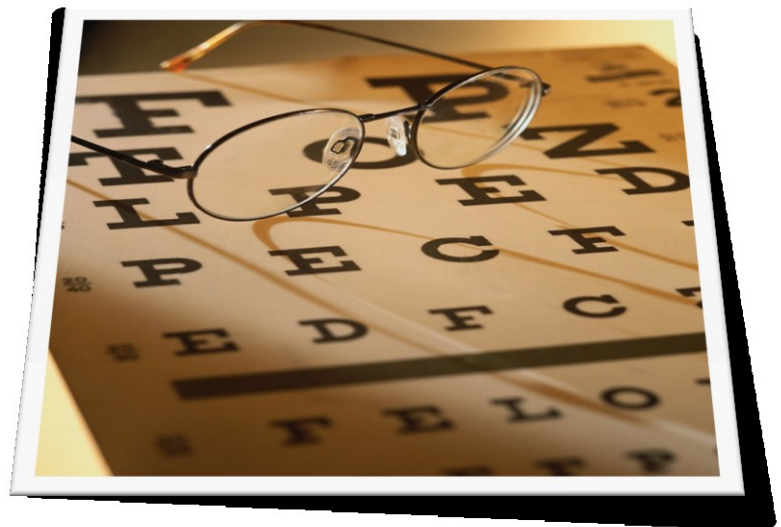


**Positioning paper:
Innovative Health Services
for Homeless Young
People (IHSYP)**



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Key points

The Innovative Health Services for Homeless Young People can address how homeless young people have access to health services that provide a range of prevention, early intervention and primary health care options, as well as specialist services when required.

Young homeless people due to the nature of their living environment are more at risk of chronic diseases. A robust youth health service response focussed on early intervention and prevention coordinated through the Innovative Health Services for Homeless Young people can target such factors as:

- Cessation of smoking
- Poor diet and greater risk of obesity or health related problems due to poor nutrition
- Addressing sexual health issues; and
- Assisting young people around alcohol and drug management

Addressing preventable diseases for the most marginalised in our community is consistent with the targets that the State has set under the “Tomorrow’s Queensland – Toward Q2” vision.

Better health integration will be achieved if the Innovative Health Services for Homeless Young People:

- Are located within the Homelessness and Housing Policy
 - Improved alignment to existing health strategies targeting homeless people
 - Linkages with existing initiatives such as Social Workers in Emergency Department
 - Health Homeless Outreach Teams (HHOT)
 - Child Youth Mental Health services and young people transitioning into the adult mental health system
 - Improved alignment to existing youth homelessness services
- Linkages to Federal government initiative such as Medicare local
- Linkages to General Practice Networks and access issues for young people.

To ensure effective implementation there needs to be a specific youth health strategy targeting within the Queensland Youth Homelessness Action Plan.

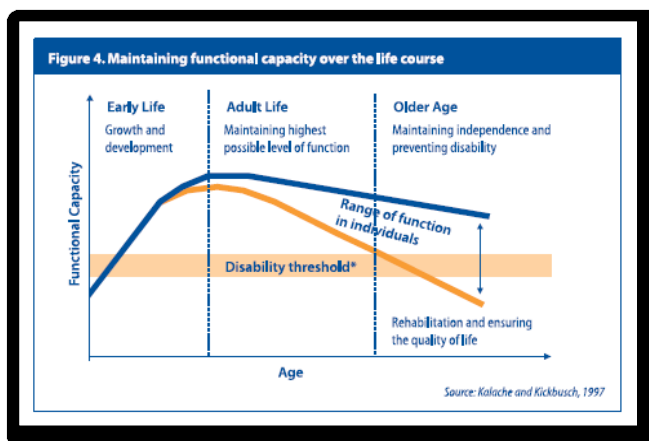
Why is there a need for a primary care health focus for young homeless people?

