


Youth Health 2018

Report on the annual survey of the NSW
Youth Health Framework

2017-2024



Health



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Glossary

CCLHD	Central Coast Local Health District
ED	Emergency Department
FWLHD	Far West Local Health District
HNELHD	Hunter New England Local Health District
ISLHD	Illawarra Shoalhaven Local Health District
JHFMH	Justice Health and Forensic Mental Health
KPI	Key Performance Indicator
LHD	Local Health District
MNCLHD	Mid North Coast Local Health District
MLHD	Murrumbidgee Local Health District
NBMLHD	Nepean Blue Mountains Local Health District
NNSWLHD	Northern NSW Local Health District
NSLHD	Northern Sydney Local Health District
OOHC	Out of Home Care
PHN	Primary Health Network
SCHN	Sydney Children's Hospitals Network
SESLHD	South Eastern Sydney Local Health District
SHN	Speciality Health Network
SNSWLHD	Southern NSW Local Health District
SWSLHD	South Western Sydney Local Health District
StVHN	St Vincent's Health Network
SLHD	Sydney Local Health District
TFM	Their Futures Matter
WNSWLHD	Western NSW Local Health District
WSLHD	Western Sydney Local Health District

NSW Youth Health Framework 2017-2024

1. Introduction

Under the *NSW Youth Health Framework 2017-2024* (the Framework) NSW Local Health Districts (LHDs) and Specialty Health Networks (SHNs) are required to provide annual reports on up to five priority actions for progressing quality healthcare for young people aged 12-24

This report *Youth Health 2018* provides an overview of progress in achieving these actions for 2018 based on the LHD and SHN reports. It also outlines the activities of the Youth Health and Wellbeing team within the Health and Social Policy Branch of the NSW Ministry of Health which support Framework implementation.

In 2018 Districts and SHN were also asked to submit snapshots of innovative initiatives to address young people's health and wellbeing. Some of these were then profiled in the 2019 Youth Health Showcase held in April. The Showcase was convened by the Youth Health and Wellbeing team in collaboration with the Wellbeing Health & Youth Centre of Research Excellence in Adolescent Health. The report on the Showcase is available here: [2019 NSW Youth Health Showcase Report](#).

Framework implementation and reporting

The Framework guides the NSW Health system and partner agencies to address young people's health concerns. It promotes a structured and holistic approach to providing healthcare to young people. The Framework highlights that young people are a distinct population group with specific health concerns and developmental needs which are different to those of children or adults.

The Framework raises the profile of youth health with LHDs and SHNs. The Framework advocates that LHDs and SHNs consider the unique needs of young people when they plan, develop and deliver health services. It encourages services to be responsive and flexible in their approach to young people. The Framework recognises that provision of high quality health services for young people is an essential part of the prevention or management of future health problems and promoting the health of the next generation.

LHDs and SHNs have lead responsibility for the implementation of the Framework. The Health and Social Policy Branch of NSW Health, through its Youth Health and Wellbeing team, provides state-wide leadership, guidance and support to NSW Health services on implementing the Framework.

This report provides a picture of key initiatives and activities undertaken within the NSW Health system to identify and respond to the health needs of young people. However, this report is not a comprehensive record of all the services that are available for young people, because reporting by LHDs and SHNs on the Framework does not cover those services provided to young people which have other reporting systems, such as mental health, drug and alcohol, and sexual health.

It is also recognised that there is not a consistent approach to data collection that can inform monitoring of the Framework. Further work on this is planned as part of the implementation process for the Framework.

Health services for young people in NSW

A range of health services across NSW are specifically targeted at young people. These include youth-specific health centres and clinics, outreach services, youth mental health services, health promotion programs, services for priority populations and case management for young people with complex needs. Services are provided by Local Health Districts (LHDs), Specialty Health Networks (SHNs) and non-government organisations (NGOs). There has been recent investment by the NSW government in seven rural and regional youth drug and alcohol treatment services provided by NGOs. In addition there are 33 headspace services across NSW. However, it is mainstream health services, including primary care, mental health, drug and alcohol, sexual health and hospital services, rather than youth-specific services, which provide the majority of healthcare to young people in NSW.

Across NSW, nine services run by Local Health Districts provide a tailored holistic health service for young people. These youth health services operate in six Local Health Districts, five of which are metropolitan (Central Coast, Illawarra Shoalhaven, South Western Sydney, Sydney, and Western Sydney) and one of which is regional and rural (Hunter New England). The range of health services and the models of care provided by these youth specialist health services vary. For example, services differ in their approach to providing primary care and how they work with other services such as sexual health, mental health and drug and alcohol services; their target population; and the level of case management they provide for young people with complex needs.

