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YOUTHEALTH PROJECT

EVALUATION REPORT

FOR THE ACTIVITIES OF THE PROJECT FROM MARCH 1999 TO JUNE 2000

JUSTIN MCNAB AND KAREN FISHER

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The views expressed in this publication do not represent any official position on the part of the Social Policy Research Centre. This report was produced to make available the research findings of the individual authors, and to promote the development of ideas and discussions about major areas of concern in the field of social policy.

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Thank you to the youth representatives and youth consultants, the project staff, committee members and service provider staff who so willingly participated in the evaluation.

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Executive Summary

The Youthealth Project

NSAHS received funding through the NSW Health Community Health Innovation Program to develop a pilot which encouraged youth health partnerships. In 1999, NSAHS developed the Youthealth Project. The project consisted of three main initiatives to improve young people's access to health services. The first initiative was to develop guidelines, based on a literature review, of what makes services 'youth friendly' (Appendix 2). The second was to develop a youth internet site (section 3.10) and the third initiative was to establish 'youth consultants' in the Area (section 3.4). A diverse group of young people from the Northern Sydney area were recruited and trained to act as youth consultants. Youth consultants made visits to service providers in the Area and carried out a review of their 'youth friendliness'. The consultants also provided the service with a report of their findings. Youth consultants aimed to improve service providers' awareness of the need to develop a youth-friendly atmosphere to improve access for young people. It was also expected that through word-of-mouth the consultants, as young people themselves, would increase their peers' knowledge, awareness and confidence in using services.

Outcomes of the Project

Youth Consultants

Health outcomes for the young people involved in the project and their peers were anticipated to be difficult to observe because of the short timeframe of the project. Bearing this limitation in mind, the evaluation methodology revealed intermediate changes for the young people involved in the project, improved knowledge about services and improved structures for youth participation. The Youthealth Project and the evaluator acknowledge that specific health outcomes directly attributable to the project are hard to identify. However, given that one of the main aims of the Youthealth Project was to facilitate youth consultants' and their peers knowledge of youth friendly services, these outcomes suggest the project has been highly successful in this respect.

During the first year of the project's operation, Youthealth staff and other NSAHS stakeholders were of the view that participation in the project was significantly changing the youth consultants in a number of ways. The young people's knowledge of health issues and youth friendly health services in the area improved and there were also more generalised changes, such as an increase in their self confidence in a variety of situations.

Service Providers

A number of services responded to the visits and reports made by the youth consultants. Services implemented changes to how they displayed their confidentiality policies as a result of the visit and report, with one of these services also modifying its case management strategy. Services also modified the physical environment of their

service in response to suggestions made. One service was reviewing its appointment system and had adopted suggestions from the visit in this process.

An encouraging outcome was attitudinal changes made by service providers visited. This was also the case for services that already considered themselves youth friendly and which were considered youth friendly by the consultants.

Given that one of the main aims of the Youthealth Project was for the youth consultants to improve service providers' awareness of the need to develop a youth friendly atmosphere to improve access for young people – including being cognisant of privacy and confidentiality issues – the project was again highly successful in this respect.

Conclusions

In this evaluation the following factors were identified as critical to the success of the Youthealth Project.

? The appointment of a project officer with highly developed networking and youth worker skills. The skills and personality of the project officer were instrumental in successfully supporting the young people and facilitating their interaction with health services.

? The employment and payment of youth consultants to acknowledge the value of the young people's work.

? High level managerial support, particularly in the project's initial stages. Executive level commitment to the project ensured wide ranging commitment from other important stakeholders both within and outside NSAHS.

? The diversity of the youth consultants in terms of their age range, backgrounds and experience of health issues and the health system.

? The project's philosophy of youth friendly practice in meetings and in the general running of the project ensured high retention rate and participation of the youth consultants and representatives.

? Young people were incorporated into the structure of NSAHS in a youth friendly and meaningful way and hence could make a contribution as consumers and advocates of youth health issues both in these forums, and also with service providers when consulting.

? Youth consultants adopted a constructive approach in the visits and in the report. Visits were voluntary and confidential. Youth consultants commented on the favourable aspects of a service at the time of the visit. The reports provided to services began with a summary of the aspects of the service that were already considered youth friendly by the youth consultants.

These factors would be replicable across other Area Health Services interested in introducing or modifying a similar model. They were not resource intensive and required only minor organisational and attitudinal change in order to be implemented.

As such, the factors listed above were not specific to NSAHS. However, the health policy context created a favourable environment in NSAHS prior to the introduction of the Youthealth Project, and many NSAHS staff and management already had an interest and commitment to youth health.

The Future of the Youth Health Project

The Youthealth Project received funding from NSW Health (unspent funds to be rolled over into a third year), and additional funds from Health Promotion, Mental Health, Drug and Alcohol, and Child and Family Health services in Northern Sydney Health to continue operation for another year, from July 2000 to end of June 2001. This was to enable the project to continue until a full evaluation was completed and the services could more fully evaluate the sustainability issues of supporting youth consultants and the internet site beyond the life of the project.

Project management and staff, stakeholders, the youth consultants and service providers involved in the project saw the future of the model in outreach and peer education in schools and other culturally and socially appropriate settings for young people. The project planned to develop peer education training for the youth consultants in its second year of operation.

It was also anticipated longer term strategies would be developed to ensure: continued supervision and support for youth consultants; mainstream or cross service support and utilisation of youth consultants; and links with formal Area consumer consultation processes.

1. Introduction

This report presents the findings of the evaluation of the Youthealth Project. The Youthealth Project was an innovative participatory and consultative model with the main goal of improving health outcomes for young people between the ages of 14 and 19 years. The model was developed by Northern Sydney Health Promotion of the Northern Sydney Area Health Service (NSAHS), based at Royal North Shore Hospital (RNSH). The evaluation of the Youthealth Project was carried out by the Social Policy Research Centre at the University of New South Wales.

The report is presented in four chapters. The introduction gives the overall structure of the report, and briefly describes the content of each chapter. It also gives a summary of the Youthealth Project and describes the methods used to collect information for the evaluation of the project. The second chapter provides some background to youth health policy in Australia and in New South Wales. The third chapter provides a full description of the organisation, development, implementation, and activities of the Youthealth Project. The fourth chapter presents the results of the evaluation in terms of the effectiveness of the youth health model developed, the outcomes achieved through the activities of the project, and the processes through which the project reached its goals.

1.1 Summary of the Youthealth Project

NSAHS received funding through the NSW Health Community Health Innovation Program to develop a pilot which encouraged youth health partnerships. In 1999, NSAHS developed the Youthealth Project. The project consisted of three main initiatives to improve young people's access to health services. The first initiative was to develop guidelines, based on a literature review, of what makes services 'youth friendly' (Appendix 2). The second was to develop a youth internet site (section 3.10) and the third initiative was to establish 'youth consultants' in the Area (section 3.4). A diverse group of young people from the Northern Sydney area were recruited and trained to act as youth consultants. Youth consultants made visits to service providers in the Area and carried out a review of their 'youth friendliness'. The consultants also provided the service with a report of their findings. Youth consultants aimed to improve service providers' awareness of the need to develop a youth-friendly atmosphere to improve access for young people. It was also expected that through word-of-mouth the consultants, as young people themselves, would increase their peers' knowledge and awareness of, and confidence in using, services.

1.2 Evaluation of the Youthealth Project

The evaluation assessed the effectiveness of the model developed by the Youthealth Project from March 1999 to end of June 2000. Data were collected on the targets, the processes and outcomes of the project.

The targets or outputs were developed by the project and included recruitment and retention rate of youth consultants, meeting attendance by youth consultants, numbers of service providers involved in the project, and consultation with young people. The evaluation assessed the processes by which these targets were met. A series of focus groups were held with project staff, members of the Management Committee and service providers, in order to provide information on project processes and outcomes. A case study of a service provider who received a visit, and a small telephone survey of other service providers involved in the project were carried out in order to provide additional information. The evaluation instruments are included in Appendix 1.

Health outcomes of young people were anticipated to be difficult to observe because of the short timeframe of the project. However, bearing this limitation in mind, the evaluation carried out a focus group with the youth consultants in which the effectiveness of various aspects of the project and health outcomes were discussed. The evaluation also designed a brief survey for the consultants in order to obtain further information on how the project had affected them.

Two other methods were employed in the collection of evaluation data, review of relevant project documents and observation of the activities of the project, including observation of a youth consultants' visit to a service provider.

The evaluators and project staff worked closely together during the course of the evaluation. This strategy was adopted for two main reasons. The first was to ensure maximum information exchange and accurate data collection. The second was to ensure the evaluation kept pace with the innovative and evolutionary nature of the project. Several of the initiatives of the Youthealth Project were led by the young people involved. A close rapport with the young people and other project members ensured a reflexive evaluation design that was responsive to an evolving project.

2. Background

For the last fifteen years young people have been recognised, both internationally and within Australia, as a group who have specific health and other service needs. However, in Australia a comprehensive national youth health policy was not forthcoming until 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).

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. 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' behaviours. For these reasons, many youth health policy initiatives advocate a holistic approach in the establishment or continuation of healthy attitudes and behaviours 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).