Homeless young people in Queensland can be living on the street (primary homelessness), moving from friends to friends couchsurfing, in a refuge (secondary homelessness), living in insecure housing such as boarding houses or in overcrowded households (tertiary homelessness) (MacKenzie and Chamberlain, 2008).

Insecure, unstable and unsafe housing has a clear detrimental impact on young people's health. The Federal Governments' Paper *'The Road Home: a national approach to reducing homelessness'* noted that:

In addition to higher rates of mental illness, people who are homeless experience poor dental health, eye problems, podiatry issues, infectious diseases, sexually transmitted disease, pneumonia, lack of preventive and routine health care and inappropriate use of medication.

The World Health Organisation's (WHO) definition of health embraces physical, mental and social well being so we need to explore all these dimensions when discussing active ageing and age friendly policies and homelessness. If we are aware of active ageing as being "process of optimising opportunities for health, participation and security in order to enhance quality of life as people age" then we need to embrace the aim that active ageing "would be extending healthy life expectancy and quality of life". So when we look at active ageing we can see that it is important to support people through the whole of their lives.



In particular that if we provide a good 'healthy' start to people's lives then as the diagram shows this can provide a strong basis for improved quality of life.

The NSW Centre for the Advancement of Adolescent Health in their Homelessness Green Paper submission noted that:

Young people's health is determined by a complex interaction of social, economic, environmental, physical and personal factors. Homeless young people experience a multitude of problems, including becoming disengaged from school and family, experiencing abuse and engaging in risk taking behaviours, requiring a range of supports including health and education as key services (Lawson and Bawman, 2001).

There is an increasing understanding that because young people engage in risky behaviours, adolescence a time of opportunity to prevent the effects of these health risks later in life (Burt, 2002). Although one in four young people experiences a mental health problem

including substance use problems, depression and anxiety (AIHW, 2007), the major health problems of young people are largely preventable (Tylee et al, 2007). Mental health problems strike early and deteriorate across the life span: three quarters of adults who have mental health problems, first experience these before the age of 24 (Kessler, 2005). We also know that early intervention increases the chance of recovery (Marshall and Lockwood, 2006; McGorry, and Yung, 2003).

At the Council of Australian Governments' (COAG) meeting in Brisbane, 7 December 2009, COAG "agreed that the national health reform would be a central priority for 2010". The COAG vision within the National Youth Strategy is "to enable all young Australians to grow up safe, healthy, happy and resilient"¹.

'Towards Q2: Tomorrow's Queensland' has health as one of the key challenges facing Queensland. The targets for 2010 -2011 include a focus on preventable diseases and clearly young people are especially vulnerable due to lifestyle issues, noting that:

Lifestyle risk factors are higher in Aboriginal and Torres Strait Islander Queenslanders and those living in areas of socioeconomic disadvantage. The Queensland Government has a strong commitment to reduce health inequalities that exist between different population groups and priority is given to those groups with the poorest health outcomes.

Innovative Health Services for Homeless Youth

Overview

The Burdekin Report released in 1991 provided the first focussed national response to the need for specific healthcare for young homeless people. As a result the Innovative Health Services for Homeless Youth was funded. It was initially a pilot program and with its success joint funding was provided by the Australian and State and Territory Governments.

Special purpose grant was managed by the Commonwealth Department of Health and Queensland Health until 30 June 2007. This funded was shifted to Queensland Department of Communities and Commonwealth responsibility diluted within new COAG funding arrangements.

The specific aim of the program was to improve the health outcomes for homeless and at-risk young people 12 to 24 years of age and their dependents.

Evaluations

A review conducted in 2007 conducted by the Commonwealth Department of Health and Ageing found that:

Reviews of IHSY program undertaken in 1992-93, 1997 and 2002, found that clients were continuing to gain benefits from accessing services and that the ongoing program plays an important strategic role in terms of facilitating the access of young, marginalised people to health services.

