WA's Young People Have a Say

Community Conversations Report

Government of **Western Australia**
Department of **Health**

TELETHON **KIDS** INSTITUTE
Discover. Prevent. Cure.

Consumer & Community
Health Research Network

ACKNOWLEDGEMENTS

The Consumer and Community Health Research Network at the Telethon Kids Institute would like to sincerely thank the young people from across Western Australia who attended and participated in the Youth Community Conversations.

Many groups and service providers contributed to the success of the community conversations by advertising and promoting the events to their networks, we really appreciated your support. In particular we would also like to acknowledge and thank the following people and organisations for their contribution:

- Annie Dann, Broome PCYC
- Ashleigh Tapper, City of Armadale
- Colette Moses, Harry Perkins Institute of Medical Research
- Deanna Sullivan and Sharon Chapman, City of Bunbury
- Dorte Hansen, Health and Wellbeing Officer, City of Armadale
- Erin Kelty, UWA School of Population and Global Health
- Herb Graham Centre
- Janine McNamara, Telethon Kids Institute
- John Jacky, Telethon Kids Institute
- Joy Wearing, Broome Senior High School
- Kirsten Case, Family Development Officer, City of Stirling
- Penny McCall, Headspace Bunbury
- Ruby Walsh, Youth community member
- Sandy Daan, Radio Goolarri
- Sarah Silen, Broome Youth and Families Hub
- Silvana Garwood, Community Development Officer, City of Bunbury
- Staff and students, Broome Senior High School
- Staff and students, Mazenod College
- Telethon Kids Institute
- Telethon Kids Institute Youth Advisory Group
- Tiana Culbong, Curtin University
- Tonii Skeen, Project Officer – Youth Development, Nyamba Buru Yawuru Ltd.
- WA Youth Health and Wellbeing Alliance
- WA Youth Health Policy Working Group
- Wadjak Northside Aboriginal Community Group
- Will Gee, Drop In Centre, Broome
- Youth Accommodation Services, Parkerville Children and Youth Care Inc.

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1 EXECUTIVE SUMMARY

The Consumer and Community Health Research Network at the Telethon Kids Institute was contracted by the WA Department of Health to run a series of community conversations with young people to inform the development of the WA Youth Health Policy 2018–2023.

This Report details the findings from these community conversations and the methodology used.

The involvement of young people is paramount to the Policy's aim of driving health services that optimise the health and wellbeing of young people in WA.

Throughout September and October 2017, community conversations were held across metropolitan, regional and rural WA. Young people aged 13 - 24 from a range of priority populations highlighted in the draft Policy were invited to participate in these community conversations.

122 young people attended the community conversations to express their views and perspectives and have a say about what is important to them about youth health and wellbeing. Feedback from the community conversations was themed into the following seven key themes:

- **Youth focused approach**
- **Access**
- **Service delivery**
- **Health and wellbeing**
- **Education**
- **Health information and promotion**
- **Technology**

Young people strongly voiced the need for a youth focused approach to delivering health services and engaging with young people.

Young people suggested a 'one-stop' shop that provides easily accessible, youth friendly services to support their needs. They want services that are free or low cost, with appointments that allow for after-hours access in central locations. Information needs to be from a credible source, concise and easy to understand. A directory managed by the Department of Health, or similar organisation such as the Institute or the Western Australian Primary Health Alliance, was described as being an invaluable resource that young people would see as their 'go-to location' for their health and wellbeing needs.

Young people expressed that they often felt they weren't really being listened to. Building rapport and respect with health professionals was difficult to develop with anonymity, privacy and confidentiality often being overlooked in a health system that is difficult and overwhelming to navigate.

Service delivery should take a tailored approach to the specific needs and priorities of the individual. Young people want health services and health professionals to support them to continually improve and maintain their long term health and wellbeing. Transition from adolescent to adult health care services needs to be simplified and young people supported to ensure they are not lost within the health system during this time.
Schools were seen as a primary source of health education and set the foundations and opportunity to promote health and wellbeing into adult life. Young people want access to health services through schools and see school psychologists, counsellors and nurses playing a vital role particularly for mental health and wellbeing, where stigma remains a major barrier.

Technology increasingly plays an important role in the lives of young people used for communication, access, information and education. They want to be able to communicate with health professionals through web chats, book services online, receive text message reminders and to engage through apps, online surveys and questionnaires.
Increased knowledge, education and involvement from young people in their own health and wellbeing will lead to empowerment and ultimately independence. Young people described this in the community conversations as the 'cutting of the umbilical cord.'
Ideally the Policy will confirm the vital role that young people's 'voices' have played in its development and this will be reflected in the design, delivery and review of policies and strategies regarding young people's health and wellbeing.
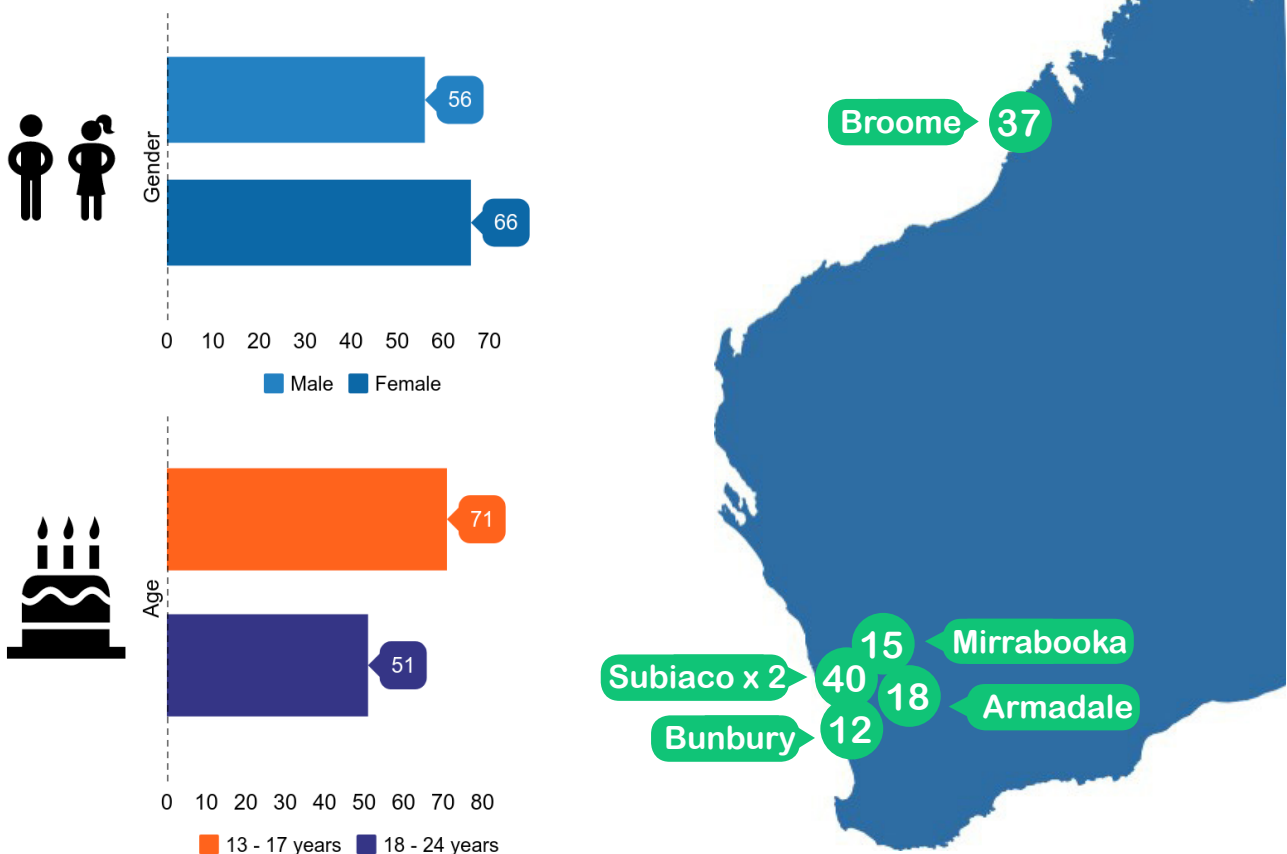
The images above show the age and gender of attendees and location of all community conversations.

2 BACKGROUND

About the WA Youth Health Policy

The development of the Policy is a reflection of the increased recognition of young people's health as a priority area both internationally and within Australia. The Child and Youth Network, Western Australian (WA) Department of Health, developed a draft Policy to demonstrate the WA health system's commitment towards achieving the shared vision and strategic priorities of the Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health[1].

In 2013, the Commissioner for Children and Young People initiated a youth health project to develop the Young People's Experiences with Health Services: Final Report[2]. This report led to the publication of the Commissioner for Children and Young People's Position Statement on Youth Health[3] which stressed the need to focus on young people in health policies and services. This in turn has driven and informed the development of the Policy.