NSW Youth Health policy initiatives have also emphasised the need for a holistic approach to youth health (NSW Health 1999: 3) while acknowledging key areas of importance specific to young people. For example, NSW Health's Young People's Health: Our Future focussed 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). 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 consultancy and that training and support be provided for young people who participate in the planning and delivery of youth health services (ibid).

Another aspect of the wider policy and health environment that forms part of the background to the Youthealth Project was 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 power relations, tokenism and representation in the broader effort to do participatory research and seek meaningful consultation with these groups (see for example Paterson 1999, Flowers 1998 and Wilkins et al. 1993).

The Youthealth Project incorporated these policy initiatives in its approach and philosophy. The model was based on providing specialist youth consultancy to service providers in the Area. As is outlined in section 3.2, young people, as youth representatives on project committees, were involved in the planning and implementation of the project. Project staff were committed to youth friendly practices and meaningful consultation with the young people involved in the project.

3. The Youthealth Project

This chapter provides a detailed description of the organisation, development, implementation, and activities of Youthealth Project. It begins with the funding of the project then describes how NSW Health, management, project staff and young people implemented the model. The chapter continues with a description of the organisational structure of the project and concludes with a description of the project's general practitioner training and other activities. Evaluation of the effectiveness of these structures and processes of the project are discussed in section 4.2.

A full description of the project model is provided here for those health professionals and practitioners who may be interested in implementing or adapting a similar model.

3.1 Funding

Funding for the Youthealth Project of $100,000 per annum for two years (1998 – 2000) was received by NSAHS through the Community Health Innovation Program in early 1999. This program was to implement and evaluate Community Health pilots managed by consortia across a number of Area Health Services. These pilots were to trial new models of care and partnership arrangements with other agencies and community groups (NSW Health 1998: 9). 'Y-Care: Youth Community Care Networks and Service Partnerships' was initiated in two Area Health Services in the Sydney metropolitan area, NSAHS and South Eastern Sydney Area Health Service (SESAHS). The aim of the Area networks and service models were to encourage young people to: identify their needs, whether they be social, cultural, health or economic; be involved in the planning and provision of their local health services and; seek out professional help from services that were 'youth friendly'. Youth community care networks were to be developed in partnership with general practitioners and other agencies (ibid: 12).

3.2 Project Planning and Development

In the years before the funding application to initiate and implement the Youthealth Project was lodged through the Community Innovations Program, Northern Sydney Health Promotion, under the impetus of the Director, was concerned to promote youth health and improve services for young people in the area. The original idea had been to set up a one stop shop in lower North Sydney, where young people could access a wide range of health and other services. Meetings were held with representatives from RNSH Child and Adolescent Psychiatry, the Northern Sydney Area Division of general practitioners, North Sydney Council and members from the NSAHS Executive. However, it was realised that there were limitations to the one stop shop initiative. These limitations included the fact that the wider Northern Sydney service area stretched from the Lower North Shore in the south to Hornsby Ku-ring-gai in the

north, making access difficult for young people who had limited transport options or did not live in the immediate Lower North Shore area. The Director of Northern Sydney Health Promotion and the Manager, Community and Extended Care, Northern Sydney Health then developed a funding proposal outlining an original and innovative approach to youth health issues. This would form the basis of the Youthealth Project model.

Funding for the Youthealth Project was received in February 1999. The Northern Sydney Health Promotion Director, the Manager Community and Extended Care, Northern Sydney Health and the Mental Health Promotion Manager determined relevant stakeholders for the project including Standing Committee, Working Party, Management Committee and project team members. The project team initially consisted of a project manager (the Mental Health Promotion Manager who also held other positions in Northern Sydney Health Promotion), a research and evaluation officer also from Health Promotion, and the Director of Child and Adolescent Psychiatry at RNSH. The team established a NSAHS cost centre to manage project funds, developed a job description for a project officer, as well as carrying out the selection and interview process for the project officer. The team also began developing a project philosophy that drew from the concepts of consultation with, and empowerment of, young people through participation in the planning and delivery of youth health services. This process continued when the project officer joined the management team in March 1999. A youth worker would be employed as a part time assistant on the project in October 1999.

From March to June 1999 the team worked to refine general ideas to a specific project that could be operationalised and evaluated within the limited timeframe (the project was originally to have run from June 1998 to June 2000, but ran from February 1999 to June 2000). A literature search was carried out and publications discussing issues concerning access to services, youth health and 'youth friendliness' were reviewed. Areas of key importance were identified and integrated into the project plan. These included: general practitioner 'youth friendly' training (as young people's first point of contact with the health system is often their GP); overcoming barriers to young people accessing health services such as perceptions that services lack confidentiality; cost, location and hours of services; and developing 'youth friendly' guidelines and criteria. The literature review also determined that these issues were already identified, not only within the Northern Sydney Area, but also across Australia. Because of time restrictions and limited funding, the team decided the project's resources would best be used developing a model that did not duplicate earlier efforts such as service directories, needs assessments or a youth health one stop shop.

However, a wide range of ideas were considered and refined before the project model was finalised and project guidelines were produced from a review of the literature (Appendix 2). Two draft operational models were developed, one focussing on youth consultants visiting service providers, and the other on training service providers to be more youth friendly. The former was decided upon as more appropriate to the project's philosophy as it emphasised young people's role as experts in their own health who could advise health professionals accordingly. This model was submitted to the Working Party, Management and Standing Committees and ratified. The main aims of the project were defined as being the following:

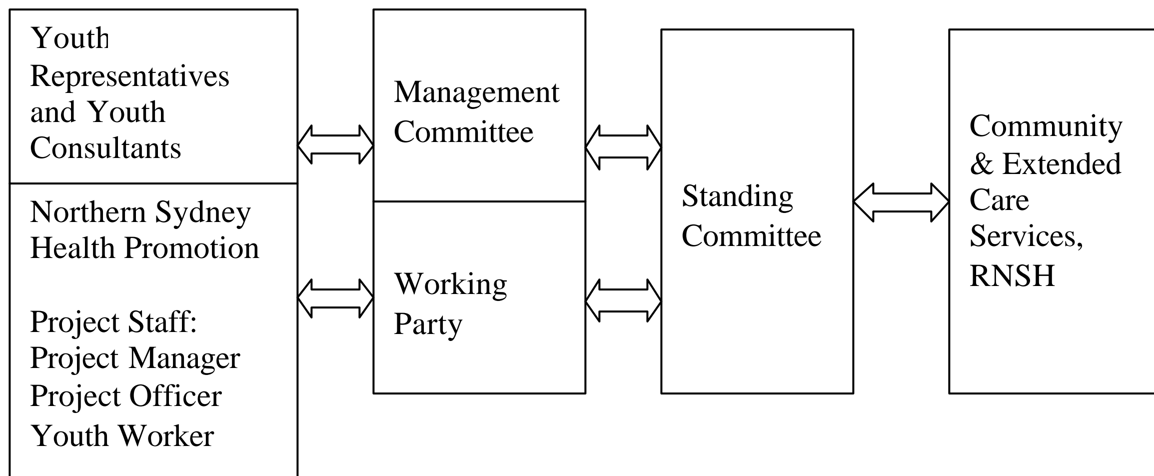
? Increase the capacity of government and non government health services to provide appropriate youth friendly services for young people aged 14 –19 years.

? Increase young people's awareness of youth friendly holistic health services.

'Youth friendly' services were defined by the project as being 'services which are attractive, accessible and appropriate for youth, according to young people.'

The organisational structure of the project is represented in figure 1.

Figure 1: Project Organisation



The participation and consultation with young people in the planning and implementation of the project was considered paramount by project management in determining the organisational structure of the project. Youth representatives worked with the project management and staff in the daily operation of the project and also sat on the Standing Committee, Working Party and Management Committee (section 3.3).

The Northern Sydney Health Promotion Director, the Director RNSH Child and Adolescent Psychiatry, the Manager Community and Extended Care and the Mental Health Promotion Manager determined the organisation of relevant stakeholders for the project including Standing Committee, Working Party and project team members. Two main factors influenced the rationale for the structure of the committees and Working Party illustrated above. For some time NSAHS had anticipated organising a senior management level forum for youth health issues. A wide membership of health and non government organisations were recruited to the Standing Committee in order to facilitate a holistic approach to youth health (section 3.7). This approach to youth health had previously been advocated in reference to youth suicide where it was acknowledged that representatives from youth centres, drug and alcohol services, police, and mental health services were all necessary to address complex youth health issues in a holistic manner. A similar rationale determined the Working Party membership (section 3.8). Management Committee members were recruited from NSAHS Departments on the basis that they had demonstrated an ongoing interest in youth health issues.

The Management Committee reported to the Standing Committee through regular activity reports and operational plans. The Standing Committee reported to the Northern Sydney Health Corporate Executive through the Director, Community and Extended Care, Nursing and Organisation Development who chaired the Standing Committee. The Director had final decision making authority for the project. The project manager sitting on the Management Committee and the NSAHS Community and Extended Care Manager sitting on the Working Party reported to the Chair of the Standing Committee. Continuity between youth representatives and consultants, project staff, project management, Working Party, Management and Standing Committees was achieved through various members' multiple membership and attendance at these forums (sections 3.3 – 3.8).

