



A SEAT AT THE TABLE

A HEALTHWEST PARTNERSHIP PROJECT

FINAL EVALUATION REPORT



ACKNOWLEDGEMENTS

This project has been a joy to be involved in. I particularly want to extend thanks to Helen Scudamore for her collaborative approach and generous assistance. I would like to acknowledge the SATT stakeholders, both young people and service providers for allowing me to attend Stakeholder Advisory Group meetings to collect data.

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EXECUTIVE SUMMARY

BACKGROUND

The western suburbs of Melbourne are home to many refugees, asylum seekers and other migrants who may be especially vulnerable and sometimes have complex health care needs. Young people from refugee and asylum seeker backgrounds are particularly vulnerable to mental health issues and often have difficulty accessing services. The 2016-17 Victorian State Budget allocated funding to “support delivery of innovative and collaborative sector-led models that address complex issues in a sustainable and integrated way.” From this, HealthWest Partnership was successful in securing two streams of funding from the Department of Health and Human Services and the Office of Multicultural Affairs and Citizenship.

A Seat at the Table (SATT) was developed as an innovative, early intervention for mental health project. The project aimed to:

- Improve the mental health among young people through increased participation in mental health services.
- Improve health literacy and referral pathways into mental health services so that everyone has the option of accessing a service for assistance if and when they need.

The core functions of SATT were agreed as:

- Establish and support a network of young people from refugee and asylum seeker backgrounds with an interest in mental health.
- Develop an exemplary model of participation and build capacity amongst service providers for community participation.
- Pilot innovative strategies to promote mental health.



The project was grounded in a co-design process to link service providers and young people from refugee backgrounds together to design, develop, implement and evaluate ideas and strategies to increase mental health awareness.

The evaluation involved in-depth interviews, observation and document review over the final six months of the project. The evaluation focused on exploring the use of co-design for engaging young people from refugee and asylum seeker backgrounds around issues related to mental health and stigma. The attached report prioritises the voice of participants to best capture their experiences and perceptions of their involvement in SATT.



KEY FINDINGS

The evaluation findings indicate that a co-design and co-production process can be successfully implemented to help young people from refugee and asylum seeker backgrounds reduce the stigma around mental health.

A successful co-design process has the potential to:

- Develop the capacity of stakeholders
- Change young people's perception of services providers
- Assist young people in talking about mental health
- Provide peer support
- Build community

Co-design and co-production are processes that can be used to engage young people from refugee and asylum seeker backgrounds in discussions about mental health and well-being.

Peer facilitation has been shown to successfully bring together young people and it may assist in reducing the stigma associated with mental health. Having young people work together with service providers to plan and implement workshops. In which young people can explore their thoughts and beliefs about mental health was innovative and well-received.

The Stakeholder Advisory Group (SAG) was shown to be an important element in the co-design process to inform, provide feedback and nurture active stakeholders. High turnover of stakeholders during the lengthy project makes it necessary to implement mechanisms that continually update and upskill new and continuing stakeholders.

The findings illustrate the importance of project staff who are respectful of the community they work with and flexible enough to meet the needs of stakeholders, without overtaking the voice and role of the community in the co-design and co-production process. The project coordinator was a highly valued and respected element of the process.

While SATT was not designed to be sustainable, there is evidence that stakeholders will utilise learnings from the project in future work, both within their own lives and for local organisations. In particular, the way of working with young people that the co-design process facilitates, where young people are important to all phases of planning, decision making and implementation is a model that inspired stakeholders and many hoped to contribute to a process like this again in the future.

Implementing a Stakeholder Advisory Group was seen to be an important element in the co-design and co-production method.

- Recommendation: Project staff should be explicit with stakeholders about the process.
- Recommendation: Uncertainty is built into the co-design process. Organisations with strict timelines and output measures may not suit the requirements of co-design and should consider if it is the right fit.
- Recommendation: Co-design can be a lengthy process. Since stakeholders may come and go through the life of the project, there should be a mechanism built into the project that can upskill stakeholders on an ongoing basis on the process of co-design and inform them of the achievements of the project to date.
- Recommendation: Training should be provided to stakeholders to educate them about the co-design process and the kind of interpersonal communication strategies that are likely to lead to the best outcomes.

