Strategy in response to the needs of children and young people in the Area.

Gay and Lesbian Youth Southern Suburbs Network

The Gay and Lesbian Youth Southern Suburbs Network (GLYSSN) is a group for same sex attracted people aged under 26 years in Sydney's southern suburbs. GLYSSN was established in 1995 prior to the development of the YHNP. The aim of GLYSSN is to provide a safe and supportive environment where young people can have increased access to peer support, health-related information, resources and referral sources. The operation of GLYSSN is based on a youth participation and peer support model. Group members are responsible for decisions about the content of group discussions and activities within the group, promotional issues and group functioning. The working group is responsible for overseeing all GLYSSN activities. However, since the appointment of the Project Officer to the YHNP, there has been an increase in collaboration and partnership between GLYSSN and the HIV AIDS and Related Diseases (H.A.R.D.) Unit.

Sydney Children's Hospital Health Promotions Committee

The Project Officer from the YHNP was invited to attend the Sydney Children's Hospital Health Promotions Committee meeting in November 1999. Following this meeting a working party was formed with representatives from Health Promotions, Divisions of Allied Health, Emergency Department, the Executive Director's Unit of Sydney Children's Hospital, the South East Health Promotion Service and the Project Officer from the YHNP. The Committee produced a draft discussion paper reviewing Adolescent Health Services and Issues for Sydney Children's Hospital.

Other Related Activities

The Project Officer continued to network with other parties interested in the health of young people during the course of the project. These activities included: attending interagency meetings, acting as a point of contact for information and referral for community and council based service providers and guiding service providers through the SESAHS health bureaucracy. The following section of the report evaluates these activities and initiatives.

3 Effectiveness of the Youth Health Project

This section of the report examines the effectiveness of the YHNP in terms of three elements: targets or outputs, processes and outcomes. First the project's activities are compared to the original targets and outputs. This is followed by a review of the processes employed to reach the targets or outputs. Finally the outcomes in the projects are discussed.

A number of different methodologies were used to gather this information including focus groups with service providers and members of the Youth Health Advisory Committee, interviews with project staff and a member of the Young Women who are Pregnant and Parents working party and a mailed survey to a random sample of the YHEN participants.

3.1 Targets

The text below is reproduced from the Progress Report December 2000 compiled by the YHNP Project Officer. It summarises the progress against each of the strategies described in the project's Strategic Plan.

Strategy 1.1 Appoint an experienced network planner/leader to liaise with local youth, GP's, Government and non-Government agencies to develop an appropriate communication medium to ensure youth have access to services they need.

- The Youth Health Networks Project commenced July 1999 with the appointment of:

    o 1 x full time Project Officer for 12 months. This position has now been extended a further 6 months (July 2000 to January 2001).

    o 1 x full time Project Officer for a 3-month secondment from the NSW Police Department (July – September 1999).

- The Social Policy Research Centre of UNSW was contracted to evaluate the Youth Health Networks Project. An evaluation proposal has been developed.

Strategy 2.1 Develop collaborative partnerships between youth, government and non-government services, local councils, GP's, schools and relevant sports, recreational and cultural clubs.

- Consultations initiated with youth service providers inside and outside health sector to establish an area youth profile.

- Ongoing review of relevant service directories, reports and social and strategic plans to support area youth profile.

- Questionnaires distributed (face to face or e-mail) to identified youth service providers across the Area-health and non-health.

- 6 Youth Interagency meetings identified across SESAHS.

- Attending 4 Youth Interagency meetings to network and maintain a profile and increase the capacity of the project to develop collaborative partnerships.

- Identified key SESAHS staff attending Youth Interagencies to work collaboratively:

    o To develop guidelines for *SEH Representation on Youth Interagencies,*

    o Establish mechanisms for maintenance of guidelines.

- Ongoing liaison with relevant youth service providers inside and outside health sector including 4 GP Divisions to establish and maintain essential links and increase opportunities to develop collaborative partnerships.

- Youth Health Advisory Committee established. Representatives include 12 local young people, four SESAHS staff and two GP's. 11 Committee meetings to date, next meeting March 2001.

- The H.A.R.D. unit and the YHNP established the GLYSSN Working Group, representatives include; young people, local youth workers, SESAHS staff, to support and inform GLYSSN activities.

- Collaborative Partnership developed with the HIV/AIDS and Related Diseases Unit to facilitate GLYSSN.

- Working with the SESAHS Area Consumer Coordinator and young people who are consumers of Mental Health Services to increase youth consumer activity and participation with SESAHS Mental Health Services.

- Collaborating with young people, youth service providers (Government and NGO's), Department of Education, Local Councils, the St George Division of General Practice and Community Representatives to develop a community based suicide prevention project for the St George Area.

- Working with young people from Waverley College and the SESAHS Youth Health Advisory Committee and the Sutherland Sire Youth Network to develop and implement a Website evaluation tool for young people to evaluate youth based websites.

