

**Are we doing what we  
think we are doing?**

Melika Chiswell  
John Bamberg





# Young People's Health Service



# Young People's Health Service

- Burdekin Report 1989 → YPHS 1991
- Primary Health Care Service
- Social model of health
- Centre for Adolescent Health,  
Royal Children's Hospital, Melbourne

# Young people's health service

- Nurse led
- 12-22yrs
- Melbourne's CBD
- YPHS Team
  - nurses (x1 Nurse practitioner)
  - doctors
  - counsellor
  - health promotion co-ordinator.

# Young people's health service

- Clinic (drop-in) mon-fri 12-5pm
- Outreach CBD streets  
refuges
- Counselling mon-wed 12-5pm
- Health promotion projects/research

## Key service delivery approach

- “Drop-in” health service approach
- HEADSS assessment tool
- Outreach services
- Health promotion & research projects
- Necessary staff skill level
- Co-location of services



**Visiting services**

# Why do we do what we do?

- Is what we do effective?
- Who says?
- How would we know?
- How will we find out?
- What does the research say?

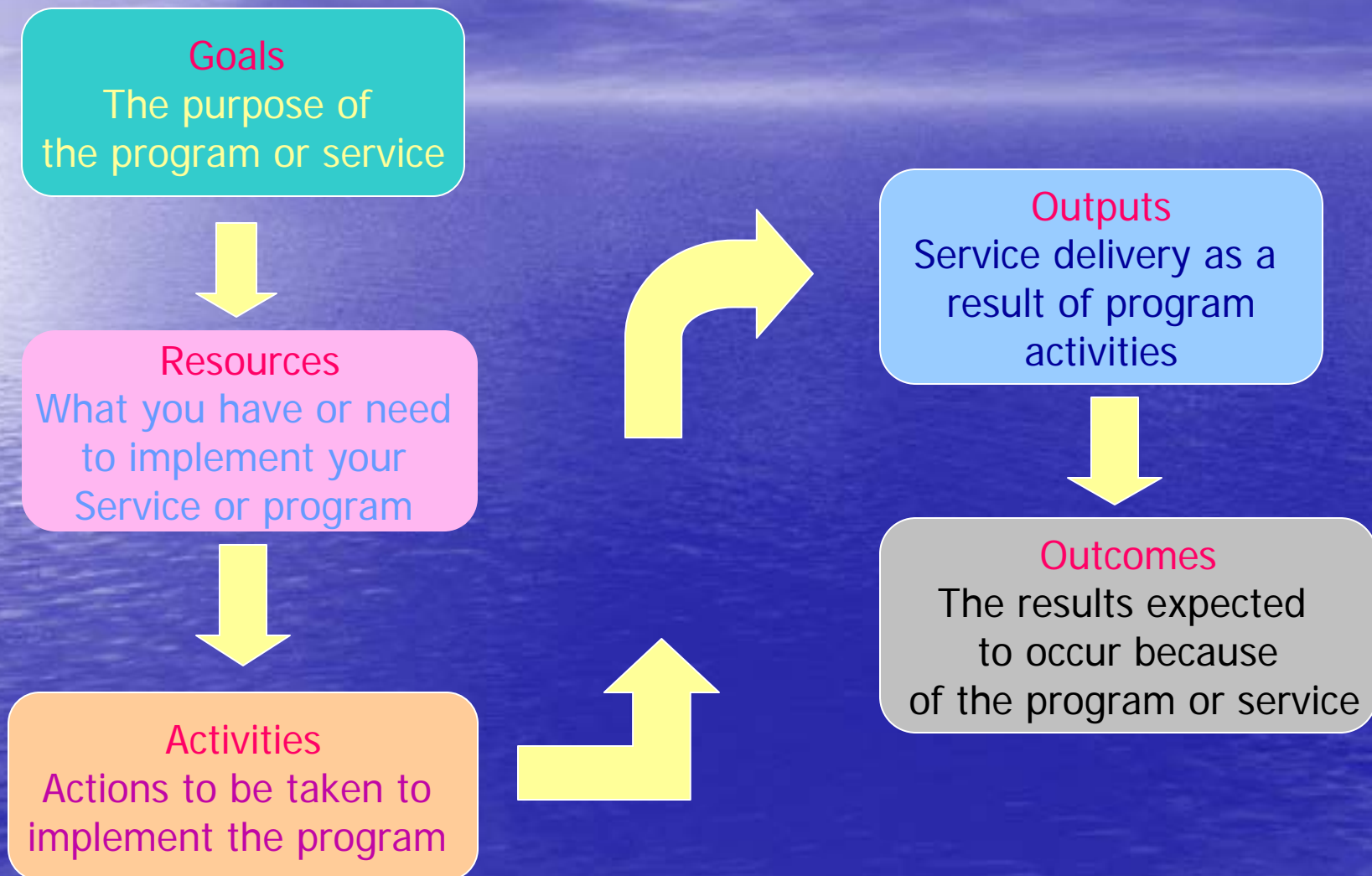
# What did we do?

- collaboration between clinical practice and research
- implemented evaluation tool to inform both research and clinical practice
- Program Logic model
- ensured practice is evidence based and grounded in research
- Inform future service planning

# Why we chose the Program Logic Model

- Program development and planning
- Program management
- Evaluation
- Communication
- Builds consensus

# What is the Logic Model Process?



# Program Logic Model Evidence

- High evidence – There is evidence that the activity has made an integral contribution to expected outcomes
- Moderate evidence – The evidence suggests that the program activities contribute to expected outcomes
- Low evidence – No evidence was found that the program activity is linked to expected outcomes

# Areas we evaluated

## Effectiveness of:

- “Drop-in” health service approach
- HEADSS assessment tool
- Outreach services
- Health promotion & research projects
- Co-location of services
- Necessary staff skill level

# Outcomes

- Literature provides:
  - evaluation of specific programs
  - in depth program descriptions
  - little research found that evaluates the effectiveness of primary adolescent health services
  - the opinions of young people and service providers of what they consider to be effective adolescent health services
  - little evidence to indicate actual benefit to adolescent health outcomes

# Outcomes

- strong evidence for the provision of health care specific to - substance use, mental health and sexual health issues
- but neglects to acknowledge and evaluate the effectiveness of primary health care service provision to clients

# Where to from here?

We need to undertake research and evaluation studies that objectively demonstrate the effectiveness of primary health care service delivery through:

- outreach
- co-location of services
- advanced nursing knowledge and skills
- multidisciplinary team
- HEADSS assessment tools
- supported referral and service linkages

# References

- Glendinning, C., Rummery, K, & Clarke, R. (1998) From collaboration to commissioning: developing relationships between primary health and social services. *BMJ 317: pp 122-125.*
- Innovation Network Inc. (2001) Logic Model Workbook. Retrieved 14 April, 2006, from <http://www.innonet.org/>

A photograph of a rowing team on a river, with a city skyline in the background. The rowers are in a long, narrow boat, moving from right to left. The water is dark blue, and the sky is a clear, light blue. The city skyline features several tall buildings, including a prominent one with a spire. The river is bordered by green trees and a paved path on the left. The text "Thank you!" is overlaid in white on the lower left of the image.

Thank you!