Not formalising the commitment from participating organisations meant that they could dip in-and-out of the process and that new stakeholders could join as required.

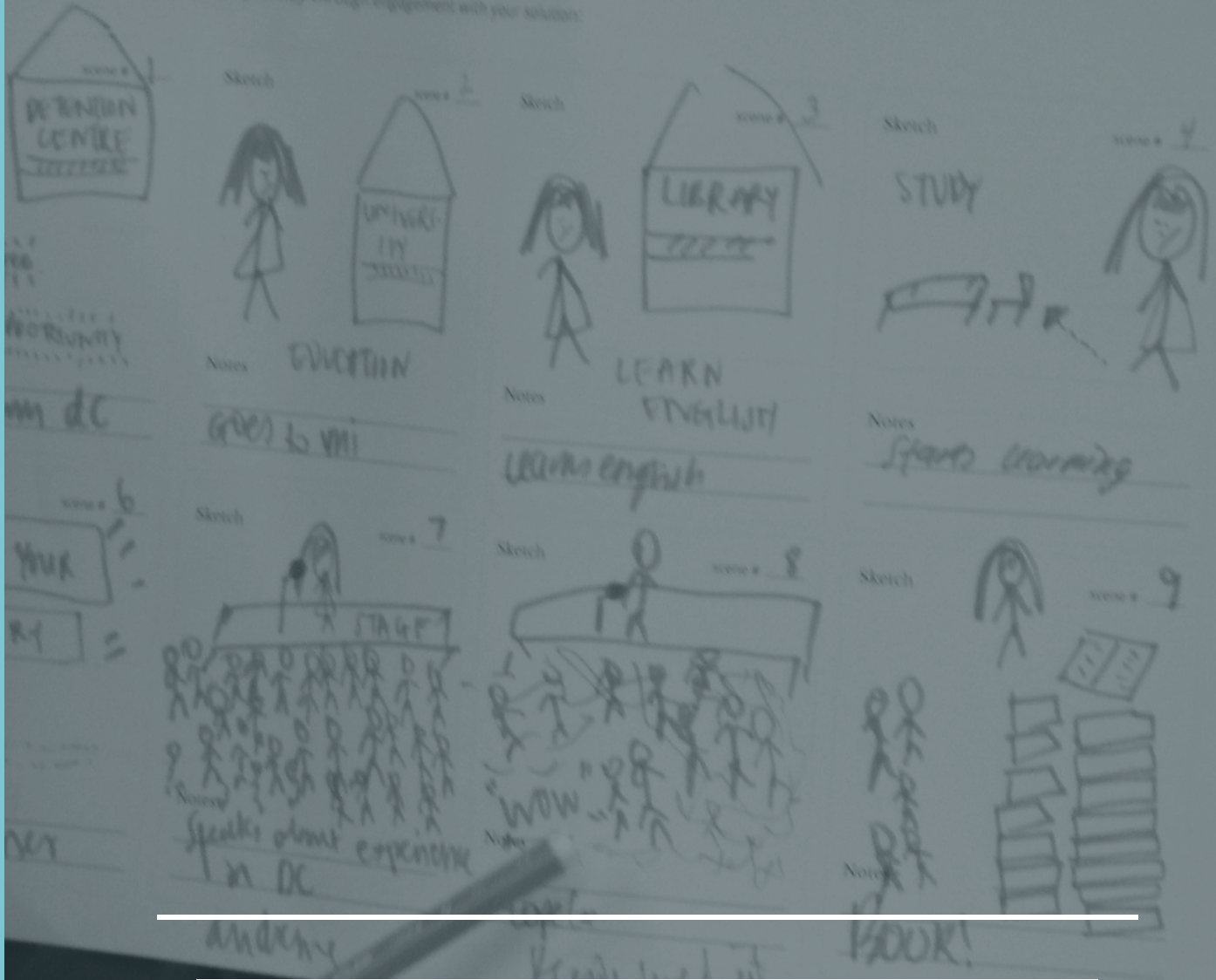
- Recommendation: The decision to formalise the arrangements with stakeholders should be carefully considered; either way the engagement should be managed thoughtfully to ensure role clarity and communication of project goals.