To ensure the Policy was informed by current experiences, needs and priorities of young people the WA Department of Health contracted the Network to conduct youth community conversations across Western Australia. The community conversation process, developed by the Network uses an interactive method to bring together diverse groups of people in a creative way to harness perspectives and provide feedback on issues that matter most to the community. Through this method young people had the opportunity to have a say on what is important to them and provide their perspectives on young people's health and wellbeing. The key aims of the community conversations were to:

- confirm what are considered to be priority action areas for young people's health (aged 10 - 24) in Western Australia
- create a youth focused slogan for the Policy
- provide anecdotal evidence (stories) of de-identified individual experiences and perspectives in relation to young people's priorities to support the content of the Policy
- confirm that the draft Policy accurately and realistically reflects the health and wellbeing needs of young people

Consumer and community involvement at the Telethon Kids Institute

The Network formerly known as the Consumer and Community Involvement Program was first established in 1998 at The University of Western Australia School of Population Health and the Institute. In July 2016 funding from Lotterywest enabled the expansion of

this program across the twenty-two partner organisations of the Western Australian Health Translation Network. This exciting initiative, which is a first for Australia, provides support for all WA researchers to implement community involvement in their research.

The key aim of the Network is to bring together consumers, community members and researchers to work in partnership to make decisions about health research priorities, policy and practice. The Network has for the past two years, worked in collaboration with the WA Youth Health and Wellbeing Alliance at the Institute to ensure opportunities are provided for young people to have the same 'voice' as other sectors of the WA community and embed their involvement in research.

A youth community forum held in 2016 lead to the formation of the Institute's Youth Advisory Group. The Institute's Youth Advisory Group provides opportunity for young people to be actively involved in youth health and wellbeing research.

Consultation with the Telethon Kids Institute's Youth Advisory Group

The Institute's Youth Advisory Group and other young people on the Network's data-base were consulted throughout the process. This included:

- input into the concept of consulting with a broader range of young people
- how the consultations would be undertaken
- input into the development of the questions
- recruitment strategies to involve young people
- attendance at community conversations

These images were taken at community conversations held in Subiaco and Mirrabooka.

favourite slogan!
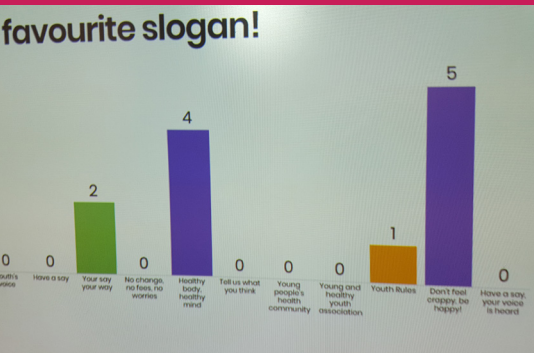
3 COMMUNITY CONVERSATIONS

Seven community conversations were conducted across Western Australia to ensure that as many young people, representative of the wider community, had an opportunity to have a say about the Policy.

These were held during September and October 2017, in the following locations:

> **24 attendees** Telethon Kids Institute, Subiaco

> **16 attendees** Telethon Kids Institute, Subiaco

> **18 attendees** City of Armadale Administration Building, Armadale

> **15 attendees** Herb Graham Multicultural Centre, Mirrabooka

> **12 attendees** City of Bunbury Public Library, Bunbury

> **27 attendees** Broome Senior High School, Broome

> **10 attendees** Broome Youth and Families Hub Drop in Centre, Broome

The draft Policy recommends that young people are recognised as diverse with distinct and specific health needs. It highlights several priority youth populations. Young people aged 13 to 24 including well individuals and those from the priority youth populations highlighted in the draft Policy were invited to participate in these community conversations.

The Process

The community conversations were conducted using an abridged version of the 'World Café Method'. The World Café[4] method is an easy to use format for creating open conversation around questions of importance to a specific topic.
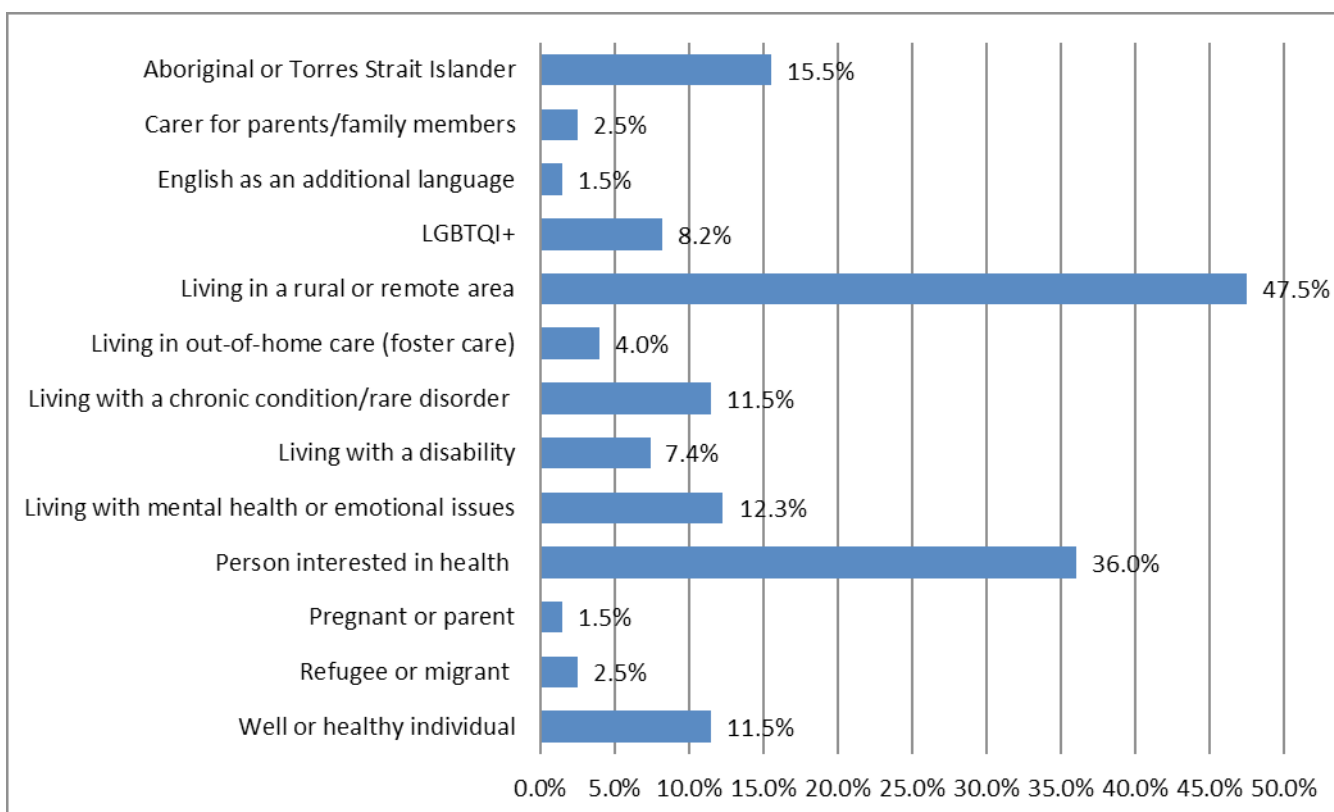
The benefits to using this method are:
- everyone has an opportunity to answer all questions
- participants are encouraged to engage in conversations in a comfortable space
- diverse perspectives are valued and respected
- participants are encouraged to hear and explore different ideas
- builds a foundation of trust.

A limitation of the community conversations is they are not taped and transcribed. Table facilitators listen to the participant's discussion and paraphrase the responses.

The graph below shows how young people who attended the community conversations identified themselves

Category	Percentage
Aboriginal or Torres Strait Islander	15.5%
Carer for parents/family members	2.5%
English as an additional language	1.5%
LGBTQI+	8.2%
Living in a rural or remote area	47.5%
Living in out-of-home care (foster care)	4.0%
Living with a chronic condition/rare disorder	11.5%
Living with a disability	7.4%
Living with mental health or emotional issues	12.3%
Person interested in health	36.0%
Pregnant or parent	1.5%
Refugee or migrant	2.5%
Well or healthy individual	11.5%

Conversely not taping the discussion provides a safe space to be able to speak freely about their ideas and issues. The report is written to capture the community conversation process that was undertaken. Facilitators also gave an overall observation of the discussions at each table.

Young people were grouped according to their ages i.e. either aged 13 – 17 or aged 18 – 24 and were asked to join a table with up to six people in the same age group. The community conversations were facilitated by the Network's staff and in some cases staff from the organisations that supported the events. The Health Networks WA Department of Health Development Officer presented and assisted at the community conversations held in metropolitan Perth.

Each table had an experienced table facilitator from the Network and other service providers. In some instances there was a scribe to record responses at each table.

At the beginning of each community conversation young people participated in an 'icebreaker' activity. Each table was tasked with building a tower using marshmallows and spaghetti. This activity generated a lot of communication and laughs between the young people and created the 'scene' for involvement from everyone.

Information was given about the development of the Policy, the purpose of the community conversations and opportunities to ask any questions. The Network's 'golden rules' for the community conversations were shared and agreed upon before the group discussions. The groups were given approximately 15 minutes to discuss each question. At the end of the question session, the table facilitators gave one key point from the discussions.