¹ Council of Australian Governments' Meeting, Brisbane, 7 December 2009, *Communiqué*

The 2007 Evaluation explored four key areas in relation to the IHSY program:

1. Program policy and structure (including funding arrangements, eligible services and the level of service coordination);
2. Program administration;
3. Program implementation; and
4. Impact and outcomes.

The Evaluators conclusion in relation whether services were meeting the program goal was:

Based on the evidence gathered in the conduct of this evaluation, the Review has concluded that the IHSY program is contributing to improving health outcomes for homeless and at-risk youth.

The Program is doing this by:

- *Providing access to specialised health services for homeless and at-risk youth who would otherwise be unlikely to receive similar services in mainstream health systems (and if they did present to mainstream health services, would do so at a later date with additional complications and at increased costs).*
- *Providing a range of innovative health and related services which respond to the complex needs of homeless and at-risk youth. The level of service innovation (where it is occurring) is at the service provider level.*
- *Improving access to mainstream health services (to a limited extent) as well as to other related welfare programs. Often mainstream services will refer to IHSY program due their inability to cope adequately with the client group.*

In 2008 the National Youth Commission led an inquiry into youth homelessness across Australia. They held far reaching consultations with young people and services they too found that the IHSY was an essential service for young people and made the following recommendation:

The NYC Inquiry recommends that the Innovative Health Services for Homeless Youth (IHSY) program be continued and further developed as an important component of a national homelessness service system in order to provide more and better health services for at-risk, disadvantaged and homeless young Australians.

Youth Health Services in Queensland

There are currently 6 funded services² in Queensland under the IHSY, three in Brisbane and three regionally. However there is also a youth health service funded on the Gold Coast – Youth Health and Education Service.

There needs to a range of prevention and early intervention health strategies aimed at the diversity of young people and in particular to homeless young people this could include

- Making screening more accessible during the whole life cycle
- Providing primary health care freely accessible and having both specific and generic health provision that meets the needs of young people
- Access to free physical and social recreational opportunities that is part of the mainstream service provision such as local government, this could be in parklands close to housing

² See Appendix 1 for more information on each service

- Oral health education and access to dental health that includes screening, not only when acute episodes arise
- Mental health responses

Points of policy convergence with housing and homelessness service systems

There is currently a strong focus within the Queensland Homelessness Implementation Plan on health outcomes for homeless people.

By placing the IHSYP within the Homelessness agenda we can explore (areas and issues such as):

- Linkages with existing initiatives such as Social Workers in Emergency Department
- HHOT
- CYMH services and young people transitioning into the adult mental health system
- Linkages to Medicare local
- Linkages to General Practice Networks and access issues for young people.

Adolescent development

It is important to establish a common understanding of what we mean when we state ‘young people’. The Queensland Youth Housing Coalition defines young people as being between the ages of 12 to 25 years. This is a nationally agreed understanding being used by agencies including the Australian Bureau of Statistics.

This does not imply that the Coalition is of the opinion that the accommodation, housing and support responses will be the same for all young people in this age cohort.

Consideration should be given to age, support needs and skill levels when developing responses to young people’s accommodation and housing needs. The NSW Youth Health Policy 2011 -2016 concurs and notes that:

It is also recognised that responding to and meeting developmental needs rather than considering chronological age is important in providing good health care for young people.

There are a number of legislative frameworks that guide accommodation, housing and support responses to young people. In general the Coalition breaks down the age group into three sub groups: 12–15, 16-18 and 19-25. This is consistent with the work of ARACY around the “middle years”.

For young people between the ages of 12 – 18 there are a number of understandings that form the basis of QYHC position;

- Young people aged 12-18 have needs that are observably different to those under 12;
- Young people aged 12-18 who are unable to live with their family and have protective needs are clearly the responsibility of the Department of Communities Child Safety - the statutory child protection authority; and

- Young people aged 12-18 who are unable to live with their family, whether in care and protection.