While there is insufficient evidence from this evaluation to draw any conclusions about the role that gender plays in the co-design process, it is clear that gender needs to be considered.

- Recommendation: Depending on the nature of the project, gender parity should be considered early in the planning stages to ensure engagement from both men and women, if desired.

ard

Sketch of an end-user's ideal journey through engagement with your solution.



“I’m hoping that the young people are gonna make it their own and find ways, maybe not necessarily having big events and big projects, but even having those conversations.”

INTRODUCTION

BACKGROUND

About 4,000 refugees settle in Victoria each year through the Humanitarian Programme [2]. Victoria typically has the largest refugee intake and highest numbers of asylum seekers in Australia [3].

Refugees, asylum seekers and other migrants may be especially vulnerable and sometimes have complex health care needs. Many refugees and asylum seekers have a high level of physical and psychological stressors in their countries of origin, during transition and on arrival in the host country, which can increase the risks of mental health issues during settlement and beyond [4].

In response to these issues, the 2016-17 Victorian State Budget allocated an additional \$10.9 million over four years for health and human services of people from refugee backgrounds. The majority of the funding was allocated to the north and north-west metropolitan area of Melbourne to “support delivery of innovative and collaborative sector-led models that address complex issues in sustainable and integrated way.” [5]

As part of the package, \$2.7 million in funding over four years was to be allocated to providing newly arrived people from refugee backgrounds increased access to culturally responsive and trauma-informed mental health and psychosocial support. A part of this, funding was received by HealthWest Partnership (HealthWest) from two sources, the Department of Health and Human Services and the Office of Multicultural Affairs and Citizenship. In response, HealthWest set up a new collaborative mental health research project with young people from refugee backgrounds. This collaborative project, called A Seat at the Table (SATT), was then led by HealthWest, one of 28 Primary Care Partnerships across Victoria, with partner agencies from across the western suburbs of Melbourne.



PROJECT RATIONALE

POPULATION

In 2017, the population of the western suburbs of Melbourne was 906,618 [6]. This area has “a high number of children and young people aged 0-17 years, with an estimated population of over 330,000” and it is expected to grow to 520,000 by 2031 [7]. In particular, the number of 10–24 year olds in Wyndham and Melton is expected to grow at more than double the Victorian average. These two suburbs alone have grown by almost four times the Victorian average between 2011 and 2016.

While the 2016 census shows that more than half (56%) of the north west Melbourne population were born in Australia, of the 590,000 people born overseas, nearly one in four has arrived since the start of 2011, with India, Vietnam, and China being the most common countries of birth after Australia [8]. The western suburbs of Melbourne, particularly Brimbank council area, have a high proportion of humanitarian arrivals, compared to the Victorian rate [9].

The western suburbs of Melbourne are home to many refugee and asylum seekers, and first and second generation migrants make up a large part of the population in some areas of Melbourne’s west. In parts of Melton and Wyndham, the percentage of the population born overseas is 45-60%. In other areas, in particular parts of Wyndham, Brimbank and Maribyrnong 30-45% of the population was born overseas [10].

SOCIAL DISADVANTAGE & MENTAL HEALTH

Across Australia, there are many young people from migrant backgrounds who are unemployed and not involved in education or training [11]. Young people born into non-English speaking households account for almost 20% of the total group aged 15 to 29 not in employment, education or training [12]. The north western Melbourne region includes some of Victoria's most socioeconomically disadvantaged areas. High unemployment, high levels of social isolation and psychological distress are indicators related to poorer mental health and are found in higher concentrations in this region [13]. The burden of disease from mental disorders in Melbourne's western suburbs, particularly Brimbank, is greater than the Victorian average [14].