All three Specialty Health Networks provide services specifically for young people:

- The Adolescent Health team in Justice Health and Forensic Mental Health (JHFMH) has adolescent clinics in juvenile justice centres and courts across NSW
- The Department of Adolescent Medicine at Sydney Children's Hospitals Network (SCHN) provides specialty inpatient and outpatient services, including: services for adolescents with chronic and complex illness; services for eating disorders, weight management, addiction, child and adolescent gynaecology, and gender dysphoria; and a transition service
- St Vincent's Health Network (StVHN) runs the Program for Early Intervention and Prevention of Disability (PEIPOD), a community and outreach service providing intensive case management for young people with mental health issues.

Youth Health Coordinator positions in LHDs promote a holistic approach and provide leadership, planning, coordination, and capacity building around youth health. Seven of the eight metropolitan LHDs have a (usually full-time) position that undertakes the youth health coordination role, whereas only three of the seven rural and regional LHDs have a position which undertakes youth health coordination as part of their role. Metropolitan and inner regional areas are more likely to have had historical investments in multidisciplinary youth health services for marginalised young people, on which they can build. Rural areas however typically do not have these same specialist youth resources.

Specialist youth health skills and knowledge are needed in rural and regional areas because certain health issues and health risk behaviours disproportionately affect young people in rural and regional areas compared to metropolitan areas. Some of these health issues and risks can be influenced by early intervention and coordinated care and support. Rural young people are more likely to live in poverty, be unemployed, be hospitalised for injury and alcohol use and have higher rates of mental disorders, chlamydia notifications and smoking. Furthermore, a higher proportion of young people in rural areas are Aboriginal, and Aboriginal young people continue to have poorer health and wellbeing outcomes.

2018 Framework implementation progress

In their reports, LHDs and SHNs identified up to five of their own priorities for action and these priorities are listed in the appendix of this report. The progress they reported in implementing these priorities for action is as follows:

- 24% of their 2018 priorities for action were completed
- 66% were in progress and on track
- 8% were in progress but at risk
- 2% were not started

Many of the LHD and SHN 2018 priorities for action require longer term or ongoing work; more than half of the 2019 priorities for action reported continue 2018 priorities.

This report outlines progress made against the 2018 priorities for action identified by LHDs and SHNs for the Framework's three goals. Many reported activities relate to more than one goal.

2. NSW Youth Health Framework Goal 1

The health system responds to the needs of young people, including targeted responses for vulnerable young people

- Young people's health needs are assessed in a holistic way and vulnerable young people are identified
- Young people's health needs are responded to; they receive quality healthcare and are supported to make informed decisions
- Vulnerable young people have their safety, health and wellbeing addressed and receive coordinated and integrated care.

Local Health Districts and Specialty Health Networks priorities for action supporting Goal 1

LHDs and SHNs identified a range of priorities to improve services, including service access, quality, and coordination at both clinical and organisational levels. The scale and type of actions that LHDs and SHNs implemented depended on their available resourcing. Several service improvement and development initiatives were presented at the 2019 Youth Health Showcase.

Improve service coordination and collaboration at an organisational level

Several districts reported using working groups to improve service coordination and collaboration at an organisational level through networking, planning, or identifying pathways of care. Some of these working groups were formed especially to plan for or implement the Framework.

The scope of working groups described varied; they could address provider relationships within a particular service, between health services within an LHD, or between sectors. At least two districts reported working with Primary Health Network (PHN) partners to identify and improve youth healthcare pathways. Working groups were also organised to develop particular partnerships with services that target a particular population, and these are further described below.

Districts reported using specific tools to promote organisational change. Staff training and professional development were often cited as a means for developing organisational capacity. The Youth Health Training Initiative was an important means of providing training in youth healthcare skills, and is described further under Goal 2. Another example of using professional development to promote collaboration between staff was provided by MNCLHD. This district reported hosting a Paediatric Conference for clinicians which promoted understanding of the impact of adverse childhood experiences and recovery oriented practice. The use of the Youth Friendly Checklist as a tool to promote service improvement was also reported by MNCLHD, NNSWLHD and SNSWLHD.

Target specific vulnerabilities

Several programs and projects targeted specific groups which are known to be more likely to experience health risks and/or poor health outcomes. Vulnerabilities can be targeted in various ways:

- at an organisational level, as for example with the HNELHD Youth Health Working Party that focused services on disadvantaged youth, and MNCLHD's partnerships with Aboriginal Medical Services and OOHC agencies
- at a population level, as for example when SNSWLHD identified young women as a priority group for their women's health program, and WNSWLHD promoted women's services to young women through promotion of a service directory. Other examples were JHFMH providing education about parenting for young people in their care who are parents, and SESLHD conducting a scoping study to examine models of integrated and coordinated care for vulnerable young people with complex needs

- at a service or program level. Districts provided many examples of service planning aimed at service or program level change, including: NSLHD's review of models of care for young people aged 12-24 who present to the mental health service; SNSWLHD's implementation of sustained home visiting for Maternity and Early Childhood; WNSWLHD supporting the Family Investment Model Program in Dubbo; and MNCLHD identifying young people transitioning from youth to adult mental health services as a vulnerable group for which specific service partnerships are required
- at a policy level, as for example in NBMLHD and SNSWLHD implementing childhood obesity reduction programs as part of their response to a Premier's Priority.

