

A Framework for Youth Alcohol and Other Drug Services in New Zealand

NATIONAL COMMITTEE FOR ADDICTION TREATMENT JULY 2014

The vision for youth alcohol and other drug services in New Zealand is to achieve the best outcomes and increased resilience for our population of young people through evidence-based, youth centred programmes that are nationally consistent and collaborative.

The National Committee for Addiction Treatment (NCAT) has prioritised the development of a vision and direction for youth Alcohol and Other Drug (AOD) services in New Zealand. This development has come from a gathering momentum and focus on the youth AOD sector and a need to guarantee the best outcomes for our young people. A recent National Youth Forum sponsored by the Ministry of Health provided a platform to begin the development of a shared trajectory.

The purpose of this paper is for NCAT to provide guidance to the sector, including funders, providers and those with an interest in youth AOD services, on how services could look in 2020. While it is acknowledged that many services have made gains in delivering services which are youth focused/friendly, many, if not all, youth services have a long way to go to achieve the goals set out in *Rising to the Challenge*. *Rising to the Challenge* indicates a future of fewer services within larger organisations that are well networked and have shared support services. In the future, organisations will need to be flexible enough to support both rural and urban young people.

The overall mental health and addiction funding spend for youth services does not reflect the percentage of young people in the population or the needs of this group. As a whole, current service provision may not be delivering the outcomes for youth. While there is good youth data available to guide our decision making, much of it is within academia, particularly university research centres, and we need to better integrate research and service provision. Serious consideration needs to be given to how we, the sector, can bring about the required changes as youth AOD providers and also how the wider sector could contribute. This includes agencies such as the Ministry of Social Development, Ministry of Education and those with responsibility for both the primary care and public health

needs of young people.

The demand for services is predicted to significantly outstrip our workforce's ability to supply them by 2020. While there is limited workforce projection information, urgent work needs to occur in order to practically grow our youth workforce. The disconnect between funding and service provision will be a significant barrier to doing so. The overall ability to change and adjust to new ways of working may be greater in non-government organisations (NGOs) than in traditional district health board (DHB) services.

Growing nationally will improve population outcomes and service delivery. By doing so in a nationally consistent fashion, we can continue to reap the benefits of the learnings while still being responsive to our local communities.

Three themes emerge as we move to national consistency – **the need for shared outcomes, shared principles and clear, consistent client pathways.**

To begin to build a framework of essential practices in



developing and delivering youth AOD services, sector experts and youth advisors have identified some essential characteristics that youth services should have. It has been identified that services need to be youth friendly; collaborate and integrate, provide effective interventions, and develop the workforce.

Systemically, we need to ensure we are **improving outcomes** for the entire population, that the experience for young people and families/whānau is positive (including both access and effective intervention amongst other factors), while also ensuring **value for money** (as well positive return on investment).

A lot of effort has gone into describing what a **'youth space'** could be like in terms of how the physical environment might look and feel. Providing a generic statement about the physical environment may not be helpful. However, having all youth AOD services mandated by those youth accessing the service as a youth friendly space is critical by 2020. This will allow for local variation and innovation.

How do we achieve youth friendly services?

Providing youth friendly services incorporates the several practical considerations listed above, such as easy access, ensuring confidentiality, youth friendly branding, and

To move the youth AOD sector forward the following must occur:

- **A long-term approach** needs to be taken in the development of the youth AOD workforce.
- **Investment** must be made by funders in scalable, sustainable youth services.
- **Evidence-based practices** must be socialised, sourced, funded, promoted and used.
- **Development of leadership** must occur (including youth leadership) which is essential in providing the ongoing vision and capacity to support and bring about change to a nationally integrated and collaborative system.
- **Benchmarking and target** setting must be established nationally, with integration of objectives to evaluate quality as well as value for money.

multiple other factors. An approach that supports help-getting (as opposed to help-seeking) behaviour, and incorporates the youth voice in both development and

