
POSTER ABSTRACT

Where Youth Health and Youth Justice Intersect

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Introduction: The future of our country is dependent on the positive development of young people. Sadly, a small number are on a trajectory towards a life of crime. In 2015, 1010 (1) young people entered a Youth Justice Residence (a Residence). Once a young person enters the youth justice environment, it is important that effective interventions are implemented to reduce recidivism and encourage healthy development.

Practice change implemented: A system of integrated governance with representatives from District Health Boards, Non-Government and Social Development agencies was implemented. A refreshed set of service specifications and memorandums of understanding outlining the operational responsibilities of various agencies was implemented across each Residence in New Zealand.

Aim and theory of change: A literature review was completed on the role of a nurse in the youth justice environment. There was compelling evidence suggesting that organisations working with young people in a youth justice environment must work together for the overall wellbeing of the young person. It was recognised this will require a paradigm shift from traditional models of care.

Timeline: The development of the integrated service delivery model commenced in 2014.

Highlights: The model has a high level of buy in across government health, education and social agencies and the model has been implemented across most Residences. Ultimately, this environment gives professionals the opportunity to work collaboratively in order to reduce offending and recidivism, and encourages healthy development.

Comments on sustainability: The model supports New Zealand's refreshed Health Strategy (2) and changes proposed by a major review (3) into the delivery of youth justice services to New Zealand's most vulnerable young people. The concept of 'One Team' in a Residence means that social services, education, health and justice must work together and work with clear accountabilities, roles and responsibilities and underpinned by effective leadership.

Comments on transferability: The integrated model of service delivery is a blueprint for other areas of health where collaboration and interagency working is considered critical to ensuring positive health outcomes for communities.

Conclusions: The integrated approach practiced within our youth justice setting has enabled a more holistic approach to caring for young people. It has reduced the silo approach to decision making and therefore care is less fragmented.

Discussion: The literature review identified promising interventions to support youth offenders to choose a 'different path'. However, they are intensive and require significant leadership and human and financial resources.

Lessons learned: Multiagency large scale change projects require commitment from an integrated leadership team - both across government agencies and within Residences. Building positive and trusting relationships between providers within a Residence is critical to the success of the model.

References:

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