The presentations, materials and questions were youth focused, short and colourful to appeal to the young people. Age appropriate, plain language was used in all community conversation materials. The agenda (Appendix A) was developed with an aim of ensuring everyone had an opportunity to be involved, share their ideas and experiences.
To ensure inclusiveness the young people were given the opportunity to use a 'bright ideas' slip. The bright ideas slip gave the option for young people to write down sensitive input that they didn't feel comfortable sharing verbally in their small groups.

The community conversations were concluded with an engaging interactive activity using technology and mobile phones to vote on a slogan/tagline for the Policy. Participants were then asked to complete an evaluation of their involvement in the community conversation.

Golden rules

- Be respectful and courteous
- Everyone's ideas are valid
- Put forward as many ideas as possible
- Have a 'bright idea'
- Enjoy the chance to have a say!

Special considerations

Young people aged 13 - 24 were invited to participate in the community conversations with an aim of enabling full participation within a safe environment and allowing for age appropriate conversation. It is acknowledged that this consultation did not include young people aged 10 - 12. This is recognised as a limitation of the feedback from the community conversations. It was anticipated that the invited participants would bring insight from their own personal experiences of young people's health.

Due to the potential nature of discussions being quite different depending on the age of the participant, it was necessary to separate those aged 13 – 17 from those aged 18 – 24 in the small group discussions. Discussion at the tables was guided by the age appropriateness of the questions asked. Parent/guardian consent forms were obtained for participants aged 13 – 17 (Appendix B).

Event locations, dates and times were all considered to ensure maximum opportunity for attendance by a broad number of young people. Inclusiveness of hard-to-reach and vulnerable populations determined the location selection and required the support of local councils and youth community organisations. Locations also needed to be accessible and youth and disability friendly.

Dates were chosen around school exams, school holidays and an appropriate day of the week to promote attendance. Event times were guided by the local communities as to the most suitable times for the majority of young people in the area. Most were conducted out of hours (after school, work and university commitments) from 6pm to 8pm.

It was suggested by Broome community leaders to hold an event at the Broome Senior High School during the school day to encourage involvement from this hard-to-reach population.
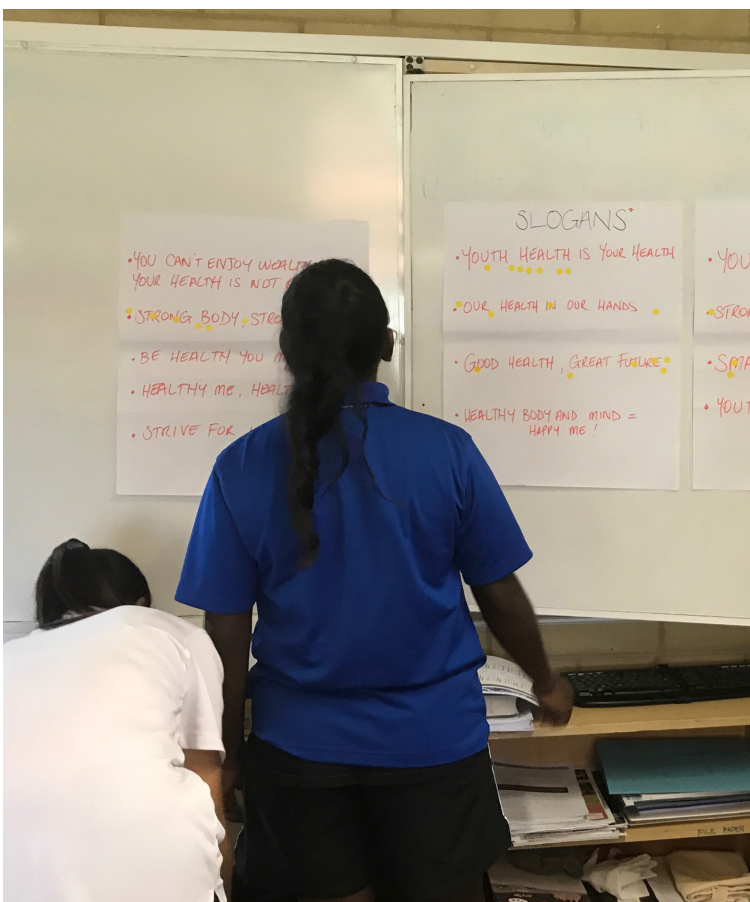
These images were taken at community conversations held in Broome and Bunbury.
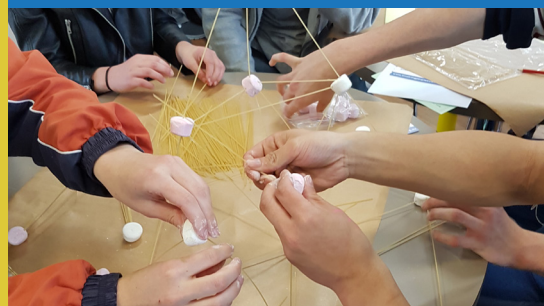
Advertising and promotion

Wide-spread promotion of the community conversations was vital to ensure that young people from the broad demographic were in attendance.

Stakeholders working with young people, particularly those identified as priority populations and youth networks, were identified, contacted and requested to assist with promoting the events. This was achieved through initial email contact with follow up calls made to address queries, assist with invite distribution and further promote the events. This provided for wider distribution to young people at a face-to-face level.

The community conversations were promoted through:
- The Network's database
- Institute Youth Advisory Group
- Service providers of youth health and wellbeing services
- Non-government organisations
- Local and state government agencies
- The Department of Education

Flyers and handouts (Appendix C) for the events were adapted from similar flyers that were developed in consultation with young people for the Institute's Youth Advisory Group events. The flyers were visually appealing and used language that young people would relate to. These were distributed through many youth health organisations and services across the state and at local community events (e.g. Notre Dame Library - Broome Campus, Broome Library, Bunbury Library, Broome Headspace Clinic, the Institute's Discovery Day, The University of Western Australia's Open Day and the Harry Perkins Institute's Open Day).

Social media such as Facebook, Twitter and Instagram were utilised to advertise and promote the events. An event page on Facebook was developed for each of the conversations and shared by the community and stakeholders through their networks. The Mirrabooka, Bunbury and Broome community conversations were 'boosted' through targeted Facebook advertisements to increase promotion.

Registration process

Young people were invited to register their interest in attending one of the community conversations through the Involving People in Research Website[5] and Facebook page[6]. Participants in the metro and Bunbury areas were offered an honorarium for their attendance to cover out-of-pocket expenses for attendance. A donation was given to the Broome Senior High School for their involvement in the conversation in lieu of payment to the participants, as recommended by the school and local Aboriginal leaders. Food and refreshments were provided at all community conversations.

Participants could advise of any dietary requirements, special needs, language assistance, or a preference to be allocated to a gender specific group through the registration process. Registration was preferred; although a 'drop-in' approach was also encouraged to allow as many young people to attend and bring their friends.

Questions asked at the community conversations

Four questions were developed by the WA Youth Health Policy Working Group to achieve the aims of the consultation. These were reviewed and amended by the Network's staff in consultation with the Institute's Youth Advisory Group to ensure they were appropriate and youth friendly. The Youth Advisory Group identified the need for a modified set of questions (Appendix D) which were more age appropriate for those aged 13 – 17. Consequently questions for this age group were re-worded to an appropriate level of comprehension and maturity. Input into the final questions was provided by young people from this age group. Additional prompts were provided to table facilitators to encourage wider thinking and conversation about each question.

Suggestion of the WA Youth Health Policy slogan

An important consideration of the Policy is to have a youth focused vision statement and title. To assist with this young people were asked to create a slogan/tag line for the Policy. Young people were encouraged throughout the community conversation to think of suggestions for the slogan of the WA Youth Health Policy. At the end of each conversation these were collected and uploaded to an online, interactive, real-time voting app – Mentimeter[7] ; allowing each of the participants to register their vote for their favourite slogan. Provisions were in place to ensure all young people were able have their say and to vote.

Attendees at the community conversations

As the community conversations are an interactive process that foster active participation it was important that the environment was not overcrowded and overwhelming for the participants. For this reason the maximum number of attendees for events was capped at 25, with exception of attendees from the event at Broome Senior High School as the community conversation was conducted during class time.

These images were taken at community conversations held in Broome and Subiaco.

4 FEEDBACK FROM THE COMMUNITY CONVERSATIONS

Following each community conversation the notes were collated and broad themes were identified. Feedback from all community conversations was amalgamated into one document grouped under the following seven key themes:

- **Youth focused approach**
- **Access**
- **Service delivery**
- **Health and wellbeing**
- **Education**
- **Health information and promotion**
- **Technology**

Youth focused approach

Young people consistently expressed their desire to be in charge of their own health and the focal point of health service delivery. They were very forthcoming in providing insight into

'Still need help from someone trustworthy but want to start doing things for ourselves'

their health experiences and needs. Young people expressed the need for healthcare workers to communicate, openly and honestly with them, reserving their right for independence, privacy and respect.

Young people want to be consulted and involved in decisions that directly affect them. They want to be listened to in relation to the development of the health services, information and strategies that are associated with their health and wellbeing.