- Collaborating with St George and Sutherland Youth Networks (Networks are made up of representatives from local council, employment agencies, multicultural services, education, police, health, housing, youth and community services) to explore opportunities for developing a youth related website.

- Working in partnership with all metropolitan Area Health Service gay and lesbian youth social support networks and same sex attracted young people to develop website.

- In conjunction with Carers NSW Inc a submission was developed for a 'Support Project for Young People as Carers'. Possible funding sources being identified. The submission aims to develop and implement an innovative youth carer's personal and practical support model within the population served by South Eastern Heath (SEH). The project has the support of 4 Youth Interagency Networks across the area.

Strategy 3.1 Develop Community Health Networks in Partnership with GP's, local Councils, Department of Community Services, Department of Education and Relevant non-Government organisations

- Develop Youth Participation strategies with guidance from the Office of Children and Youth People as a priority for SESAHS.

- Youth Health Advisory Committee to be evaluated as a pilot for the establishment of 'Youth Issue Based' advisory teams with youth representatives on each team eg Mental Health, Women's Health etc.

- Developing an implementation plan for Youth Access to Medicare Cards through the Youth Health Advisory Committee project 'Youth Health Rights'

- Representing SESAHS on the 'South East Sydney Area Advisory Committee on Youth Issues'. The Advisory Committee is convened by the Department of Community Services and is made up of representatives from local Councils, Department of Education and relevant non-Government organisations.

- Representing on the Management Committee of the St George Reconnect Early Intervention Project. The project aims to improve the level of engagement of homeless young people or those at risk of homelessness in family, work, education, training and the community. Other services represented include Hurstville, Rockdale and Kogarah Councils, Centrelink, Dept of Housing, Dept of Community Services, Dept of Education and the St George Migrant Resource Centre.

- Partnership established with staff from the Royal Hospital for Women, Community Health Early Childhood Services and Glen Mervyn – non-government organisation for young women who are pregnant and/or parents – and young women who are pregnant and/or parents to establish a 'youth friendly' service model for the Royal Hospital for Women. Opportunities will be explored to use this model across the Area in all hospitals that have maternity services.

- Collaborating with SESAHS Health Promotion Unit and the Sydney Children's Hospital (SCH) through the SCH Health Promotion Committee to review Adolescent Health within the SCH hospital and to build the capacity of SCH to respond to the needs of young people accessing the hospital.

- Working in partnership with Hurstville Council, St George Migrant Resource Centre, the Disability Officer at the Dept of Community Service and the local Youth Service to establish and support an after school youth service in Hurstville funded through the Dept of Community Service CSGP program.

- In response to an identified need The YHNP is collaborating with Sutherland Shire Council and the Sutherland Shire Information and Community Service to explore training options and develop and implement training opportunities for youth workers in the Sutherland Shire.

- With the success of a community grant from Hurstville Council, collaborating with St George Youth Network, Youth Accommodation Association, H.A.R.D Unit and Young People to develop a new GLYSSN logo and promotional material to increase same-sex attracted young peoples access to GLYSSN and SESAHS.

3.2 Market the networks in the local media, on the Internet, and to staff of all services involved.

- Established a Youth Health E-Mail Network with staff in SESAHS who work with young people or are connected with those that work with them to increase communication and networking.

- Exploring opportunities to expand the Youth Health E-Mail Network to include: NGO's, Community Agencies and Local Government Organisations.

- Collaborating with the Come in Youth Resource Centre to ensure:

  - o All relevant services with SEH are represented on the Metropolitan Youth Services Database, 'CYRUS'.

  - o That data is maintained and updated as necessary

  - o That all staff within SEH who work with young people have access to the database.

- Working with SEH Public Relations Department to develop a Communication Strategy for the Youth Health Advisory Committee.

- Developing Campaign Launch for SESAHS Youth Health Advisory Committee 'Youth Health Rights' Project.

4.1 Collaborate with key stakeholders to develop a plan for ongoing resourcing of the project.

- Project reporting to 2 Committees:

  - o 'SEH Child Health Services Committee'

  - o Youth Health Advisory Committee

- Collaborating with relevant departments to gather accurate statistics on young people accessing SESAHS services.

- Providing youth health direction to the development of the SESAHS Child and Youth Health Strategic Plan 2000-2003.

- Liaising with Area Units eg. Women's Health, Drug and Alcohol, Mental Health to develop a plan for ongoing resourcing of the project.

3.2   Processes

The effectiveness of the processes employed to reach the project targets and the initiatives developed is discussed in this section of the report. As outlined in the previous section, the YHNP involved the development and establishment of a number of initiatives and a wide range of related activities. The evaluation focuses on the main initiatives of the Project including the establishment of the Youth Health Advisory Committee (YHAC) and the e-mail network, and the working party on Young Women's Pregnancy and Parenting Program and participation in a number of youth support groups and committees. The data collection instruments are included in Appendix 1.

