

**IMPACT
— CO.**



November 2019

EASTERN MELBOURNE PRIMARY HEALTH NETWORK

INTEGRATED YOUTH HUB SERVICE MODEL DESIGN
BRIEFING PAPER | CO-DESIGN WORKSHOP

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BACKGROUND AND PROJECT OVERVIEW

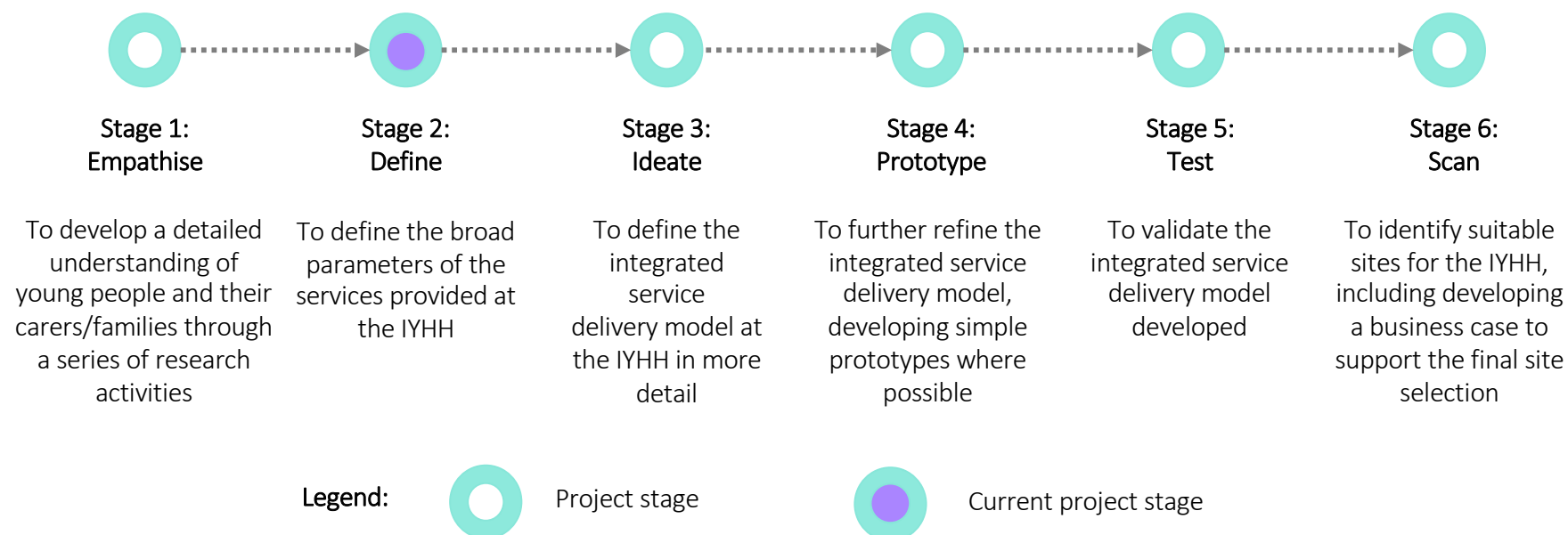
SCOPE OF THE PROJECT

Project background

The Eastern Melbourne Primary Health Network (**EMPHN**) has received funding from the Commonwealth Department of Health to develop a health hub (**hub**) targeting young people in Lilydale. The purpose of this hub is to provide young people and their families access to range of primary health services such as mental health, drug and alcohol and physical health services in an integrated manner. It is anticipated that the hub will commence operations in mid-2020.

Project overview

EMPHN has engaged Impact Co. and Swagata Bapat Consulting to support it with developing the service model that will underpin the design of the hub. The project consists of a number of key stages, which align with the key components of Design Thinking. These stages along with their respective objectives are identified in the diagram below:



Continued on the following page...

PURPOSE OF BRIEFING PAPER

Purpose

The purpose of this briefing paper is to synthesise feedback gained from *Stage 1: Empathise* of the project, which included the following 3 research activities:

1



Stakeholder consultations

The consultations attempted to capture the voice of a diverse group of young people, including young people who experienced homelessness, mental ill-health, alcohol and other drug misuse, disruption to schooling, social isolation, chronic health issues, and also young people from the LGBTQI community.

In total, 45 young people and 14 staff members (from 7 different service providers) were engaged during the consultations. Feedback gathered from the consultations has been themed and is therefore not attributed to specific stakeholders or individuals to maintain confidentiality.



2



Literature review

Desktop research on available literature across Australia and internationally



3



Site visit

Site visit to the Visy Cares Hub in Sunshine and interview with the hub's Operations and Facility Manager



Continued on the following page...

PURPOSE OF BRIEFING PAPER

Purpose (continued)

Key themes from the research activities were identified around the topic areas below:

1. **WHO** – Target cohort for the hub
2. **WHAT** – Desired services to be delivered and physical infrastructure/facilities to be included at the hub
3. **WHERE** – Desired location of the hub
4. **WHEN** – Desired operating hours for the hub
5. **HOW** – Desired service delivery approach and model for the hub

The insights gathered will help to inform the *Co-design Workshop* scheduled on **Thursday, 21 November 2019**. These are set out on the following pages and have been structured according to the 5 topic areas identified above.

In preparation, we ask that you reflect on the information set out in this briefing paper. In doing so, we ask that you consider the questions set out in Section 3 of this document and come prepared to discuss your responses and insights during the scheduled workshop.



FINDINGS

The following pages highlight the key insights that emerged from the following research activities

SUMMARY OF FINDINGS

Key insights identified through the research activities conducted are identified below:

Hub elements

WHO

Target cohort for the hub

There needs to be clarity about the target cohort(s) of the hub

Young people with mental ill-health should be a key cohort of focus for the hub

In addition to the young people themselves, the hub will also need to be able to cater for their families

WHAT

Desired services to be delivered and physical infrastructure/facilities to be included at the hub

A diverse range of services were identified as being important to young people

The hub needs to create a safe and inclusive space for young people

The physical environment of the hub should be youth-friendly and meet a range of interests and needs

Branding matters

The environmental impact of hub is a key area of interest/concern for young people

WHERE

Desired location of the hub

The hub would need to be centrally located

The hub cannot only rely on young people physically coming to the site all the time

WHEN

Desired operating hours of the hub

Operating hours of the hub need to be convenient for young people

Continued on the following page...