Mental health issues are acknowledged as a major component of the burden of disease in Australia. Over a lifetime, nearly half of the Australian adult population will experience mental illness at some point, but less than half will get treatment [15].

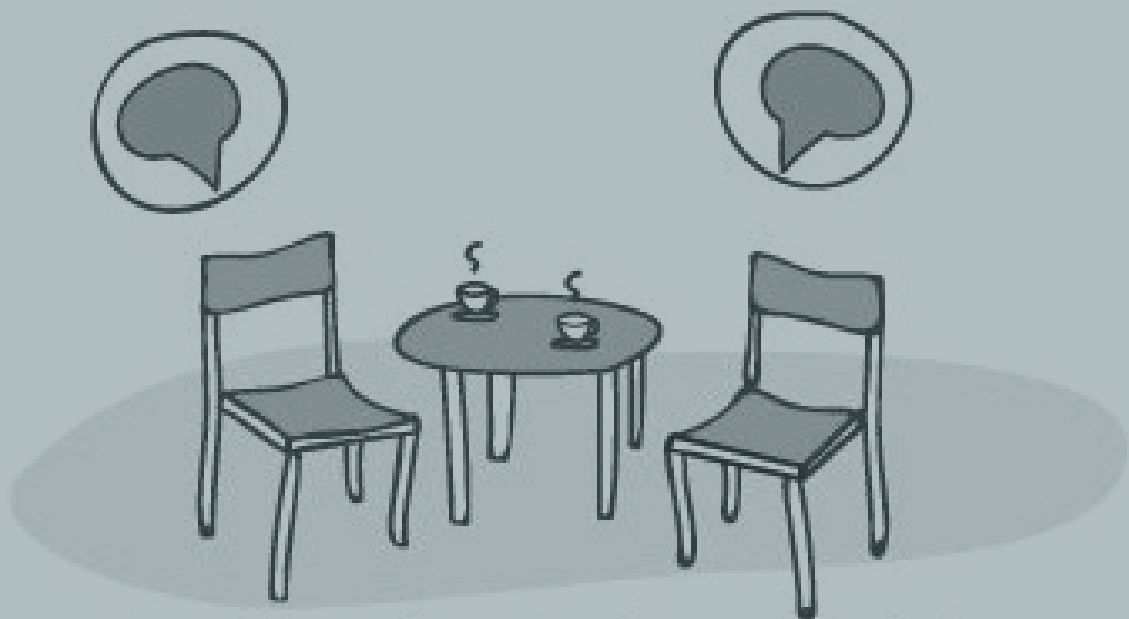
Mental stress compounds existing social disadvantage and limits opportunities for social and community participation. Although it can affect anyone at any time, at a population level mental illness disproportionately affects those who already experience some level of disadvantage and those with the least access to mental health support [16, 17]. The prevalence of mental disorders is highest for young people, with one in four (26.4%) 16-24 year olds diagnosed with a mental illness [18].

Since about 75% of mental disorders have their onset before the age of 25 years, targeting prevention and early intervention efforts at young people is of key importance.

The mental health of people with refugee and asylum seeker backgrounds can be impacted by a range of factors, depending on their specific experiences pre-migration, during migration and post-migration [19]. There is evidence that some people with refugee and asylum seeker backgrounds in Australia have increased risk of common mental disorders, in particular psychological distress and post-traumatic stress disorder (PTSD) [20]. There are many access barriers for refugees and asylum seekers, including language, financial barriers, health literacy, and others. The stigma associated with mental illness and mental health services is a major barrier to accessing services for young people from refugee and asylum seeker backgrounds and was found to derive, in part, from “negative connotations” of mental health, which was seen to be “...closely associated to crazy, lunacy, abnormality...” [21] Projects that aim to overcome these barriers need to engage the communities in a process that respects them and understands their needs.

CO-DESIGN AND CO-PRODUCTION

Co-design is a methodology that comes from design thinking, which defines all stakeholders as central to a problem and its solutions. It is a framework that approaches the delivery of “public services based on an equal and reciprocal relationship between health services, people using services and their families” [22]. Co-design is formulated as a very different model to community engagement or consultation. “It changes people from being ‘voices’ to being agents in the design and delivery of public services.” [23] The co-design process involves a substantial engagement with communities to define a problem and outline a possible solution and may lead to the co-production and implementation of the proposed solution.