3.3 Youth Representatives

Youth representatives were employed on a part time basis by the project and paid accordingly to acknowledge the value of the young people's work. They worked with project management and staff in the day to day running of the project and also sat on the Standing Committee, Working Party and Management Committee.

Through project staff contact with service providers involved in the project, youth representatives were recruited and began attending Management, Standing Committee and Working Party meetings in mid 1999. Youth representatives were also involved in the recruitment of project staff. This approach reflects the project's strong commitment to model youth friendliness and active participation of young people through it's own internal organisation and processes. Youth representatives attending project meetings had input in determining how those meetings would be conducted in a youth friendly manner, including holding meetings at times when young people could easily attend, and limited use of jargon. Youth representatives continued to attend committee meetings through to the end of the project's first year of operation in June 2000.

3.4 Youth Consultants

A diverse group of young people from the Northern Sydney area were recruited and trained to act as 'youth consultants'. As with the youth representatives, the youth consultants were employed on a part time basis by the project and paid accordingly. Youth consultants made visits to service providers in the Area and carried out a review of their 'youth friendliness'. The consultants provided the service with a report of their findings. As part of these activities, youth consultants gave public presentations on strategies and resources that services could use to improve their youth friendliness. As the project developed youth representatives already recruited to the project went through the selection process and training to become youth consultants and hence performed both roles for the remainder of the project's first year of operation. Distinct role descriptions and responsibilities were defined for both groups of young people and project staff (Appendix 2).

Recruitment

A flyer describing the skills and interests young people should have to become involved in the Youthealth Project as a youth consultant was distributed in October 1999. Fourteen young people were selected to be youth consultants. The selection process entailed three group interviews of ten young people. The recruitment and selection process was developed by project management and the project team to allow a diverse range of young people – in terms of their age range, backgrounds and experience of health issues and the health system – to show public presentation and team work skills, and knowledge of youth health issues. The selection panel consisted of the project manager and officer, a representative from the RNSH Department of Child and Adolescent Psychiatry, a parent and a youth representative.

Training

In December 1999, the fourteen young people were trained to be youth consultants on a weekend training camp with project staff and an external trainer. The young people were trained in public presentation of youth health access issues and youth friendly criteria as developed by the project. They also assisted in the development of consultation questions which would later be refined and used in the visits. The training aimed to equip the young people with interpersonal and other skills necessary for the visits to health service providers in the Area. Training and support of the young people would continue for the duration of the project's first year of operation, including a monthly information and feedback meeting of the youth consultants with project staff. The effectiveness of the recruitment and training is discussed in section 4.2.

Consultancy

The youth consultancy service of the project was advertised through a NSAHS internal email and through networks developed by the project. Visits to service providers were made after the project received expressions of interest from service providers in the Area. Three youth consultants were assigned to each visit. Before the visit, the youth consultants familiarised themselves with the service and telephoned the designated contact person to carry out a needs assessment for the service and make arrangements for the visit (see Appendix 2 for the needs assessment checklist). In the visit itself, a series of questions were asked to gauge the youth friendliness of the service and the physical environment of the service was also observed (see Appendix 2 for the consultancy questions and observer's checklist). The project developed the consultancy questions from those used by a similar project – the RAP REC (Responsiveness Access Participation Recommended) Project – run through the Lawson Community Health Centre, Blue Mountains District Health, Wentworth Area Health Service.

The NSAHS Youthealth Project decided on an interview method of consultation for a number of reasons. First, this method was easy for the youth consultants to use and allowed information to be easily recorded. Second, the questions prompted service providers to think about making changes without feeling as if they were being told what to do. Third, young people asking the service providers questions ensured an equal balance of power between the two groups. And finally, the questions were

designed to cover most areas of service provision, including aspects which may not have been obvious from a visit (such as the service's youth or confidentiality policy).

From March to June 2000 the youth consultants made consultancy visits to eleven service providers in the Northern Sydney area. Service providers visited included drug and alcohol services, child and adolescent mental health and other health services, a sexual health service, and a youth focussed housing service. After each visit, the service provider received a report outlining what aspects of the service were youth friendly, and what aspects could be improved. The youth consultants also made a number of suggestions to the service as to how it could improve its youth friendliness. These suggestions were ranked in the report as either highly recommended or suggested actions. Low cost and easily accessible youth friendly resources were also outlined in the report. On some occasions formal presentations about youth friendliness were made by the youth consultants to service provider staff as part of the consultancy visit. The effectiveness of the visits is discussed in section 4.2.

In April 2000 youth consultants also made a number of more informal consultancy visits including a visit to a local youth service and consultation with two hospital-based child and adolescent services who were making their environments more youth friendly.

Other Consultancy Related Activity

During the course of the project the youth consultants took part in a number of focus groups concerning health information and resources for young. These activities included accessing the youth appropriateness of information for young people experiencing early psychosis in March 2000. Earlier in the project, youth representatives recruited young people to take part in focus groups accessing the youth appropriateness of material for young people with high and low health needs.

3.5 Project Staff

The project staff consisted of the project manager, the project officer, and later a youth worker. These people were responsible for the on-the-ground running of the project on a daily basis including recruitment and training of the youth consultants, organising the general practitioner training day and youth internet site. They networked with a wide range of health and other professionals working with young people both within and outside NSAHS. They supported and assisted the youth representatives and consultants in a wide range of project related activities including the consultancy visits, public presentations and meeting attendance. Project staff also supported the youth consultants with non-project related matters concerning their general health and welfare.

3.6 Management Committee

The Management Committee was the main decision making forum for day to day running of the project and primarily made decisions concerning expenditure, and

other operational aspects of the project. It initially met weekly then monthly after the initial planning and development phase of the project had been completed. It included: a member of the NSAHS executive; the project manager and project officer; Director of RNHS Child and Adolescent Psychiatry; Director of Child and Family Services; a representative from the Department of Nutrition; the Northern Sydney Area Suicide Prevention Officer; a parent representative; and two youth representatives. This was a diverse membership including some 'at risk' young people.

3.7 Standing Committee

The Standing Committee's main functions were to: develop strategies and direction for working with the 14-19 year old age group across the Northern Sydney Area; inform and guide strategic direction of the Youthealth Project; provide information and feedback for guidelines for training requirements for youth representatives and service providers; assist in the implementation and dissemination of criteria and guidelines for youth friendly service provision; and work in a consumer participatory model with young people and their families to ensure services are appropriately responsive to the needs of young people within Northern Sydney Health. After the evaluation of the Youthealth Project it was to be determined whether the Standing Committee was to have an ongoing role in youth health issues across the Area and outside the Area, both with government and non government organisations. The committee initially met quarterly until a decision was made to amalgamate the Standing Committee, Management Committee and Working Party at the beginning of 2000, as the initial planning and development phase of the project had been completed.

The Standing Committee included the Director, Community and Extended Care, Nursing and Organisational Development, RNSH; the Manager, Community and Extended Care, RNSH from the Area Executive; the project manager and project officer; and representatives from Area Mental Health, Child Protection, Drug and Alcohol Services, Multicultural Health and Health Promotion; the Area Suicide Prevention Officer; a parent representative; three youth representatives; and a representative from one of the Area divisions of general practitioners.

3.8 Working Party

The Working Party was an intersectorial group of representatives from Lower North Shore youth agencies, services and consumers. The Working Party's role was to assist with the development of the pilot project and provide guidance and advice on the implementation process and the conduct of the project. The Working Party initially met monthly then ceased operation after a decision to amalgamate with the two committees at the beginning of 2000. It included a member of the NSAHS executive; the project manager and project officer; Director of RNSH Child and Adolescent Psychiatry; Director of Child and Family Services; a representative from the Department of Nutrition; the Area Suicide Prevention Officer; a parent representative;

two youth representatives; a representative from the Northern Sydney division of general practitioners; local service provider representatives from Phoenix House Youth Services, Chatswood and Manly Drug and Alcohol Services; Mosman Council (youth development officer); North Sydney Council (youth development officer); and NSW Department of Education and Training (Student Welfare, Ryde Office).

3.9 General Practitioner Workshops

Youth consultants gave a formal presentation on the Youthealth Project and youth friendliness at a GP division training day organised by the project staff and the Hornsby Ku-ring-gai Division of General Practice for GPs interested in youth health issues. In previous years, training had been undertaken by the Hornsby Ku-ring-gai Division of GPs for their GPs only. In collaboration with the Youthealth Project meetings were held with GPs representing the Ryde, Manly-Warringah and Northern Sydney divisions and it was decided to provide training across the Area. Discussion was broad ranging on a number of health issues concerning young people. These issues included: adolescent development; sexuality, eating disorders; adolescent pregnancy; boys and body image; drugs and alcohol; depression and suicide; stress management; parenting adolescents; young people's access to health services and engaging adolescents' interest. GPs from Ryde, Manly-Warringah and Northern Sydney divisions and other speakers, including the Youthealth Project parent representative, also attended. The effectiveness of the training is discussed in section 4.2.