SUMMARY OF FINDINGS (CONT.)

Hub elements

Insights

HOW

Desired service model
of the hub

Engagement is critical to encourage young people to utilise the services at the hub

Language and communication channels used by the hub need to resonate with young people

Services should be easily accessed by young people

Services need to be delivered in an integrated manner

Young people who 'age out' of the target age range for the hub still need to be supported

Staff at the hub need to be capable to engage in a safe and appropriate manner with young people

Young people should be empowered and supported to exercise choice and control

Young people should be involved in all aspects of the operations and governance of the hub

Service providers operating in the hub need to have shared agreement and accountability on the operations/governance of the hub and the desired outcomes for young people

There needs to be clear processes and structures put in place to support integrated care at the hub

These insights are described in more detail on the following pages.

WHO

Target cohort for the hub

INSIGHT 1: THERE NEEDS TO BE CLARITY ABOUT THE TARGET COHORT(S) OF THE HUB

Population segmentation is important enable the creation and refinement of integrated care systems¹. Given that young people have diverse needs, the creation of models of care tailored for every individual in a population can be ineffective with literature finding that it can become a “prohibitively expensive and intractable endeavour”². Therefore, segmenting populations into groups that are relatively homogenous in terms of their healthcare needs enhances the design of integrated care models for the different population segments, improving the ability to optimally meet patients’ diverse needs.

Feedback provided by young people and service providers suggests that it is critical that the target cohort(s) of the hub is clearly defined. This will help to ensure that all aspects of the hub are designed to maixmise accessibility and the outcomes achieve for the targeted cohort(s). Due to the varied needs and characteristics of different cohorts of young people, attempting to be too broad in terms of who is targeted at the hub might result in overall disengagement with all cohorts (as none of the needs and characteristics of any cohort are effectively met).

“I attended a local group, and I didn’t feel like I fitted with the majority of the people there, I couldn’t relate to them so I felt to uncomfortable and didn’t go back.”

“If you have someone who is substance effected or acutely distressed you need to consider what the impact of this will have on other people in the environment and their sense of safety”

¹ Chong, J. L., & Matchar, D. (2017). Benefits of population segmentation analysis for developing health policy to promote patient-centred care. *Ann Acad Med Singapore*, 46(7), 287–9.

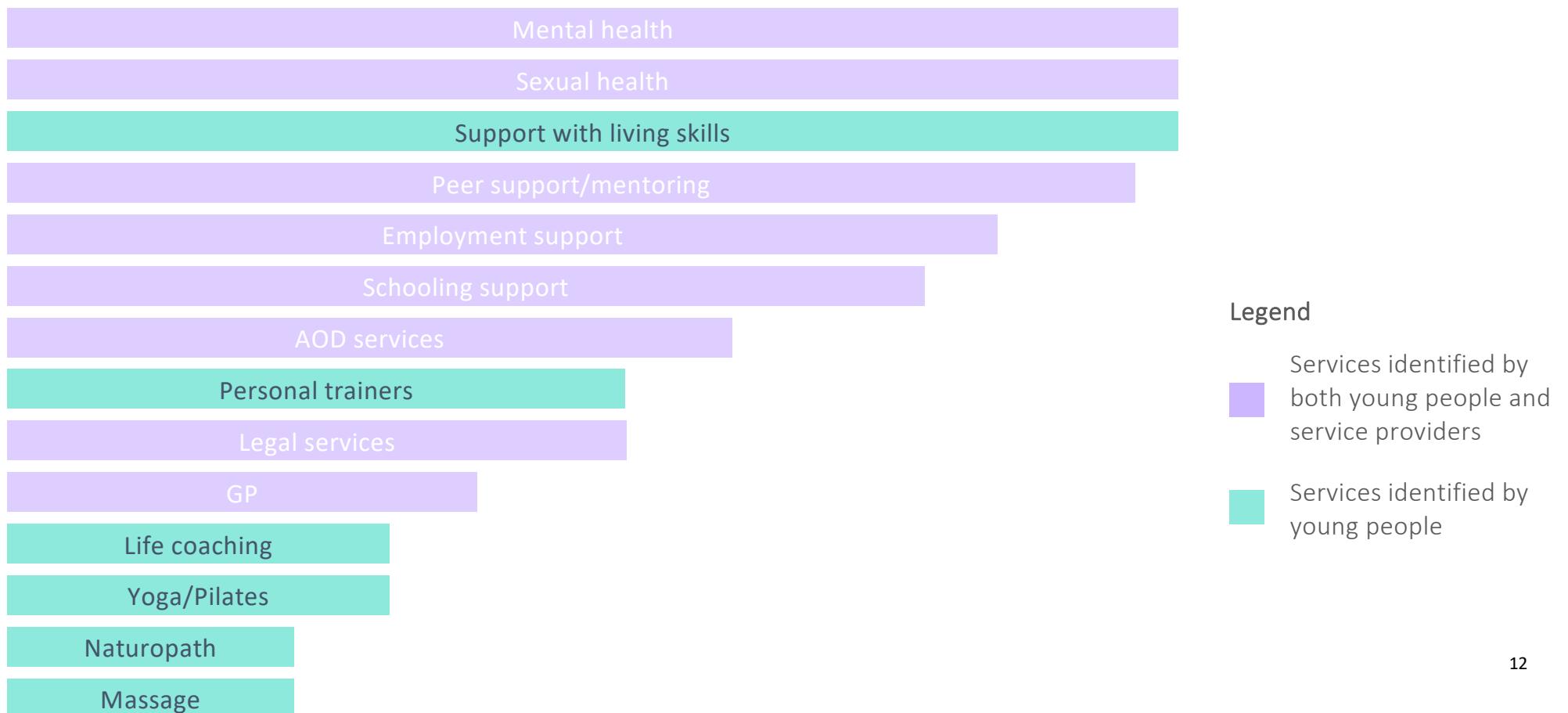
² Vuik, S. I., Mayer, E., & Darzi, A. (2016). A quantitative evidence base for population health: applying utilization-based cluster analysis to segment a patient population. *Popul Health Metr*, 14, 44.