Improve data collection or using data to improve services

Several priorities for action focused on using data to improve services. JHFMH for example reported using feedback from their Adolescent Health Patient Experience Survey to improve management of waiting times for nursing, medical and dental services.

Districts also reported the systematic use of population and service use data: SESLHD reported that their Youth Health Policy Implementation Working Group used demographic data from the census and local service usage data to inform their local Youth Health Strategy; ISLHD used service use data to identify key stakeholders for future projects; and CCLHD reported an initiative to improve allocation of resources to areas of greatest need, although it was noted that there were limitations in the data available.

Data is an enabler of service development. StVHN reported that their network is committed to an electronic medical record which will ensure compatibility between services and program data.

Plan and create new services

A number of districts reported that they had developed new services or expanded existing ones. Examples include NBMLHD planning to provide adolescent mental health beds, and including these beds in the District's Asset Strategic Plan, and SCHN receiving enhancement funding to expand services at the CICADA Centre, and planning future Adolescent and Young Adult services. SCHN however noted that progress had not been made in the development of its gender dysphoria service WSLHD is implementing a pilot program for young parents with identified vulnerability (Thriving Families) as part of Their Futures Matter (TFM) reforms.

The strategy of placing nurses in schools in order to improve access to care and care pathways was reported in at least two districts: FWLHD is establishing five nurses in 10 schools in Broken Hill, and MLHD and SNSWLHD are pilot sites for the Wellbeing Health in-Reach (WHIN) nurse coordinator in schools project.

Improve clinical care accessibility, consistency and quality

Priority actions often aimed to increase integration and coordination of clinical care. So for example JHFMH identified that they routinely report on the KPIs of comprehensive assessment and care coordination.

A number of priority actions used a systematic and holistic approach to youth psychosocial assessment (the HEEADSSS assessment) to promote consistent and quality healthcare. Examples of the use of the HEEADSSS assessment included: HNELHD raising the awareness of the Youth Health and Wellbeing Assessment Chart and Guideline and trialling its use across various hospital and community settings; SESLHD promoting the Chart and Guideline to staff and services; SNSWLHD also implementing its use; and NSLHD trialling the use of the HEEADSSS assessment in the ED of one of its hospitals. This last project involved the establishment of a project team, creation of project tools, staff education, and co-location of a youth nurse one day per week in the ED for consultation and referral.

Technology was identified as an enabler of care: SCHN reported that they were exploring increased use of e-health strategies; FWLHD reported the use of paediatric telehealth services across five remote locations in the LHD to provide care; JHFMH reported the use of audiovisual linkage to increase access to diversion for young people appearing before the Children's Court; and ISLHD reported using their intranet to make youth health pathways easily accessible for clinicians, and also setting up an email Youth Health Network.

Out of Home Care projects on the Central Coast

Young people in out of home care (OOHC) can have poorer health than others. Central Coast LHD has led specific projects to address the wellbeing of this vulnerable group.

A number of services (CCLHD HIV & Related Programs; CCLHD Drug and Alcohol Service; CCLHD Youth Health; Illawarra Shoalhaven Local Health District HIV & Related Programs; Western Sydney Local Health District HIV & Related Programs; NSW Sexually Transmissible Infection Programs Unit) got together to develop a project to support young people in OOHC around sexual health and alcohol and other drugs. They did this through developing and conducting pilot training events for workers and carers which provided sexual health and alcohol and other drug resources, and information on service networks on the Central Coast. In addition, the OOHC health coordinator in the district conducted a project to improve immunization and its recording for young people in OOHC. This project found that children in OOHC can have multiple records under different names and Medicare numbers on the Australian Childhood Immunisation Register.

NSW Ministry of Health Youth Health and Wellbeing

The NSW Health Youth Health and Wellbeing team supported the implementation of Goal 1 of the Framework through the following activities:

Youth Health Forum

The Youth Health Forum provides three half day professional development seminars per year on topical youth health themes. The Forum enables low cost access to authoritative and current information on youth health issues to a range of service providers. The Forum is managed by an organizing committee, on which the YHW team actively participates. The Forum is held at The Children's Hospital at Westmead and video conferenced to audiences in 30 regional locations in NSW. The themes for the Forums held in 2018 were youth sexual health, safety in the digital world, and youth aggression and violence.