Young people talked about having a healthcare system that fulfils the needs specific to their stage in life - they want a system that has been built to fit them, rather than one which requires them to adapt to it in order to be fully engaged and supported. They want to be listened to, respected and treated as people who are learning, discovering and experiencing how to manage their own health.

Honesty and transparency was seen to be of great importance in the relationship that health professionals have with young people, whose right it is to be effectively and correctly informed about matters concerning their health - 'it's their body, so tell them how it is.'

'Listen to us and give us choices'

Independence was identified as being very important to young people; expressing the desire to learn while being supported by family, carers and youth mentors particularly during the transition phase from child to adult health services.

'Be honest – don't just say 'everything will be alright'; tell it how it is – if there's a problem, tell us what causes it'

Language is key. Young people want information in plain language that is easy to understand and gives them the opportunity to ask questions and express their thoughts and feelings. They want to be spoken to directly, in a 'normal' manner, not using teenage slang or medical jargon. They don't want information 'dumbed down' or 'sugar coated'. This was particularly identified by young people aged 13– 17, who expressed that they do not want to be talked down to or treated like 'children'. They felt they are capable of hearing and understanding what is being said. Furthermore, young people have identified the ages between 13 and 17 as a time when they are trying to build their independence; hence they want the opportunity to be more in charge of their health care, speaking with health professionals themselves. As they navigate this process, young people still see their parents/families as being their primary support and first point of call.

'Asks about more than just my illness/condition – getting to know me, this helps me trust them'

Young people aged 18 – 24 expressed that health professionals need to be more 'accepting of generational change and how we can take young people's opinions/ information seriously.' Anonymity, privacy and confidentiality in dealing with personal information, and judgement by health professionals, are concerns to young people; particularly for the LGBTIQ+ community.

Young people said that when they see health professionals they want them to focus on the reason for their appointment rather than discussing unrelated issues e.g. 'don't ask questions about sexual activity if that's not what the appointment is about'. At times it will be important for health professionals to take a holistic approach and have an interest in the 'whole self' to help build the relationship e.g. 'have an interest/knowledge of other things going on in young person's life – take a holistic approach'. They were particularly concerned about judgement, stigma and assumptions regarding specific health topics such as sexual health. Young people who identified as LGBTIQ+ specifically expressed their need for sexual health information that is relevant to them; including understanding what safe sex means in this context and how to reduce the risk of contracting a sexually transmitted infection, e.g. 'Lesbians would not use condoms so what measure should they take?'

Overall, young people said they want to see approachable health professionals who are 'friendly, welcoming, understanding and trusted.'

'Information asymmetry' between doctors and patients, means you sometimes don't get told all the information you should due to caregivers 'protecting young people' from information they feel is too much for them to deal with. Honesty and openness is always best'

Access

Many people identified the need for better access to 'specialised youth' services that are

'Counsellors need to make themselves more available, more approachable – would improve level of comfort, reduce stigma and increase rapport'

staffed by health professionals who are sensitive to their needs and have an interest in young people's health. These services need to be in easy-to-access locations, with public transport options and appointment times that are convenient to young people. Young people suggested improvements to access including the opportunity to book appointments online, through apps and receive SMS reminders. All services and information need to be 'free or low cost' and able to be found through 'one central source'. Young people want online services available that offer anonymity, privacy and convenience including:

A consistent and clear message from young people is the need for an easily accessible, youth friendly health service directory. A 'one-stop shop,' with youth friendly health professionals, a

'List of GPs and the services they provide, particularly specialising in youth issues and a directory of where to find them'

choice of male or female, who are culturally sensitive and 'safe' for all people. This idea of 'safety' was particularly important for young people belonging to the LGBTIQ+ community. Similarly, homeless youth expressed difficulty in accessing services due to not having a 'home address' and young people of varying religious traditions may be refused treatment from services affiliated with religions that are in contrast with their own.

Young people want youth services to be centrally located, with easy accessibility to transport links and availability of flexible or 'drop in' appointments. They also said they wanted waiting areas to have a youth friendly approach - a cool 'chilled- out' area appropriate for young people,

'Make the environment more inviting – can be too clinical'

created with input from young people into the design and relevant health information displayed. Young people would also like to be able to check themselves in via a self-service system as they voiced embarrassment of 'receptionists' calling out their personal details or reason for visiting. Knowing costs of services up front is also important, as young people may not be able to afford services, with a preference for bulk billed and low-cost options.

Consistent access to Aboriginal health workers and more specialised medical professionals was identified as being particularly important in regional areas. Online services, chat lines and Skype appointments were suggested as a means to increase the access for all young people to health care professionals. Hotlines are often only available

'Headspace is [a] good [example] – it's easy to make an appointment, you don't need a Medicare card, it's free, you can talk about anything, it's very relaxed. More places like Headspace needed'

during Australian Eastern Standard Times which isn't appropriate for the WA community.

Privacy and the confidentiality of personal information were highlighted as being of importance to young people when accessing services. This was particularly identified by young people from regional and rural areas, who expressed that it is 'hard to remain confidential in a community where everyone knows you'. Online chat services allow for anonymity and easy access, reducing the anxiety of young people who only feel comfortable speaking over the phone.

'Face-to-face services (online can feel like you're talking to a computer)'

Young people are overwhelmed by the health care system – most stated they had a limited understanding of the health system, they don't know how to access Medicare, how bulk billing or referrals work – however they are keen to learn. Young people aged 13 – 17, in particular, were unaware they could obtain their own Medicare card preventing them from being able to access services on their own. Information provided from one central trusted source as to how they navigate and access services was seen as a solution to eliminating this barrier.

'Consistency – prefer the appointment more when I get the same doctor; don't feel comfortable with unknown doctor'

Service delivery

Services need to be more young people friendly, in safe, 'chilled-out' environments that promote inclusiveness. Services should be evidence-based practices that support 'continual improvement' of the unique individual. Health professionals and support staff such as receptionists were identified as requiring better skills in addressing the needs and confidentiality aspects of health and wellbeing in young people.

'Make a less serious mood – have some music playing – something to distract you'

Young people said that service delivery should be evidence-based otherwise the doctor's personal beliefs and assumptions can influence the advice and care provided, particularly for sensitive/socially stigmatising issues such as illicit drug use and gender diversity.

Young people voiced that service delivery should be tailored to the specific needs and priorities of the individual rather than a 'one size fits all' approach to their health and wellbeing. Young people want ongoing encouragement and support of continual improvement for life long health rather than a lecture about what they should be doing.

'It takes a leap of faith to go and see a health professional'

Making the transition from adolescent to adult health care needs to be made simpler and easier. Young people, particularly those with chronic health conditions, report this as a difficult time as they are often 'lost' in the system; they don't

know how to take control of their own health care, what services exist and how they can access them.

'Support continual improvement, rather than just focusing on immediate change or short-term goals for the individual e.g. being healthy rather than a certain weight'

Collaboration and communication between health professionals is also seen as important, sharing of information and the need for young people not to have to continually 'repeat their stories' will help ensure consistency in the care provided.

Explanation of diagnoses and the prescribing of medications are identified areas where young people want more education. They want to understand their health, the need for particular medications and how these might affect their health and wellbeing. Knowing the costs of medications, tests and referrals to specialists were all matters of significance to young people.

Young people identified the importance of health professionals having the skills and knowledge to adequately respond to youth mental health and sexuality issues. They want health professionals to recognise the diversity of today's world, and evolve with it: 'LGBTIQ+ issues such as the patient's gender not matching their name – don't make it a big issue.' It was suggested that it should be mandatory for youth health service provider staff, from receptionists through to treating health professionals, to undertake professional development on how to engage with young people, particularly around the issue of confidentiality. Ongoing training is essential to ensure their knowledge of the needs, issues and priorities of young people are up to date to facilitate a better, more communicative relationship. This was thought to ensure appropriate care to young people would be provided. The idea of incentives was suggested to encourage health professionals to complete this training.

'More focus on appropriate lifestyle changes tailored to the individual and less focus on one optimal way of living – 'one solution does not fit all'. e.g. Suggest eating more fruit and vegetables, rather than being specific like the 2&5 fruit and vegetable campaign'

Health and wellbeing

Stigma remains a major issue for young people accessing mental health services especially within school environments.

Early identification, awareness and education were identified by young people as making a difference to their mental health and resilience. More services with easier access and short waiting times are needed.

'Make working out fun – on a community level; something fun, accessible and cheap or free'

Being able to participate in physical and leisure activities with others and is incorporated more into their lives are seen as ways young people could keep healthy. As is healthy nutritional food choices that are affordable and convenient.

Mental health, particularly young men's mental health, is of particular concern to young people; the stigma attached to mental health issues often prevents them from accessing help. The issue of timely access to support services is critical, but young people often find services difficult to source and face delays in accessing these services. Young people want more than one option for who they can talk to about their mental health as they don't always connect with the first health professional they access. Online mental health services are often a preferred option, however young people expressed a gap in the availability and resources for young people with anxiety, stress or mental health conditions, but who are not suicidal.