INSIGHT 2: YOUNG PEOPLE WITH MENTAL ILL-HEALTH SHOULD BE A KEY COHORT OF FOCUS FOR THE HUB

Mental health (along with sexual health) was the most frequently identified service that should be included in the hub based on feedback provided during the consultations – See diagram below for the overall list of services identified.

Note: The size of the bar in the diagram represents the extent the service identified during consultations

This aligns with insights gained from EMPHN’s 2018 needs assessment which identified that young people aged 18-24 years have the highest prevalence of mental ill-health compared to any other age group; and is one of the key areas of need in the region. Mental health is similarly a key priority for the Yarra Ranges Council, forming a key component of the Council’s 2019-2020 budget.



INSIGHT 3: IN ADDITION TO THE YOUNG PEOPLE THEMSELVES, THE HUB WILL ALSO NEED TO BE ABLE TO CATER FOR THEIR FAMILIES

It was discussed during consultations that the services available at the hub should also be able to support their families (in particular those who have young families). This was identified as a current barrier that some young people face when trying to access services.

“The youth hubs needs to be accessible to me and my family as well.”

WHAT

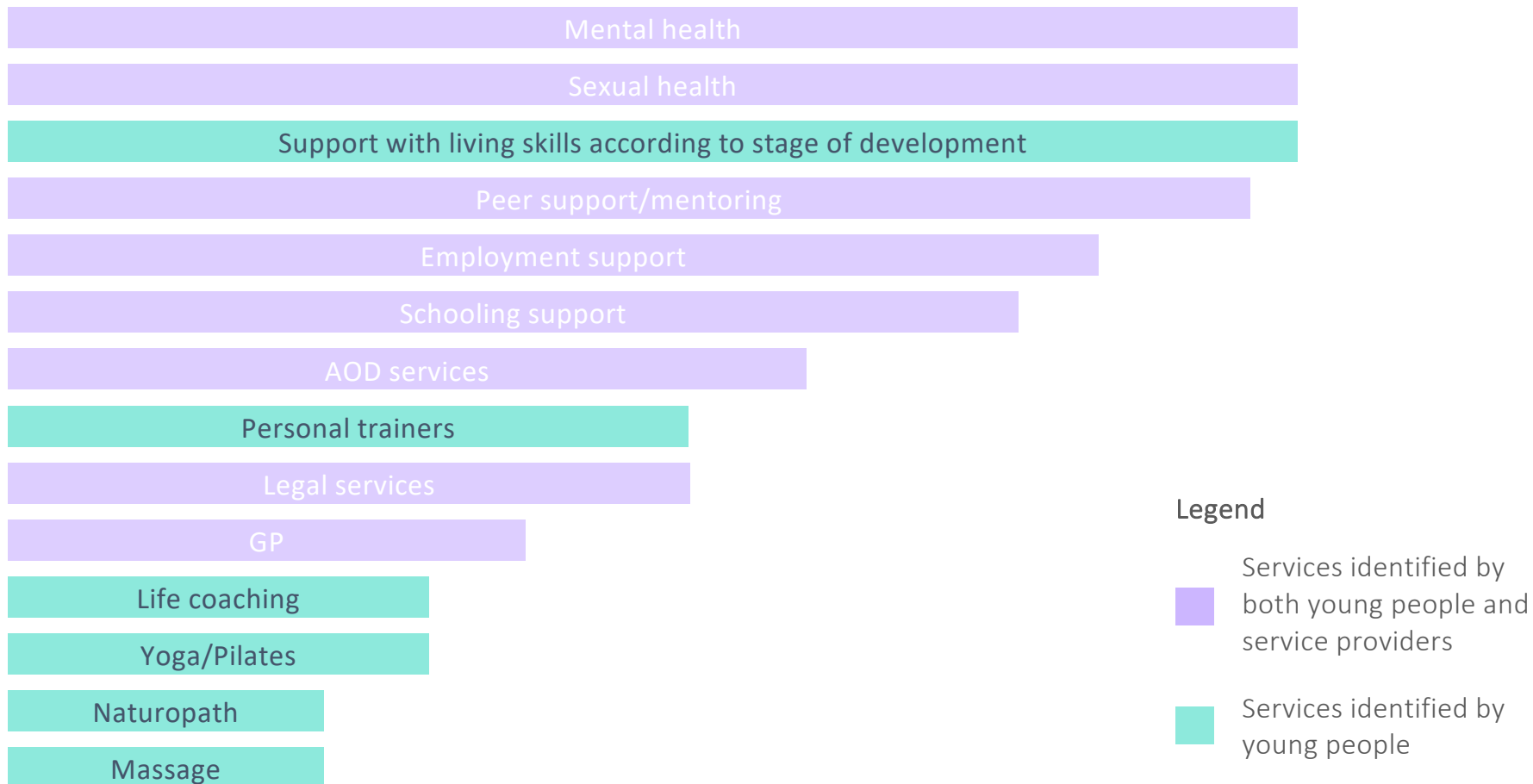
Desired services to be delivered and physical infrastructure/facilities to be included at the hub

INSIGHT 4: A DIVERSE RANGE OF SERVICES WERE IDENTIFIED AS BEING IMPORTANT TO YOUNG PEOPLE

A broad range of services were identified through consultation as being important for young people. This included both health and non-health services, which is reflective of the diverse needs of young people - See diagram below for the list of services identified. *Note: The size of the bar in the diagram represents the extent the service identified during consultations.*

Mental health and sexual health services were the 2 most frequently identified services to be included in the hub:

- Mental health services - Discussed previously in Insight 2
- Sexual health services - During consultations with young people, this was identified to include sexual health support for heterosexual and LGBTIQ couples/families



INSIGHT 5: THE HUB NEEDS TO CREATE A SAFE AND INCLUSIVE SPACE FOR YOUNG PEOPLE

Both young people and service providers who were consulted spoke of the importance of having peers working at the hub as a way of promoting safety and inclusion at the hub. It was evident through discussions that being able to identify with and relate to the people who are working at the hub matters significantly.

"It would be great to have peer workers and someone who I know has been through similar things to me that I can relate to"

"Having workers of different cultural backgrounds is essential, I feel like I am the only non-white person in this area."

