

Homeless young people in NSW: Innovative Health Services for Homeless Young People (IHSY)

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Youth homelessness

Homeless young people include those living on the streets (primary homelessness), those frequently moving from one refuge to another (secondary homelessness) and people living in boarding houses or couch surfing (tertiary homelessness) (MacKenzie and Chamberlain, 2008). In short, they do not have safe, secure, and stable housing.

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).

Innovative Health Services for Homeless Youth (IHSY)

Almost twenty years ago the 1989 report, 'Our Homeless Children', known as 'the Burdekin Report', (Human Rights and Equal Opportunity Commission, 1989) raised awareness of young homeless people, many of whom face mental health issues. Publicity was aided by a significant documentary, 'Nobody's Children' (ABC, 1989) resulting in much public shock and outrage.

The Burdekin Report', (Human Rights and Equal Opportunity Commission, 1989) resulted in Innovative Health Services for Homeless Youth (IHSY), a joint Commonwealth and State program funding agreement. The IHSY Program has existed since 1991 and is managed at the federal level by the Population Health Programs Branch, Population Health Division, Department of Health and Ageing. "The aim of the program is to improve the health outcomes of homeless and otherwise at-risk youth aged 12-24 years and their dependents through the provision of specialised health services and improved access to mainstream health services" (Department of Health and Ageing, 2008).

Youth Health Services in NSW

Within NSW, IHSY-funded services are administered via the Area Health Service, in contrast to other States and Territories where they are largely administered through non-government organisations.

In NSW most Youth Health Services source their major funding from NSW Health and are administratively managed within the local Area Health Service. IHSY funding makes up a significant portion of this funding. However the 2007 Youth Homelessness inquiry found that this funding has eroded across time (National Youth Commission, 2008a, p266):

The NSW Association for Adolescent Health, the peak body for the youth health sector in that state, told the Inquiry that the current funding received by NSW is insufficient, that some locations have no IHSY services and that existing services have experienced an erosion in funding, with an impact on staffing levels.

Youth Health Services aim to improve marginalised young people's access to health services, by providing multidisciplinary primary health care to young people aged from 12 to 25 years. Youth Health Services share a common operating philosophy which values social justice, equity, and an integrated/holistic view of young people's health and well-being. Youth Health Services play a key role in accessing and engaging hard-to-reach, marginalised young people.

Research into overcoming young people's barriers to service access (Kang et al, 2005) found that on the whole Youth Health Services:

- Specifically target young people,
- Promote relaxed, comfortable environments which could be described as 'youth friendly' in appearance and layout (for example providing a pool table, informal furniture settings and youth-targeted reading material and posters in the waiting areas)
- Employ multidisciplinary teams and, where appropriate, specialised professionals (such as bilingual staff and Aboriginal workers),
- Attract young people through a variety of entry points and less-threatening services (e.g. arts, drop-in, basic needs facilities such as showers and laundry), thus offering a comfortable and trusting environment where young clients are more likely to approach a counsellor, nurse or doctor to discuss other health problems,
- Facilitate informal links between the YHS and other support services/sectors (e.g. education, Centrelink, accommodation, Juvenile Justice, legal services), thereby assisting marginalised and homeless young people in navigating complex systems and bureaucracies associated with wider health and well being issues, and
- Encourage and incorporate young people's participation and consultation (NSW CAAH, 2005).

Currently nine of the total fifteen Youth Health Services in NSW are IHSY funded. These include:

- Canterbury Multicultural Youth Health Service (Belmore)
- Youth Health Outreach Team YHOT, Central Coast YHS (Wyong)
- Youthblock Health and Resource Service (Camperdown)
- Murralappi - The Settlement Neighbourhood Centre (Chippendale)
- Community Health for Adolescents in Need (CHAIN) YHS (Wollongong)
- Crossroads Youth Health Service (Nowra)
- Coffs Harbour Outreach Youth Health Service
- High Street Youth Health Service (Harris Park)
- Coffs Harbour Youth Health Service Child and Adolescent Mental Health

IHSY Reviews

A review of IHSY funded services found there is a need for specialist services for marginalised young people (Community Link Aust, 2003). In particular the review found that youth health services were able to reach their target group and that users consistently reported benefits from those services.

A further review in 2007 (Miller and Lazarrevic, 2007, p.4) found that the effectiveness and efficiency of Program implementation were as follows:

1. Service providers meeting client needs. Service providers are effectively and efficiently meeting the needs of clients by provision of quality, agreed direct, indirect and other services in coordinated manner.
2. Service provision. A wide range of services are being provided utilising a range of successful service models.
3. Need to address service gaps and barriers. There is little evidence of a policy response at the health jurisdiction or national level to address service gaps, barriers to provision of effective services and emerging issues.

