

Youth Alcohol and Other Drug Service Review Tool

Service name

Assessors

Assessment date

Review date

Dovetail provides clinical advice and professional support to workers, services and communities across Queensland who engage with young people affected by alcohol and other drug use. Dovetail is an initiative of Queensland Health, hosted by Metro North Hospital and Health Service.

Hot House is a free, confidential alcohol and drug counselling service for young people under the age of 25. Hot House provides specialist tertiary treatment for young people, families and significant others as part of Metro North Mental Health - Alcohol and Drug Service.

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The Youth AOD Service Review Tool was developed in consultation with over seventy frontline youth AOD workers at the Dovetail Youth Forum in November 2018. A trial to review the tool was conducted with assistance from 5 Youth AOD services with differing service models. The services that participated were; Logan Adolescent Drug Dependencies Early Response Service (LADDERS), Open Doors Youth Service Inc., Brisbane Youth Service (BYS), Youth Empowerment Towards Independence (YETI) and Hot House. Feedback was also sought from the Metro North AOD Service Culturally and Linguistically Diverse Working Group as well as the Aboriginal and Torres Strait Islander AOD Statewide Educator. Lastly, young people from the Open Doors Youth Service Inc. Youth Reference Committee provided valuable input into the tool.

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Need help?

If you have any questions about the service review, please contact Dovetail by phone (07) 3837 5621 or email info@dovetail.org.au

Introduction

The Youth Alcohol and Other Drug (AOD) Service Review is a self-assessment tool for Queensland youth AOD service providers to improve health services for young people. The tool is based on research into young people's access to services, the "NSW Youth Health Better Practice Framework" (NSW CAAH, 2011), the World Health Organisation (WHO, 2009) "Making Youth Health Services Youth Friendly" audit tool and through consultation with members of the Queensland youth AOD workforce.

This tool is intended to help youth AOD services describe the features of their service or program that makes them accessible and responsive to the needs of young people. The tool is also intended to help guide services to identify any potential gaps.

With repeated use of the tool, services can capture and record improvements over time. It is recognised that there will be gaps identified by the tool which will be outside the scope of services to change due to geographical issues, building limitations or different funding agreements. It is hoped that this tool can help support services to maintain the focus on being youth appropriate and friendly.

The tool is divided into the following sections:

- 1 Environment
- 2 Accessibility
- 3 Inclusive of Culture and Diversity
- 4 Workforce Development
- 5 Youth Participation
- 6 Evidence-Informed Practice
- 7 Outreach
- 8 Family Inclusive Practice
- 9 Alcohol and Other Drug Specific Considerations
- 10 Useful Resources

Rationale

Young people (aged 12-24 years) are nationally recognised as a priority population group within AOD services with unique issues and risks that require specific strategies to best meet their health service needs (National Drug Strategy 2017-2026). It is well acknowledged that barriers exist for young people in accessing and engaging in treatment. Young people may be reluctant to access AOD services and delay seeking help. Services need to consider how they promote themselves to young people to break down potential barriers. Some young people are more vulnerable due to disabilities, illnesses or histories of trauma and others may be marginalised because of diverse gender or sexual orientation or cultural background. Youth AOD services aim to provide inclusive and safe environments for all young people who wish to access their services.

According to the World Health Organisation (WHO, 2009), health services are considered 'youth friendly' if they are:

- **Accessible** – young people can obtain the health services that are available
- **Acceptable** – young people are willing to obtain the health services that are available
- **Equitable** – all young people, not just selected groups, are able to obtain the health services that are available
- **Appropriate** – the right health services (i.e. the ones they need) are provided to them and
- **Effective** – the right health services are provided in the right way, and make a positive contribution to their health.

These principles underpin the Youth AOD Service Review Tool.

Instructions

It is recommended that the self-assessors work through the sections and questions in the tool, selecting 'No', 'Partly', 'Yes' or 'N/A' - not applicable. A comments section is also provided to list examples, queries and for describing recommended actions. It is suggested the tool is completed every twelve months.