Other ways of creating a safe and inclusive space identified through consultations are identified below:

Overall:

- Ensuring that the hub is compliant with the Disability Discrimination Act (DDA)
- Ensuring that the hub is accredited under the Rainbow Tick (i.e. a national accreditation program for organisations that are committed to safe and inclusive practice, and service delivery for Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people)

Language and culture:

- Ensuring that the hub is culturally appropriate for individuals who are of an Aboriginal and Torres Strait Islander or CALD background
- Using gender-neutral language
- Taking into consideration a variety of language needs
- Providing access to interpreters where necessary

Amenities:

- Having gender-neutral toilets
- Ensuring that toilets are accessible for people with a disability

INSIGHT 6: THE PHYSICAL ENVIRONMENT OF THE HUB SHOULD BE YOUTH-FRIENDLY AND MEET A RANGE OF INTERESTS AND NEEDS

Young people emphasised the importance of the design of the physical environment and how this can impact the accessibility of a service¹. However as young people aren't a homogenous group there are multiple variations of what a youth-friendly health service actually looks like.^{1,2} However, there some themes around the physical environments that were identified to consistent across the literature, including:³

- Safe, welcoming and attractive environment
- Decorated/designed by young people
- Informal and relaxed atmosphere
- Highly visible spaces that look similar to a “shop front” or “youth cafés”

Practical examples of what youth friendly looks like in reality were provided by youth people consulted are listed below. It was identified that having access to these items/amenities would make young people feel more comfortable in the hub and hence more likely to engage in the activities/services available at there.

Free access to wi-fi	Access to computers	Charging stations	Table tennis table	Gym/exercise equipment
Having food available	Lounge area	Music	Quiet/reflective spaces	Art
Chalk walls	Washing machines	Access to a cafe	Greenery (e.g. in the form of having plants throughout the hub or having a community garden)	Security cameras that are clearly marked so that people are aware of where they are

¹ Muir, K., Powell, A., & McDermott, S. (2012). 'They don't treat you like a virus': youth-friendly lessons from the Australian national youth mental health foundation. *Health Soc Care Community*, 20, 181-189.

² Tylee, A., Dagmar, M., Haller, T. G., Churchill, R., & Sanci, L. A. (2017). Youth-friendly primary-care services: how are we doing and what more needs to be done? *The Lancet*, 369, 1565-1573.

³ Hetrick et al. (2017). Integrated (one-stop shop) youth health care: best available evidence and future directions. *MJA*, 207(10), S5-S18.

⁴ Nicholas, J. (2010). The role of internet technology and social branding in improving the mental health and wellbeing of young people. *Perspect Public Health*, 130, 86-90.

INSIGHT 7: BRANDING MATTERS

In addition to the physical environment, branding of a physical space was also identified to be important and seen as essential to building engagement among young people.^{1,2} Young people associate strongly with brands and it is important that the hub actively develops a brand that is known for being a safe, welcoming and inclusive space for young people to access services that promote positive health and wellbeing.

It was discussed during consultations that the word “health” would not likely resonate with a lot of young people and did not capture the range of services/functions that the hub could offer. This was identified to potentially have an adverse impact whether young people would access services at the hub. Young people also suggested a range of options that are related to the broader concept of “wellbeing” (physical, social and mental wellbeing) and the branding would need to capture this.

“Health sounds clinical and I could just go to a GP for that.”

“A name that would resonate more with me would be ‘Wellbeing Hub’ ”

“That sounds clinical to me and you only go to a clinical service when something is wrong.”

“Another name could be Youth Orientated Universal Teen Hub’ ”

¹ Hetrick et al. (2017). Integrated (one-stop shop) youth health care: best available evidence and future directions. MJA, 207(10), S5-S18.

² Nicholas, J. (2010). The role of internet technology and social branding in improving the mental health and wellbeing of young people. Perspect Public Health, 130, 86-90.

INSIGHT 8: THE ENVIRONMENTAL IMPACT OF HUB IS A KEY AREA OF INTEREST/CONCERN FOR YOUNG PEOPLE

It was identified in consultations with young people that the environmental impact of the hub is a key area of interest/concern for them. The physical design of the hub and processes and activities conducted there will need to actively consider ways of minimising any negative impacts on the environment.

"The environment and climate change is a real worry for me and my friends."

"It would be great if the hub had a sense of connection to the environment around it."

"The hub needs to be environmentally friendly."

"The hub needs to be built in an environmentally friendly way."

WHERE

Desired location of the hub

INSIGHT 9: THE HUB WOULD NEED TO BE CENTRALLY LOCATED

Accessibility was identified as a significant challenge for young people living in the Yarra Ranges Catchment due to the lack of an effective public transport system. As such, it is important that the hub is located somewhere central that is close to public transport in Lilydale. At the same time, it was suggested that the hub should not be located at the Lilydale train station as it might become an area where some people might start to exhibit anti-social behaviour, hence making it unsafe and uncomfortable for young people to visit.

"It needs to be near the train station but not at the train station"

"Access to public transport needs to be a serious consideration when deciding the location of the hub as it is difficult for people to get around in the area."

INSIGHT 10: THE HUB CANNOT ONLY RELY ON YOUNG PEOPLE PHYSICALLY COMING TO THE SITE ALL THE TIME

Due to the poor public transport infrastructure in the Yarra Ranges Catchment, it was identified that other supplementary services will need to be put in place to expand the reach of the hub and provide accessibility to a large proportion of young people across the Yarra Ranges catchment. This included providing:

- Outreach services;
- Digital health services; and
- Targeted transportation services (e.g. dedicated bus service for group programs conducted at the hub to transport participants to the hub)

"It would be good to be able to access online services to especially at night"

"Outreach is important for people living further out"

WHEN

Desired operating hours of the hub

INSIGHT 11: OPERATING HOURS OF THE HUB NEED TO BE CONVENIENT FOR YOUNG PEOPLE

Young people frequently identify operating hours as a key aspect that either enable or prevent them from accessing health services. Research identified a gap for services that operate outside standard business hours (i.e. 9am – 5pm), which is when young people are mainly available.^{1,2,3}

Options suggested as ways to ensuring the hub was accessible included

- Extending hours to cover after-school hours;
- Operating on weekends; and
- Providing more flexible service delivery options during school holidays.