'Strategies for young men to feel comfortable talking about mental health'

'Stigma of mental health is a big issue – prevents people accessing help'

There were many differing opinions on the thought of physical activity, with many school age males interested in participating in school sports but school age females not wanting to engage in the same manner. Young people said if they were made to participate in sports at school then it would make them more active. Options for training or joining sporting teams with friends, family or other people would keep them more engaged.

Affordable, diverse healthy food options will encourage young people to eat better; school canteens were seen as a good place to not only offer healthy food choices but also educate young people in nutrition and food selection guidelines.

'Bombarded with mental health information but the focus is mainly on suicidal feelings. Seen as shameful to go to a mental health service for small problems e.g. 'Beyond Blue associated with severe mental illness and suicidal thoughts'

Young people were aware of the impact of poor quality sleep and in particular the use of technology in late evening associated with difficulties in sleeping. The need for messaging about how 'switching off sometimes can be good' and understanding limitations to the use of technology can be beneficial to them. Aspects of immobility caused by excessive technology use, mental health concerns due to 'cyber bullying' and being 'more disconnected' when meeting in person were all issues of concern.

Education

Schools were seen as a primary source of health education, support and the opportunity to promote healthy living. Availability of services from school psychologists and nurses were an important resource that needed a greater representation in all schools. Exercise programs, access to gym equipment, healthy food options in canteens, together with presentations and talks from external providers were identified as being key ways young people could be healthier.

'Educate young people (leaflets/guides) on how to navigate the system: Medicare, bulk billing, how to book a GP appointment, get a referral'

Young people wanted practical education around navigating the health system and availability of services so that they could be empowered to be more independent. Constructive education around the use of drugs and alcohol that help young people understand the harms, differences, risks and awareness of how they can help others that have taken drugs or drinking alcohol.

'Some young people are going to use drugs – how do you help a friend who has overdosed?'

Young people are unsure how to access reliable, trustworthy health and wellbeing information - they want the information delivered to them e.g. education through schools or information via social media.

'School is a good place to find out about health care e.g. nutrition, importance of exercise, sexual education'

Schools have a very important role to play – this is where young people want to learn about the health care system, learn about living healthily (e.g. diet, exercise, and sleep), sexual health, mental health and more awareness about breaking down the stigma associated with these.

Young people want access to school psychologists, counsellors and nurses that they book through an online booking system that is discrete and confidential. They want to be supported, learn from and speak to people they can relate to and have options about who they would like to work with.

'Health promotion generally uses scare tactics – educate instead and be more realistic, particularly with alcohol and drugs'

Health information and promotion

Young people want information that is easy to find, trusted and relevant in one central location that targets the needs of the youth audience. It is important that information uses simple, concise, positive messaging and is available online as well as brochures/flyers etc.

Young people expressed a view that a 'policy' would not be something that they actively would be interested in reading and 'short videos' would be more appropriate.

'Health messaging should use positive language and take a balanced approach i.e. "not just focusing on eliminating 'bad' behaviours but also developing healthy behaviours"'

Young people want a one-stop online directory that provides information about all available health services and resources, and how to access them. The directory should be well-resourced to ensure information is regularly updated. Young people want to be able to rate the services they have attended via the directory – 'like the RAD Australia

website'. Translation of the latest research findings/developments should be available as information that is easy to understand, clear and concise. Young people are aware of the vast amount of 'incorrect' information circulating and agreed that a credible source like the WA Department of Health would be an appropriate central governing body responsible for managing the directory.

'A trusted source where people can go to get information on where you can get help'

Information should be presented in the form of flyers, brochures, short YouTube videos, apps, attached to giveaways and 'free stuff' and promoted through social and media platforms by high profile members of the community.

Public health promotion messaging about strategies for maintaining good health needs to be consistent across sources, broad, appealing and focused on positive behaviours. Young people report that scare tactics and abstinence-based messages don't work. Rather young people want constructive advice/information about how they can manage their own health through reducing unhealthy behaviours and building on existing beneficial health behaviours. Harm minimisation is the preferred approach.

'Public health messaging around issues such as mental health, nutrition and exercise can be conflicting - health services need to collaborate to ensure promoted messages are consistent'

Technology

For most young people technology plays an important role in all aspects of their lives. They rely on technology for communication, access, information and education. Young people use apps and websites to assist them but are often confused by the vast amount of conflicting, hard to find and difficult to understand information available. However, they feel that technology plays a role in helping them to stay well and healthy.

'Use of online booking systems/apps so you can book yourself – good if you have Wi-Fi, phone calls are hard'

Young people suggested numerous ways they would like to engage with health services via technology whilst also valuing face to face contact with health professionals. Together with a centralised source of health information and services available through a trusted website, young people suggested technology solutions such as online booking services, text message reminders, web chat, apps and devices.

The use of iPads or tablets provided in waiting rooms of health services could be used to: access health and wellbeing apps; complete questionnaires and online

Ability to share your information through technology so health professionals can access – including Fitbit data'

surveys whilst waiting for appointments; view 'youth friendly' videos and reports; as well as being able to provide feedback after appointments.

Young people would like to engage directly with health professionals and services through web chats or Skype. The opportunity to talk with a trusted health care worker in real time would make access easier and more widely available as well as being sensitive to privacy and confidentiality, helping young people feel comfortable and safe.

Potential limitations and harms of technology were also recognised by young people:
- in not being able to always trust the validity of information available online
- the social disconnection associated with technology
- impact on physical and mental health

'Centralise information – one place (i.e. website) you can go where you can find reliable information, email any question about a health service, health issue and get advice, get risk score calculators for various issues (i.e. risk for STIs, diabetes) - include tips to reduce risk. If seeking health professional is advised, have a direct referral system (i.e. referral to Path West for blood test)'

Specific issues relating to young people living in regional and remote areas

'Smaller towns tend to look out for each other a bit more than the city'

Gaps were highlighted for those living in regional and remote locations relating to the accessibility of services, lack of specialised services and resources as well as the limitations of living in a 'small town'. Conversely, young people also spoke about the benefits of living in a 'caring' small community. Options for fresh and healthy food are difficult to source and expensive in regional areas and this limited many young people's choices.

Young people living in regional and remote locations expressed the difficulty in being able to seek specialised services servicing their communities. Wait times to see some of these health professionals being in excess of 12 months and others simply not ever being available locally, many even adopting a 'wait and see' approach to their health and wellbeing needs.

'Often 'wait and see' rather than seeking help – services in Broome are expensive, hard to get appointments and often the service is poor (long waits, misdiagnosis, no option for second opinion)'

They appreciated access to online interaction with health services but feel it should not be the only solution for service delivery. The option to speak with a health professional in person, particularly for sexual and mental health care is preferred as they felt they could develop rapport and establish a trusting relationship quicker. Privacy and confidentiality identified again as challenging, especially living in smaller communities.

'It's hard to remain confidential in a community where everyone knows you – especially about sexual health'

Young Aboriginal people described access to health and wellbeing services in regional and remote areas as 'good'; in contrast to other young people in the same communities not having access to the same or similar services.

Options for healthy, fresh food, variety of produce and affordability of food limited many young people from feeling like they could be as healthy as they could. Variety of sports, clubs, teams and facilities being limited leaves minimal choice for young people to engage in physical activity.

'Fresh food – there are food transport issues in Broome, often the fruit and veg only lasts a day or two'

Suggested slogans

Young people had the opportunity to suggest and vote on a 'youth friendly' slogan (Appendix E). It was suggested by the young people that the slogan needed to be 'short, sweet and catchy.' The aim of the slogan is that it is a simple and memorable phase that can be used in the promotion of the Policy to the young people of WA.

The most popular suggestions that came from the community conversations are listed below in no particular order:

"Our health in our hands"

"Progression, not perfection"

"Youth health is your health"

"Strong body, stronger minds"

"Your health today is your life tomorrow"

"Health for a smarter generation"

"Strive for life"

"Don't feel crappy, be happy!"

Evaluations of the community conversations

In line with the Network's practice of evaluating community events participants were encouraged to complete an evaluation form (Appendix F) at the end of the community conversations. 122 people attended the seven community conversations and 111 evaluation forms were returned and a summary was developed (Appendix G). Not all questions were completed.

5 CONCLUSION

The community conversations provided an opportunity for young people of Western Australia to share their thoughts, experiences, issues and needs about youth health and wellbeing. Overwhelmingly the feedback from the conversations highlights the need for young people to be:

- respected
- provided with an opportunity to have honest conversations about their health and wellbeing
- listened to and given an opportunity and time to ask questions
- have their rights regarding privacy acknowledged and acted upon

There was a strong message that initiatives directed at young people are to be developed with a focus on building independence. Young people specifically want to gain a better understanding of the health system and how to access health services and information.

Strategies for working with young people must reflect individual approaches without using a blanket 'one size fits all' approach. Each young person deserves the opportunity to be considered as having unique experiences and needs relating to their health and wellbeing. Health care workers, schools and youth services can build rapport, trust and diversity in their programs, initiatives and strategies by acknowledging this approach.

The importance of a 'one-stop' youth friendly approach, with easier access to health services for all young people was discussed at all community conversations. It was considered to be very important to ensure that services and information are consistent, relevant and trustworthy. Services and information must use positive language that is easy to understand, encouraging and educational to empower young people to take ownership of their health and wellbeing.