A Seat at the Table

SEAT AT THE TABLE PROJECT OVERVIEW



AIMS & OBJECTIVES

A Seat at the Table (SATT), through a co-design participation process, aimed to bring young people from refugee and asylum seeker backgrounds together with local service providers to promote mental health and participation in mental health services in Melbourne's western region through a co-designed participatory process. The SATT project sought to actively engage with and support young people to develop ideas that would improve the mental health outcomes of young people from refugee and asylum seeker backgrounds in Melbourne's western region.

In the more immediate term, the project aimed to link young people from refugee and asylum seeker backgrounds with local mental health service providers and improve mental health service literacy for this population. The project team also had an interest in de-stigmatising mental health for young people from refugee and asylum seeker backgrounds. A Seat at the Table aimed to:

Improve the mental health among young people through increased participation in mental health services, improved health literacy and pathways that are appropriate for both young people and service providers so that everyone has the option of accessing a service for assistance if and when they need.

Specific program objectives included:

- Work collaboratively with people from refugee backgrounds to co-design responses
- Use a participatory research approach to understand mental health service needs and preferences and improve understanding of services available
- Strengthen the evidence base for this population cohort
- Establish and support a network of young people from refugee and asylum seeker backgrounds with an interest in mental health
- Develop an exemplary model of participation and build capacity amongst service providers for community participation
- Pilot innovative strategies to promote mental health
- Improve participation in mental health services

The core functions of SATT were:

- Establish and support a network of young people from refugee and asylum seeker backgrounds with an interest in mental health
- Develop an exemplary model of participation and build capacity amongst service providers for community participation
- Pilot innovative strategies to promote mental health

Specific focus areas for the project were:

- Mental health
- Young people from refugee and asylum seeker backgrounds
- Co-design and participatory approaches
- The HealthWest catchment (Melbourne's western suburbs)

STAKEHOLDERS

Stakeholders, including mental health services, local service providers, youth services and young people with lived experience, were invited to take part in SATT and join the Stakeholder Advisory Group (SAG). Many came from HealthWest's networks, people known to project staff and an expression of interest for young people from refugee or asylum seeker backgrounds.

This mixture of stakeholders formed the SAG. The SAG met regularly throughout the life of the program in order to update the group on project activities and plan for future activities. More on the SAG approach is outlined below.

Key partner agencies include:

- Foundation House
- Headspace
- Asylum Seeker Resource Centre
- Neami
- Carers Victoria
- cohealth
- Western Health
- Orygen Youth Health
- Liberian Youth Association Victoria Inc.
- Hobsons Bay City Council
- Odyssey – Melton Youth Services

Key networks include:

- Mid-West Mental Health Alliance
- Rehabilitation Alliance
- West Refugee Health Partnership
- Maribyrnong Workers with Young People Network
- HealthWest's Community Reference Group
- Asylum Seeker & Refugee Mental Health Network (Chair: ASRC and NEAMI National)
- Royal Children's Hospital

A stakeholder analysis survey was undertaken by HealthWest mid-way through the project. A total of 13 respondents, (9 service providers and 4 community members) responded to questions about their experiences and familiarity with participatory design, community engagement, and refugee and asylum seeker mental health.

Stakeholder analysis indicated that stakeholders had some knowledge of refugee and asylum seeker experiences, community participation, mental health services for young people of refugee and asylum seeker backgrounds in Melbourne's west and understandings of culturally appropriate mental health interventions and messages. However, there was a bit less confidence around co-design and knowledge of new policies and reforms in the mental health system.