“You need a service when something happens so you can go to it and not have to wait”

“Its after school when you need something like this”

“It would be good to have different hours and activities in the school holidays”

¹ Hetrick et al. (2017). Integrated (one-stop shop) youth health care: best available evidence and future directions. *MJA*, 207(10), S5-S18.

² Social Market Research. (2011). Evaluation of pilot one stop shop programme: final report. Belfast: Public Health Agency.

³ Muir, K., Powell, A., & McDermott, S. (2012). ‘They don’t treat you like a virus’: youth-friendly lessons from the Australian national youth mental health foundation. *Health Soc Care Community*, 20, 181-189.

HOW

Desired service model of the hub

INSIGHT 12: ENGAGEMENT IS CRITICAL TO ENCOURAGE YOUNG PEOPLE TO UTILISE THE SERVICES AT THE HUB

Insights gathered during a recent evaluation of headspace¹ illustrated the importance of innovative models of engagement, such as community events, and how these increased the appeal of headspace to young people. For example, the wide range of youth-friendly events organised by various headspace sites was found to facilitate young people's engagement with and awareness of the service.¹ This was also identified to have a positive impact on low-help seeking behaviour often observed among young people as trust and familiarity is built over time through engagement with the service.²

This point was similarly raised by young people and service providers who identified that engagement first starts by ensuring that messaging by any form of communications

identified that it is crucial that the hub is not seen as a place where young people only go when they have issues that need to be addressed. There was a strong emphasis that there needed to be a focus on creating positive forms of engagement with the hub among young people. Capacity building and recreational activities such as the ones identified below were suggested as ways to achieve this:

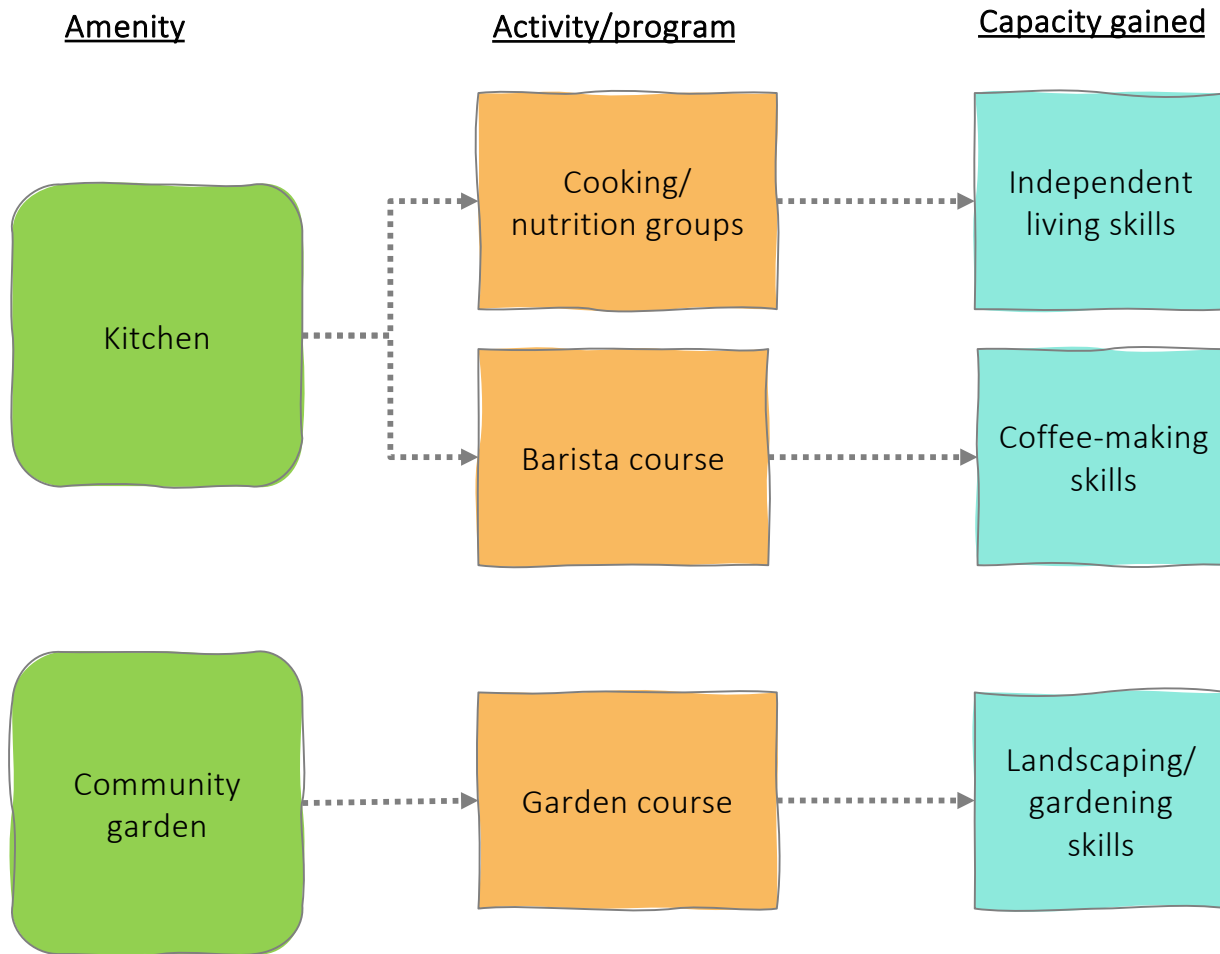
- Employment support programs
- Schooling support programs
- Various types of exercise/sporting activities
- Independent living programs (including cooking, self care, budgeting etc)
- Barista courses

It was also identified that these activities should leverage the amenities available at the hub. Examples of what this might look like practically is identified on the following page.

¹ Hilferty, F., Cassells, R., Muir, K., Duncan, A., Christensen, D., Mitrou, F., Gao, G., Mavisakalyan, A., Hafekost, K., Tarverdi, Y., Nguyen, H., Wingrove, C. and Katz, I. (2015). Is headspace making a difference to young people's lives? Final Report of the independent evaluation of the headspace program. (SPRC Report 08/2015). Sydney: Social Policy Research Centre, UNSW Australia.

² Hetrick et al. (2017). Integrated (one-stop shop) youth health care: best available evidence and future directions. MJA, 207(10), S5-S18.