Gender issues

Teenage pregnancy and early parenthood are widely recognized to be associated with poor health and social exclusion and specialized responses are necessary to address the complex needs of this client group (Department of Children, Schools and Families & Department of Health, Nottingham (2009) *Getting Maternity Services Right for Pregnant Teenagers and Young Fathers*; Deborah Keys, Key Centre for Women's Health in Society, the Melbourne School of Population Health, University of Melbourne (2009) *Optimizing Wellbeing: Young Mothers Participation in Groups*; National Youth Affairs Research Team (NYARS)(2007) *Barriers to Service Delivery for Young Pregnant Women and Mothers*). Pregnancy leads to rapid maturation and young women's move to independent living to establish a home for their new family. Teenage pregnancy also often leads to social exclusion for a variety of reasons including discrimination. All young people moving to independent living and all new parents have some need for social support during these critical life events. Access to antenatal education and health care combined with social support provide optimal maternal and neonatal health outcomes as well as social outcomes including facilitating bonding and attachment with the next generation of young people.

As primary health care moves from the centre or "core business" of Queensland health and to a nationally driven agenda we must not lose sight of current, effective health services such as IHSYHP. Commonwealth and state governments acknowledges the centrality of primary health care whether looking at long term outcomes of active ageing or the National Youth Strategy vision "*to enable all young Australians to grow up safe, healthy, happy and resilient*" such as was noted at a COAG meeting in Brisbane, 7 December 2009 where COAG "*agreed that the national health reform would be a central priority for 2010*".

The primary strategic outcome of fewer young people being subject to supervised and custodial orders within the YARI program is a long way from the COAG vision within the National Youth Strategy "*to enable all young Australians to grow up safe, healthy, happy and resilient*". As new responses are being developed in response to crises in health, homelessness and our juvenile justice and child protection systems, there is concern that the effective, respected and long established work done within IHSYHP is being watered down and may be lost in the future. Health outcomes are not related logically in the same way to an outcome of reducing numbers of young people who are subject to supervised and custodial orders.

Gender differences are well evidenced when analysing the criminal justice system. An outcome focussed on the juvenile justice system discriminates in a major way toward favouring services to young men rather than young women. Pregnant and parenting young women statistically would number very few who are at risk of supervised and custodial orders. Pregnancy and childbirth are specifically women's health issues. YPP also responds to other young women's health issues such as contraception; STDs especially chlamydia; gynaecological issues including cervical screening; smoking; body image; self esteem; domestic and sexual violence; active and healthy lifestyles when pregnant or parenting, mental health issues and in particular, post natal depression.

The Queensland Council of Social Services (Sep 2008) discussion Paper *Exploring Population Health Interventions (and/or elements of these interventions) that work to effect positive health outcomes*

among disadvantaged Queenslanders provides further evidence of the positive health outcomes for homeless and at risk young people in case studies from IHSYPs Brisbane Youth Service and Young Parents Program.

The juvenile justice data also shows that most young men are offending as opposed to young women. We also know that young women 15 to 19 years of age are the highest users of Specialist Youth Homelessness Services. The diagram below demonstrates when women are 12 to 18 years that this is the only time that women are higher % than men.

Australia									
	Under 12	12-18	19-24	25-34	35-44	45-54	55-64	65+	All
	%	%	%	%	%	%	%	%	%
Male	52	46	53	57	63	64	61	64	56
Female	48	54	47	43	37	36	39	36	44
	100	100	100	100	100	100	100	100	100

Queensland									
	Under 12	12-18	19-24	25-34	35-44	45-54	55-64	65+	All
	%	%	%	%	%	%	%	%	%
Male	52	49	56	58	64	62	59	68	58
Female	48	51	44	42	36	38	41	32	42
	100	100	100	100	100	100	100	100	100

Source: Census of Population and Housing 2006; SAAP Client Collection 2006; National Census of Homeless School Students 2006.