The tool can be completed by an individual on behalf of the service, or can be used to enable team discussion and planning.

Services are encouraged to invite a range of staff and consumers to complete the tool to generate discussion about differing perspectives and opportunities for improvement. Services can choose to complete the tool in its entirety or work through the relevant sections over time.

Example

	No	Partly	Yes	N/A	Comments / Actions
<i>Drop-in areas</i>					
Does the space have engaging activities for a diverse range of young people and interests?			<input checked="" type="radio"/>		Rules communicated verbally No written sign
Are the expectations of using the space displayed with a written sign and communicated to all young people? (e.g. group rules for the space)		<input checked="" type="radio"/>			
Are staff responsive and available at all times during drop in hours?			<input checked="" type="radio"/>		

1. ENVIRONMENT

Refers to the physical or built environment that is designed to facilitate effective service delivery for young people and their families.

	No	Partly	Yes	N/A	Comments / Actions
Waiting areas					
Is there a designated youth waiting area?					
Are there strategies to help young people feel contained and reduce any stress whilst waiting for their appointment? (e.g. music, comfortable chairs, television)					
Are there magazines and reading material targeted towards young people?					
Does the waiting area cater for families? (e.g. colouring books, toys for children or younger siblings. Resources available for significant others?)					
Is information on rights and responsibilities, service information, giving feedback clearly displayed?					
Is there tea/coffee, water, food available for young people accessing the service?					
Is there access to free Wi-Fi for people accessing the service?					

	No	Partly	Yes	N/A	Comments / Actions
Counselling areas					
Are there dedicated youth counselling rooms?					
Are counselling areas private? (e.g. away from drop-in, waiting areas etc)?					
Are the counselling areas inviting to young people? (e.g. rooms are youth friendly and not overly clinical)					
Do the areas have art work or posters that are targeted to young people?					
Does the environment allow staff to easily observe and supervise young people at all times?					

Drop-in areas

	No	Partly	Yes	N/A	Comments / Actions
Does the space have engaging activities for a diverse range of young people and interests?					
Are the expectations of using the space displayed with a written sign and communicated to all young people? (e.g. group rules for the space)					
Are staff responsive and available at all times during drop in hours?					

Co-located services

These items relate to maintaining safety and security for young people when accessing co-located services. Young people need to be protected from unwanted exposure from adults, including being overheard or seen.

	No	Partly	Yes	N/A	Comments / Actions
Are the counselling rooms and waiting areas ever shared with adult clients?					
Are there risks for the young people arriving or leaving? (e.g. walking through adult facilities to access the service, adults approaching young people leaving service)					
Are there policies and strategies in place to mitigate potential co-location risks?					
Are young people's preferences sought when areas are shared with adults? (e.g. Young people offered alternative places to be seen if required; checking if they are okay in the service when adults are present)					

2. ACCESSIBILITY

Refers to a flexible, affordable health service which is relevant and responsive to the needs of all young people.

	No	Partly	Yes	N/A	Comments / Actions
Is the service promoted via youth appropriate platforms? (e.g. social media presence, youth interagency meetings, youth service directories, posters at other youth services.)					
Does the service promotion include a description of the service and information for young people about "what to expect" at the first appointment / when they attend?					
Does the service promotion include how to access the service including public transport and parking options, costs, confidentiality?					
Is the service free or affordable to young people?					
Do young people require a Medicare card to access the service?					
Do young people require consent from others to access the service? (e.g. parental/carer consent, teacher permission, GP referral etc)					
Is the service easily accessible by public transport?					
Does the service provide transport for young people to attend appointments and take them home?					
Is there a policy/procedure about transporting clients?					
Is it confidential / discreet to access the service? (e.g. minimal signage, private access)					
Are there flexible ways for young people to access treatment at the service? (e.g. young people can access via groups, appointments, drop-in and/or outreach)					
Where possible, does the service provide after-hours appointment times for young people who are at school or working?					
Are young people contacted or seen by a worker within an appropriate time frame? (e.g. 7 days from first contact or referral)					
Does the service have an effective process for managing waiting lists?					
Is there a clear procedure for managing late appointments and following up missed appointments? (e.g. are there several attempts to follow up using a variety of ways to communicate such as text, phone call)					