Project Staff

The evaluators conducted interviews with the Project staff to investigate their perceptions of the overall objectives of the Project and whether they had been

achieved. According to the Project staff the overall initiatives developed by the YHNP to achieve the aims and objectives of the Project evolved from those originally proposed in the submission to the Community Health Innovation Program, and those adopted by NSAHS. One of the main factors influencing this shift was the way in which the health services and the position of Project Officer were structured in the two Areas. In NSAHS a formal management and organisational structure operating through several committees guided the project. In contrast there was no such management committee in the YHNP in SESAHS.

The Project Officer for SESAHS felt that the two key elements contributing to the success of the project were having a manager who allowed a certain amount of flexibility and autonomy while at the same time linking her to key people within the executive level of the Area Health Service.

The Project Officer stated that it would have been beneficial to have an executive steering committee to direct the Project. She commented that if representatives from key stakeholders organisations such as the Directors of Nursing Services and Community Development Units, Coordinators of Child and Family Health and key people from Sydney Children's Hospital had been involved in the development and management of the project they may have made more of a commitment to it. In turn this commitment may have resulted in a wider group of government and non-government organisations with an interest in youth health, participating in the Project's initiatives.

The Project Officer considered having an extensive background in youth health, highly developed communication and facilitation skills, the ability to identify gaps in service provision and the ability to establish good working relationships with key stakeholders as vital in order to operate effectively to achieve successful outcomes in the project.

Both the Project Manager and the Project Officer of YHNP would have preferred a longer initial time frame for the project such as 18 months rather than the Project Officer being appointed for 6 months and the position extended by another six months followed by a further six months. An example of the consequences of the short-term appointment was that it difficult to establish long-term initiatives. Some service providers were reluctant to commit to an initiative developed by a Project Officer who was in a position only funded for six months.

Service Providers

The evaluators conducted a focus group with service providers involved in the YHNP to ascertain their views on the effectiveness of the Project. The service providers regarded the Project Officer in the YHNP as the driving force for change in youth health in the Area. They commented that locating the position of Project Officer at Area Health in Zetland was vital to achieving outcomes in the Project because the position was not associated with a specific health field (eg mental health, health promotion, drug and alcohol). This enabled the Project Officer to be more independent and objective and to be perceived by service providers and other stakeholders as not being 'captured' by one of these specialised health areas.

The service providers were extremely supportive of the Project Officer and stated that the roles she had assumed within the position were responsible for the success of the project. These roles included acting as an independent mediator with a global view and assuming responsibility for tasks that service providers were unable to take on because of their case loads. These responsibilities included networking, forming partnerships between different sectors and chairing, minuting and coordinating meetings. The Project Officer also provided information to the service providers as well as acting as a contact and referral point from which to navigate the health bureaucracy. As one service provider commented:

> There's no link between health and the outside world…it's this nightmare to get through to anybody. Whereas if we've got somebody from outside who needs to get in touch with somebody, ask the Youth Health Network Project Officer and it's straight there. There's a link, there's a doorway. It's not just this isolated building called health that you can't get in and you spend your whole time doing laps round trying to find which way to go.

Apart from the dedication and commitment of the Project Officer, the service providers also thought that the provision of funding for the YHNP was crucial in establishing and developing initiatives. They felt that if there had not been an adequate budget the Project might not have achieved as much.

Youth Health Advisory Committee

A focus group was held with members of the YHAC to discuss their involvement with the project. They stated that once the YHAC had been established the members set their own objectives. After considering a wide range of issues the Committee decided to focus on the issue of health rights. The committee wanted to concentrate on encouraging young people to access health facilities by informing them of their health rights and that they were entitled to a Medicare card in their name once they reached 15 years of age. The Committee believed there was little point concentrating their limited resources on improving the 'youth friendliness' of services if young people did not access these services.

The Committee members felt that without the Project Officer to facilitate and coordinate the meetings they would not have achieved as much. According to the YHAC members, although the Project Officer took responsibility for organising meetings she did not dominate the group. The YHAC members commented that the Project Officer ensured that everyone participated and that all suggestions and comments were considered.

The Project Officer also organised different speakers such as health promotion officers and General Practitioners to attend some of the meetings. The YHAC members thought that this gave them a broader perspective, which they incorporated into the development process for the poster and wallet card.

Members of the YHAC commented that the meetings were scheduled too far apart. One member said:

> …we would have a meeting and we would be on the ball and then a month down the track we would have another meeting and we

> would have to go over what was discussed at the previous meeting. It was very hard to get the idea going again and keep the momentum.

All Committee members agreed that more frequent meetings, for example every three weeks, would have been more effective.

Young Women's Pregnancy and Parenting Program Working Party

The evaluators conducted an interview with a representative of the working party for the Young Women's Pregnancy and Parenting Program. According to the interviewee prior to the establishment of the working party there was no program targeting young women at the RHW. After the Project Officer from the YHNP approached the RHW, a working party was formed which focused on how to make the RHW more accessible for younger women, who were pregnant or new parents.