3.10 Other Activities of the Project

The project officer and other project staff continued to network with other parties interested in the health of young people during the course of the project. These activities included: liaison with SESAHS youth health networks project staff; working with North Sydney Council to support a RNSH graffiti art project in September 1999; promoting youth health issues and disseminating information at Bradfield College community awareness day in January 2000; the Youthealth Project launch in April 2000; and newspaper and radio interviews in April and May of 2000.

Youthealth Project T-shirts were developed in consultation with an artist and other young people in May 1999. In November 1999, a young artist assisted in developing resource kits for distribution to service providers.

The project was involved in promoting youth health issues and disseminating information at Youth Week activities in May 1999, Artshocked Festival in September 1999, and again in April 2000 where the project had a presence at Youthfest, and Shoreshocked Festival, and also an information stall at Chatswood Mall. Through these activities, youth consultants provided health services information to a large number of their peers in an interesting and interactive manner.

Youth Internet Site

NSAHS staff and other service providers working with young people were interested in providing alternative access to holistic health information. After approval from the Management Committee, the NSAHS Youthealth Project contributed funds to initiate the project. A working group of youth service providers and health staff collaborated to give advice, support and direction to the internet project. However, the Northern Sydney Area Youth Suicide Prevention officer took overall responsibility for co-ordinating the development of the site. The North Sydney Council youth officer also provided time and IT resources to the development of the site. The site was to employ a holistic approach in which health issues would form a part of the overall resource, as young people had indicated they wanted health messages to be integrated with more general information related to leisure and recreational activities. A group of young people designed and developed the site with information provided by health professionals and youth workers. The site was launched in Youth Week, April 2000.

4. Effect of the Youthealth Project

This chapter presents the results of the evaluation. First, the project's activities are measured against its own stated targets or outputs. These targets were developed and reported on by the project itself (section 4.1). Second, the effectiveness of the processes through which the project reached its targets are evaluated and third, the outcomes achieved through the activities of the project are examined (sections 4.2 and 4.3).

The text in section 4.1 was submitted in the Community Health Innovation Program Youthealth Project Progress Reports and is reproduced below.

Information on targets developed by the project was also listed in the Youthealth Project Operational Plan June 1999 – June 2000. The information outlined in the latter half of section 4.1 is taken from the text in the Youthealth Project Operational Plan June 1999 – June 2000.

4.1 Targets

The funding application to the NSW Health Community Health Innovation Program listed three goals that were to be achieved by funded pilot projects. They were to encourage young people to: identify their (social, cultural, health or economic) needs; be involved in the planning and provision of their local health services; and seek professional help from services which are 'youth friendly'. The aims of the project were designed to meet these goals (discussed in section 3.2). The Strategic Plan of the Youthealth Project also identified specific objectives and strategies to meet these goals. These objectives and strategies are listed below along with the activities of the project that met these goals. Targets were developed by the project and listed in the Youthealth Project Operational Plan June 1999 – June 2000. The text below was submitted in the Community Health Innovation Program Youthealth Project Progress Reports.

Objective One: To encourage young people to identify their own needs and to seek out professional help.
Strategy: Appoint an experienced network planner/leader to liaise with local youth, GPs, government and non government agencies to develop an appropriate communication medium to ensure youth have access to the services they need.

A project officer and youth worker assistant were employed on the project. A network of key stakeholders for the Lower North Shore and Northern Sydney was established. Background documents with a rationale for the need for youth friendly services was produced and distributed to all project stakeholders. The project officer attended youth interagency meetings for the Northern Sydney area. Three youth consumer representatives were recruited and worked in partnership with the project staff and committees on the development and management of the project. Fourteen young people were recruited to work as youth consultants to liase with service providers and

other young people about service provision for young people in the area. Twelve youth consultants remain in the project at end of June 2000. A training program and youth friendly criteria for determining 'youth friendliness' of services was developed for use by youth consultants in collaboration with stakeholders and young people. A weekend training camp for youth consultants was conducted to develop skills in working with service providers. Ongoing training and support meetings were held on a monthly basis with the project team and youth consultants and representatives.

Objective Two: To develop two youth friendly community service models designed to provide clinical services which are accessible in terms of environment and desirable to young people.
Strategy: Develop collaborative partnerships between youth, government and non government services, local councils, GPs, schools and relevant sports, recreational and cultural clubs.

The project officer and youth consultants promoted Youthealth Project consultant services within the Northern Sydney community. The youth consultants provided consultancy, presentations, resources, and information to health professionals and service providers who want to become more youth friendly. Eleven consultations with service providers were made by end of June 2000. Resource kits with aids for improving services' youth friendliness were developed in collaboration with young people and service providers, and given to all services who participated in a consultation. A research study and focus testing of the effectiveness of youth guides was completed and made available to local councils and service providers in the Northern Sydney area. The project also worked with North Sydney Council to bring graffiti art to services at RNSH as a method of helping services become more youth friendly. The project worked with GPs from Northern Sydney to offer training to all Northern Sydney GPs. Over 100 GPs attended youth health workshops held in February 2000. The youth consultants presented a session on 'how to improve the youth friendliness of your service'.

Objective Three: To establish a mix of youth friendly health care services offering advice and support, providing data for lobbying purposes and a seamless continuum of care.
Strategy: Market the networks in the local media, on the Internet and to staff of all the services involved.

The project worked in collaboration with local councils, Northern Sydney health professionals to develop a Northern Sydney health and resource internet site. A group of young people designed and developed the site with information provided by health professionals and youth workers. The site was launched in Youth Week, April 2000. The youth consultants distributed cards to young people at youth events during Youth Week. The project and the youth health consultants were officially launched on the 5th of April 2000. Over 50 service providers and stakeholders attended. The project received local print media and radio coverage during its first year of operation.

Objective Four: Identify resources to maintain the program on completion of the project.
Strategy: Collaborate with key stakeholders to develop a plan for ongoing resourcing of the project.

At the end of the second year of the project NSW Health approved some unspent funds to be rolled over into a third year, and additional funds were committed from Health Promotion, Mental Health, Drug and Alcohol, and Child and Family Health services in Northern Sydney Health. This was to enable the project to continue until a full evaluation was completed and the services could more fully evaluate the sustainability issues of supporting youth consultants and the internet site beyond the life of the project.

Information on targets developed by the project was also listed in the Youthealth Project Operational Plan June 1999 – June 2000. The information outlined below is adapted from the text in the Youthealth Project Operational Plan June 1999 – June 2000.

Strategy One: Consultation and training for service providers/health professionals to improve the youth friendliness of their service.
Targets met: All relevant stakeholders received a background document outlining the project rationale; the project officer attended project committee meetings and other relevant meetings with key stakeholders for the Lower North Shore and Northern Sydney; recruitment and training procedures were developed; youth representatives and consultants recruited and trained within specified numbers and timeframe; youth consultants acquired the appropriate skills from the training; project officer and youth consultants approached all eligible services within the Area; youth consultants provided information to health professionals who wished to become youth friendly, including the development and distribution of resource kits and aids for improving services' youth friendliness; and Northern Sydney Area GPs were given appropriate information and training to improve young people's access.
Targets not met: There were no unmet targets for Strategy One.

Strategy Two: Promote health services and information to improve access to services for young people and their families.
Targets met: Focus groups were held (and evaluated) with young people with varying health needs, including high users of health information, to determine ideal types of youth friendly health promotion guides; and a youth issues internet site was developed with the involvement of Northern Sydney services, young people and youth consultants.
Targets not met: develop a youth health guide with young people and distribute 10,000 copies; and attendance of 100+ parents or family members at a community consultation on youth health issues and services available in the area. 7,000 internet site hip pocket cards and stickers and other youth health information were distributed at Youthweek activities and other youth Festivals during the course of the project (section 3.10).

4.2 Processes

The effectiveness of processes through which the project reached its targets are evaluated in this section. This section does not discuss project outcomes, which are included in section 4.3. A series of focus groups were held with the youth consultants and representatives, project staff, members of the Management Committee and

service providers, in order to provide information on project processes. The evaluation also designed brief surveys for youth consultants and service providers involved in the project in order to obtain further information on the effectiveness of project processes (section 1.2).

The section is divided into the component parts of the project to examine the relative effectiveness of parts of the processes. That is: the project management and organisation; the youth representatives and consultants; GP training; and consultations with service providers.

Project Management and Organisation

Standing Committee
Project staff and management considered Standing Committee support 'an essential element' to the success of the Youthealth Project, particularly with respect to funding and managerial support in the initial stages of the project. Standing Committee commitment to the project ensured wide ranging commitment from other important stakeholders and services both within and outside NSAHS. The Standing Committee was also effective in encouraging co-operation across these services. The project staff observed that the wider health policy context contributed significantly to the success of the project by putting youth health issues to the fore of the health policy agenda. Project staff cited the release of NSW Health's Young People's Health: Our Future and Northern Sydney Health's Strategic Plan – which included strategies to address adolescent health – as specific examples of this.