NSW Youth Health Coordination Group

This group includes representation from LHDs and SHNs and is convened by the Youth Health and Wellbeing team. Meetings are held quarterly via teleconference. The NSW Youth Health Coordination Group works collaboratively to support access to and delivery of NSW Health funded services to young people in a manner that is consistent, comparable, effective, and efficient across NSW.

Youth Health Showcase 2019

As outlined in the introduction, the Showcase provided an opportunity to share examples of quality and innovative practices in youth healthcare. Planning for this event commenced in 2018 and included consultation with young people.

Youth Health and Wellbeing Assessment Guideline

This Guideline encourages and supports NSW Health workers to undertake a Youth Health and Wellbeing Assessment (HEEADSSS assessment) with young people (aged 12- 24 years) presenting to NSW Health services to identify areas of concern as early as possible. The Guideline has an accompanying Assessment Chart for use by clinicians in inpatient Paediatric and Adult Admission settings.

3. NSW Youth Health Framework Goal 2

Health services are accessible and young people are engaged and respected

- Young people are supported to access and navigate health services
- Young people are respected and have a positive experience when using health services
- Young people are engaged and have a voice in health service design, delivery and improvement.

Local Health Districts and Specialty Health Networks priorities for action supporting Goal 2

LHDs and SHNs reported on a number of projects and initiatives that supported young people to navigate the health system. The voice of young people was valued and captured in a range of ways to guide service development and provision. Staff development and training was a key strategy used by LHDs and SHNs to help staff be respectful and effective in engaging and working with young people.

Provide training for staff to support young people

Eleven districts reported on their implementation of the Youth Health Training Initiative to provide training for staff to support young people. For this Initiative, LHDs support their locally nominated trainers to attend a training for trainers event to learn skills in how to run the Essential Youth Healthcare Skills workshop. The Essential Youth Healthcare Skills workshop increases staff knowledge, skills and confidence in providing healthcare to young people. The workshop encourages clinicians to engage young people, and identify and respond to their health concerns, and thus promotes a positive experience of health services for young people.

The reported implementation of the Youth Health Training Initiative varied between LHDs; some were targeting their offer of the workshop to specific teams who were identified as likely to benefit from it, whereas other LHDs were working to meet strong initial demand for the workshop across teams.

Districts also reported that they offered or participated in other training to build workforce capacity, such as Aboriginal Mental Health First Aid training.

One organisation (StVHN) specifically noted that formal supervision systems were in place to ensure staff working with young people were adequately supported and upskilled to meet their responsibilities.

Include the voice of young people

Several projects aimed to consult or engage young people in service development. Young people might be engaged to participate for a specific project or purpose, or they might be engaged to act as youth consultants more broadly or for a range of projects.

The nature of youth participation in service design and delivery varied; young people might participate in a structured group as for example with the MNCLHD headspace Advisory Reference Group which advises the LHD, or in a structured program such as the NSLHD program in which Youth Health Promotion Consultants review services and resources and provide recommendations on youth friendliness. Other examples of youth participation included the NSLHD review of the YouthSource resource, the use in ISLHD of consumer engagement for wayfinding projects for key youth health services, and young people working to co-design the Adolescent Young Adult outpatient space in SCHN.

Some LHDs reported having youth participation projects with broad aims which developed over time. SESLHD employed and trained a diverse group of young people as peer educators and youth advisors for the district, and these young people then worked on a range of projects. SLHD Youthblock Youth Consumer Group developed the capacity of young people as health consumers to engage in health service design, delivery and evaluation. For this project, young people received training, and were involved in 4 working groups and 5 consultations, through a co-designed and developmental process. SWSLHD developed a coordinated district youth consultation process which included input from more than 80 young people, including feedback from marginalised and at risk young people.

WNSWLHD reported that they plan to engage youth consumers in their Framework Implementation Working Group but are not currently resourced to do so.

Provide young people with tools to navigate

As noted above, several LHDs reported using mechanisms to involve young people in service planning, which assisted in making the service accessible. For example, the NSLHD Youth Health Consultants gave feedback to services to guide them to be more accessible for young people.

WSLHD reported on a major project to assist young people to navigate from Emergency Department (ED) to other healthcare services. This ED Navigation project involved using temporary funding to establish and evaluate using both a generalist Youth Health and a Mental Health ED navigator.

Examples were provided of online tools to provide information to young people about health services. Examples of online tools included the service directories for SESLHD and NSLHD. WNSWLHD promoted women's health services to young women by promoting a service directory on social media sites. WSLHD reported that they provided up to date and accessible online information for young people about health services via online virtual tours of High Street Youth Health Service and Western Area Adolescent Team, and a Youth Health Facebook page.