3. INCLUSIVE OF CULTURE AND DIVERSITY

Refers to health services that are inclusive and responsive to all young people. The following priority groups have been identified by the National Drug Strategy 2017-2026 (AIHW 2017): Aboriginal and Torres Strait Islander young people, lesbian, gay, bisexual, transgender, intersex, queer, asexual, pansexual, sistergirl and brotherboy (LGBTIQAP+SSBB) young people and culturally and linguistically diverse young people and their families.

	No	Partly	Yes	N/A	Comments / Actions
Aboriginal and Torres Strait Islander					
Does the service have a Reconciliation Action Plan (RAP)? (A framework which includes practical actions to drive a service's contribution to reconciliation internally and in the communities in which it operates.)					
Are there posters, images and information brochures, specifically for and representing Aboriginal and Torres Strait Islander young people and families?					
Do all staff have access to cultural support?					
Do all staff undertake mandatory training in Aboriginal and Torres Strait Islander cultural awareness and sensitivity?					
Are documents and forms Aboriginal and Torres Strait Islander sensitive? (e.g. do they ask about Indigenous status?)					
Do all staff demonstrate cultural sensitive practice? (e.g. ask about connection to culture and cultural background, measuring engagement levels of Aboriginal and Torres Strait Islander young people that access the service.)					

	No	Partly	Yes	N/A	Comments / Actions
LGBTIQAP+ Sistergirl & Brotherboy					
Does the service have a commitment to the health and wellbeing of LGBTIQAP+ SGBB people? (e.g. commitment statement, inclusive practice policy)					
Are there posters, images and information brochures, specifically for and representing LGBTIQAP+ SGBB young people and families?					
Do all staff undertake mandatory training in LGBTIQAP+ SGBB awareness and sensitivity?					
Are documents and forms LGBTIQAP+SGBB inclusive? (e.g. do they acknowledge diverse genders and intersex variations and all sexualities?)					
Do all staff demonstrate LGBTIQAP+SGBB inclusive practice? (e.g. not using heteronormative terminology)					

Culturally and Linguistically Diverse

No	Partly	Yes	N/A	Comments / Actions
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Does the service demonstrate its commitment to the health and wellbeing of Culturally and Linguistically Diverse people? (e.g. Culturally and Linguistically Diverse inclusivity statement)					
Are there posters, images and information brochures, specifically for and representing young people from Culturally and Linguistically Diverse backgrounds and their families?					
Is there signage or information informing people of interpreter services?					
Are staff trained and supported to access interpreters?					
Do all staff undertake mandatory training in cultural awareness for Culturally and Linguistically Diverse backgrounds?					
Are documents and forms culturally sensitive? (e.g. do they ask about preferred languages? Are forms available in multiple languages?)					
Is the service supporting culturally sensitive practice? (e.g. ask about cultural background in assessment, consider culture in formulation)					
Is there opportunity to access culturally appropriate supervision if/when needed?					

4. WORKFORCE DEVELOPMENT

A commitment to developing worker's knowledge, skills and attitudes to ensure staff can work confidently and effectively with young people.

