

YOUNG PEOPLE'S HEALTH SERVICE



YPHS Clinic Model

Problem statement: Homeless young people have poorer health and poorer access to health services than their housed peers

YPHS goal: To improve the health and well being of young people aged 12-24 at risk of or experiencing homelessness in Victoria

Target group: Homeless young people (aged 12-24) at risk of or experiencing homelessness in Victoria

Objective: To provide an accessible, youth relevant, primary health care (PHC) service for homeless and/or marginalized young people aged 12-24 in Melbourne's CBD

Rationale:	Resources	Activities	Outputs 1	Outputs 2	Outputs 3	Outcomes/Goals
<p>YPHS believe that:</p> <ul style="list-style-type: none"> A youth friendly PHC service that works within a co-located platform and employs a social model of health will be accessed by and better meet the health needs of the target group Provision of youth relevant health interventions will improve health outcomes for the target group The target group have the right to health care that is equal to their housed peers 	<p>Funding</p> <p>RCH support: Including pharmacy, IT, pathology, medical fellows</p> <p>Skilled Youth Health Nurses: Post Grad Adol. Health, AOD competencies, accredited HIV & Hep C test advisors, Post Grad Sexual Health, accredited nurse immunisers, single session therapy, motivational interviewing</p> <p>Clinic: Operational</p> <p>Public health partnerships</p> <p>Co-located services</p> <p>Frontyard intake workers</p>	<p>Clinic: Drop in 12-5 p.m. Monday to Friday</p> <p>Clinical outreach: CSO — once per fortnight with YSAS; CRO — once per week to refuge</p> <p>Secondary consults: Phone, handover, other services</p> <p>Health promotion: Including Gardasil, sexual health and AOD education</p> <p>Education: Young people, health professionals, students, service providers</p> <p>Research: e.g. Sentinel surveillance, MG</p>	<p>Assessment: Youth health psycho-social assessment (HEADSS) on all new clients</p> <p>Opportunistic health interventions: Including vaccination, education, crisis interventions</p> <p>Nurse initiated screening: Including order and collect pathology for STI, BBV, Pap test and immigrant health; AOD assessment and ASSIST suicide assessment</p>	<p>Nursing diagnosis: Based on HEADSS assessment & nurse initiated screening</p> <p>Nursing interventions and treatments: Including contraception, morning after pill, STI treatment; single session therapy, motivational interviewing, AOD harm reduction education and strategies; ASSIST suicide intervention</p> <p>Referral to services: Specialist e.g. dentist Co-located e.g. law Tertiary e.g. hospital</p> <p>Follow up</p>	<p>Homeless young people have:</p> <p>Increased understanding of sexual health, mental health & AOD</p> <p>Increased understanding of options for maintaining and/or improving their health</p> <p>Early engagement with health services</p> <p>Fewer hospital admissions</p> <p>Early links into intervention and treatment services</p>	<ol style="list-style-type: none"> Improved health and well being outcomes for homeless young people who access YPHS Young people exit homelessness Improved social determinants Reduced burden of disease for young people Healthier society

External factors: Current political climate, structural factors e.g. access to transport, access to housing, employment and education opportunities, attitudes towards health and healthcare