Young people are engaged and have a voice – Youthfrontline from Sydney LHD

Through consultation and research, Youthblock in Sydney LHD developed their youth consultation group's purpose and intention from purely a consultative group, where ideas could be bounced off young people, to a group where young people have ownership, and can meaningfully participate. This group is Youthfrontline. The project employed the better practice principles of meaning, control and connectedness, to develop the group and to better address the health and wellbeing of marginalized young people.

Achievements of the group fall into two different categories – the events, projects and training young people have/are a part of and have done, and the feelings and/or values the young people have expressed as their achievements for the year.

The group has been involved in four different working groups on a variety of issues, such as healthy weight, the Yhunger program, the Yhunger program with Refugee and Asylum Seeking Young People, and the SLHD Eating Disorders Working Group. This group also involved in different activities and events, and has contributed to the planning, running and decision-making.

The group has been involved in 5 different consultations including:

- SLHD Consultations for new Strategic Plan
- Youth action health care consultation
- Mental health forum
- Mental health and suicide prevention
- Trauma-informed practice

It has been a continual learning process for both young people and workers. Considerable time from the health promotion offer has been dedicated to creating safety and building trusting relationships, as well as being critically reflective of power imbalances. There have been many instances of decision-making power by the young people involved, for example around how they want the group to be run (frequency, membership, recruitment) and in involvement in activities or tasks e.g. youth week. As clients, they are supported in their role by not only the facilitator, but also therapeutic staff e.g. counsellors and nurses. Youthfrontline currently has 8 members.

The young people in Youthfrontline have been central to developing the group and creating their own shared meaning.

NSW Ministry of Health Youth Health and Wellbeing

The NSW Health Youth Health and Wellbeing team supported the implementation of Framework Goal 2 through two major projects – implementing the Youth Health Training Initiative, and commissioning a major study into how young people in NSW perceive their access to health services.

Youth Health Training Initiative

The Youth Health Training Initiative trains trainers based in LHDs and SHNs to conduct the Essential Youth Healthcare Skills workshop. The workshop content includes new video resources available on the Youth Health and Wellbeing pages of the NSW Health website which were released in 2018. The four new short videos describe the impact of adolescent development on health and wellbeing, demonstrate HEEADSSS assessment and engagement techniques, provide clinician reflections on the benefits of HEEADSSS, and assist clinicians to plan care with young people. A refresher day was offered in September 2018 for experienced Youth Health Training Initiative trainers to update their skills and knowledge about the Essential Youth Healthcare Skills workshop.

A training for trainers event was held in 2018 for 22 trainers. At the end of 2018, more than 50 trainers had been trained in conducting the workshop, and more than 80 workshops had been run in LHDs and SHNs across the state for more than 870 staff.

ACCESS 3 Study

NSW Health commissioned The University of Sydney's Department of General Practice at Westmead by tender to carry out the ACCESS 3 research study. This study aimed to understand and explore the experiences of young people when accessing and navigating the health system in NSW, including the impact of digital media. It focused on the experiences of the following five marginalised groups of young people:

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

This project included: a large cross-sectional survey of young people in NSW; an in-depth, qualitative study of a subsample of marginalised young people and their journeys through the health system over 12 months; interviews with service providers and practitioners; and a knowledge workshop to help translate findings into policy-relevant recommendations. Initial findings of the research informed the development of the Youth Health Framework 2017-2024.

The summary report was released in 2018 and its findings are being used to inform policy development.

4. NSW Youth Health Framework Goal 3

Young people are supported to optimise their health and wellbeing

- Young people are supported to make informed choices about their health and wellbeing by youth-specific health promotion, education and early intervention
- Young people with chronic illness or disability receive effective care and are supported to manage their care and be as independent as possible.

Local Health Districts and Specialty Health Networks priorities for action supporting Goal 3

Projects which specifically supported young people to make informed choices about their health and wellbeing, or supported young people with chronic conditions or disability, are described here under Goal 3. A number of other service development activities and projects were outlined earlier under Goal 1.

Supporting and implementing health promotion programs

Several districts described implementing health promotion programs which aimed to promote healthy choices for young people. Health promotion activities which were reported included:

- Delivery of specific programs, including Core of Life which focuses on pregnancy and parenting (NNSWLHD) and Love Bites which focuses on respectful relationships (FWLHD)
- Specific health promotion activities such as the MLHD Murrumbidgee Youth Week sexual health promotion in which sexual health resource packs promoting sexual health screening were distributed to young people attending 9 Wagga Wagga GP practices and the CCLHD Youth Booth collaboration between health services to deliver health education, promotion and screening in locations which vulnerable young people access
- Programs conducted in schools, including: the NNSWLHD RRISK program which addresses risk behaviours in young people and is implemented by teachers, and was implemented across 30 schools participating and 1936 students; and the MLHD implementation of the FRIENDS resilience program in high schools, in which 250 teachers from 20 schools have been trained.

