

SUMMARY REPORT

**WALKING THE TALK: DESIGNING
YOUTH ADVOCACY & ENGAGEMENT
WITH YOUNG PEOPLE**

2022



Association for the Wellbeing
of Children in Healthcare



Acknowledgement of Country

The Association for the Wellbeing of Children in Healthcare acknowledges the Traditional Custodians of the lands on which we work, the Wallumedegal people, who form part of the wider Aboriginal nation known as the Eora Nation. We recognise their continuing connection to the lands and waters of this Country. We also pay our respects to Elders past and present.



Association for the Wellbeing
of Children in Healthcare

The Association for the Wellbeing of Children in Healthcare (AWCH) is a national not-for-profit organisation that has been advocating for the needs of children, young people, and their families within the healthcare system in Australia since 1973.

AWCH works in partnerships with children, young people, their families, health professionals, peak bodies, and the broader community, to ensure that the psycho-social needs of children, young people, and their families are recognised and met.



Health Consumers NSW (HCNSW) is a membership-based, independent, not-for-profit organisation promoting and practicing consumer engagement in the NSW health sector. HCNSW creates meaningful partnerships between consumers, the health sector, and policy-makers.



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What is 'Walking the Talk'?

The Walking the Talk project is a collaboration between the Association for the Wellbeing of Children in Healthcare (AWCH), Health Consumers NSW (HCNSW), and young people. The goal of the project is to engage with young people from a diverse range of backgrounds to identify and target gaps in current resources and practices of youth engagement within the healthcare system. We aim to support young people to voice their thoughts, ideas, and opinions, and collaborate with them to make optimal youth engagement and health advocacy a reality.

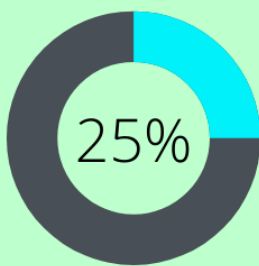
The preliminary report was created in order to gain insight into the current landscape of youth engagement and advocacy, as well as the needs and desires of young people in Australia.

Australia's Young People

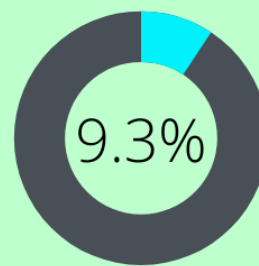
The Walking the Talk project defines 'young people' as those aged 14–25 years. With over 4.4 million young people living in Australia, 1.3 million of those living in NSW, it is integral that we listen to and understand the needs and wants of this group, and provide the support and resources required for young people to not only voice their ideas and opinions, but to act on them also.

Demographics

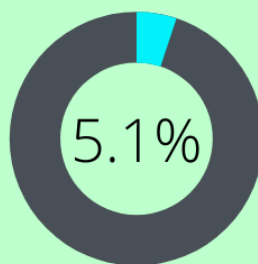
According to the Australian Institute of Health and Welfare (AIHW), of Australia's young people aged 15–24:



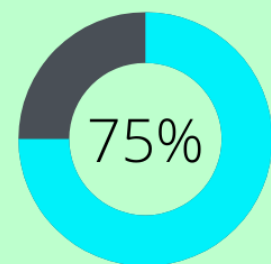
were born overseas



had a disability



were Aboriginal and/or Torres Strait Islander

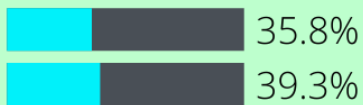


lived in 'major cities'

Additionally, according to the Australian Bureau of Statistics (ABS):



On a scale of 1 to 10, young people aged 15–24 reported an overall life satisfaction of 6.9 in 2020



Of those aged 15–24, 35.8% of males and 39.3% of females had one or more chronic conditions



Only 28% of young people aged 18–24 always find it easy to actively engage with healthcare providers

What's Important to Young People?

Reports and surveys, such as Mission Australia's Youth Survey 2021, offer insight into what young people consider important, issues and challenges they face, and how and why they engage with systems and services.

According to Mission Australia's Youth Survey 2021, the top three most important issues in Australia identified by young people were **COVID-19** (identified by 45.7% of participants as one of the most important issues in Australia), the **environment** (38%), and **equity and discrimination** (35.4%).

Mission Australia's survey also identified many areas of engagement utilized by young people. The data gathered indicated that more than four in 10 (41.1%) respondents reported they had participated in volunteer work in the past year, one-third (33.9%) of young people indicated they had taken part in student leadership activities, 24.5% in youth groups/activities, 19.2% in environmental groups/activities, and 9.3% in political groups/activities.

Young People & the Healthcare System

Young people often face significant barriers to accessing and engaging with the healthcare system. Findings of research by AWCH in 2021 include:

- On a scale of 1 (worst) to 10 (best), respondents rated their overall experience with the healthcare system. The average of all responses was 5 out of 10 (with 7 out of 10 being the most frequently reported response)

- In response to the statement “Overall, healthcare professionals do not understand young people’s needs and experiences well enough”, 60.7% ‘agreed’ or ‘strongly agreed’.
- In response to the statement “Healthcare services generally feel friendly and welcoming to me, as a young person”, 44.3% ‘disagreed’ or ‘strongly disagreed’ and 39.3% ‘neither agree nor disagreed’. Only 16.4% ‘agreed’ with this statement, and none ‘strongly agreed’.

