

BUILDING A STRONGER SYSTEM TO IMPROVE YOUTH HEALTH OUTCOMES

LEARNING FROM IMPLEMENTATION OF THE NSW YOUTH HEALTH POLICY 2011-2016

Fiona Robards^{1,2}, Sally Gibson¹, David Bennett^{1,3}

¹ NSW Kids and Families, NSW Health



² Department of General Practice, University of Sydney

³ Discipline of Paediatrics and Child Health, University of Sydney



- 'Perfect implementation'
- NSW Youth Health Policy
- Learnings
- The future





PERFECT IMPLEMENTATION





Hogwood and Gun's ten preconditions for perfect implementation

- External circumstances do not pose significant constraints
- Adequate time and sufficient resources are available
- Combination of resources is actually available
- The actual policy is based upon a valid theory
- Relationship between cause and effect is direct
- Dependency on other agencies is minimal
- Understanding and agreement re: objectives
- Tasks are fully specified in the correct sequence
- Perfect communication and co-ordination
- Perfect obedience





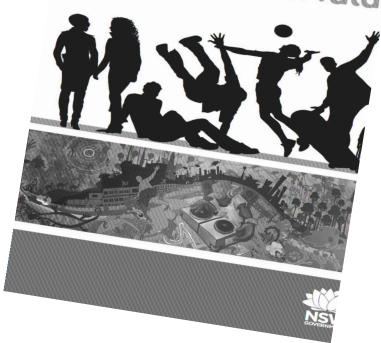
NSW YOUTH HEALTH POLICY





NSW Youth Health Policy 2011-2016 Healthy bodies. healthy minds. vibrant futures NSW Health NSW Youth Health Policy

Healthy bodies. healthy minds. vibrant futur







Our goals

- Goal 1: Young people are encouraged and supported to achieve their optimal health and wellbeing
- Goal 2: Young people experience the health system as positive, respectful, supportive and empowering
- Goal 3: Responses to the needs of young people are evidence-based, promote prevention and early intervention and are delivered efficiently and effectively



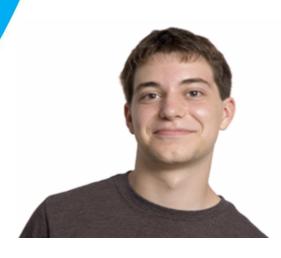
Youth-friendly checklist

3. Youth participation

How does your service involve and promote youth participation?	yes	part	no
Does your service have policies and procedures in place that outline how young people's participation and decision-making can be used in program development, implementation, review and evaluation?			
Does your service regularly review and revise its youth participation mechanism in consultation with young people?			
Does your service provide opportunities for increasing young people's confidence, knowledge and skills in using participation mechanisms?			
Does your service have specific ways in which it acknowledges and values young people's input and contributions?			
Does your service ensure that its youth representatives reflect the diversity of young people's views and needs?			



LEARNINGS





Perfect (?) implementation

- Did service systems support implementation?
- Was responsibility for implementation taken up?
- Were adequate resources allocated?
- Was communication and coordination adequate?
- Was the policy implemented as intended?





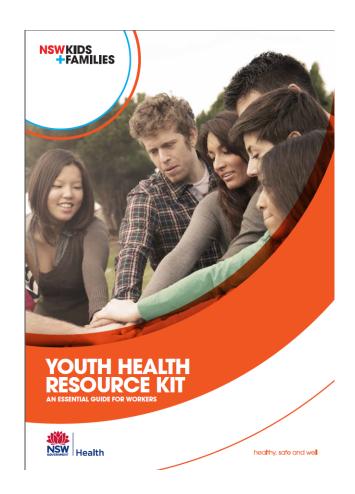
Did service systems support implementation?

- Responsibility for implementation is shared between central and devolved structures.
- This means that implementation depends on other agencies.
- NSW Kids and Families supports implementation through -
 - resources for clinicians, agencies, young people, parents
 - monitoring and reporting on progress.



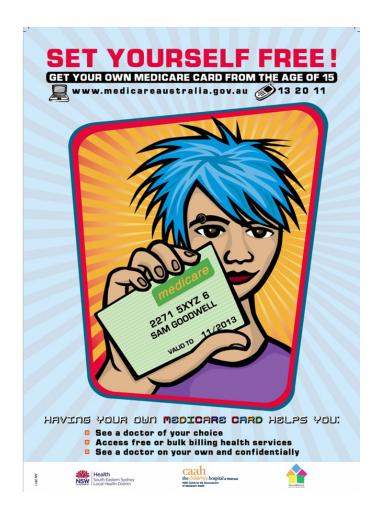
Resources for clinicians







Resources for young people





Resources for parents



Teenagers and

talkina

3:32 min

Body image: talking with

Cyberbullying:

teenagers

4:26 min

alcohol: parents



Latte Band





Was responsibility for implementation taken up?

