

Sixth Australian and New Zealand Youth Health Conference, Christchurch, 24–26 September 2007

Research into Practice, Evidence into Policy

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It is well known that many causes of youth mortality and morbidity are preventable. A key question of the 2007 Youth Health Conference was how research and evidence can impact upon policy and practice to address this fact. A significant international perspective contributed to the three days of the conference, with many presentations relating to work in Australia and New Zealand as well as the United Kingdom, United States of America, Jordan and the Greater Mekong sub-region. Many young people's issues were covered, including sex and sexuality, asthma management, teenage parenting, violence, drug use, eating disorders and obesity, and mental health.

The conference opened with presentations by Andrew Becroft, Principal Youth Court Judge and David Rea, CEO, Ministry of Youth Development, NZ. Both speakers set the scene regarding the lived experience of young people in New Zealand and the challenge evident in utilising research and evidence effectively. Andrew Becroft outlined statistics for youth offending in NZ and highlighted the similarities in the personal histories of these young people to populations of young offenders in other countries. He stated that a substantial body of longitudinal research now exists that points to a very small group of males who display high rates of antisocial behaviours across time and in different situations. The question was raised as to whether current responses to this were consistent with an evidence base and good practice across international settings; for example, whether incarceration is an appropriate response to what can often be described as a case of "reckless decision-making". Examples of best practice and policy were given, including the Christchurch Youth Drug Court, Otago Youth Wellness Trust and multi-systemic family therapy approaches. Less effective strategies that had been used before were policies of "segregation and aggregation", where young offenders are taken "out of the community and then all put together".

Professor Rachel Thomson, from Open University (UK), gave the first keynote speech, outlining the *Inventing Adulthoods* qualitative longitudinal study of young people growing up in England and Ireland between 1996–2006.¹ One hundred young people were regularly interviewed across five sites, with the purpose of examining how a generation of young people in different circumstances "invented" different types of adulthoods. A key finding from the project was the impact of social change on youth transitions; there is no simple destination for growing up, with adolescence becoming more extended, complex, individualised and risky. Messages from this research that are valuable to policy include the inconsistencies between extended dependency and working-class values, the possibility of changes to the traditional life course sequence (i.e. education, work and family formation), and the need to be able to combine the "best of both worlds" in these areas. The importance of resources to draw on, particularly families, was also a key finding.

Several presentations concentrated on the issues associated with effective research dissemination. Simon Denny and Peter Watson, from the Adolescent Health Research Group, NZ, discussed strategies for the distribution of results of the youth health and wellbeing surveys in NZ in 2000. Outputs of the study were disseminated via contracted reports, publications (including non-peer reviewed academic literature, due to its wider dissemination than journals), presentations, education curriculum, health services and local government. Impacting on policy was considered a difficult task, due to the turnover of policy staff and the large number of policy documents produced.

Dr Sarb Johal, from the NZ Ministry of Youth Development (MYD), talked about the What Works? project, which supports the use of research and evaluation in youth development work. The project is focused on the extent to which there is evidence for the effectiveness of programs, if this knowledge is used in a systematic way, and how it is used in the workplace. Dr Johal outlined the possible repercussions of a non-systematic approach to informing practice and policy, such as the adoption of ineffective or harmful practices, and/or missed knowledge and opportunities. Unintended consequences may also occur, and Dr Johal gave the example of a social marketing campaign that addresses drink-driving and young people, and how it may implicitly accept binge drinking. A website

1 See www.lsbu.ac.uk/inventingadulthoods and the book of the study: Henderson, S., Holland, J., McGrellis, S., Sharpe, S., & Thomson, R. (2006). *Inventing adulthoods: A biographical approach to youth transitions*. London: Sage.

that becomes a “hub of information” on systematic reviews, similar to the Cochrane Collaboration,² is a possible solution that MYD is investigating.

Professor George Patton, in his keynote address the following morning, highlighted one of the key problems with this approach by pointing out that it is very common to find unclear effects in research on interventions in adolescence. In Professor Patton’s view, advocating for the importance of adolescent health research was a critical step. More well-resourced centres of excellence with a shared research agenda, for example, between epidemiology, social science and education, are needed. A subsequent panel session further highlighted the need for practitioners to value research and to provide incentives for researchers to disseminate their findings.

In terms of initiatives in the youth health field, the Sydney-based Inspire Foundation team gave an impressive five-paper session. Research into marginalised young people and their use of information and communications technology was discussed, as well as recent additions to the Reach Out! website. One addition is the forthcoming launch of ReachoutPro in mid-2008, in response to the discovery that approximately 20% of the users of the Reach Out! site are professionals. The presenters also outlined technical improvements to Reach Out Central, an online-game based youth mental health education program.

One of the highlights of the program was the keynote on the final day given by Dr Ken Ginsburg, Associate Professor of Pediatrics, The Children’s Hospital of Philadelphia, and University of Pennsylvania School of Medicine. Dr Ginsberg spoke passionately and authoritatively on service provision to young people, with a particular focus on the seven C’s of resilience: confidence, competence, connection, character, contribution, coping and control. He believes that young people will be more resilient if important adults in their lives believe in them unconditionally and hold them to high expectations. Dr Ginsberg pointed out that awareness of the impact of cognitive development on a young person’s understanding will help tailor messages that make sense to young people, rather than the use of abstract terms. The importance of positive coping skills was highlighted, and Dr Ginsburg directed delegates to a “not yet wonderful” but nevertheless useful interactive stress management plan for teenagers at www.aap.org/stress

Overall, the conference was inspiring in many ways. The involvement of young people was not only in evidence physically at the conference, but several papers addressed their active and highly valued involvement in research, program delivery, service delivery and education. Throughout the conference, delegates were challenged to consider how young people can continue to engage in these processes and questioned whether positive youth development initiatives can be successful without such involvement. While the young people vocalised their frustration at times with the academically focused presentations, and the adults may have shuffled to the back of the hall during the hip-hop band’s session, there was an evident passion, respect and common goal for all present.

Many examples of programs and research were presented, and readers are directed to a number of websites below for some of the programs, agencies and services discussed at the conference, a mere handful of which have been discussed in this report.

Reach Out! And Reach Out Central

www.reachout.com.au

www.reachoutcentral.com.au

Ministry for Youth Development (NZ)

www.myd.govt.nz

Centre for Adolescent Health (Victoria)

www.rch.org.au/cah

Centre for the Advancement of Adolescent Health (NSW)


www.caah.chw.edu.au

Youth 2000—New Zealand Youth: A profile of their health and wellbeing

www.youth2000.ac.nz

Youth Connectedness Project, Victoria University of Wellington, NZ

www.vuw.ac.nz/youthconnectedness



A substantial body of longitudinal research now exists that points to a very small group of males who display high rates of antisocial behaviours across time and in different situations.

² www.cochrane.org

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