Youth Homelessness Action Plan

Queensland Youth Housing Coalition (QYHC) has developed a ***Queensland Youth Homelessness Action Plan: a Proposal to Reduce Youth Homelessness in Queensland (QYHAP)***. These actions plans are operating in other jurisdictions in Australia. QYHC are key stakeholders providing advice regarding the most appropriate response to youth homelessness within the Queensland Homelessness Intersectoral Forum (QHIF).

In the QYHAP, young pregnant and parenting people are identified as having high protective needs in the area of young people who are at risk of homelessness. The homelessness area already recognises the need for specialist health services such as HHOT and dedicated social workers within emergency departments of hospitals.

Proposed Program Logic

IHSY program logic

The **program goal** for the IHSYP³ is “to contribute to improving health outcomes for homeless and at risk youth by:

- improving access to mainstream health services or providing access to specialized health services for homeless and at risk youth and/or;
- providing a range of innovative health and related services which respond to the complex needs of homeless and at risk youth

Outputs:

Direct: health education, information, and promotion; counselling and support; clinical (individual consultations, group work, outreach, mobile) personal care.

Indirect: referral/linking clients to mainstream services; advocacy for client group; enhance body of knowledge (research/conferences)

Participation Benefit: engagement with client

Other: evaluation of service; barriers/gaps identified

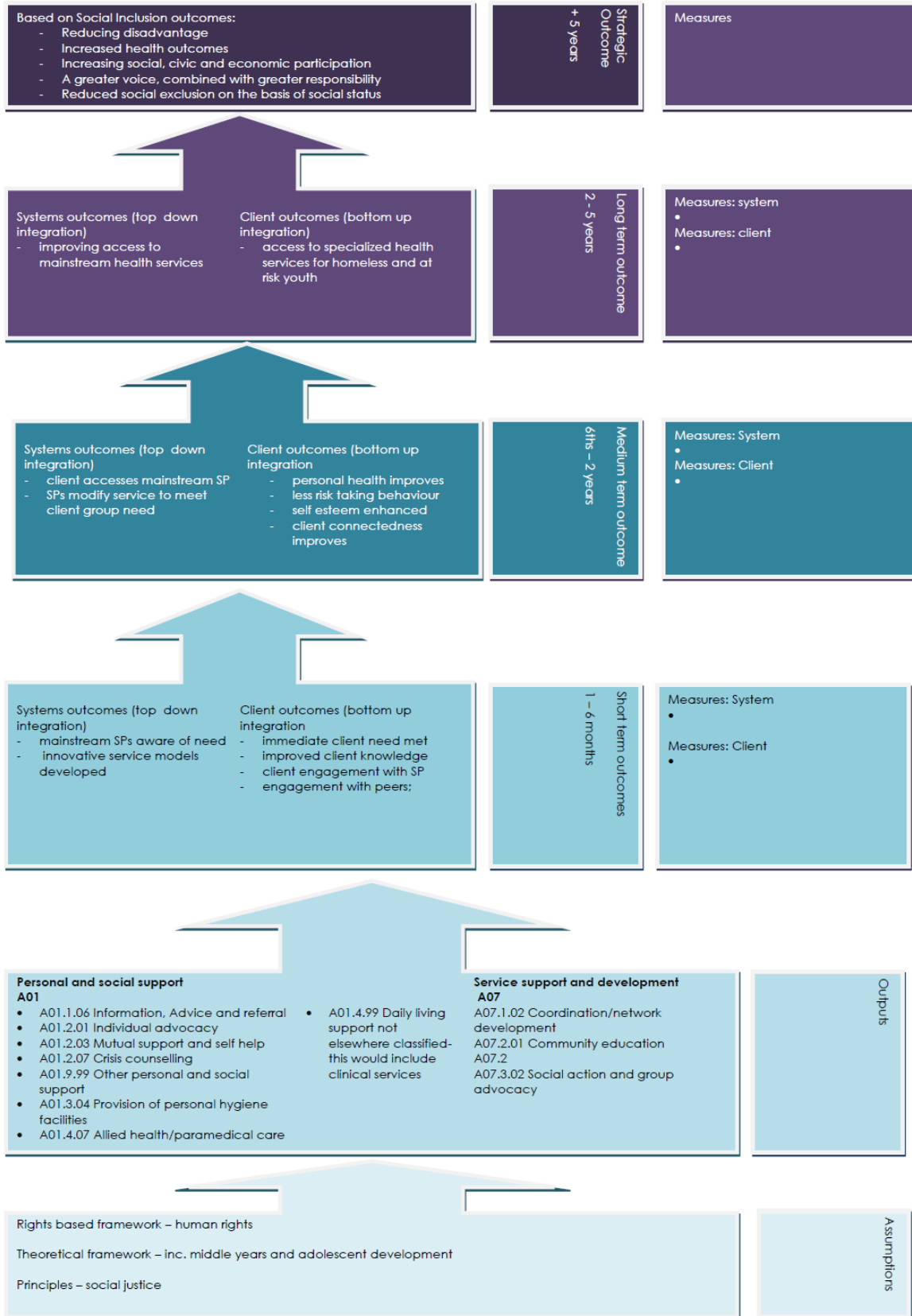
Impacts and Outcomes:

Short term: immediate client need met; improved client knowledge; client engagement with SP; engagement with peers; mainstream SPs aware of need; innovative service models developed

Medium and long term: personal health improves; less risk taking behaviour; self esteem enhanced; client connectedness improves; client accesses mainstream SPs; SPs modify service to meet client group need

³ Department of Health and Ageing 2007 *Review of the Innovative Health Services for Homeless Youth Program*

Potential Program Logic for the QLD Youth Homelessness Action Plan-IHSHYP



Recommendations

1. Queensland Department of Communities to commit to COAG's recognition of the Commonwealth government's vision for all young people to enjoy good health and wellbeing.
2. Queensland Department of Communities to acknowledge positive evaluations of *Innovative Health Services for Homeless Youth Program* as a best practice primary health care model for homeless and at risk young people.
3. Department of Communities to lead a whole of government approach to the health care of vulnerable Queensland young people and liaise with Queensland Health requesting provision of :
 - a. adequate funding to the *Innovative Health Services for Homeless Youth Program*;
and
 - b. specialist youth health policy advice.
4. Queensland Department of Communities to adopt a Queensland Youth Homelessness Action Plan and include the *Innovative Health Services for Homeless Youth Program* as a specialist young people's primary health care support service.
5. Queensland Department of Communities to negotiate program logic including outputs for Youth Homelessness specialist young people's support service to be inclusive of the holistic primary health care response that the *Innovative Health Services for Homeless Youth Program* provides for young people (in consultation with Youth Homelessness services, IHSYYP funded services and with Queensland Health).

Appendix 1: Queensland IHSYYP services

About Young Parents Program Inc. (YPP)

Established 1986. Recurrent funding Innovative Health Services for Homeless Youth (IHSY) Program and Family Support (both Department Communities). Located Brisbane North. Services include: support, information, counselling, childbirth education, advocacy, referral and developmental opportunities for approximately 250 pregnant young women aged under 20 and parenting young women to age 23, in groups and individually, mainly in Brisbane north; and community education regarding teenage pregnancy and young parenting including regular training of medical and midwifery students and in-service training to midwives at RBWH. Employ social workers and childbirth educators (also midwives when feasible within insurance restrictions) and provide regular placements for students of social work and health care professions. Close collaborative work with Royal Brisbane and Women's Hospital, Community Child Health and many other government and non-government agencies including health, family support and youth housing sectors. (YPP program brochure attached and further information can be provided Ph 3357 9944 or email yppcoordinator@iinet.net.au).

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