- 9/18 have a Youth Health Plan
- 7/18 have used the Youth Health Better Practice Checklist
- 10/18 have Youth Health Coordinator positions
 These positions are involved in:
- Planning, networking and mapping
- Working across government and community sectors
- Supporting professional development activities



Were adequate resources allocated?

- No additional resources were allocated for implementation
- Historically youth health lacks resources although new resources have come in through Commonwealth funding (eg headspace).
- 9 Youth Health Services currently operate
- The top three areas of focus reported by LHDs; mental health, risky sexual behaviours, and pregnant and parenting young people.



Was communication and coordination adequate?

- Established a Youth Health and Wellbeing Advisory Group to guide implementation
- Youth Health Coordination group established to improve communication across NSW Health
- Held a Showcase to present relevant research and highlight examples of good practice.
- Included implementation guidance and resources on the NSW K+F website.



Was the policy implemented as intended?

- Progress has been made but the "imperfect" context has created challenges such as –
 - Competing priorities within LHDs
 - Historical lack of resources dedicated to youth health, particularly in rural areas
 - Fragmented systems with youth health siloed into issues eg mental health, sexual health
 - Lack of agreed performance indicators to identify need and measure progress



Case Study Challenges in using the Checklist

- Not easy to engage areas that don't see young people as their client group.
- Difficult to complete for general mainstream services
- Concern about results
- Good practice is already part of accreditation.
- "Not as easy as it looks"
- Open to interpretation leading to variability in responses

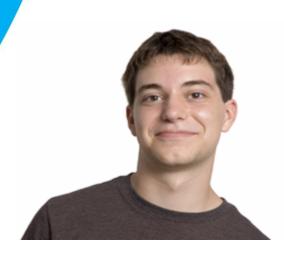


What assisted implementation

- A planning or working group
- The working group identified other services
- Use data to identify relevant services
- Making the checklist more practical
- Youth focused services were more engaged
- Find the workers you can best engage
- Working through Checklist face to face
- Coordinating results across the LHD
- Youth health plans
- Involving young people as youth consultants



THE FUTURE





What we will do

- Stronger strategic alignment with other reform initiatives, improved coordination and communication, greater engagement of those responsible for implementation and better monitoring systems.
- Embed evidence-based responses Advocate for and support research that leads to a better response for young people, particularly those who are most vulnerable
- Inform and share
 - Use data better to focus efforts on prevention and avoidance of hospitalisation
 - Promote the use of the resources
 - Repeat Showcase in 2015 to provide encouragement and motivation



Implementation matters (Durlak & DuPre, 2008)

- Effective implementation is associated with better outcomes - we need to find ways to do it better
- Expecting perfect or near-perfect implementation is unrealistic.
- Contextual factors must be considered when innovations are implemented in real world settings.
- Devolution can be a strength if providers are knowledgeable about their communities, they should be able to modify a program to make it more effective in a specific context.



References

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- Joseph A. Durlak Æ Emily P. DuPre, Implementation Matters: A Review of Research on the Influence of Implementation on Program Outcomes and the Factors Affecting Implementation, Am J Community Psychol (2008) 41:327–350

www.kidsfamilies.health.nsw.gov.au



Site Search.

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EMERGENCY INFORMATION

healthy, safe and well

Home Members

Careers

Contact Us

Aborlginal Acknowledgement

ABOUT US



- + What we do
- + Our board
- Our people
- + Organisational structure
- Strategic health plan 2014-2024
- Research

CURRENT WORK



- + Maternal, child and family health
- + Paediatric healthcare
- Child protection and violence prevention
- + Youth health and wellbeing
- + Programs

PUBLICATIONS



- Media releases
- Newsletters
- Policy directives/ guidelines
- + Fact sheets/ brochures
- Reports
- + Multimedia

TRAINING/EDUCATION



- + Events
- + Maternity and newborn training
- Paediatric training
- Child protection and violence prevention training
- Youth health and wellbeing training

WHAT'S NEW

 Keep Them Safe - a shared approach to child wellbeing More

Online Mandatory Reporter Guide

NEW PUBLICATIONS

- Read information on the latest Maternity eBulletin here
- Read the latest Allied 2 Kids newsletter here

UPCOMING EVENTS

 100 Years of Child and Family Health Centres

FOR PARENTS, CARERS + YOUNG PEOPLE

- + Having a baby book
- 'The Blue Book' child personal health record
- + Youth issues