Representatives from RHW, Glen Mervyn the Project Officer from YHNP, Karitane, Community Health, D4 Woolloomooloo Neighbourhood Centre and Area Women's Health Service formed the working party. Other members of the working party, involved in the focus group conducted by the evaluators reported that having a designated 'youth' person involved in the project precipitated action and facilitated thinking around youth issues and service provision. The working party organised focus groups, with young women from Glen Mervyn and the Come-In Centre Youth Resource Centre. In addition a survey of young women, based on the input from these focus groups is planned and will be administered through the RHW's outpatients clinic. It is hoped that young women themselves will participate in the working party in the future.

According to the representative of the working party interviewed the input from the Project Officer from the YHNP had been instrumental in sustaining the working party. Also her expertise and experience with young women together with her knowledge of and access to inter-agencies bodies outside the hospital enabled the working party to move forward.

Youth Health Email Network

The first Youth Health Network Email was sent to the user group in January 2000 to over 140 health workers. This was followed by two other emails in March and May 2000 respectively. The Project Officer received 21 spontaneous replies to the initial emails stating that members of the group thought it was a good idea because there was insufficient communication within the Area Health Service on youth issues. A number of the members asked for other people to be included on the list or had passed on the details to colleagues themselves.

To assess the effectiveness of this initiative a random sample of the members of the YHEN users group (N=47) were surveyed in April 2001 (Appendix 1). Thirty six per cent of the sample replied to the survey. Of those who replied, 47 per cent (N=17) had not seen an email from the Youth Health E-mail Network. Of those who had seen the YHEN, 78 per cent (N=9) thought that it was an effective way to disseminate and share information about youth health issues.

Survey respondents thought that for the YHEN to be successful it was important to have someone coordinating all the activities. The content of the material had to be relevant and appropriate to the user group's needs and for members to have access to e-mail facilities.

The main responses to the question 'What do you think prevented the YHEN achieving its aims and objectives?' were poor IT facilities and clinicians not having access to the e-mail networks. Others felt that they were already inundated with information via the Internet and would have preferred to meet with people face-to-face. One commented on the need to have more regular e-mails.

3.3   Outcomes

The outcomes for the project are reviewed in this section of the report. The outcomes are discussed in terms of changes for project staff, young people and service providers.

Project Staff

Two of the objectives, as specified in the original proposal, creating youth friendly service provision and establishing a youth website were modified to take account of the local area environment regarding youth issues. The project staff considered these aims were too ambitious for the Area given its lack of focus on youth health. Because of this the project concentrated on changing the service culture within the Area such as raising awareness of the issue of youth health.

According to the Project staff the YHNP was successful in achieving a number of outcomes such as increasing service providers' knowledge of the available services for young people in the Area, how to access services, bringing service providers together and providing services with the opportunity to work collaboratively. Another significant outcome of the Project, according to the Project staff, was that service providers had gained knowledge about how to access information about youth health issues and the available supports. Also, as a result of the YHNP, service providers were reported as consulting with young people and considering their needs in service development. These achievements had not, as yet, resulted in an increase in the number of young people accessing services in the Area. However, the project staff believed that the structures put in place would enable this to be achieved in the future.

Service Providers

Prior to the establishment of the YHNP there was no focal point for youth health within the Area. One of the most important outcomes as a result of the YHNP was that service providers now had a contact and referral point for young people. Also service providers could access information about youth health from the Project Officer, which they could then pass on to other service providers.

According to the service providers another significant outcome from the YHNP was that hospitals were considering youth health issues in the development of services. As a result a mechanism for consulting with young people had been established. Young people had been consulted through focus groups and surveys. This information had been fed back to the hospital administration and resulted in the provision of relevant training for workers.

The service providers also thought another important outcome from YHNP was the establishment of a networking process that linked different types of service providers such as health and community services. The Project Officer acted as an intermediary and assumed responsibility for tasks such as chairing, minuting and coordinating meetings, that service providers did not have time to do because of their caseloads.

Youth Health Advisory Committee

Overall the members of the YHAC felt that given the time constraints of the Project they had achieved a great deal. The main outcome from the YHAC was a poster and wallet card informing young people of their health rights and that they were entitled to their own Medicare card when they reached 15 years of age. The members had been responsible for developing the idea and producing the poster. They planned to organise a launch of the poster in schools, doctor's surgeries, youth centres and shopping centres in late 2001.

Through their experience on the YHAC the members commented they had developed valuable skills. Theses skills included the ability to articulate in a group, provide critical comments on issues, and to work effectively as part of a team.

Participating in the YHAC, according to the members, had provided them with a unique opportunity to talk with different people about a range of issues. This had increased their awareness of health rights issues and the types of services available for young people. The YHAC members then disseminated this information to others. As one member commented:

> It's instilled motivation in all of us. We realised that we can do something … and this allows us to do something else in other forums and all sorts of society and in our careers.