Other reports including the Australian Department of Health’s (2019) ‘National Action Plan for the Health of Children and Young People: 2020–2030’ and the Youth Health Forum’s (2021) ‘Life Transitions and Youth Pathways to Health Services’ outline challenges faced by young people in the healthcare system, and offer recommendations and priorities relevant to the Walking the Talk project including:

- improving health equity across populations,
- navigational support,
- inclusive delivery, and
- strengthening the health workforce in order to ensure specific and appropriate care for young people

COVID-19

UNICEF Australia’s ‘Living in Limbo’ (2021) report surveyed 1007 young people aged 13–17 and provides incredible insight into young Australian’s experiences with the COVID-19 pandemic. Issues including: mental health, resilience, and participation and decision making were prevalent. Findings include:



When asked about coping within the context of COVID-19, 45% of participants reported that they were able to cope ‘well’.

25% of participants felt that children and young people are not considered to be stakeholders equal to other groups in society within the context of the national COVID-19 response.



40% of participants felt that conversations about children and young people were more focused on the impact on parents and caregivers than the children and young people themselves.

26% believed that there is “no clear way for children and young people to feed into the discussion about who has been affected and how the virus, its impact, and responses are being communicated”.



Findings

The preliminary report conducted a scoping review of existing literature, engagement resources, and models of engagement.

Current Literature

Themes identified through a review of current literature include:

- Recognising, understanding and actively countering **adultism** and adult **power** is critical to youth engagement.
- **Tokenism**, defined as instances in which children are said to be given a voice, but have little or no opportunity for actual influence, can and should be avoided at any level of youth engagement.
- **Co-design** involves working **with** people, instead of **for** them. Co-design is a process that involves a team of people sharing power, sharing experiences, building relationships, and building capacity. It is essential to recognise that co-design is an active and ongoing process, not a product or 'one-off'.
- An **intersectional lens** is an essential component to successful and respectful youth engagement. **Marginalisation**, particularly multiple or compounding marginalisation, can have immense impacts on young people's lives, experiences, access, and engagement. Therefore, an understanding of intersectional experiences, identities, and needs is necessary among researchers, services, and organisations.

Models of Engagement

Various models of youth engagement exist to guide researchers, organisations, and governments to engage effectively with young people within many sectors including health.

- Hart's Ladder (1992)
- Treseder's Degrees of Participation (1997)
- Shier's Pathways to Participation (2001)
- Wong et al.'s Typology of Youth Participation & Empowerment Pyramid (2010)
- Cahill & Dadvand's P7 Model (2018)

Existing Resources

The following resources were examined for the preliminary report:

- Health Consumers Queensland's (2021) 'Amplifying the Youth Voice: Health Consumers Queensland Youth Engagement Framework 2021'
- The Government of South Australia's (2016) 'Better Together: A practical guide to effective engagement with young people'
- Orygen's 'How to Partner with Young People' (2016) and 'Co-designing with young people' (2019)

- WH&Y's 'Wellbeing Health & Youth Engagement Framework' (Tiller et al., 2019)
- The Office of the Advocate for Children and Young People's (2019) 'Engaging children and young people in your organisation'
- The Department of Communities of Tasmania's (2019) 'Youth Matter' guide

Common themes found throughout these resources included:

- Clarity and transparency (with regard to expectations, communication, language)
- Flexibility (with regard to manner of engagement, timing, location, level of engagement, and so on)
- Mutual trust and respect
- Accessibility (consideration of age, disability, language barriers, and so on)
- Inclusion/diversity
- Provision of support, resources, and feedback
- Reimbursement/Remuneration
- Avoid tokenism

Gaps

Several gaps were identified through the review of existing resources, literature and data regarding young Australians. These were:

- A need for an intersectional approach to youth engagement.
- A need for effective and complete sharing of power between adults and young people.
- A need for formal and informal acknowledgement of young people and their contributions to research and service design and delivery through co-design, co-production, and co-authorship.
- A need for improved follow up and sustainability of engagement with young people.

Next Steps

So, what should the future of youth engagement and health advocacy look like? The goal of the Walking the Talk project is to support and empower young people to engage in health advocacy, to listen to young people's experiences of engaging with the healthcare system, and to identify and target gaps in current resources and support for young people engaging with the healthcare system. In order to achieve this, we must first engage with young people to discover what is important to them when it comes to engagement and participation, what works for them, and how they want to be involved. Key findings from this report will inform the next steps of the Walking the Talk project.

Best Practice Engagement

- Utilise all available knowledge of best practice youth engagement to bring together a diverse group of young people with the goal of co-designing a future for youth engagement and participation.
- Provide a platform, support and resources for young people to lead the way in designing future engagement and participation methods, models, and resources.

Co-design

- Ensure all involved understand the meaning of co-design and commit to the process including sharing power and viewing young people as genuine co-designers and co-producers
- Utilise available resources such as the work of McKercher (2020) to ensure, throughout the engagement process, that co-design is taking place.

Intersectionality

- An intersectional lens will be utilised throughout the project. Consider aspects such as accessibility, remuneration, interpreters, cultural considerations, mental health, and disclosure when engaging with young people with intersectional needs
- Consider the impact of intersectional needs on young people's lives - can lead to complex and challenging experiences, thus requiring sensitivity when engaging.

Follow Up & Sustainability

- A commitment to providing effective feedback, follow up and sustainability of engagement.
- Discuss methods of follow up and sustainability with young people
- How can organisations better involve young people on an ongoing basis?
- How can organisations support young people to remain engaged, and utilise the skills and experienced gained, as they age out of 'youth' focused engagement into adulthood?

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