Inquiry into youth homelessness

The recent inquiry into youth homelessness found that in the past twenty years the situation for young homeless has not changed, although the numbers of homeless young people have doubled (National Youth Commission, 2008a). As a result youth homelessness has recently received much media attention.

The documentary 'The Oasis' (National Youth Commission, 2008b), focussing on one of their services in inner city Sydney increased public awareness of the important role this service, like IHSY funded services, play for young people on the street. Both 'Nobody's Children' and 'The Oasis' were made through investigation of the issues including the views of professionals and young people themselves. These documentaries help to bring visibility to a group that would otherwise remain invisible (Resnick and Bowes, 2007).

The third national census of homeless school students found in 2006 the number of homeless school students had decreased since 2001 (MacKenzie and Chamberlain, 2008). The authors ascribed the decrease to an increase in early intervention services, but noted that three groups in particular were overrepresented including indigenous students, young people from a single parent family and those who had been in state care and protection.

Recommendation 17.2 of the *Australia's Homeless Youth report* (National Youth Commission 2008a, p.23) which included increasing investment in IHSY funding:

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.

The Green Paper: Which way home?

The NSW Government's submission regarding the Green paper (20 June 2008, p.8), highlighted the needs of specific needs groups, including young people:

The White Paper could helpfully focus on the specific needs of particular groups of homeless people including:

Young people - Whilst the paper identifies the prominence of youth homelessness, it is not considered that the options adequately prioritise the need for, or set the necessary directions required of, an appropriate level of response to this client group. It is also noted that there is insufficient description of existing specialised services for youth and the role

these services may play in a future service system. Successful programs, such as the Commonwealth/State funded Innovative Health Services for Homeless Youth (IHSY) program for example, are not referred to in the Green Paper.

The NSW Government submission then made the following recommendation (p.16):

Innovative Health Services for Homeless Youth (IHSY) program - The Australian Government's IHSY program could be better aligned with State based programs. The program enables mainstream health services to develop flexible models of service delivery for homeless young people. Broad cross - jurisdictional strategic agreement could be reached on roles and responsibilities with commitment to collaboration.

The White Paper: The road home

The Federal Government's white paper, *The Road Home*, does prioritise young people as a key group, however IHSY funded services and health services for homeless young people are not mentioned in the report. While the need for a whole of government/ community approach to tackle homelessness, most of the focus is on how funds would be directed towards enhancing existing housing and developing new housing.

The white paper proposes increasing housing options for young people, and programs maintaining their connection with families. This is a welcomed focus. At the same time we need to enhance funding for youth health services so that young people can receive the support they require for a range of health issues.

There is also a need to look outside of the Housing portfolio, beyond the SAAP services and new housing, to consider the broader social and health needs of homeless young people including IHSY funded youth health services.

Changes to IHSY Funding

From 1 July 2009, funding for the IHSY program will be rolled into a new broadbanded National Healthcare Agreement as part of COAG. On 28 November, 2008, the COAG agreed to provide \$60.5 billion to the National Healthcare Agreement and this agreement will cover public hospitals, public health and prevention. States and territories are responsible for distributing this funding, with priority given to homeless, Indigenous, remote and regional populations and socially disconnected young people.

The National Health Agreement is available online at:
http://www.coag.gov.au/intergov_agreements/federal_financial_relations/docs/IGA_FFR_ScheduleF_National_Healthcare_Agreement.rtf

Page 14, makes mention of low socioeconomic, homeless and socially disconnected young people under 'Social Inclusion and Ingenious Health'.

Recommendations

In the case of youth health services for homeless and at risk young people the key policy drivers have included public support for investment in young people at risk, evidence of the need for and benefits deriving from this investment and, most importantly, the fact that the *youth health service model* provides an effective framework for addressing the problem. These factors all combine to increase recognition of the reality that investing in our young people's health makes good financial sense.

NSW CAAH strongly supports increased funding for a range of early intervention and prevention services, including IHSY-funded youth health services, as recommended by the Australia's Youth Homelessness report (National Youth Commission, 2008a).

Research indicates that youth health service provision would be greatly enhanced by continuing to develop and appropriately resource youth-targeted programs and services; developing program consistency and shared strategic vision, and improving coordination, linkages and information sharing (NSW CAAH, 2005).

About NSW CAAH

The New South Wales Centre for the Advancement of Adolescent Health (NSW CAAH) is funded by NSW Health. In partnership with NSW Health and other sectoral stakeholders the Centre seeks to improve the health and well-being of young people aged 12-24 in NSW.

Our mission is to protect and promote the health and well-being of young people in NSW by partnering with health care, non-government, education, academic, community and advocacy bodies to ensure better adolescent health outcomes.

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