INSIGHT 12: ENGAGEMENT IS CRITICAL TO ENCOURAGE YOUNG PEOPLE TO UTILISE THE SERVICES AT THE HUB (CONT.)



INSIGHT 13: LANGUAGE AND COMMUNICATION CHANNELS USED BY THE HUB NEED TO RESONATE WITH YOUNG PEOPLE

Engagement with young people is dependent on messaging from the hub (including from the services based there) reaching and resonating with them. In order to achieve this, it is important that the language and communications channel utilised are appropriate for young people.

LANGUAGE

It was identified that the language used will need to be:

- Simple i.e. no jargon and complicated words
- Succinct i.e. straight to the point

COMMUNICATION CHANNELS

It was identified that the a broad range of communication channels will need to be utilised when engaging with young people. This includes a mixture of passive (i.e. communication channels that rely on young people coming across/interacting with the content being communicated) and active (i.e. communication channels that actively targets/seek out young people) communication channels. Some examples identified by the young people consulted are listed below:

- Social media
- Print media (including brochures)
- Newsletters
- Information session at schools

INSIGHT 14: SERVICES SHOULD BE EASILY ACCESSED BY YOUNG PEOPLE

Ensuring accessibility is an important consideration when designing services targeting young people. Services that were deemed accessible by young people were largely described as having characteristics that included the following: ¹

1. Allows multiple modes of entry into the service, including
 - Self referral
 - Referral from other service providers
 - Referral from families and friends
2. Offers digital and physical/in-person intake processes
3. Provides drop-in spaces/activities
4. Short or no wait list
5. Located centrally or close to public transport (discussed previously in Insight 8)
6. Having a combination of in-centre, outreach and online services (discussed previously in Insight 9)
7. Having operating hours that meet the needs and are convenient for young people (discussed previously in Insight 10)

It is understood that young people often have low-help seeking behaviour.² Therefore, by actively trying to increase the accessibility of services it is likely that there will be greater engagement and uptake of services at the hub.

The points above were verified in consultations with young people and service providers.

“You need a service when something happens so it’ll be great to be able to go to it and not have to wait.”

¹ Muir, K., Powell, A., & McDermott, S. (2012). ‘They don’t treat you like a virus’: youth-friendly lessons from the Australian national youth mental health foundation. *Health Soc Care Community*, 20, 181-189

² Hetrick et al. (2017). Integrated (one-stop shop) youth health care: best available evidence and future directions. *MJA*, 207(10), S5-S18.

INSIGHT 15: SERVICES NEED TO BE DELIVERED IN AN INTEGRATED MANNER

The need for the integration of care across providers, settings and sectors directly correlates with the growing burden of chronic diseases and increasing demand to reduce fragmentation and improve the patients journey of care within health and social sectors.¹ Integrated models of care may enhance the outcomes achieved for young people by improving access to a wide-range of services and providing a holistic approach to care.^{2,3}

Integration however, can happen at different levels and is often described occurring along a spectrum.^{4,5,6}

On one end of the spectrum there may be co-location of services. Co-location does not necessarily ensure coordinated or integrated care, it can simply mean that different services are housed under one roof but continue to operate in a siloed manner.^{7,8,9}

On the other end of the spectrum there may be formalised agreements and arrangements between services. Services may use the same referral and assessment processes, share administrative processes, medical records and team meetings, to collaborative care approaches and dedicated multidisciplinary onsite teams with a common culture of care.^{7,8,9}

Models of care at the more integrated end of the spectrum have been identified to enhance the youth-friendliness of services by improving access for young people who prefer to have all their needs met in one place⁷.

¹ WHO (2016). Integrated Care Models: an overview.

² Hetrick et al. (2017). Integrated (one-stop shop) youth health care: best available evidence and future directions. *MJA*, 207(10), S5-S18.

³ Hickie, I. B., Scott, E. M., Hermens, D. F., et al. (2013). Applying clinical staging to young people who present for mental health care. *Early Interv Psychiatry*, 7, 31–43.

⁴ Grone, O., & Garcia-Barbero, M. (2001). Integrated care: a position paper of the WHO European Office for Integrated Health Care Services. *Int J Integr Care* 2001; 1: e21.

⁵ Fleming, T., & Elvidge, J. M. (2010). Youth health services literature review. A rapid review of: school based health services, community based youth specific health services & general practice health care for young people. Auckland: Waitemata District Health Board.

⁶ Bonnie, R. J., Stroud, C. E., & Breiner, H. (2015). Investing in the health and well-being of young adults. Washington, DC. The National Academies Press.

⁷ Hetrick et al. (2017). Integrated (one-stop shop) youth health care: best available evidence and future directions. *MJA*, 207(10), S5-S18.

⁸ Rosenberg, S., & Hickie, I. (2013). Managing madness: mental health and complexity in public policy. *Evidence Base*, 3, 1-19.

⁹ Ellis, L. A., Churrua, K., & Braithwaite, J. (2017). Mental health services conceptualised as complex adaptive systems: what can be learned? *Int J Ment Health Syst*, 11, 43.

INSIGHT 16: YOUNG PEOPLE WHO ‘AGE OUT’ OF THE TARGET AGE RANGE FOR THE HUB STILL NEED TO BE SUPPORTED

Health issues and behaviours that arise during adolescence and young adulthood are not isolated to specific age ranges and tend to continue throughout their lives^{1,2}

It is hence important that the supports provided to young people are continued even after they exceed the target age range for the hub. This could be in the form of ensuring that appropriate referral pathways are in place to connect young people to other services in the region in instances where support cannot be provided by providers in the hub.

This concern was similarly expressed by service providers who participated in the consultations where the importance of robust referral pathways to provide continuous and ongoing support to young people who ‘age out’ of the target age range for services at the health hub was reinforced.

“We need to make sure that we appropriately link young people after the ‘age out’ of the relevant services.”

“There should not be a hard aged-defined exit.”

¹ Viner, R. M., & Barker, M. (2005). Young people’s health: the need for action. *BMJ*, 330, 901-903.

² Watson, P. D., Clark, T. C., Denny, S. J., et al. (2003). A health profile of New Zealand youth who attend secondary school. *NZ Med J*, 116, U380.