Supporting young people with chronic conditions or disability to optimise their health

A wide range of priority actions supported young people with chronic conditions or disability. Many of these programs have grown from locally identified needs. They included:

- People with first mental health diagnosis receiving physical wellbeing services such as exercise and smoking cessation interventions (StVHN)
- Physical health programs being in place in mental health, drug and alcohol and homelessness health (StVHN)
- ChIPS (Chronic Illness Peer Support) program which has been running at Westmead since 2005 and for which a pilot is starting at Randwick in 2018 (SCHN)
- An online community to help young people facing an organ transplant *The Transplant Network* (StVHN)
- An extensive Youth Arts program (SCHN)
- Commencement of Transition Care Coordinator to improve flow of referrals from EDs and inpatient services to youth health services for at risk young people and young people with chronic illness and or disability (SWSLHD)
- Workshop for carers and health programs for young people with disabilities in collaboration with OOH coordinator (SWSLHD)

Examples of young people being supported to optimise their health and wellbeing

The Beverley Hills Intensive English Centre Healthy Lifestyle Project

This project is a collaboration between the Beverly Hills Intensive English Centre (BHIEC) Healthy Lifestyle Project SESLHD Priority Populations Unit (Refugee Health Program, Youth Health Program), Beverly Hills Intensive English Centre

This project provides an opportunity to address two significant gaps in service provision for newly arrived young people from refugee and migrant backgrounds: (1) Prevention of rapid weight gain during the settlement/post arrival period; and (2) intervention for weight issues for those arriving overweight or obese

Through consultations with students and teachers, the project will deliver an integrated set of interventions, co-designed with health staff, students and teachers including whole-of school initiatives to promote healthy lifestyles, and health coaching for identified students.

The project's objective is to increase engagement of students in health promoting initiatives and behaviours. The project will deliver an integrated set of interventions, co-designed with health staff, students and teachers including whole-of school initiatives to promote healthy lifestyles; and health coaching for identified students.

The RRISK project in NNSWLHD schools

RRISK (Reduce Risk, Increase Student Knowledge) program aims to reduce injury and harm resulting from young person's risk taking behaviours associated with alcohol and drug use, driving and celebrating.

The project is a partnership between NNSWLHD, NSW Roads and Maritime Services, and high schools from all sectors.

The project objectives are to build resilience by encouraging young people to plan ahead and look after their friends while socialising, promote discussion of adolescent risk taking and promotion of protective behaviours and skills. Learner and provisional drivers were provided with information on vehicle safety, speed and distraction. High school teachers were provided with evidence-based information and training to increase their confidence to deliver drug and alcohol harm reduction and road safety education. The wider community and parents were engaged and informed about the alcohol and other drug challenges faced by young people.

In 2018, 1936 students attended the RRISK seminars from across 30 schools. 39 teachers attended professional development training day focused on drug and alcohol prevention strategies in schools. Approximately 70 parents attended parent information evenings to discuss parenting strategies regarding youth drug and alcohol use.

Independent evaluation found that RRISK resulted in a 44% reduction in road crashes in comparison to the state average.

NSW Ministry of Health Youth Health and Wellbeing

The NSW Health Youth Health and Wellbeing team has produced resources to assist young people to make informed choices about their healthcare. The Youth Health and Wellbeing team works in collaboration with specialist services such as SCHN to support the wellbeing of young people with chronic conditions or disability, and provides coordination and management for the OOH Health Pathway Program.

NSW Health literacy project

The Youth Health and Wellbeing team initiated the NSW Youth Health Literacy Project, which aims to improve health access and outcomes for vulnerable young people through improved health literacy by developing a resource to promote youth health literacy. Youth Action successfully tendered for this project, which runs until June 2020. So far, Youth Action has conducted consultations and developed a range of factsheets explaining the NSW Health system. The next stage of the project will be to create an interactive web-based form to provide information to young people and guide them on how to find and use healthcare services.

5. Conclusion

This report demonstrated the wide range of activities, projects, programs and initiatives from across the state reported by LHDs, SHNs and the Youth Health and Wellbeing team to support implementation of the NSW Youth Health Framework 2017-2014.

The next annual report will provide an update on this activity for 2019.