Young people are increasingly using technology to access health and wellbeing information. Their feedback reflected the need for information and resources to be easily available in a manner that is suitable for the technology being used e.g. responsive web-design. Information provided online from health services and professionals needs to be from a credible source that young people can be confident in using. A 'one-stop-shop' for youth friendly information on health and wellbeing could be made available on websites like the WA Department of Health's or similar agencies.

It is important that the Policy endorses the vital role that the young people's 'voice' has played in its development by reflecting the feedback on young people's needs, attitudes and beliefs. Issues relating to diversity and understanding of the uniqueness of this sector of the population must be considered when youth health services and information are designed, developed or reviewed. This will ensure that there is a commitment from the WA Department of Health and multiple agencies to build capacity and empower young people to enhance and be responsible for their own health and wellbeing.

6 APPENDICES

Government of **Western Australia**
Department of **Health**

Consumer & Community
Health Research Network

WA Department of Health - Youth Health Policy
Community Conversation # 6
Herb Graham Recreation Centre, Mirrabooka
Wednesday 11th October, 2017
6:00pm – 8:00pm

Agenda

6.00pm	Registration & refreshments	
6.10pm	Introduction, Welcome and Icebreaker	Hayley Harrison
6.25pm	Outline Youth Health Policy	Jess Hillier
6.35pm	Discussion – Small Groups	Everyone
7.35pm	Feedback from discussion	Facilitators
7.40pm	Questions	Everyone
7.50pm	Naming the Youth Health Policy	Everyone
7.55pm	Evaluation and close	

Appendix B: Consent form

Parent Consent Form

My name is (full name) _____ and I am the
parent/guardian of (child's name) _____.

I understand my child has applied to attend the Consumer and Community Health Research
Network Community Conversation event held on **X**.

I understand that my child will be asked to:

- Attend the Youth Health Policy Community Conversation held at X on X 2017 from X
- Provide a young person's perspective on the Youth Health Policy
- Provide feedback on the following topics:
    - What are considered to be priority action areas for youth health (13-24yo) in WA
    - A youth focused vision statement for the Policy
    - A youth focused title of the Policy

I understand that my child will be given an honorarium for their attendance at the Community
Conversation.

I understand the people running the event are experienced in youth engagement and hold valid
Working With Children Checks.

If you have any further questions, please do not hesitate to contact:

Belinda Frank**, Consumer and Community Health Research Network;** email
ipir@telethonkids.org.au , phone 6488 8176 or mobile **0450 942 007**

Signature: _____ Date: _____

Government of **Western Australia**
Department of **Health**

TELETHON KIDS INSTITUTE
Discover. Prevent. Cure.

WAHTN
Western Australian Health Translation Network

Consumer & Community Health Research Network

Tell us **what YOU think!**

Have input into your future health!

Are you 13 - 24?

HAVE A SAY about the WA Youth Health Policy

🐦 @InvolvingAus   f Involving Australia

📷 @InvolvingAus   #WAYouthHealth17

Wednesday 6 September 6pm-8pm

Telethon Kids Institute 100 Roberts Road, Subiaco

Free pizza Payment included

Free Parking

We reserve the right to make changes and determine the final registration list

RSVP by Friday 1/9/17 via http://bit.ly/IPIRevents
or Phone 6488 8176 or 94897742

27

Appendix D: Community conversation questions

Questions for young people aged 18 – 24

Question 1: What can health and related services do to make it easier for you to understand and look after your own health?

Facilitator prompts:

- What would help you navigate the health care system?
- How would you like to share information with health professionals?
- What would help you make informed decisions about being healthy?

Question 2: What do you think health care workers (including receptionists, nurses, doctors etc.) need to know about working with you or other young people?

Facilitator prompts:

- How would you like healthcare workers (incl. receptionists, nurses, doctors etc.) to interact with you?
- What do healthcare workers need to know as a part of their training (to help break down barriers such as confidentiality rights, Medicare etc.)?

Question 3: What types of support or information do you need to stay healthy (and to use health services)?

Facilitator prompts:

- What services/education campaigns/communication methods/interaction styles would help you with being healthy?

Question 4: How can technology help you to look after your health?

Facilitator prompts:

- How can technology be used to manage your health (health records, SMS booking confirmations, online bookings etc.)?
- How can technology be used to improve your health (access to health information, service mapping, access to telephone psychiatry services, online counselling)?
- How could technology be used in a healthcare setting (e.g. at receptionists desk, in the doctor's office etc.)?

Questions for young people aged 13 – 17

Question 1: How would you like to participate in your own health care?
Facilitator prompts:

- Do you think you need help or would you like to be able to do this on your own?
- Are you comfortable sharing information with health professionals? If so, how would you do this?
- What would make it easier for you to be able to look after your health?

Question 2: What advice would you give to healthcare workers about working with young people?
Facilitator prompts:

- If your parents take you to the doctors, does the doctor talk to you, or your parents?
- Would you prefer healthcare workers talk directly to you, and if so, how would ask them to do this?

Question 3: What would help you to be the healthiest you could be?
Facilitator prompts:

- What helps you to be healthy? Where do you get your messages about being healthy (e.g. services/education campaigns/communication methods)?
- What about at school? Social media?

Question 4: How can technology help you to look after your health?
Facilitator prompts:

- How can technology be used to manage your health (health records, SMS booking confirmations, online bookings etc.)?
- How can technology be used to improve your health (access to health information, online counselling e.g. Headspace, Kids Helpline)?
- How could technology be used in places like the doctor's office and waiting rooms (e.g. waiting times)?

Have input into your future health!

Are you 13 - 24?

Appendix E: Suggested slogans for the Youth Health Policy

Youth Community Conversation #1 Subiaco
Progression, not perfection - 13 votes
Go out; Get out, Get Healthy – 1 vote
Go out; Get out, Get Happy – 0 votes
Your health is the important thing – 1 vote
Your health is your priority - 1 vote
Be healthy for you and your family and friends– 0 votes
Youth health policy is for the youth to see– 0 votes
The Youth Health Policy: to keep you healthy – 1 vote
Health for a Smarter Generation – 9 votes
9 Total

Youth Community Conversation #2 Subiaco
Youth health is your health – 3 votes
This is about you! – 0 votes
Safe, sane and consensual care– 0 votes
Good health, great future – 2 votes
Our Health in our hands – 3 votes
Youth health in youth's hands – 2 votes
Youth acceptance is key– 1 vote
Healthcare for everyone – 0 votes
Respect autonomy privacy – 3 votes
One for all – 0 votes
10 Total

Youth Community Conversation #3 Armadale
Respect instead of reject – 0 votes
Health is sick! – 1 vote
Don't worry, be Healthy! – 1 vote
Your Health today is your life tomorrow – 7 votes
Don't drink and drive – you can save a life – 1 vote
Keeping WA Healthy and Happy – 0 votes
1 word can save a life – 1 vote
Don't be a fright be a delight – 0 votes
Throw enough slogans at a wall and some of it will stick – 3 votes
It's normal to talk about your problems – 0 votes
Speak up, not down – 2 votes
Think before your drink – 0 votes
Repair. Don't despair. – 2 votes
If you can't run, walk. If you can't walk, crawl. But whatever you do keep on moving – 0 votes
14 Total

Youth Community Conversation #4 Bunbury
Youth's voice – 0 votes
Have a say – 0 votes
Your say your way – 2 votes
No change, no fee, no worries. – 0 votes
Healthy body, healthy mind. – 4 votes

Appendix E: Suggested slogans for the Youth Health Policy

Tell us what you think – 0 votes
Young people's health community – 0 votes
Young and healthy youth association – 0 votes
Youth rules – 1 vote
Don't feel crappy, be happy! – 5 votes
Have a say, your voice is heard. – 0 votes
11 Total

Youth Community Conversation #5a Broome Senior High School
Youth health is your health - 12 votes
Our health in our hands – 4 votes
Good health, great future – 7 votes
Healthy body and mind = happy me! - 0 votes
You can't enjoy wealth if you're not in good health – 1 vote
Strong body, stronger minds – 18 votes
Be healthy you mob – 8 votes
Healthy me, healthy us – 0 votes
Strive for life -18 votes
Your body, your choice - 6 votes
Smash an avo a day – 7 votes
Youth health matters – 0 votes
12 Total

Youth Community Conversation #6 Mirrabooka
Youth health is your health – 3 votes
Safe, sane and consensual care – 0 votes
Good health, great future – 4 votes
Respect, autonomy, privacy. – 0 votes
Healthcare for everyone – 0 votes
Our health in our hands – 6 votes
It's okay to be healthy – 0 votes
Healthy body and mind = happy me! – 1 vote
8 total

Appendix F: Evaluation form

Youth Community Conversation # 5A
Broome Senior High School
Monday 16th October 2017 - 8.55am – 10.45am
Evaluation Form

Please circle the responses which best match your view:

1. The community conversation was:

NEGATIVE →			OR		→	POSITIVE
1. Very poor	1 2 3		4	5 6		Informative
2. Not useful	1 2 3		4	5 6		Useful
3. Some people talked too much	1 2 3		4	5 6		Participative

2. Did the community conversation meet your expectations?

☐ Not at all   ☐ Slightly   ☐ A fair amount   ☐ Mostly   ☐ Completely

3. Did it cover areas that were important to you?

☐ Not at all   ☐ Slightly   ☐ A fair amount   ☐ Mostly   ☐ Completely

If "not at all' please specify what additional information could have been included:

_____

_____

4. Did the presentation about the youth health policy provide enough information?

☐ Not at all   ☐ Slightly   ☐ Adequately   ☐ Mostly   ☐ Completely

5. How well were your questions answered?

☐ Not at all   ☐ Slightly   ☐ Adequately   ☐ Mostly   ☐ Completely

6. Did you have an opportunity to put forward your ideas?

☐ Not at all   ☐ Slightly   ☐ Adequately   ☐ Mostly   ☐ Completely

7. Is there anything else you would like to add? : _____

_____

_____

PTO ➡

Appendix F: Evaluation form

8. *The <u>best</u> thing about the community conversation was*:

    _____

    _____

    _____

9. *The <u>worst</u> thing about the community conversation was*:

    _____

    _____

    _____

Thank you for attending and for your valuable feedback.
Please give your completed evaluation form to your facilitator.