INSIGHT 17: STAFF AT THE HUB NEED TO BE CAPABLE TO ENGAGE IN A SAFE AND APPROPRIATE MANNER WITH YOUNG PEOPLE

Services at the hub should be staffed by clinicians and health professionals who are skilled and confident in working with young people. They also need to have access to the resources required to deliver high-quality, evidence-based care. For most young people, staff with the skills to work with them and make them feel comfortable were identified as one of the most important aspects of a service.¹ In one study, young people even reported that staff in the service were the reason they used the service.² Reception/front desk staff were identified to be especially critical as they form the initial impressions that young people have with a particular service.¹

Young people describe the desirable characteristics of staff who work with them to include the following²:

- Friendly
- Non-judgemental
- Good listeners; and
- Relatable.

In addition, it was also identified during consultations that it is important for staff at the hub to be consistent. This is because it helps young people to build familiarity and trust in the hub, ultimately increasing the likelihood of them engaging with services at the hub.

“It is important that staff are not different every time I go there. It helps to recognise faces as it makes you feel more comfortable.”

¹ Muir, K., Powell, A., & McDermott, S. (2012). ‘They don’t treat you like a virus’: youth-friendly lessons from the Australian national youth mental health foundation. *Health Soc Care Community*, 20, 181-189. **31**

² Communio. (2009). *Evaluation of Youth One Stop Shops: final report version 1.1*. Wellington: New Zealand Ministry of Health.

INSIGHT 18: YOUNG PEOPLE SHOULD BE EMPOWERED AND SUPPORTED TO EXERCISE CHOICE AND CONTROL

Staff and clinicians can play a significant role in influencing the level of engagement that young people have with the services at the hub. Research identified the following behaviours that were associated with increased engagement including:^{1,2}

- Treating young people with respect and dignity;
- Ensuring young people have sufficient autonomy over their care (aligned with developmental approach);
- Explaining service processes (e.g. the number of visits permitted and any associated costs);
- Empowering young people to ask questions; and
- Allowing them to make informed decisions about their treatment.

In addition, giving young people some control over their service journey played an important role in building rapport between service providers and young people and in ensuring services were youth-friendly.³

This aligns with the feedback provided by young people during the consultations where they reinforced the importance of them feeling in control in all aspects of their service journey (i.e. from initial contact to intake to receiving services from the hub).

“I don’t want people actively approaching me when I go to the hub. As long as there is someone there that I can approach, I will do so when I feel comfortable.”

“It is important that I feel in control.”

¹ Wisdom J.P., Clarke G.N. & Green C.A. (2006) What teens want: barriers to seeking care for depression. *Administration and Policy in Mental Health and Mental Health Services Research*, 33, 133–145.

² Muir, K., Powell, A., & McDermott, S. (2012). ‘They don’t treat you like a virus’: youth-friendly lessons from the Australian national youth mental health foundation. *Health Soc Care Community*, 20, 181-189

³ Simmons, M. B., Hetrick, S. E., & Jorm, A. F. (2011). Experiences of treatment decision making for young people diagnosed with depressive disorders: a qualitative study in primary care and specialist mental health settings. *BMC Psychiatry*, 11, 194

INSIGHT 19: YOUNG PEOPLE SHOULD BE INVOLVED IN ALL ASPECTS OF THE OPERATIONS AND GOVERNANCE OF THE HUB

It is widely acknowledged that engaging and involving young people at all levels from service design/delivery to governance supports the creation of positive cultures of care that are youth-friendly, non-judgemental and stigma-free.^{1,2,3,4,5,6,7}

Specifically, the youth voice is needed to ensure that services are acceptable to young people and that they remain relevant to them. Research has recommended that young people, including their families, should be involved throughout the entire service design/delivery and governance process.⁷

Feedback from young people during consultations aligns with the literature. Additional feedback provided by them indicated that:

- Their involvement should be time limited to allow them to participate in other activities;
- The composition of young people involved in the hub should be diverse, ensuring a good mix of young people with different experiences, needs, culture and background;
- Ongoing training should be provided to young people participating in the hub to enable them to undertake their roles effectively; and
- Participation by young people should be appropriately reimbursed

Continued on the following page...

¹ McGorry, P. D., Goldstone, S. D., Parker, A. G., Rickwood, D. J., & Hickie, I. B. (2015). Cultures for mental health care of young people: an Australian blueprint for reform. *Lancet Psychiatry*, 1, 559-568.

² Anderson, J. E., & Lowen, C. A. (2010). Connecting youth with health services: systematic review. *Can Fam Physician*, 56, 778-784.

³ Porter, M. E., & Lee, T. H. (2013). The strategy that will fix health care. *Harvard Business Review*, 91, 50-70

⁴ Fleming, T., & Elvidge, J. M. (2010). Youth health services literature review. A rapid review of: school based health services, community based youth specific health services & general practice health care for young people. Auckland: Waitemata District Health Board

⁵ Social Policy Evaluation and Research Unit (Superu). (2015). Youth Mental Health Project: research review. Wellington: Superu