	No	Partly	Yes	N/A	Comments / Actions
Does the service have a mission statement and clear goals of the outcomes for young people it wishes to achieve?					
Are staff attitudes of being non-judgemental, respectful and friendly promoted within the service?					
Have staff received training on: <ul style="list-style-type: none"> • Working with young people • Developmental stages and how developmental delays may impact on young people • Engagement with young people • Treatment strategies specific to young people • Family inclusive practice • Culturally secure practice • Trauma informed practice 					
Have reception staff / admin roles received training regarding communication and responding to young people?					
Do staff receive regular supervision specific to working with young people?					
Do staff have access to other youth specialist workers for clinical liaison advice (e.g. Mental Health services or child safety services?)					

5. YOUTH PARTICIPATION

Youth participation describes young people's active involvement in developing, implementing, reviewing and evaluating services and programs intended for their benefit.

	No	Partly	Yes	N/A	Comments / Actions
Does your service have policies and procedures that outline how young people can participate in program development, implementation, review and evaluation?					
Does the service have a client advisory group? Does the group reflect the diversity of young people?					
Are young people included in decision making, such as consulted on new services, outcomes, planning and recruitment?					
Is there a feedback mechanism available to all young people accessing the service? (e.g. feedback boxes, client satisfaction surveys etc.)					
Does the service seek to gain feedback and input from a range of young people to reflect the diversity of young people and their views and needs?					

6. EVIDENCE-INFORMED PRACTICE

An evidence-informed service can demonstrate that its development has been made on reliable assessment of need derived from a range of sources and that the interventions and strategies employed are designed according to better practice standards determined by local, national and international guidelines.

	No	Partly	Yes	N/A	Comments / Actions
Are young peoples and their families' rights and responsibilities regarding accessing your service explained at first presentation and in simple terms?					
Is there a policy and procedure to determine a young person's consent for treatment?					
Does your organisation have a clear confidentiality policy? Is it explained to all young people and their families in simple, easy to understand terms?					
Are there clear processes regarding protecting the confidentiality and sharing of information with others? Including family members?					
Are young people informed of any policies, values or beliefs that may impact on young people? (e.g. a religious service may not provide contraceptive services; a school mandatory reports AOD use)					
Are staff trained in the policies and procedures about working with young people? Are they reviewed annually?					

	No	Partly	Yes	N/A	Comments / Actions
Assessment					
Is the registration or intake form brief and non-invasive and sensitive to literacy levels?					
If your service uses screening tools, have they been validated for use with young people?					
Do all staff conduct a biopsychosocial assessment with each young person they see?					
Are all young people routinely screened for risk? (e.g. suicide, self-harm, child protection, domestic and family violence)					
Following the initial appointment, is the plan for the next session clearly explained and is interim support offered? (e.g. phone call the following day between appointments to check in, safety cards provided with explanation)					

	No	Partly	Yes	N/A	Comments / Actions
Treatment Interventions					
Are young people actively involved in developing their treatment goals (or treatment plan)? Is it reviewed regularly? Are the treatment goals recorded accordingly?					
Does the service address the multiple needs of a young person in the treatment plan? (e.g. mental health, housing, employment, relationships etc.)					
Does the service use evidence-based treatment modalities for young people? (e.g. CBT, Motivational Interviewing, IRIS)					
Are staff trained in developing management plans for risk assessments?					

	No	Partly	Yes	N/A	Comments / Actions
Collaboration					
Are there established referral pathways with other relevant services? (e.g. Sexual health, mental health, housing, Centrelink, services for family)					
Are there formalised service agreements (MOU's etc) with other relevant services? Do the agreements clearly articulate sharing of information, confidentiality, safety issues etc.					
Do staff have access to support if the presentation is outside of scope, complexity and risk? Are there clear processes for escalating issues?					

	No	Partly	Yes	N/A	Comments / Actions
Research					
Does the service have a policy on conducting research with young people?					
Does your service collate data for research purposes on young people? Are young people informed of this?					
Are research projects reviewed by an ethics board that meets the requirements of the National Health and Medical Research Council (NHMRC) research guidelines and ethical standards?					
Does the service regularly share research and disseminate findings to help build and advocate for the sector?					