SAG APPROACH

It was agreed that the stakeholder advisory group would have the following approach:

- It would be governed by a Terms of Reference agreed to by all members of SAG.
- Members would be included from the relevant agencies and community organisations working in Melbourne's western suburbs, as well as from among the influential community members with diverse ethnic background, gender, age and locality.
- SAG would help contribute to the identification of emerging mental health issues among existing young refugee and asylum seekers and new emerging targeted refugee population.
- SAG would identify services that are working and connecting effectively with the community.
- SAG was to engage in the project evaluation and the development of a sustainability framework for the project.
- The project coordinator would report to SAG on SATT progress and outcomes.

Inherent to these activities was a co-design approach, first developed with HealthWest in collaboration with an outside consultancy who specialise in co-design (Peer Academy).

METHODS

Target Population:

1. Young people (18-25) from refugee and asylum seeker backgrounds
2. Mental health services in Melbourne's western suburbs of Brimbank, Hobsons Bay, Maribyrnong, Melton and Wyndham

SATT used a co-design approach to bring together young people from refugee and asylum seeker backgrounds with local service providers.

A Seat at the Table had three phases :

Phase 1 - Local information gathering:

Here information was gathered on the needs of young people, how they access services and engage with the available mental health services. This information was collected by consulting service providers, community representatives and discussing the latest research studies.

Phase 2 - Co-design approach:

Phase two of the project was guided by Peer Academy, consultants engaged to help develop the early stages of the co-design process, including the community engagement strategy. Phase two focussed on working with young people and service providers to develop strategies that were then tested in Melbourne's west. The co-designed ideas were further developed through a co-production process and implemented with support from young people and service providers in Melbourne's west.

A process evaluation of the co-design approach was undertaken by Peer Academy.

Phase 3 - Co-production:

In phase three, the ideas developed during the co-design process were trialed. An Ideas Working Group (IWG) was established to pilot the ideas. The group consisted of young people from a diverse range of communities across the west and representatives from service provider stakeholders. The purpose of the group was to create a stronger link between services and young refugee and asylum seekers living in Melbourne's western region during piloting of the co-design ideas. The outcomes evaluation consultant became involved with the project at this stage and phase three is the focus of the evaluation described in this report.

The three ideas that came out of Phase two developed into the following distinct workshops: Mobile Filming, Zine Making, Sensory Garden. Planning for these workshops involved a series of meetings between the services providers who self-nominated to support the specific ideas, once they were decided, and young people who were responsible for developing the ideas and facilitating a series of workshops for other young people. Details about dates, attendees and outcomes of these workshops can be found in Appendix 2.

1 See Appendix 1 for an overview of project activities and timeline

2 Peer Academy's final SATT evaluation report can be found at the HealthWest website: healthwest.org.au

EVALUATION METHODS

AIMS & OBJECTIVES

The aim for the impact evaluation of SATT was to report back to the core participants of the SATT project with a story of the effectiveness of the SATT project, particularly in regard to giving a voice to young people from an asylum seeker and refugee background. The impact evaluation explored community participation and the implementation of the ideas generated through the co-design process. Interviews were conducted with young people and services providers at two time points, before and after the pilot workshops, then analysed and synthesised.

The evaluation questions were:

1. Can co-design be successful in involving young people from refugee and asylum seeker backgrounds in a collaborative process with mental health care service providers?
 - 1a. What are the perceived barriers and facilitators for the sustainability of the outputs from this collaborative process?
2. Can a community driven co-design process help young people from refugee and asylum seeker backgrounds reduce their perceived stigma and other taboos around mental health?

APPROACH

The evaluation has a mostly qualitative approach to investigate participant understandings and beliefs about the project, with a specific focus on the use of co-design to engage young people with refugee and asylum seeker backgrounds around topics related to mental health.

The SATT project staff, separately, collected quantitative data throughout the life of the project. Specifically, data was captured at the level of engagement at individual meetings/events, ethnic groups represented, gender ratios, age groups, languages, need for interpreters, partners and geographical location of engagement (see Appendix 2)

PARTICIPANTS

All evaluation participants were stakeholders of the SATT project, including service providers, young people and project staff.

RECRUITMENT

Recruitment was purposeful and facilitated by the SATT project coordinator.