Management Committee
In the early stages, the role of the Management Committee was useful for clarifying the aims and rationale of the project. It also provided a wide sense of ownership in the project from various stakeholders and a commitment to making it succeed. The diverse representation on the committee provided a opportunity for consultation and contribution to the project from people with a variety of perspectives. However a disadvantage of the wide membership was that it was difficult for members of the committee without a health background to contribute to detailed discussions about project planning and development. One member observed that on some occasions this led to the Committee ratifying decisions made by the project without significantly contributing to the process. Project management were of the view that Working Party and Standing Committee confidence in the effectiveness of the Management Committee arose from the Management Committee's well documented activity reports and operational plans, and also from the trust it had in various constituent members.

Amalgamation of Committees
After the initial planning and implementation phase of the project, the decision was made to amalgamate the three committees into the Management Committee in January 2000. This was because the administrative load on project staff of organising meetings and producing minutes was seen to outweigh benefits in the second year of the project's operation, when planning and implementation of the project were complete. For similar reasons the Management Committee's weekly meetings were reduced to monthly meetings. Invitations were extended to Standing Committee and Working Party members to attend the monthly Management Committee meetings.

Project Staff

Project management considered the appointment of a project officer with highly developed networking and youth worker skills pivotal to the success of the project. The youth consultants also commented on how effective the project's support had been throughout the first year of the project's operation. As two young women said 'They took a lot on with us, we're all pretty busy, we've got school. And they're always there, really easy to contact, always very understanding'; 'They've been really really good when stuff goes wrong because they're always level headed, they know what's going on and like they haven't judged any of us'. The project team noted that a lot of time and effort was spent on supporting the young people in their roles as youth consultants and representatives. The appointment of a youth worker assistant to the project eased the time burden on the project officer.

The project team also noted that the project officer acted as a focus for a wide range of youth related issues both within and outside NSAHS. While this had the disadvantage of putting pressure on the project officer's time it had the advantage of being good public relations for the project, perhaps leading to more consultations. Another effect of this situation was a widening of the impact of the project beyond the specific youth consultant initiative.

Project staff reported occasionally experiencing some difficulty with parts of the hospital administration that was not familiar with the innovative nature of the Youthealth Project or its underlying youth friendly philosophy. For example, computerised pay systems did not have the capacity to respond to the unpredictable nature of hours worked or rates of pay appropriate for young people on a casual sessional rate. Innovative group recruitment processes were viewed with some concern and the attitudes of staff outside the project were often unhelpful and non youth friendly. There was a consequent heavy administrative load and time commitment involved in dealing with such initial barriers. These difficulties were described as 'stressors' by members of the project team. The project manager described this situation as a clash of the culture of the project with the wider organisational culture of a health service and its systems.

Youth Representatives and Consultants

The youth consultants were employed on a part time basis by the project and paid accordingly to acknowledge the value of the young people's work. The project staff considered this crucial in the success of the project. Project stakeholders were of the view that the youth representatives were the most valuable members on the Management Committee because of their contribution as consumers and advocates of youth health issues. Their presence and voice also reminded adults involved in the project that even if they thought they understood what youth friendly meant, they might not always know how young people would respond to particular issues and situations in the health environment. This comment was echoed by service providers visited by the youth consultants.

The project's youth friendly policy in the running of meetings, and operation of the project in general, ensured that of the fourteen youth consultants and representatives

recruited to the project, twelve remained in the project at the end of June 2000. The two young people who left the project did so because they had gained full-time employment. The project manager was of the view that if the committee environment had not been youth friendly the retention rate of youth consultants and representatives would have been lower. In short the project team thought it was ‘very important to demonstrate youth friendliness, not just talk about it’.

The recruitment process was unique to the project and was developed to reflect youth friendly practice. The selection process paid close attention to issues of equitable representation ensuring that the young people selected came from a diverse range of age groups, backgrounds and health experience. The number of youth consultants was determined by weighing advantages and disadvantages of a large group. The disadvantages considered were that it is harder to get a larger team to bond and harder to find work for them all. The advantages of a larger team were considered to be that this diversity of experience allowed for youth consultants to specialise in a health area they were particularly interested in and that the project could compensate for a high drop out rate. However, the latter did not occur. The ensuing effectiveness and success of the visits may have been in part because of the diverse group of young people recruited as consultants (section 3.4).

The training weekend for the youth consultants also proved to be effective in the subsequent visits. The use of an external trainer was considered beneficial by the project team as it meant the teaching role associated with training could be separated from the project team’s focus on support. The young people themselves commented on how valuable the training had been, as did project staff who observed the young people using skills they had developed from the training. The training also gave considerable attention to the need to develop a cohesive team from the diverse group of young people. This was reinforced throughout the project when this group worked harmoniously in small teams for the consultations. This mutual understanding and acceptance of each other was an important element in the personal development of the young people during the project.

General Practitioner Training

One of the areas of key importance identified by the project was training GPs to become more youth friendly, as young people’s first point of contact with the health system was often their GP (section 3.2). Youth consultants gave a formal presentation on the Youthealth Project and youth friendliness at a training day for GPs interested in youth health issues (section 3.9).

An evaluation of the GP workshops was carried out by the Hornsby Ku-ring-gai Division of GPs. The youth consultants’ presentation entitled ‘Youth Access to Health Care’ was evaluated as part of this process and received scores of 4.2, 4.4 and 4.2 for coverage, relevance and presentation respectively out of a possible best score of 5. Nearly all (98 per cent) of participants could identify strategies to improve young people’s access to services, and had increased confidence in dealing with young people at their practice. All the participants completing evaluation forms identified confidentiality, friendly reception staff and open and honest discussion as important

factors for young people visiting a GP's practice. The evaluation of the other presentations resulted in lower but in most instances similar ratings indicating the workshop was highly effective in disseminating information on youth health issues to GPs attending.

Consultations with Service Providers

There was unanimous agreement amongst the service providers surveyed or who attended the focus group that the visits were successful (see section 4.3 for a discussion of outcomes for service providers as a result of the visits). Descriptions of the visits and the youth consultants included: articulate, appropriately assertive, tactful; excellent; really positive and fun; well thought out and very professional, sensitively handled; challenging and stimulating, very well organised and very well directed questioning.

All the service providers that attended the focus group found the reports useful, as a reminder of the issues raised in the visit but also as further motivation to make changes where appropriate.

The service providers attending the focus group generally agreed that the consultation questions were useful and appropriate, with several people commenting particularly on the thought provoking nature of the questions concerning confidentiality. However, representatives from youth specific/focussed services found that some of the questions were not detailed enough to assess their service in the depth they would have liked.

Service providers attending the focus group agreed that they would like follow up to 'keep them on their toes' regarding youth friendly issues, to remind them again of what was suggested and keep them on track with changes being made. One person suggested that the youth consultants could feed back issues arising from the visits to the service providers they had visited. The service providers could then pass on useful information to young clients, such as the youth friendly GPs in the area.

The project manager considered the visits were effective and successful because of the voluntary and confidential nature of approach to service providers. A possible disadvantage of a project that relies heavily on networking contacts and 'pressure to be involved' is that news of a negative consultative experience would have travelled quickly through the service provider health network and damaged the project's reputation. However, the voluntary nature of the project was turned to an advantage because of the consultants' constructive approach, both in the visit itself and in the report. Youth consultants provided constructive feedback at the time of the visit. The reports provided to services always began with a summary of the aspects of the service that were already considered youth friendly by the youth consultants. This was followed up by addressing areas in need of improvement.

All the youth consultants were in agreement that service providers benefited from the consultancy visits. They thought the main benefit was that service providers had a greater understanding of what 'youth friendly' meant after the visit. The youth

consultants were of the view that this would further benefit the provider in making them more aware of young people's service needs and improving young people's comfort with, and access to, the service. Several of the consultants also expressed the view that there was benefit in the consultation process in itself. As one young person put it 'They [service providers] have been able to get first hand advice from the youth. First hand positive advice, feedback, suggestions and recommendations from a range of youth from different areas, cultures, families and ideas.'

4.3 Outcomes

Finally, the outcomes achieved through the activities of the project are examined in this section. A series of focus groups were held with the youth representatives and consultants, project staff, members of the Management Committee and service providers, in order to provide information on project outcomes. The evaluation also designed brief surveys for service providers and youth consultants involved in the project in order to obtain further information on outcomes (section 1.2).

Outcomes are discussed in relation to changes for both young people and service providers.

Youth Representatives and Consultants

Health outcomes for the young people involved in the project and their peers were anticipated to be difficult to observe because of the short timeframe of the project. Bearing this limitation in mind, the evaluation methodology discussed above revealed intermediate changes for the young people involved in the project, improved knowledge about services and improved structures for youth participation. The Youthealth Project and the evaluator acknowledge that specific health outcomes directly attributable to the project are hard to identify. However, given that one of the main aims of the Youthealth Project was to facilitate youth consultants' and their peers knowledge of youth friendly services, these outcomes suggest the project has been highly successful in this respect.