Framework for youth AOD services

Youth friendly	Collaboration and integration	Effective interventions	Developing the workforce
<ul style="list-style-type: none"> • Goal setting • Branding with 'youth appeal' • Community-based appropriate meeting spaces • Effective communication, such as texting • Ensuring confidentiality • Ease of access regardless of severity • Youth involvement in service development • Integration of Māori youth culture. 	<ul style="list-style-type: none"> • AOD services working with youth mental health services become more responsive • Working toward a single, complementary system of care between DHBs and NGOs • Youth services have some distinction from adult services when co-located • Integrated pathways and ease of access • Simplified, coordinated referrals • Coordination with other services such as Youth Justice, Police and Emergency Departments. 	<ul style="list-style-type: none"> • Use of evidence-based practices • Family/whānau engagement is critical and supports change • There is culturally competence • Practitioners are able to utilise Māori cultural and clinical interventions • More services are mobile and community-based. 	<ul style="list-style-type: none"> • Staff have access to high calibre clinical and cultural supervision • First contact is important, from reception to clinician • Potential use of youth peer support • Relationships with local primary care providers are sought and established.





delivery of a personalised, strengths-based programme provides the platform for empowerment. Special attention to the 18-22 year old age group is also needed as these people may be served by adult services but may not fit well developmentally.

Youth participation in development and continuous improvement of programmes contribute to ensuring services are responsive. Models of youth participation, such as Hart's Ladder of Youth Participation, used by the Ministry of Youth Development, assist in developing and assessing the level at which programmes have empowered the youth voice.

How do we achieve collaboration and integration?

Collaboration and integration of services between NGOs, DHBs and other sectors enables a more responsive, easier to use system for the young people and families seeking assistance. Nationally as well as locally it also strengthens

practice through transfer of knowledge. In a day to day local system, this collaboration may look different by locality. In larger urban centres there may be less geographical area to traverse, but a larger number in the workforce. Rural and provincial areas may have a larger or more challenging geography, but a smaller workforce to coordinate. Collaboration and integration with adult services may also present a different challenge. Some areas may not have capacity for entirely separate youth AOD Services and they may exist within or be co-located with the Child & Adolescent Mental Health Service (CAMHS).

How do we achieve effective interventions?

Effective interventions that engage family/whānau, are culturally competent, and serve families and young people within the community are important to ensure desired changes are achieved. Working in a mobile and community-based service helps remove barriers to service and treatment by operating within service users' own spaces and places. Effective interventions should be those which are evidence-based. There is no one definition of evidence-based practice. Rather, it is a term that describes a decision making practice.

Role of NCAT

NCAT is the national voice of the addiction treatment sector. It is a voluntary organisation which provides leadership, direction and expert advice on treatment for alcohol, other drugs, and problem gambling. NCAT is able to support the recommendations outlined in this framework. However, to achieve **the vision for youth alcohol and other drug (AOD) services** in New Zealand, investment in both time and resources will be required.

Recommendations

Recommendations to achieve the vision for youth AOD services are that:

- Each youth AOD service provider uses the framework to assess current and planned service provision and determine alignment with the identified foundation, framework and direction of youth AOD services
- Biannual national youth AOD forums are held by the Mental Health Commissioner to bring together sector leaders to continue to assess and action the implementation and improvement of youth services in alignment with *Rising to the Challenge* and *Blueprint II*
- Youth exemplar projects are continued, with successes and challenges used as an important tool to continue to bring change and improvement to the sector
- Funder involvement in youth AOD leadership days takes place, enabling recognition of the development and needs of services within a national context as well as ongoing support and assistance as needed. This is a first step to bridge the perceived gap between funding and service delivery
- The new Minister of Health is provided a full briefing on the challenges facing youth with AOD problems by the Mental Health Commissioner (supported by NCAT), including barriers to change and a range of avenues which could address the challenges
- One off funding is made available for a role to oversee these recommendations and produce a paper on how the sector can practically address workforce demand issues
- A coordinated leadership role is taken by the Ministry of Health, the Mental Health Commissioner, Matua Raki and NCAT in implementing and further developing the youth AOD service framework and supporting the vision.