Appendix A - List of 2018 priorities for action

Organisation	List of 2018 Priorities for Action
CCLHD	<p>Improve data collection and sharing between service providers and stakeholders to ensure services are provided in areas of greatest need and effective use of resources</p> <p>Better coordination of services to make healthcare navigation easier</p> <p>Improve young people's access to/and experience of healthcare through capacity building and workforce development</p> <p>Support young people to optimise their health and wellbeing through health promotion, education and early intervention</p>
FWNSWLHD	<p>To build capacity in clinical staff responding and identifying health issues and care in children and young people in FWLHD</p> <p>Building an integrated healthcare team for children and youth in Broken Hill with the formation of joint service provision to improve service access</p> <p>Establish paediatric telehealth services to the LHD remote sites of Ivanhoe, Menindee, Wilcannia, White Cliffs and Tibooburra, to provide routine paediatric outpatient consultation prioritizing care as close to home as possible</p> <p>The FWLHD in partnership with Department of Education, NGOs and community to provide youth education in planned school programs. Coordinated through the Youth Service School Interagency and Child & Family Interagency under the KIDS Development Strategy</p> <p>Establish 5 primary healthcare registered nurses across all 10 Primary and secondary schools in Broken Hill working closely with existing Health and social Services to enhance health and social care accessibility for children, young adults and their families</p>
HNELHD	<p>Build the workforce capacity to work appropriately with Young people aged 12 to 24 years in HNELHD</p> <p>Implement the Youth Health and Wellbeing Assessment Guidelines and Chart</p> <p>Develop a Youth Health Advisory Council</p> <p>Develop strategies to improve and increase access to services for our vulnerable and disadvantaged groups, for example; increase use of telehealth, change opening hours where possible and partner with non-health agencies to provide care where possible.</p> <p>Develop service measures and PREMs/PROMs which will support HNELHD improvement in Health Care services for Young People</p>
JHFMHN	<p>Increase access for young people appearing before the Children's Court of NSW to the Adolescent Court and Community Team in order to be assess for suitability for access to diversion</p> <p>Comprehensive assessments to be conducted within ten days of a young person entering a Juvenile Justice Centre</p> <p>The Community Integration Team will coordinate care prior to and during the post release period with links made to appropriate specialist and general community services</p> <p>The Adolescent Health Patient Experience Survey conducted in august 2017 will provide feedback from young people in custody</p> <p>Aboriginal Mental Health, School-Link, Sexual Health, Antenatal and Parenting Education to be provided to young people in custody</p>

ISLHD	<p>Capacity building (through training and education activities)</p> <p>Improved Youth Health Pathways</p> <p>Consumer engagement (including wayfinding projects)</p> <p>Development of ISLHD Youth Health Network</p> <p>Identify opportunities for future Youth Health activity (including data summary)</p>
MNCLHD	<p>Youth Health Interagency Service meeting to be established for the purpose of networking, service planning, developing pathways of care with a particular focus on Indigenous and non-Indigenous vulnerable young people</p> <p>The Perinatal Child Adolescent and Youth Teams will address the inequity in service provision for young people transitioning from youth MHS to adult MHS at risk of falling between gaps in services and treatment via effective partnerships with stakeholders</p> <p>Develop a localized collaborative approach to service provision for Aboriginal and vulnerable youth with a focus on youth engaged in high risk population services such as SAS JIRT OOH or CPCS</p> <p>Young people are consulted and included in decisions about service development and delivery</p> <p>Target/flag MNCLHD staff working with young people to complete the Essential Youth Healthcare Skills one day training</p>
MLHD	<p>Youth Week/Sexual health Week GP project</p> <p>Sticky Stuff workshops in collaboration with Yfoundations</p> <p>Roll out FRIENDS Resilience Training to teachers across MLHD to facilitate program in high schools</p> <p>Aboriginal Mental Health First Aid training at Tirkandi Inaburra Aboriginal Youth Justice Centre at Colleambally</p> <p>Wellbeing and Health In-reach Nurse Coordinator Pilot – Young High School</p>
NBMLHD	<p>Provision of mental health adolescent beds</p> <p>Development of a localized Youth Health Plan for NBMLHD</p> <p>Work with NBMPHN to enable GP practices within NBMLHD/PHN to become youth friendly practices</p> <p>Targeted health promotion for young people and their parents</p>
NNSWLHD	<p>Conduct training across the LHD that aligns with the NSW Youth Health Competency Framework</p> <p>Complete the Youth Friendly Checklist for Health Services in three services across the LHD</p> <p>Partner with North Coast PHN to implement the Core of Life Program across NNSWLHD</p> <p>Conduct the RRISK program across NNSWLHD</p>
NSLHD	<p>Trial routine psychosocial (HEEADSSS) assessment for young people aged 12-24 years presenting to a NSLHD Emergency Department</p> <p>Develop NSLHD workforce capacity to effectively engage with young people and provide culturally safe and age appropriate care through the delivery of Youth Essentials workshops and in-services</p> <p>Young people living in NS leaving statutory OOH receive a primary health assessment, appropriate referrals for comprehensive assessment, health literacy skills education, supported transition to adult health services, including referral to a 'youth friendly' GP</p>