Young Women's Pregnancy and Parenting Program Working Party

One of the most significant outcomes from the working party for Young Women's Pregnancy and Parenting Program was that services providers were working collaboratively for the first time to develop a new service for young women in the area. In addition young women had been involved in the development process.

According to the service providers a notable outcome from the Project was that the marginalisation of these young women was beginning to be reduced and they were being brought into the mainstream. One service provider commented that these young people were now being perceived as 'young women who were going to be parents rather than kids having babies' and clients in their own right. One early childhood nurse commented:

> And I think that it's the first time for early childhood nurses that they've even thought about young women as a group that has special needs. I think that in itself is an enormous shift.

Another outcome from the working party was that the RWH conducted some in-service training for hospital staff. The service providers stated that as a result there had been some behaviour and attitudinal changes. Workers were beginning to reflect

on their practices and how they interacted with clients regardless of their age. One worker commented:

> I think in the short term it's been quite quick. I've really been impressed with that.

Youth Health Email Network

As discussed in the Section 3.2 the majority of respondents to the survey who had seen the email stated that the YHEN was an effective way to share and disseminate information. In terms of outcomes 77 per cent of respondents thought that their knowledge of other services providing support to young people in the Area had increased as a result of participating in the Youth Health E-mail Network. A third of the respondents thought that YHEN had increased their knowledge of how to improve young people's access to their service and contact and collaboration with other services providing support to young people in the area.

Overall the respondents to the survey felt that the YHEN provided them with an opportunity to network and establish communication channels with workers in youth health and had informed them about relevant strategies in youth health within the Area. Most importantly the respondents felt that it provided a focal point for youth related issues. As one respondent commented:

> It is an excellent resource and as it becomes more widely known and accessed it will be used more and information shared for all those who work with teenagers.

According to the Project Officer the YHEN was a useful information source but it was time consuming and difficult to maintain. The Project Officer had envisaged that it would become a mechanism for information exchange between the service providers themselves rather than a newsletter produced by one person. The Project Officer felt that it would have been more effective if she had consulted with key people such as the youth HIV sexual health Project Officer, Youth Health Promotion Officer, youth counsellors and drug and alcohol counsellors about the best way to proceed prior to establishing the network. One respondent wrote in the survey:

> It has only just got going ie it needs more time to become a fixture.

Other Activities

While not forming a part of the main initiatives of the Project there were a number of other related outcomes generated from the activities of the YHNP. These included the following:

- The Child Health Committee was remained the Child and Youth Health Committee. This was a result of the Project Officer's involvement in raising awareness of youth health issues and her input into the committee. In connection with this increased awareness, the health strategy produced by the committee included strategies to address both child and youth health issues.

- The Sydney Children's Hospital Health Promotions Committee produced a draft discussion paper reviewing Adolescent Health Services and Issues for Sydney

Children's Hospital. The participation of the Project Officer lead to specific recognition of youth health issues within the review.

- In collaboration with the H.A.R.D. unit, young people had become involved in decision making within their GLYSSN groups. Also young people had increased their knowledge about service availability and how to utilise services.

- In September 2000 a submission was made to Hurstville Council. The aim of the submission was to ensure that there were appropriate and accessible services for same-sex attracted young people in the St George and Sutherland areas. The submission was successful and received a community grant of $5,500. This was used to employ a community artist to work in partnership with young people from GLYSSN to develop appropriate strategies to increase same-sex attracted young people's access to services.

- The submission of a funding application by the Project Officer in conjunction with Carers NSW for the development and implementation of a youth carers support model, supported by four youth inter-agency networks in the area.

- The development of a community based suicide prevention project for the St George Area.

Apart from these outcomes there were a wide range of other activities carried out that focused on developing collaborative partnerships with GPs, government and non-government, youth and community organisations. The final section of the report will bring together the findings of the evaluation and suggest some future directions for the YHNP.

4 Conclusion

4.1 Summary of Evaluation Findings

Overall the evaluation found that the YHNP achieved a number of significant outcomes that contributed to encouraging young people to identify their needs and to be involved in the planning and provision of their local health service through meaningful consultation mechanisms. As a result of the YHNP service providers' knowledge of services available to young people in the Area increased. Some service providers also began working more collaboratively resulting in a greater focus on youth health issues and changes in their practice.

The following factors were identified as critical to the success of the Youth Health Networks Project:

- the appointment of a Project Officer with a background in health, experience in working with young people and highly developed networking and communication skills;

- a system of management that allowed the Project Officer to work autonomously and flexibly to develop initiatives responsive to the needs of the Area;

- a system of management that linked the Project Officer to key people within the executive level of the Area Health Service;

- the position of Project Officer was not physically located or associated with a specific health field (eg mental health, health promotion, drug and alcohol services) and so was perceived to be independent by service providers;

- sufficient financial resources to draw on to support various project initiatives; and

- young people were incorporated into the consultative mechanisms and the service development processes of the SESAHS in a youth friendly and meaningful way and hence contributed as consumers and advocates of youth health issues.