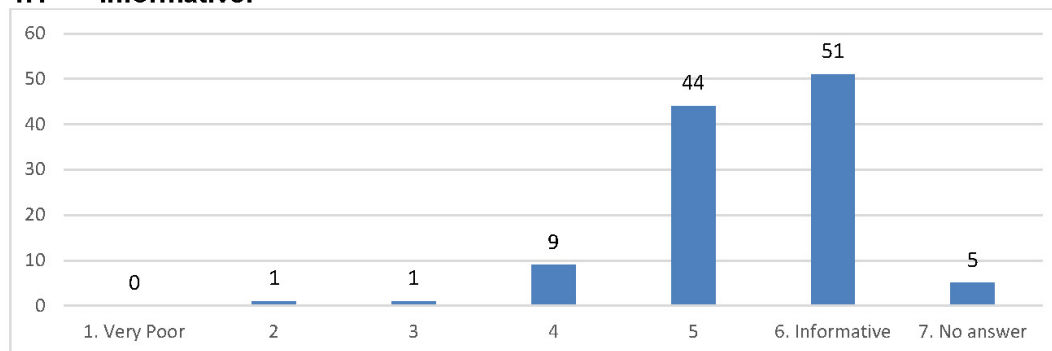# Appendix G: Evaluation summary

**WA Department of Health: Youth Health Policy
Community Conversations September – October 2017
Evaluation Summary**

Community Conversations: 7
Attendees: 122
Evaluation Forms: 111 completed

1.   The community conversation was
1.1   Informative:
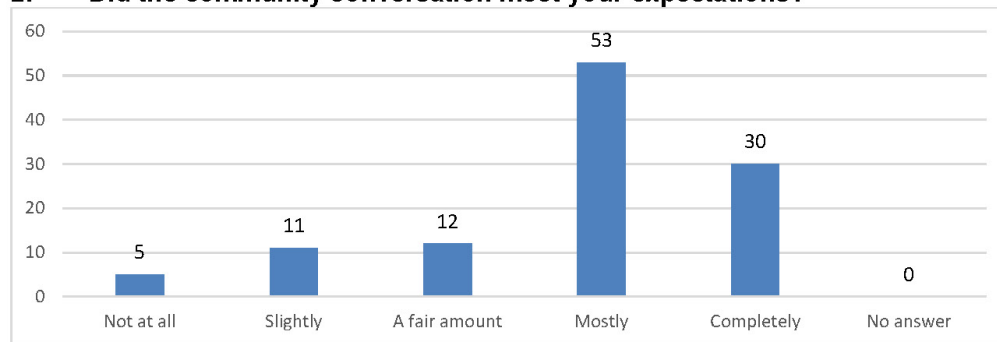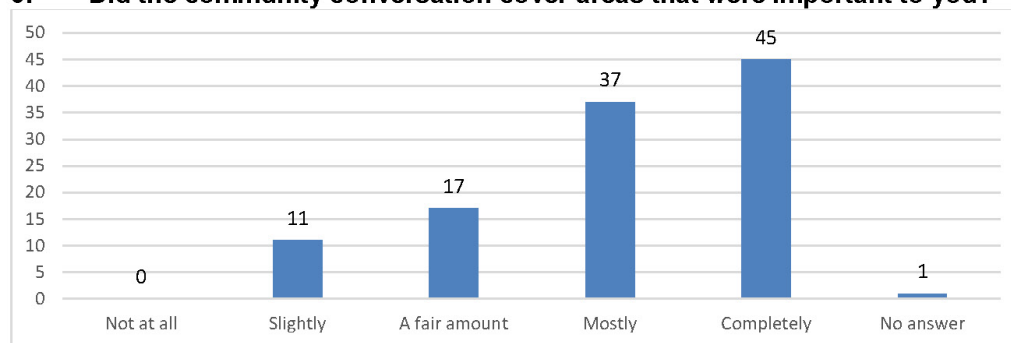

1.2   Useful:
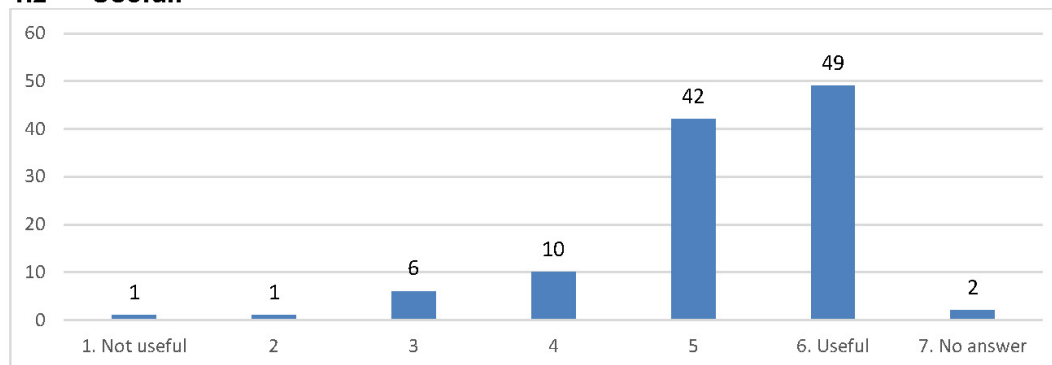
1.3   Participative:
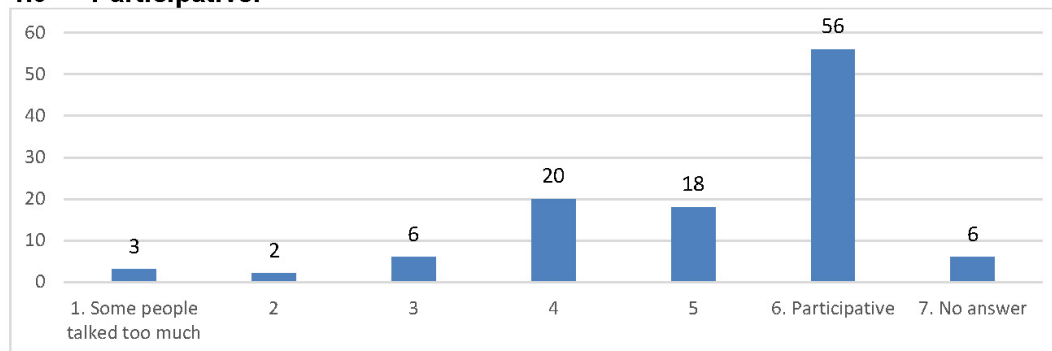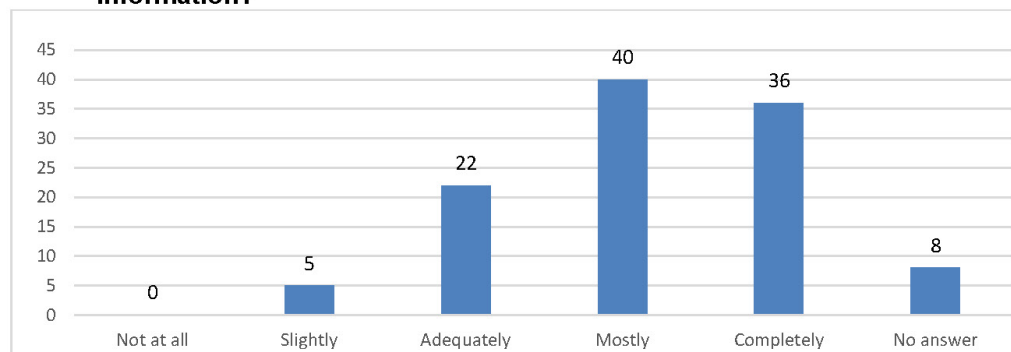
Appendix G: Evaluation summary