	<p>Implement strategies to promote youth friendly services across NSLHD, in partnership with young people</p> <p>Review models of care for young people aged 12-24 who present to NSLHD Child Youth Mental Health Services, including through NSLHD Emergency Departments, and better respond to the needs of these young people</p>
SNSWLHD	<p>Introduction of the Youth Friendly Checklist</p> <p>Implementation of youth health assessments (HEEADSSS)</p> <p>Maternity Early Childhood Sustained Home Visiting</p> <p>Young women's health targeted screening and support</p> <p>Implementation of the Premier's Priorities: "Make Healthy Normal", reduce childhood obesity "Get Healthy"</p>
SESLHD	<p>Recruit and train 12 young people aged 16-24 from diverse backgrounds to participate in PEYAC pilot project. Co-design a youth advisory and consultation role for SESLHD with these young people</p> <p>Deliver training to internal and external stakeholders on relevant Youth Health issues and skills. Training packages include: Essential Youth Health Care Skills, Y-Hunger, Sticky Stuff, Youth at Risk, Sexing up the Sector, Youth Mental Health First Aid</p> <p>Commence a scoping project to look at models of care coordination/integrated service delivery for vulnerable young people with complex needs in SESLHD</p> <p>Promote the HEEADSSS psychosocial assessment tool and the Youth Health and Wellbeing Chart to SESLHD staff and services through training and other promotion activities</p> <p>Map available data on young people in contact with SESLHD services and demographic data on young people in the SESLHD</p>
SLHD	<p>Develop a governance structure for implementation of the Inner West Sydney Youth Health and Wellbeing Plan</p> <p>Develop ongoing workforce capacity for best practice youth care</p> <p>Develop the capacity of young people as health consumers to engage in health service design, delivery and evaluation (in partnership with NGO sector)</p> <p>Develop a district wide approach to youth suicide prevention</p> <p>Develop a coordinated approach to youth health promotion across SLHD</p>
SCHN	<p>The CICADA Centre NSW: Care and Intervention for Children and Adolescents affected by Drugs and Alcohol</p> <p>Enhancing Sexual and Reproductive Health Services for young people with focus on Gender Dysphoria Services Westmead Precinct</p> <p>Adolescent Medicine /Youth Health clinical, teaching, training and research programs support to enable ongoing tertiary expertise and evaluation of outcomes to inform and support capacity building in other LHDs and in rural and regional centres using innovative technology</p> <p>Supporting an SCHN Adolescent Medicine program including SCHN Peer support /youth advocacy programs: ChIPS (Chronic Illness Peer Support) and Youth Arts</p> <p>Prioritising Adolescent and Young Adult Health in planning health services into the future: Adolescent Young Adult (AYA) Services are included in Westmead and Randwick precinct redevelopments and developing partnerships and resources to support these infrastructure developments</p>

StVHN	<p>Improve data collection and sharing between service providers and stakeholders to ensure services are provided in areas of greatest need and effective use of resources</p> <p>Better coordination of services to make healthcare navigation easier</p> <p>Improve young people's access to/and experience of healthcare through capacity building and workforce development</p> <p>Support young people to optimise their health and wellbeing through health promotion, education and early intervention</p> <p>Mental health patients with first diagnosis will be seen early for intervention and prevention</p>
SWSLHD	<p>Establish a SWSLHD governance structure for planning, implementation and review of the NSW Youth Health Framework</p> <p>Enhance SWSLHD workforce capacity for best practice in youth health care</p> <p>Pilot the YHS Inreach and Transitional Care Program to facilitate early engagement and effective clinical pathways for young people experiencing risk of harm or chronic illness and disability</p> <p>Develop a support program for parents and carers of young people in OOHC, experiencing chronic illness or disability, affected by drug issues</p> <p>Develop a coordinated district wide youth consultation process</p>
WSLHD	<p>Establishment of Youth Health Framework Implementation Group</p> <p>Establishment and implementation of Youth Health Council</p> <p>Continue to provide specialised clinical services to marginalised and vulnerable young people, including the development of targeted program to enhance access for Aboriginal and CALD young people</p> <p>Establishment and implementation of the ED Navigation project within WSLHD</p> <p>Maximise opportunities to provide up to date and accessible online information for young people about health service including who they are for, how to access them, what to do and costs involved</p>
WNSWLHD	<p>Develop a youth Friendly Framework Implementation Working Party for WNSWLHD</p> <p>Deliver Essential Youth Healthcare Skills Training</p> <p>Involve youth consumers in the Youth Health Framework Implementation Working Party for WNSWLHD</p> <p>Support the Family investment Model Program in Dubbo though staff funded by Justice Health</p> <p>Raise the awareness of women's health services to young women across the district through implementation of service directory through social media sites</p>