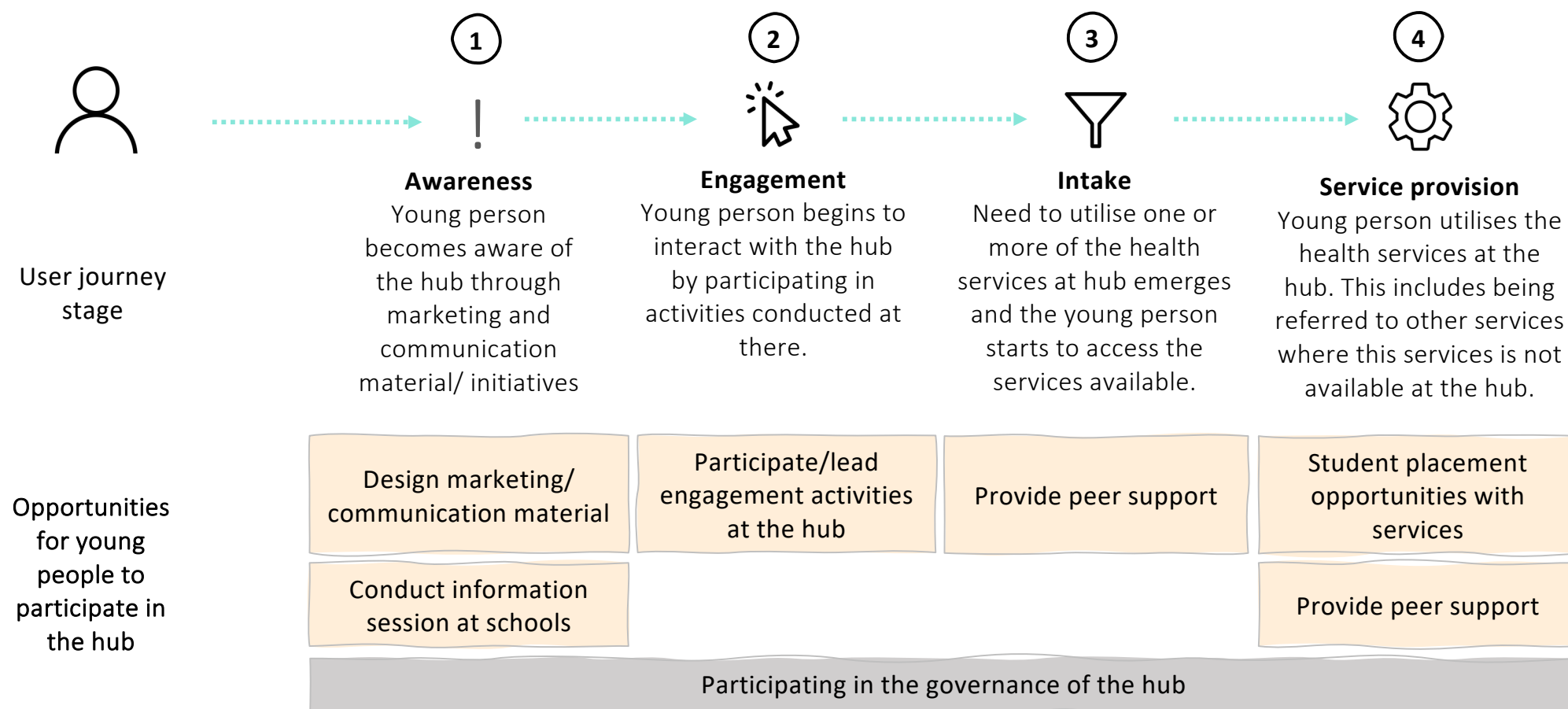
⁶ Hetrick et al. (2017). Integrated (one-stop shop) youth health care: best available evidence and future directions. *MJA*, 207(10), S5-S18.

⁷ Ambresin, A. E., Bennett, K., Patton, G. C., Sancic, L. A., & Sawyer, S. M. (2013). Assessment of youth-friendly health care: a systematic review of indicators drawn from young people's perspectives. *J Adolesc Health*, 52: 670-81.

INSIGHT 19: YOUNG PEOPLE SHOULD BE INVOLVED IN ALL ASPECTS OF THE OPERATIONS AND GOVERNANCE OF THE HUB (CONT.)

During consultations with young people and service providers, a number of practical examples of how young people can participate in the hub were provided. These examples are identified according to the key phases of a typical service user journey.

Please note that this is very simplistic depiction of the actual journey that young people follow in reality. The purpose of this illustration is mainly as a way to structure the opportunities for young people to participate in the hub.



Legend: Opportunities for young people to participate at the *operational* level Opportunities for young people to participate at the *governance* level

INSIGHT 20: SERVICE PROVIDERS OPERATING IN THE HUB NEED TO HAVE SHARED AGREEMENT AND ACCOUNTABILITY ON THE OPERATIONS/GOVERNANCE OF THE HUB AND THE DESIRED OUTCOMES FOR YOUNG PEOPLE

Integral to the effectiveness of the hub is ensuring that it is governed through shared accountability. Shared accountability between service providers enhances quality of care and health outcomes as it influences the actions of service providers in the hub and how effectively collaboration occurs to deliver on the intended outcomes.^{1,2}

Key elements to establish shared agreement and accountability between service providers include the:

- Scope and overarching vision of the hub
- Outcomes the hub is working to achieve
- Role of each service provider
- Approach to governing the hub
- Guiding principles that will underpin the delivery of services
- Service delivery model
- Approach to risk and incident management

“There needs to buy-in from all the service providers on a number of a key elements of governance and operations of the hub for it to work effectively.”

“We all need to be committed to achieving the same thing.”

¹ Queensland Council of Social Service. (2013). A Guide to Integrated Service Delivery to Clients For Community Service Organisations. https://communitydoor.org.au/sites/default/files/A_GUIDE_TO_INTEGRATED_SERVICE_DELIVERY_TO_CLIENTS.pdf

² Hudson, A. (2016). Simpler, clearer, more stable Integrated accountability for integrated care. The Health Foundation, ISBN: 978-1-906461-82-9

INSIGHT 21: THERE NEEDS TO BE CLEAR PROCESSES AND STRUCTURES PUT IN PLACE TO SUPPORT INTEGRATED CARE AT THE HUB

Services providers identified a number of strategies that can help to facilitate integrated care at the hub:

- 1 Shared agreement on key aspects of governance and operations (previously discussed in Insight 18)
- 2 Staff at hub engaging in collective training and having a baseline level of competency, allowing flexibility and sharing of supports
- 3 Shared initial screening
- 4 Regular meetings between participating service providers in the hub to enable continuous improvement and greater collaboration/integration. For example this may involve discussing how referrals between service providers can be further enhanced.
- 5 Having multiple connections/touch points between service providers to ensure that relationships are not person-dependent



QUESTIONS FOR CONSIDERATION

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The purpose of the *Co-design Workshop* on Thursday, 21 November 2019 will be to:

- Validate the insights contained in the briefing paper, identifying gaps if any. These insights will help to form the basis for the service model of the hub; and
- Identify key enablers that will need to be put in place to support the activation of the hub
- Identify the infrastructure requirements of the hub (time permitting)

In advance of the *Co-design Workshop*, it will be helpful if attendees considered the question below as they will form the basis of discussions during the workshop:

1. Do the insights in the briefing paper resonate with you? What stands out?
2. Are there any gaps in terms of insights outlined in the briefing paper?
3. What are the enablers (i.e. resources, infrastructure, processes or structure) that will need to be put in place to operationalise/activate the insights outlined in the briefing paper?

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