During the first year of the project's operation, project staff and other NSAHS stakeholders involved in the project were of the view that the project was significantly changing the youth consultants in a number of ways. The young people's knowledge of health issues and youth friendly health services in the area had improved, but there were also more generalised changes, such as their self confidence increasing in a number of different situations. Anecdotal evidence from parents and others coming into contact with the consultants confirmed this view, as did responses from the young people themselves in the focus group and survey. Several commented that they were more confident when public speaking or when working in teams or with professionals.

For some of the young people involved in the project these seemingly modest outcomes were major triumphs. As one youth consultant puts it:

> I have always been a quiet, shy person who rarely contributes ideas to discussions. I freaked out when I saw presentations were part of the job

> description because I have always hated public speaking. My parents cannot believe how much I have come out of my shell since I started this project. Although I still get nervous when speaking in public, I'm finding that I can actually do it, when in school I would refuse/cry, because I have always been so painfully shy. My self confidence has taken a real boost because [the project staff] have been so encouraging and supportive and I'm gradually gaining confidence to do (and even enjoy) things I have never dreamed I would.

When asked how their health or life in general had benefited from the project most responded that they had a more in-depth knowledge of the health system in general, and health and other services in the Area. This was particularly empowering for those who had had negative or non youth friendly experiences with health services in the past. When asked how the project had helped their friends or other young people all commented that they had been able to tell friends and other young people they knew of youth friendly health services in the area that could be used.

The project was also successful in empowering young people in the health system. As one of the project staff put it 'It is a sort of empowerment that they're got from it, that they now know that they're in control of their own health.' A service provider also makes this point:

> It's just wonderful I suppose to see that group of youth that are so involved and really interested and motivated and really really enjoying it and getting a lot in for themselves personally, which I think is just going to hold them in such good stead for later on in their life. I think they're going to be much more together people. I just don't think they're going to go through some of the emotional traumas that, you know, beset us all… They're just going to be so well resourced so that they know where they can go to whereas I think so many youth are just left dangling in the dark and they just don't know where to go to because they're not sure about who they can trust, who they can't. So I think from that point of view if they can make their presence really felt amongst their group of friends, then I think that's just going to be an excellent thing.

A tangible process outcome of the project is that young people were incorporated into the structure of NSAHS in a meaningful way through their contribution as consumers and their advocacy of youth health issues. Stakeholders, who before the project may have viewed this kind of youth participation sceptically have seen it can be done, that young people understand what goes on at meetings and can make a significant contribution. This participation could also been seen in the young people's dialogue with service providers in the project, particularly when the service provider was restricted in how they could implement the youth consultants' suggestions on making their service more youth friendly. This illustrates that a strength of the project is as much in the participatory and meaningful nature of the dialogue as in observable health outcomes.

Service Providers

Information on service provider outcomes was obtained through a focus group with service providers who had received visits from the youth consultants, a face to face case study interview with one of these service providers and brief telephone survey of service providers after they had been visited by the youth consultants.

Some services had not yet received the report, or had time to implement changes, when surveyed by telephone. However, all responded positively to the suggestions made in the visit and hoped that their service would implement those suggestions that were feasible.

Of the five service provider representatives attending the focus group, all had given serious consideration to the suggestions made by the youth consultants (either in the visit or the report). In some instances suggestions made by the youth consultants had to be weighted against the needs of clients other than young people attending the service, and the size and location of the service. Service providers and NSAHS stakeholders commented on the professionalism and pragmatism of the youth consultants in understanding the limitations service providers experienced in implementing their suggestions, particularly in how non-youth focussed services had to balance the needs of young people with the needs of other client groups. However, the youth consultants' visits to services also highlighted to the service providers that certain issues – such as confidentiality and privacy – are particularly important to young people.

A number of services had responded to the visits and reports made by the youth consultants. Three services had implemented changes to how they displayed their confidentiality policies as a result of the visit and report, with one of these services also modifying its case management strategy. These three services had modified the physical environment of their service in response to suggestions made. Another service was reviewing its appointment system and had adopted suggestions from the visit in this process, and was also considering other suggestions made during the visit. One service had found the consultation and report thought provoking but had not yet thought through all the implications of the suggestions for their service.

An encouraging outcome was attitudinal changes made by service providers visited. This was also the case for services that already considered themselves youth friendly and which were also considered youth friendly by the consultants. As one service provider put it:

> I think you forget there's just so much going on for you at that age so certainly reminding people, reminding us of that was certainly something. We all think we're so, you know, 'oh yeah yeah yeah we're youth friendly' but you forget what it's like to be 16, 17 or whatever. Just those issues really, and obviously quite different issues than when I was that age.

Given that one of the main aims of the Youthealth Project was for the youth consultants to improve service providers' awareness of the need to develop a youth friendly atmosphere to improve access for young people – including being cognisant

of privacy and confidentiality issues – the project has again been highly successful in this respect.

4.4 Conclusions

In this evaluation the following factors were identified as critical to the success of the Youthealth Project.

? The appointment of a project officer with highly developed networking and youth worker skills. The skills and personality of the project officer were instrumental in successfully supporting the young people and facilitating their interaction with health services.

? The employment and payment of youth consultants to acknowledge the value of the young people's work.

? High level managerial support, particularly in the project's initial stages. Executive level commitment to the project ensured wide ranging commitment from other important stakeholders both within and outside NSAHS.

? The diversity of the youth consultants in terms of their age range, backgrounds and experience of health issues and the health system.

? The project's philosophy of youth friendly practice in meetings and in the general running of the project ensured high retention rate and participation of the youth consultants and representatives.

? Young people were incorporated into the structure of NSAHS in a youth friendly and meaningful way and hence could make a contribution as consumers and advocates of youth health issues both in these forums, and also with service providers when consulting.

? Youth consultants adopted a constructive approach in the visits and in the report. Visits were voluntary and confidential. Youth consultants commented on the favourable aspects of a service at the time of the visit. The reports provided to services began with a summary of the aspects of the service that were already considered youth friendly by the youth consultants.

These factors would be replicable across other Area Health Services, who may be interested in introducing or modifying a similar model, as they were not resource intensive and required only minor organisational and attitudinal change in order to be implemented. As such, the factors listed above were not specific to the NSAHS. However, the health policy context had created a favourable environment in the NSAHS prior to the introduction of the Youthealth Project, and many NSAHS staff and management already had an interest in, and commitment to, youth health. These are also salient points for health professionals and practitioners interested in implementing such a model.

The project officer and the Youthealth Project itself acted as a focus for a wide range of youth related issues both within and outside NSAHS. This demonstrated a need for permanent youth health related positions within the NSAHS. The continued success of youth health initiatives relies on the creation of permanent youth health positions so various policy, research and project initiatives can have continuity and sustainability within and between Area Health Services, and across other youth health related organisations throughout the community.

4.5 The Future of the Youthealth Project

The Youthealth Project received funding from NSW Health (unspent funds to be rolled over into a third year), and additional funds from Health Promotion, Mental Health, Drug and Alcohol, and Child and Family Health services in Northern Sydney Health to continue operation for another year, from July 2000 to end of June 2001. This was to enable the project to continue until a full evaluation was completed and the services could more fully evaluate the sustainability issues of supporting youth consultants and the internet site beyond the life of the project.

Project management and staff, stakeholders, the youth consultants and service providers involved in the project saw the future of the model in outreach and peer education in schools and other culturally and socially appropriate settings for young people. The project planned to develop peer education training for the youth consultants in its second year of operation.

It was also anticipated longer term strategies would be developed to ensure: continued supervision and support for youth consultants; mainstream or cross service support and utilisation of youth consultants; and links with formal Area consumer consultation processes.

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Appendix 1: Evaluation Instruments

Youth Consultants and Youth Representatives Focus Group Questions

1. Outcomes from the Project

    ? For the Youth Consultants and representatives themselves (health outcomes, other outcomes)

    ? For other young people in the area (health outcomes, other outcomes)

    ? For service providers (response to the visit and the recommendations, other outcomes)

2. What is the future of the Youthealth Project model?

    ? Its future within the Northern Sydney Area Health Service
    Modification or further evolution of the model?
    Why a need for change?

    ? Its future with respect to other Area Health Services
    Generalisability? Area specific or not?

Youth Consultant Survey Questions

1. Why did you want to become involved in the Youthealth Project?

2. Has your health, or your life in general, benefited from being involved with the Project?

3. How do you think the health services you have visited have benefited from your visits?

4. How do you think other young people's health or lives have benefited from the Project?

Project Staff and Management Committee Focus Group Questions

1. How did the Youthealth Project model evolve?

    ? What is the model?

    ? How has the model been adapted or changed to suit the environment (barriers?) within which the Northern Sydney Area Health Service operates

2. How did the Youthealth Project model operate? (effectiveness of…)

    ? The Management process

    ? Youth Consultant recruitment, training and support

    ? Youth Consultant visits to service providers

    ? Recommendations to service providers as to how 'youth friendly' the service is

    ? GP Training

    ? Youthealth Project web site

    ? Outcomes from the Project

        For the Youth Consultants and representatives themselves (health outcomes, other outcomes)

        For other young people in the area (health outcomes, other outcomes)

        For service providers (response to the visit and the recommendations, other outcomes)

3. What is the future of the Youthealth Project model?

    ? Its future within the Northern Sydney Area Health Service

        Modification or further evolution of the model?