2.   Did the community conversation meet your expectations?

	Not at all	Slightly	A fair amount	Mostly	Completely	No answer
	5	11	12	53	30	0

3.   Did the community conversation cover areas that were important to you?

	Not at all	Slightly	A fair amount	Mostly	Completely	No answer
	0	11	17	37	45	1

4.   Did the presentation about the WA Youth Health Policy provide enough information?

	Not at all	Slightly	Adequately	Mostly	Completely	No answer
	0	5	22	40	36	8

5.   How well were your questions answered?

	Not at all	Slightly	Adequately	Mostly	Completely	No answer
	1	3	12	43	52	0
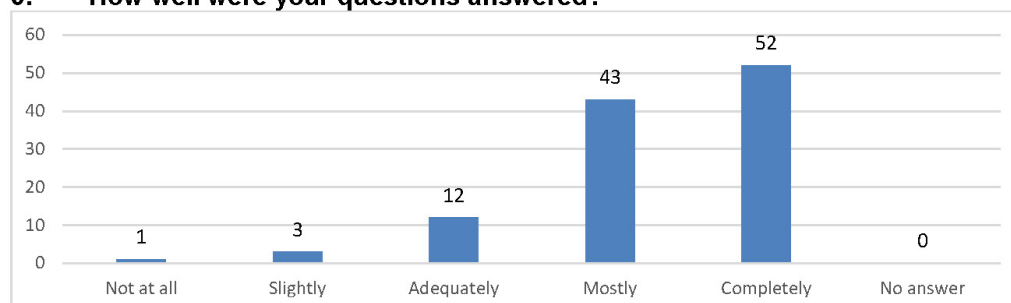
6.   Did you have the opportunity to put forward your ideas?

Bar chart values:
- Not at all: 0
- Slightly: 2
- Adequately: 4
- Mostly: 21
- Completely: 83
- No answer: 1
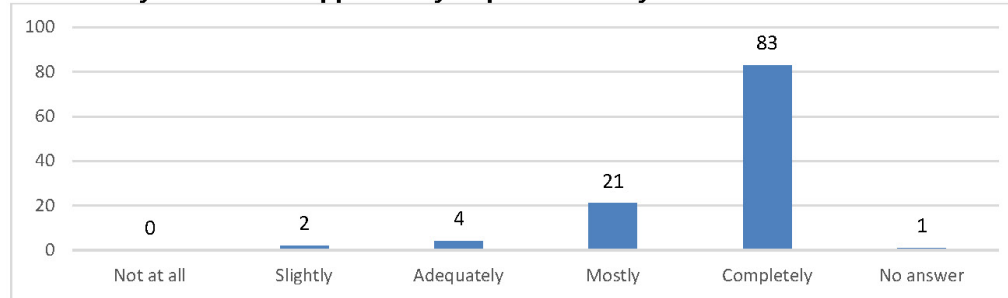
7. Is there anything else you would like to add?
- No **x 3**
- Getting to have a voice **x 2**
- Nope **x 2**
- N/A
- I really enjoyed the experience, and learnt a lot about the process and the thought process of others
- More time for ideas
- I loved how everyone had something to say
- I think we covered everything
- Lots of ideas put forward. Good discussion
- Thank you for running this session! It's great to actually have a say in this policy ☺
- It was a really well run event. Nicely organised.
- Thank you for letting me put my opinion forward! I felt like my ideas were valid and that I have contributed to something I care about!!
- I felt like I had a good opportunity to have a say and I found the evening very informative and useful
- Keep up the good work
- Have day time and night time forums
- Sorry for talking so much!
- Had a great time!
- I noticed there weren't any sessions being held in very underprivileged areas of Perth – e.g. Midland and Armadale
- More information on what exactly the youth policy is
- There needs to be more
- Not really!
- More sports related
- The food was good
- 10/10 would recommend to others
- The youth focus was quite relevant
- The conversation was good and the facilitators helpful. It would be good to be alerted when the policy is released

8. The best thing about the community conversation was:
- Getting to have a voice **x 2**
- Listening to everyone's opinions and input
- Feeling like I wasn't the only one
- Getting to talk to other young people about mental health
- The open discussion and different ideas produced

Appendix G: Evaluation summary

- Free food! But in all seriousness, having my ideas and opinions taken and understood was beneficial
- Small groups since this allowed for everyone to contribute
- Talking about their opinions
- Working together as a group
- Being able to speak honestly and not being judged
- Being able to have a say about of health services
- Being able to talk with other people my age about issues affecting us
- The collaborative nature of the event
- Interactive, all inclusive – everyone got to say their opinion
- Food was great! But also the natural conversation on our table was great
- Being able to voice your opinion
- Everyone was asked what their opinion was, so no one missed out on putting out their opinion
- Given the ability to have a say in the community
- Meeting new people sharing ideas
- Meeting other young people
- Finding peers within the group who shared similar experiences
- Opportunity to hear from a diverse group of people
- Learning from others
- Healthy discussions & opportunity to put my own opinion forward
- Interacting with other people and learning new things from them
- Hearing about changes to health reform and giving us an opportunity to contribute
- Hearing other people and building great 'ideas' together from individual ones
- I leant new things and some things I didn't even know about until today
- The discussion session was well organised, the questions directed the conversation well
- All opinions were respected
- Sitting with like-minded people
- It is always good to have others' opinions on board
- Participation in discussion forum
- Being able to listen to what everyone else had to say
- Great passionate discussions with like-minded people about what our health care system should look like
- Discussing service gaps
- We got to have a say
- Feeling as if all thoughts were listened and valued
- How welcoming everyone was
- The conversation among youths or those of the same generation
- Being listened to and hearing others ideas
- Being able to put ideas forward and getting ideas to people who can help and change the issues
- Being completely listened to and understood
- The youth collaborating on ideas for the health of youth
- Getting student to live better health
- Encouraging good health
- Not boring, plus food
- The helpful talks
- Everyone got a chance to say what they want
- Food and everyone working together
- The food and teacher was really sweet and could relate really well
- Free period, food
- We all got to be open in conversation

- How we all related and participated in the convo
- Putting in ideas as a group
- Morning tea and Briony was cool
- The involvement – everyone talked and there were loads of really good ideas from other people
- Everyone had a chance to share their ideas & food ☺
- The four question discussion and food
- Everyone sharing ideas and food
- Youth health
- Getting ideas out
- Everyone had their say
- Openly able to discuss problems with the health care system
- Group engagement
- Broad range of ideas covered
- The facilitator was amazing and very engaging
- Interacting
- The leader of the table was Belinda, was very useful in helping the discussion
- Everyone was involved and it wasn't uncomfortable
- Being able to have a say and to feel like I was heard
- Putting forward a number of ideas
- It felt like a comfortable and safe environment for discussion
- The facilitators were helpful in prompting conversation
- Being able to voice your ideas and having people agree with what you are saying, or sharing the same experience as you. AND THE FOOD!!!

9. **The worst thing about the community conversation was**:

- Nothing! **x 6**
- Cut into recess **x5**
- N/A **x 3**
- Limited time **x 2**
- The time constraints on building our pasta tower (too short)
- Not having enough time to build the marshmallow spaghetti tower
- Too limited time
- Making a tower with marshmallows (ha ha)
- Everything was good and very well planned
- My group was very shy, was a bit hard to put ideas forward
- My group was very shy. I think we needed to be able to speak freely about what they wanted to say
- Some people didn't contribute
- Forgetting points to say due to others talking, although this is not always a bad thing as ideas were broadened
- Could have had more questions as we ran out of stuff to say for some of them
- Inability to go completely off topic
- It was all very good!!!
- Not enough information on the policy
- Would have liked a draft copy ahead of the Forum
- Time flew quickly
- Having more topic to talk about, like on mental or physical health issues
- Some of the questions were quite similar to others
- Some things I felt that I disagreed to and have different opinions to others
- Feels tailored toward 14-18 year olds rather than us 20+

Appendix G: Evaluation summary

- Not having some pre-info to prepare questions
- Would be good to move around tables, stuck to same group
- A couple of people did dominate the discussion a little bit – out of passion not malice
- The icebreaker
- Feel like there could have been a better 'ice-breaker' where we could talk to each other
- Time constraint
- More than one person wanted to talk at once
- I think it was well structured and helped but might need a little pre-information and information about other things
- The group was a little big and more than one person wanted to talk at once
- The questions were a little too open ended, perhaps more specific but shorter questions would be effective
- Not many information
- Group decisions
- Questions
- Got boring
- Should've taken up more <u>class</u> time
- Missed sport
- There was nothing bad about the community conversation
- Everything was good, there was nothing bad
- Nothing, it was great
- Nothing was bad
- Staying in
- Short
- More direct questions to save time & have more questions
- Questions were broad and difficult to answer
- Perhaps inform more on the applications & implications of the policy
- Could probably use slightly longer on questions although not much knowing what to expect (questions) before you arrive would be better to prepare you though
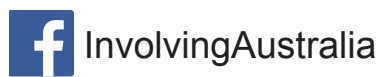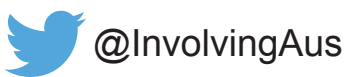- That we lost the 'ice-breaker' challenge ☹

**Please note: Attendees at community conversation 5A Broome did not answer questions 7 or 8

7 REFERENCES

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