The findings of the evaluation suggested some changes that would have assisted the Project in achieving its objectives. These were:

- having a steering committee to assist in the development and management of the Project and foster commitment from a wider range of relevant stakeholders both within and outside SESAHS;

- a longer time frame in which to establish Project initiatives; and

- additional YHNP Project Officers to work as part of a team.

The initiatives developed within this Project would be replicable across other Area Health Services, although some modifications may be necessary to take account of the specific needs and youth profiles of other Areas.

The YHNP and the Project Officer provided a focus for a wide range of youth related issues in SESAHS. This demonstrated a need for permanent youth health related positions within the SESAHS. Sustaining and developing further youth health initiatives within the Area appeared to depend on the creation of permanent youth health positions. This would assist other policy, research and project initiatives

focusing on youth health to have continuity within and between Area Health Services and across other youth health related organisations throughout the community.

4.2 The Future of the Youth Health Networks Project

The findings of the evaluation as well as the views of the Project staff, service providers and members of YHAC, supported the continuation of the YHNP because it provided a focus for youth health in the Area and it achieved significant positive outcomes for young people and service providers. The establishment of a permanent Youth Health Co-ordinator within SESAHS recognises the importance of the initiatives established through the YHNP and allows for these to be sustained and expanded over the longer term.

Appendix A: Evaluation Instruments

Youth Health Network Project Evaluation

Project Manager and Project Officer Interview Questions

1.   Background

Why did the Area Health Service become involved in the Youth Health Network Project (YHNP)?

2.   Aims and Objectives

What are the main aims and objectives of the YHNP?

Did these change over time? (If so why)

3.   Effectiveness of the YAC

How effective has the YHNP been in achieving its aims and objectives?

What has enabled the YHNP to achieve these aims and objectives?

- Have there been aims and objectives that have not been achieved?
What have been the main barriers to achieving these aims and objectives?

4.   Outcomes for the Project

- What you thinks are the outcomes for young people from the YHNP (in terms of health outcomes, and other outcomes eg implementation of youth friendly practices, participation, access and diversity)?

- What you thinks are the outcomes for service providers from the YHNP (in terms of health outcomes for young people, and other outcomes eg implementation of youth friendly practices, participation, access and diversity)?

5.   Future of the Youth Health Network Project

Do you think the Youth Health Network and Services Project should continue? Why?

Are any changes needed to the model of the YHNP?

     - Type of changes

     - Why a need for change?

     - Its future with respect to other Area Health Services

     - Generalisability? Area specific or not?

Youth Health Network Project Evaluation
Service Provider Interview Questions

1.   Background

- Can you outline what this program involves?

How did you become involved in the Youth Health Network Project (YHNP)?

Why did you become involved in the YHNP?

2.   Impact of Project

- What did you hope to achieve participating in this program?

- Have you achieved what you set out to achieve in participating? If yes how and if not why not?

- Has your participation in the YHNP changed the way your service operates (eg youth friendly practices, contact/collaboration with other services? If so how?

- Have you noticed changes in attitude to or awareness of youth friendly practices in your staff since becoming involved in the YHNP?

- Have you noticed changes in number, type or reaction of young people accessing your service since becoming involved in the YHNP?

- Have young people visiting your service said anything?

- Have you noticed any difference in young people's empowerment, comfort, confidence, or participation while visiting your service since becoming involved in the YHNP?

5.   Future of the Program

Do you think the Youth Health Network Project should continue? Why?

Are any changes needed to the model of the Program?

- Type of changes

- Why a need for change?

- Its future with respect to other Area Health Services

- Generalisability? Area specific or not?

Youth Health Network Project Evaluation

Service Provider Focus Group Questions

1.   Background

How did you become involved in the Youth Health Network Project (YHNP)?

Why did you become involved in the YHNP?

2.   Aims and Objectives

What are the aims and objectives of the YHNP / What do you think the YHNP hoped to achieve?

3.   Effectiveness of the YHNP

How effective has the YHNP been in achieving its aims and objectives?

What has enabled the YHNP to achieve these aims and objectives?

What have been the main barriers to achieving the aims and objectives?

4.   Outcomes for the Project

- What you thinks are the outcomes for young people from the YHNP (in terms of health outcomes, and other outcomes eg implementation of youth friendly practices, participation, access and diversity)?
- Have you made any changes to your service as a result of participating in the project? If so what were they?
- Have you noticed changes in attitude to or awareness of youth friendliness in staff of your service as a result of the participating in the project?
- Have you noticed changes in number, type or reaction of young people accessing your service since participating in the project?
- Have you noticed any difference in young people's empowerment, comfort, confidence, or participation while visiting your service since being involved in the project?
- What you thinks are the outcomes for other service providers from the YHNP (in terms of health outcomes for young people, and other outcomes eg implementation of youth friendly practices, participation, access and diversity, increase in knowledge of other types of services, contact, collaboration)?