        Why a need for change?

    ? Its future with respect to other Area Health Services

        Generalisability? Area specific or not?

Service Provider Focus Group Questions

1. Why and how did your service become involved in the Youthealth Project?

2. Effectiveness of the youth consultants' visits
   - ? What was your opinion of the visit?
   - ? Which consultation questions were most/least useful, why?
   - ? Were the reports useful, user friendly, comprehensive, or unhelpful and negative?
   - ? Did your service respond to the suggested changes as a result of the visit and/or the report, if so, why? how? If not, why (reasons)?
   - ? Would you like follow up to the visit and the report, and if so, for what reasons, and what sort of follow up?
   - ? What else could be done to make the visits more effective?

3. What is the future of the Youthealth Project model?
   - ? Its future within the Northern Sydney Area Health Service

     Modification or further evolution of the model?

     Why a need for change?
   - ? Its future with respect to other Area Health Services

     Generalisability? Area specific or not?

Service Provider Interview Questions

1. What changes to your service were suggested by the youth consultants in the visit and the report? Why were these changes suggested?

2. What did you and other staff of your service think of the suggested changes and how did you go about implementing these changes?

3. Have you noticed changes in attitude to or awareness of youth friendliness in staff of your service as a result of the visit/report, or changes made?

4. Have you noticed changes in number, type or reaction of young people accessing your service since the visit/report or changes made?

   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 the changes and or visit/report?

Service Provider Telephone Survey

Name:

Position:

Service:

Contact Details:

Date of Visit:

Date of Interview:

1) What was your opinion of the youth consultants' visit?

2)Do you think your service will change the way it presents itself to young people as a result of the visit?

3) Do you have any suggestions or other comments about the youth consultants' visit?

Appendix 2: Additional Youthealth Project Information

Service Checklist

INTRO:

? "These questions are a way of finding out more about your service.
? There are no right or wrong answers and some questions are just to provide triggers for discussions your team may have later on after we leave.
? Anyone can answer a question if they feel it is more relevant to them.
? You can also refuse to answer a question if they don't feel it is relevant to your service".

PHYSICAL ACCESS	**RECEPTION**
1. Are you located close to public transport? *YF MYF NYF* 2. Are your opening times that are convenient to young people, eg. After school hours? *YF MYF NYF* 3. Is your service free for all young people? *YF MYF NYF* …………………………………………………… …………………………………………………… ……………………………………………………	4. Does your reception staff have training/experience in dealing with young people? *YF MYF NYF* 5. Would your service be able to see a young person who just '*dropped in*' to see you? *YF MYF NYF* …………………………………………………… …………………………………………………… ……………………………
REFERRALS	
6. Where do your referrals mainly come from? *YF MYF NYF*	…………………………………………………… ……………………………………………………
7. Can young people provide limited information about themselves in initial or crisis situations? *YF MYF NYF*	…………………………………………………… ……………………………………………………
8. What are the criteria for accepting and refusing a referral? *YF MYF NYF*	…………………………………………………… ……………………………………………………
9. How many self-referrals of young people do you have on a weekly basis?(approximately) *YF MYF NYF*	…………………………………………………… ……………………………………………………
10. Are young people in crisis able to be seen asap? *YF MYF NYF*	…………………………………………………… ……………………………………………………

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<td>11. When you refer young people to other services and are they generally followed up?
YF MYF NYF

<u>PROMOTIONAL MATERIAL</u>

12. Is it possible to see your service promotional material and info you give out to young people?
YF MYF NYF

13. Is your leaflet distributed in areas where young people ‘hang out’ e.g. schools, youth services, internet?
YF MYF NYF

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<u>POLICY ISSUES</u>
Confidentiality is a big issue for young people seeking help.

14. Do you have a confidentiality policy available for your young clients?
Can we see it?
YF MYF NYF

15. Do you have a rights and responsibilities policy for clients?
YF MYF NYF
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<tr>
<td><u>SERVICE</u>

16. Do you discuss how to improve the services you provide for young people in your team meetings?
YF MYF NYF

17. Do you consult young people about the services you provide for them? (Besides us!)
YF MYF NYF

18. Do staff members have specific training or experience in working with young people and their health issues?
YF MYF NYF

19. How do you encourage young people to keep coming to your service?
YF MYF NYF</td>
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COMMUNICATING WITH YOUNG PEOPLE	
20. What effort does your service make to help young people feel comfortable? *YF MYF NYF*	....
21. Do you explain health terms and jargon when speaking to a young person? *YF MYF NYF*	....
22. Does your service deal with the holistic health of a young person, not just the problem they are there for? *YF MYF NYF*	(Explain that NSW Health recommends that holistic approaches presents the greatest opportunity to make positive health improvement for young people)
23. Do you know the different subcultures of young people that there are? *YF MYF NYF*	....
NETWORKS	
24. Do you have a good understanding of youth friendly services you can refer a young person to in your area? *YF MYF NYF*	....
25. Is your service listed in local youth service directories and/or youth Internet sites? *YF MYF NYF*	....
26. Do you know other service providers by name to recommend young people to see? *YF MYF NYF*	....
27. Could your service cater for an increase in young people accessing it? *YF MYF NYF*	....
28. What information about yourself do you give young people? *YF MYF NYF*	....
29. What does being youth friendly mean to you? *YF MYF NYF*	....

Summary

The four criteria identified by our team as **most important** to make a service youth friendly are:

- ? Acknowledging importance of confidentiality and responsibilities to young people.
- ? Genuine attempts to make the young person feel comfortable.
- ? Respecting each young person's individuality.
- ? Communicating truthfully about the service to the young person.
- ? ***Don't forget "PRAISE IMPROVEMENT PRAISE"***

Observers Checklist **Youthealth Project**	
1) Is there a sign clearly identifying the service outside the building.	YF MYF NYF
2) Do you think the name of the service is inviting and approachable for young people?	YF MYF NYF
3) Are there signs displaying operating hours?	YF MYF NYF
4) Are after hours emergency phone numbers displayed outside?	YF MYF NYF
5) What are your first impressions of the service as you walk in?	YF MYF NYF
6) Is the waiting room inviting, welcoming, “fresh”?	YF MYF NYF
7) Is there any background noise? eg TV, music	YF MYF NYF
8) Does the service have any youth specific posters, pictures, brochures or pamphlets?	YF MYF NYF
9) Is the confidentiality policy visible?	YF MYF NYF
10) Does the service have magazines/ books for young people in their waiting area?	YF MYF NYF
11) Is the reception area located close to the entrance?	YF MYF NYF

Why improve young peoples access to Healthcare?

Adolescence is a period of transition. A period of life in which health behaviours are formed and many health problems begin. (8). Drug and alcohol use, teenage pregnancy, increased smoking rates in young women, eating disorders, delinquency, violent crime, stress, depression and suicide are some of the most frequently cited adolescent health problems. (14) However many of them are preventable.

In Australia, young people are the only age group whose psychosocial health status has not significantly improved in the past forty years. (10)

Lack of control over ones life that has been recognised as one of the social determinants of poor health. It can be argued that young people are a socially disadvantaged group, within families, their community, employment, education and political systems. (2)

Another significant contributor to adolescent health morbidity and mortality has been identified as a lack of accessibility for young people to health services. (1) Young people frequently report that health services are often inaccessible or inappropriate to their needs. (8)

What's happening in Northern Sydney?

The broad socio -economic advantage of the Northern Sydney area often gives an unrealistic picture of affluence and masks many youth health problems. This makes the establishment of appropriate services to address youth health needs difficult.

A study of service providers on the Lower North Shore elicited a uniform response for the need for counselling for young people and mental health services. (11)

A survey of Lower North Shore young people attending Youth Week activities found they wanted more information on drugs and alcohol, sexual health, depression and suicide. They had predominantly used GPs and hospital services in the past to access healthcare. (12)

In a comprehensive study in Northern Sydney of young people, families and service providers, the respondents identified a number of mental health needs of young people in the area including family conflict, gender issues and educational stress. They cited access problems including limited knowledge of existing services, lack of services, poor collaboration between some services and confidentiality concerns. (13)

Why don't young people access health services?

While a range of health issues confronts young people, they remain unlikely users of traditional medical services (2) The reasons for this have been the subject of numerous studies and some of the barriers include:

? A perceived lack of confidentiality within service by young people
? A lack of knowledge by young people of available services

- ? A lack of disclosure by young people to health care professionals of their adolescent related concerns
- ? A lack of screening by health care professionals regarding adolescent related concerns
- ? A lack of legitimacy of adolescent health within the medical profession
- ? Adolescent health coming under paediatric health and subjected to limitations such as working with youth to 16/18 years only, lack of sexual health equipment
- ? A lack of professional training in adolescent health
- ? A lack of recognition to address young peoples health care needs holistically
- ? Use of medical terminology
- ? Uncomfortable/ formal waiting areas
- ? Limited opening hours
- ? Insufficient time for consultations, appointments
- ? Different service providers across visits
- ? Distance and cost (15)

In addition, qualitative research on the Northern Beaches highlighted that young people were reluctant to use counselling services because they perceived their problem as not serious enough to see a professional. (17)

What can be done?