7. OUTREACH

Refers to the provision of AOD services to young people that are non-agency based. This includes assertive street work, assertive community outreach, clinical outreach and detached / mobile outreach.

	No	Partly	Yes	N/A	Comments / Actions
Does the service provide outreach to improve the access for hard to reach young people?					
Is outreach clearly promoted to young people? Is it easy for them to access the outreach worker or sites?					
Are there policies and procedures for conducting outreach services?					
Are policy and procedures always implemented when staff do outreach? (e.g. call back to service after completion of outreach appointment)					
Is the outreach adequately resourced? (e.g. travel time accounted for, workers provided cars, fuel cards, mobile phones, laptops, petty cash to pay for food etc.)					
Is the environment always considered when providing outreach at the differing sites? (e.g. are the sites safe, private, confidential etc?)					

8. FAMILY INCLUSIVE PRACTICE

Family inclusive practice acknowledges that families and significant others play a significant role in a young person's life, and in their recovery. Families are also affected by a loved one's AOD use.

	No	Partly	Yes	N/A	Comments / Actions
Does the service have a commitment to family inclusive practice and a policy regarding the involvement of families/significant others?					
Are all young people offered the option of including family or significant others as part of treatment? Is the young person's response to this documented?					
Are families informed of their rights and responsibilities and the service's confidentiality policy?					
Does the service offer support to families/significant others (i.e. counselling, groups)?					
Are there established referral pathways to family support services to meet their needs?					
Are staff trained in family inclusive practices?					

9. ALCOHOL AND OTHER DRUG SPECIFIC CONSIDERATIONS

Refers to the specific policies, practices and considerations that are unique to AOD service provision.

	No	Partly	Yes	N/A	Comments / Actions
Does the service work under the National Drug Strategy harm minimisation framework?					
Does the service follow the "Queensland AOD Treatment Service Delivery Framework"? (https://insight.qld.edu.au/guidelines)					
Does your service have a policy regarding responses to young people disclosing AOD use? Are young people informed of this?					
Does your service have a policy around managing intoxication? Are staff trained in this?					
Is there a process for managing illegal activity onsite? (e.g. using onsite, drug dealing to other clients?)					
Does your service have established referral pathways and links with other relevant AOD services? (e.g. Detox, Needle and Syringe Program)					
Is AOD health literacy considered? Do workers explain drug and alcohol language and terminology to young people?					
Do all staff follow the National Minimum Data Set (NMDS) data collection guidelines?					
Do staff access specific AOD related training? (e.g. Dovetail/Insight)					

USEFUL RESOURCES

Cultural Responsiveness Framework for Health Services

<https://www2.health.vic.gov.au/about/publications/policiesandguidelines>

Health Consumers Queensland – Consumer and Community Engagement Framework

<http://www.hcq.org.au/>

Queensland Alcohol and Other Drug Treatment Service Delivery Framework

<https://insight.qld.edu.au/guidelines>

Queensland Alcohol and Other Drug Treatment and Harm Reduction Outcomes Framework

<https://insight.qld.edu.au/guidelines>

National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014 – 2019

<https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-peoples-drug-strategy-2014-2019>

National Drug Strategy 2017-2026

<https://www.health.gov.au/resources/collections/national-drug-strategy>

National Safety and Quality Health Service Standards User Guide for Aboriginal and Torres Strait Islander health

<https://insight.qld.edu.au/guidelines>

Rainbow Tick Guide to LGBTI Inclusive Practice

<https://www.qjp.com.au/standards/rainbow-tick-standards/>

World Health Organisation Quality Assessment Guide to Assessing Health Services for Adolescent Clients

https://www.who.int/maternal_child_adolescent/en/

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WHO (2009). *Quality assessment guidebook: a guide to assessing health services for adolescent clients*. Retrieved from: https://www.who.int/maternal_child_adolescent/documents/fch_cah_9789241598859/en/