5.   Future of the Youth Health Network Project

Do you think the Youth Health Network and Services Project should continue? Why?

Are any changes needed to the model of the YHNSP?

> - Type of changes
> - Why a need for change?
> - Its future with respect to other Area Health Services
> - Generalisability? Area specific or not?

Youth Health Network and Services Project Evaluation

Youth Advisory Committee Focus Group Discussion Guide

1. Background

How did you become involved in the Youth Advisory Committee (YAC)?

Why did you become involved in the YAC?

2. Aims and Objectives

What are the aims and objectives of the YAC?

How did these evolve?

3. Effectiveness of the YAC

How effective has the committee been in achieving its aims and objectives?

What other things has the committee achieved (Youth Health Rights Campaign - informing young people that they are eligible for their own Medicare Card at15)?

What has enabled the committee to achieve these aims and objectives?

What have been the main barriers to achieving the aims and objectives?

What do you understand to be the aims of the Youth Health Network and Services Project?

How does this committee fit into the Youth Health Network and Services Project?

4. Outcomes for the Project

- What you thinks are the outcomes for young people from the YAC (in terms of health outcomes, and other outcomes eg implementation of youth friendly practices, participation, access and diversity)

- What you thinks are the outcomes for service providers from the YAC (in terms of health outcomes for young people, and other outcomes eg implementation of youth friendly practices, participation, access and diversity)

5. Future of the YAC and the Youth Health Network and Services Project

What is the future of the YAC and the Youth Health Network and Services Project within the South Eastern Sydney Area Health Service?

Are any changes needed to the model of the YAC or the project?

- Type of changes

- Why a need for change?

- Its future with respect to other Area Health Services

- Generalisability? Area specific or not?

SPRC

Social Policy Research Centre

University of New South Wales

Youth Health Networks Project Evaluation

Email Network Survey

April 2001

Strictly Confidential

Name of
Service:...

Position of Person Completing the
Survey:..

Date:..
....

The purpose of the survey is to evaluate the effectiveness of the Youth Health Networks Project Email Network.

Instructions:

Please complete the following questions in the space provided. If you need more space please use extra sheets.

Your responses will remain confidential to the evaluators. The results will only be presented to South Eastern Sydney Area Health Service (SESAHS) in an anonymous, aggregate form.

Please return the completed questionnaire by either email to CM.Thomson@unsw.edu.au, by mail to Cathy Thomson, Social Policy Research Centre, University of New South Wales, Sydney NSW 2052, or by fax on 9385 7838 before **Wednesday May 16 2001**.

If you have any problems completing the survey please contact Cathy Thomson on (02) 9385 7827 or Justin McNab on (02) 9385 7818.

1a.   Please briefly describe what you do in your job.

1b.   How long have you been working for this service/agency?................................…................... months

1c.   What percentage of your clients are young people aged between 12-20 years?   ………%
(please give an estimate if you do not know actual figures)

2.   Have you seen the SESAHS Youth Health e-mail Network?

☐   Yes   →   Go to Q2a
☐   No   →   You do not need to complete the remainder of the survey.

2a.   What were the aims of the SESAHS Youth Health e-mail Network?

3.   What do you think the SESAHS Youth Health e-mail Network has achieved?

4.   What do you think may have assisted the SESAHS Youth Health e-mail Network in achieving its aims?

5.   What do you think may have prevented the SESAHS Youth Health e-mail Network from achieving its aims?

		Yes	No	DK
6.	*Have you contributed any information to SESAHS Youth Health e-mail Network for the Project Officer to send out?(such as articles, attached documents, minutes of relevant meetings, or any other relevant information)*	☐	☐	☐
7.	*Have you emailed information out to members of the e-mail list?*	☐	☐	☐
8.	*Is the SESAHS Youth Health e-mail Network an effective way to disseminate and share information?*	☐	☐	☐

Questions 9a to 9h begin with the same phase **'As a result of participating in the SESAHS Youth Health e-mail Network'…..**

Please complete the following sentences by placing a tick in the appropriate box.

9.   As a result of participating in the SESAHS Youth Health e-mail Network…..

		Increased	Remained the same	Decreased	N/A
9a.	…my knowledge of how to improve the access of young people to my service has…				
9b.	…my knowledge of youth friendly practices has…				
9c.	…young people's involvement in the planning of my service has…				
9d.	…young people's involvement in the management of my service has…				
9e.	…my knowledge of other services providing support to young people in the area has…				
9f.	…contact with other services providing support to young people in the area has…				
9g.	…collaboration with other services providing support to young people in the area has…				
9h.	…young people's access to my service has…				

10.   Is there anything else you would like to comment on about SESAHS Youth Health e-mail Network?

11.   Overall, has your participation in the Youth Health Networks Project changed the way you assist young people in relation to:

a. Coordinating and planning within your service?   Yes   No   *If yes, please describe*

b. Delivering service?   Yes   No   *If yes, please describe*

Thank you for taking the time to complete this questionnaire.