The need for strategies to increase the use of health services by young people has been recognised as an important public health issue.

The introduction of youth specific health services in the late 1980s was one response to addressing poor access issues (2). This response recognises that young people have a different culture and set of health needs to other age groups, and assumes that when services reflect these differences, they are most likely to be utilised.

Youth specific health services are costly to set up, require ongoing funding and therefore can not be established in all areas.

Mainstream health services also require significant changes to meet the needs of adolescents through service provision. (9)

An alternative approach is for health service providers and health professionals within each local area to become "youth friendly". In order for a service to become youth friendly, it is important to determine what is 'youth friendly'.
This is best achieved by consulting young people.

In research to determine the best ways to address youth health access issues a number of significant factors have been raised.
For a majority of young people, GPs and hospitals are the main point of entry into the health care system. (1) Australian surveys identified GPs and hospitals as the most common access points to health care for adolescents.

(19) One Australia wide study found that after family members and friends, young people were most likely to seek help for a personal problem from a counsellor or a local doctor. (18)

Young people have consistently identified school as one of the main priority areas for receiving health information followed by the media (18). This has also been confirmed in research conducted with young people on the Lower North Shore (11).
Young Australians have identified word of mouth as one of the most acceptable ways to gather health information particularly recommendations from friends. Peer education is also a valid option as long as the educators "aren't dorks". (3)

So what is 'youth friendly'?
A number of studies have been conducted with young people and service providers to elicit the factors that make services youth friendly. Attached is a compilation of these factors. It is essential to note that due to service restrictions some of these criteria may not be achievable by many health professionals. If service providers are genuinely concerned about improving the accessibility of their service to young people, then at the very least the psychological criteria need to be addressed i.e. those factors which apply to the cognitive, awareness, emotions, perception and confidence of young people. As Davies points out "the research findings…suggest that psychological access is of at least the same, if not of more concern than physical access for young people"(15)

The Youthealth Project will utilise this compilation of factors to address the need to improve access to youth friendly health care by Northern Sydney young people.

Youth Friendly Criteria – A Compilation from the Literature

1. Have a skilled friendly receptionist, familiar with adolescent specific concerns and who remembers individual clients. (3,6,15)
2. Have a reception area, which is clean, comfortable with a relaxed and welcoming atmosphere. (3, 6)
3. Have a reception area with age appropriate posters, and reading material. (15)
4. Have a separate waiting area for young people or separate waiting schedules. (15)
5. Have a youth friendly format and language for all written information. (3)
6. Are located close to public transport. (1, 3)
7. May be co-located with other youth services. (3)
8. Provide flexible service delivery to meet the needs of young people, which may include outreach to young people's venues. (3, 8)
9. Have convenient opening times for young people. (1,8)
10. May have a drop in service available. (5)
11. Provide opportunities to interact with staff on an informal level. (16)
12. Have no referral needed to attend service. (3, 6)
13. Have no waiting list/time if possible. (1, 3, 6)
14. Have priority services for young people and attempt to provide service without delay. (3, 6)
15. If unable to provide immediate service, look at other options for quicker service. (3)
16. Maintain contact and communication with young people while on waiting lists. (3)
17. Provide reasonable health care costs or free service/bulk billing. (1)
18. Provide information to young people on obtaining their own Medicare cards, if appropriate. (1,15)
19. Educate young people and workers in relation to confidentiality. (15)
20. Assure and respect confidentiality. (3,5,6)
21. Display statements within service in the form of posters or pamphlets about rights and responsibilities regarding confidentiality. (1,15)
22. Respect young people's confidentiality regarding reason for non-attendance. (3)
23. Explain rights, confidentiality, and service details prior to intake. (3)
24. Discuss young people's case only with their permission. (3)
25. Have strict confidentiality in reception area. (3, 5, 6)
26. Have an open door policy – allow clients who "drop out" to return, no questions asked. (3)
27. Develop a case by case management of "drop out". Assess young people on an individual basis and plan follow up according to individual needs and circumstances. (3)
28. Follow up young people who dropout of services with a telephone call. (3)
29. Work to raise the profile of youth health issues in the local community. (3)
30. Promote awareness of health services to young people. (15)
31. Build and maintain strong networks to facilitate accurate referral. (3)
32. Promote their service through local youth worker networks. (3, 2)

33. Recognise ‘word-of-mouth’ as the most effective service promotion tool for targeting young people. (3)
34. Develop strategies to maximise youth service profile with young people. (3)
35. Provide other related health services e.g. counselling, recreation and leisure health education, promotion and prevention. (15)
36. Involve young people in participating, establishing or reviewing services. (3,15)
37. Develop youth health policies for services. (15)
38. Adopt access and equity principles. (16)
39. Are culturally and developmentally appropriate to the needs of young people (8,16)
40. Provide adolescent health education and training for staff. (15)
41. Educate staff on sensitivity of youth issues. (3)
42. Encourage young people to make own choices. (3)
43. Encourage young people to attend services not only if they are sick but if they require information or advice on issues. (8)
44. Have the same provider across visits by young people. (15)
45. Provide a longer time for consultations with young people. (15)
46. Have providers who are clean and tidy and observe infection control procedures. (15)
47. Undertake adolescent health assessments where appropriate. (15)
48. Provide a comprehensive and holistic approach to the provision of services to young people. (8)
49. Are innovative in their approach to service provision (8)
50. Have staff who are:

friendly, easy to talk to, empathic, respectful, reflect genuineness, honest, treat patients equally, confidential, able to relate to teenagers, use understandable language, speak directly to adolescents rather than to parents, sensitive of bodies in examinations, take time to listen and respond to their concerns, kind, understanding, use humour, genuinely care about youth, provide them with concrete assistance, stick with them despite failure, accepting, show commitment, trustworthy, competent and knowledgeable. (4, 6,15)

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Appendix 3: Committee and Project Membership

Standing Committee Members

Kathy Baker Chair
Area Executive Director
Directorate of Corporate Community Development

Bronwyn Wilkinson
Manager, Community and Extended Care Services

Jeff Crumpton
Service Director, Lower North Shore Child and Adolescent Psychiatry

Trevor Jacobson/ Margaret Ruane
Managers, Northern Sydney Health Child Protection Service

David McGrath
Acting Director, RNSH Drug and Alcohol Services

Peter Whitecross
Manager, NSH Area Health Promotion

Dr Carol Kefford
Hornsby Ku-ring-gai Ryde Division of GPs

Mary Louise McEncroe
NSH Youth Suicide Prevention Officer

Cathy Butler/ Gai Moore
Managers, NSH Multicultural Health

Dan Hanoumis, Youth Representative

Bianca Houston, Youth Representative

Jessica Evans, Youth Representative

Raelene Allen, Parent Representative

Mandy O'Reilly
Manager, Mental Health Promotion

Cindy Dargaville
Youthealth Project Officer, Northern Sydney Health Promotion

Working Party Members

Dan Hanoumis, Youth Representative

Bianca Houston, Youth Representative

Jessica Evans, Youth Representative

Mandy O'Reilly
Manager, Mental Health Promotion

Cindy Dargaville
Youthealth Project Officer, Northern Sydney Health Promotion

Jeff Crumpton
Service Director, Lower North Shore Child and Adolescent Psychiatry

Kent Norton
Research and Evaluation Officer, LNS Health Promotion

Greg Nickoletos
Youth Development Officer, North Sydney Council

Jon Brew/Dave Allen
Youth Development Officers, Mosman Council

Mary Biddle
Phoenix House Youth Services

Patrick Concannon
Lower North Sydney Child and Family Services

Vicki Fraser
NSW Department of Education and Training

Oisin Friel
Chatswood Drug and Alcohol Service

Sally Maspero
Northern Sydney Division of GPs

Lynda Davies
Relish Project, Department of Nutrition RNSH

Management Committee Members

Dan Hanoumis, Youth Representative

Bianca Houston, Youth Representative

Jessica Evans, Youth Representative

Mandy O'Reilly
Manager, Mental Health Promotion

Cindy Dargaville
Youthealth Project Officer, Northern Sydney Health Promotion

Jeff Crumpton
Service Director, Lower North Shore Child and Adolescent Psychiatry

In January 2000 the Management Committee and Working Party were merged. New members included:

Julie Dunsmore
Director, Northern Sydney Health Promotion

Patrick Concannon
Lower North Sydney Child and Family Services

Greg Nickoletos
Youth Development Officer, North Sydney Council

Lynda Davies
Relish Project, Department of Nutrition RNSH

Raelene Allen, Parent Representative

Dave Allen
Youth Development Officer, Mosman Council

Mary Louise McEncroe
NSH Youth Suicide Prevention Officer

Youth Consultants

Bianca Houston

Nancy Sayers

Michelle Nicholas

Menaz Sattar

Chloe Blanch

Jessica Evans

Jeremy Van Asperen

Edward O'Brien

Martin Cox

Brian Siah

Rob Semmler

Melinda Wosik

Trainer

Bernie Brown