Please return the completed questionnaire by either e-mail to CM.Thomson@unsw.edu.au, mail to Cathy Thomson, Social Policy Research Centre, University of New South Wales, Sydney NSW 2052, or by fax on 9385 7838 before **Wednesday 16 May 2001.**

References

Blum R. and P. Mann Rinehart (1997), 'Reducing the risk: connections that make a difference in the lives of youth', *Youth Studies Australia*, 16(4), December 1997: 37-50.

Commonwealth Department of Human Services and Health (CDHSH) (1995), *The Health of Young Australians: A National Policy for Children and Young People*, Australian Government Publishing Service, Canberra.

Cumberland, R., (1987),'Caught in the middle young people's health needs' *Health Issues*, 12, December, 14-16.

Davies, E. (1997), *A Critical Review of Literature in the Area of Young People's Access to Mainstream Health Services – A Foundation for Future Research into this Area in Australia*, unpublished masters thesis, Public Health Faculty of Health Sciences, La Trobe University.

Donovan C., A.R. Mellanby, L.D. Jacobson, B. Taylor, J.H. Tripp with members of the Adolescent Working Group (1997), 'Teenagers' views on the general practice consultation and provision of contraception', *British Journal of General Practice*, 47, November, 715-18.

Flowers, R. (1998), 'How effective are youth workers in activating young people's voices', *Youth Studies Australia*, 17(4), 34-40.

Francis S. (1997), 'Youth health and the role of GPs', *Youth Studies Australia*, 16(1), 38-42.

Ginsburg K.R., G.B. Slap, A. Cnaan, C.M. Forke, C.M. Balsley, and D.M. Rouselle (1995), 'Adolescents' perceptions of factors affecting their decisions to seek health care', *Journal of the American Medical Association*, 273(24), June, 1913-18.

Glover S. J. Burns, H. Butler and G. Patton (1998), 'Social environments and the emotional wellbeing of young people', *Family Matters*, 49, Autumn, 11-16.

Heaven, P. (1996), *Adolescent Health: the Role of Individual Differences*, Routledge, London and New York, 1996.

Malone K. (1999), 'Growing up in cities as a model of participatory planning and "place-making" with young people', *Youth Studies Australia*, 18(2), June, 17-23.

McNab J. and K. Fisher (2000), *Youthealth Project*, Evaluation Report, SPRC Report 6/00, Social Policy Research Centre, University of New South Wales, Sydney, Available at: http://www.sprc.unsw.edu.au/reports/Report6_00.pdf

Norton, K. (1999), *The Effectiveness of Youth Guides: A Summary of Research with Northern Sydney Young People*, Youthealth Project, Northern Sydney Health, October 1999 (unpublished).

NSW Health (1998), *Strengthening Community Health: A Framework for the Future*, NSW Health Department.

NSW Health (1999), Young People's Health: Our Future, NSW Health Department.

NSW Ministerial Youth Health Taskforce (1991), *Providing for the Health of Young People*, Health Information Unit, NSW Health Department.

NSW Office of Children and Young People (1998), *Focus on Young People: NSW Youth Policy*.

Paterson K. (1999), 'Seeking counsel: young people's involvement in local government decision making processes', *Youth Studies Australia*, 18(3), September, 41-46.

Rowe L. (1997), 'Making general practice work for young people', *Australian Family Physician*, 26(12), 1403-5.

St. Leger A., H. Schnieden and J.P. Walsworth-Bell (1992), *Evaluating Health Services' Effectiveness: A Guide for Health Professionals, Service Managers and Policy Makers*, Open University Press, Milton Keynes.

Veit F., L.A. Sanci, C.M.M. Coffrey, D.Y.L. Young, and G. Bowes (1996), 'Barriers to effective primary health care for adolescents', *Medical Journal of Australia*, 165, August, 131-33.

Wilkins V., K. Bryans, S. Hetzel with A. Cutler and J. Ellis (1993), 'Youth participation in youth-focussed research', *Youth Studies Australia*, 12(3), Spring, 49-52.

Wilkinson, B. and S. Torr (1998), *Y-Care: Youth Health Networks and Service Project, NSAHS and SESAHS*, Original Submission to the NSW Health for the Community Health Innovation Program.

World Health Organisation, Health for All: Origins and Mandate, WHO 50th, www.who.int/archives/who50/en/health4all.html.

Wright S. and G. Martin (1998), 'Young people and mental health: access and alliance', *Youth Studies Australia*, 17(4), 11-16.

Wyn J. and P. Dwyer (1999), 'New directions in research on youth in transition', *Journal of Youth Studies*, 2(1), 5-21.

Wyn J. and F. Stewart (1992), *Health Services for Young Women*, Research Report No. 7, Youth Research Centre, University of Melbourne Institute of Education.

##, (1985), 'Youth speak up: a report on Youth health consultants in New South Wales, Victoria, South Australia and Western Australia, *New Doctor Issue*, 38, Summer, 11-13.