DATA COLLECTION

Qualitative Data

1. Observation

Casual participant observation was conducted at two SAG meetings and one IWG meeting. Notes were taken and used for background analysis and to clarify the project.

The aims of observation were to understand the development of ideas, contribution of partners, community participation and to contribute to an understanding of the perceived stigma and taboos around mental health.

2. Interviews

Two rounds of face-to-face interviewing (a total of 16 interviews) provided a quasi before/after design that aimed to provide insights into the gaps between the initial hopes and goals of the project and what was actually achieved, as well as a more sustained reflection on the achievements of the project. Further focus on the successes and challenges of the project and issues around sustainability will assist stakeholders in understanding co-design and the impact of SATT.

3. Process Evaluation Data and Document Review

While not a large part of this evaluation, there is data that was collected prior to the impact evaluation. This data, from the process evaluation, is useful to consider as background information. This impact evaluation takes a long view of the project and any findings and learning from the earlier evaluation were helpful to clarifying the impacts found here. Other documents considered include the SAG meeting minutes and the SATT Risk Matrix (see Appendix 3). This data was provided by HealthWest.



Round 1 – Pre-Workshops

Timeline: July-September 2018, with most interviews occurring in July and August, just before the ideas were piloted.

Aims: Hopes and goals of the strategies, prior to implementation, understandings of co-design.

Participants: Pre-interviews were undertaken with five service providers and four young people.

Location: Interviews occurred at HealthWest or at participants' place of work.

Round 2 – Post-Workshops

Timeline: October-November 2018

Aims: Perceived successes/failures, issues around sustainability, further aims to be developed.

Participants: Post-interviews were conducted with four service providers and three young people, plus the project coordinator.

Location: Interviews occurred at HealthWest or at participants' place of work.

DATA ANALYSIS

Analysis was iterative, beginning from first data collection and continuing through the write up stage. Early analysis informed future data collection.

Participants were provided with the transcripts from their interviews and invited to make any changes, additions or deletions.

LIMITATIONS

Given the co-design focus of the project, ideally the evaluation would have been able to employ a similar approach. Stakeholders, both young people and service providers could have been involved in the evaluation, as more than just participants, or data sources, but in the creation of evaluation methodology, data collection and even analysis. Unfortunately, time and funding resources did not allow space for this approach.

It would have been beneficial to include increased observational data, particularly from the 'roadshow' meetings, idea working group and the workshops. A more complete understanding of the impact of SATT could have been explored by collecting data on workshop attendees. Finally, a better understanding of the ultimate impact of the project might have been achieved through a longitudinal study design.





FINDINGS

This evaluation explores the use of co-design and co-production for engaging young people from refugee and asylum seeker backgrounds around mental health. To answer the evaluation questions the findings are organised into five sections.

- The first section considers how co-design was understood by the stakeholders and how uncertainties, role-clarity and turnover all played a part in the experience of co-design.
- The second section describes participant perspectives on the three ideas that were developed in the co-production phase.
- The third section of the report turns to issues around mental health, examining participant reactions to the use of co-design and co-production to help reduce perceived stigma around mental health and link to local mental health services.
- The fourth section considers more generally the perceived successes and challenges of the project.
- The fifth and final section explores participant thoughts on the sustainability of SATT.

I. WHAT IS CO-DESIGN?

SATT was designed to work with young people from refugee and asylum seeker backgrounds in the design and implementation of the program. The process is distinct from just engaging the community in that it did not just ask young people what they wanted then go away and try to implement that. The program was designed to get young people involved in the entire process: defining the problem, developing responses to the problem and delivering programs to address these problems.

Definitions of co-design sometimes claim the need for an “equal” relationship between the service providers and the recipients of the services. However, all participants are already, before engaging in a co-design process, differently empowered, and those positions do not automatically change when they engage in a co-design process. Instead, participants negotiate their roles throughout the process.

With service providers and young people working together to co-create the ideas, who has the power to make decisions and drive it forward? The project coordinator understood co-design to involve a shifting of responsibility, first the service providers play an important role and have a high level of participation. Over time and through the development of the project, young people took a larger role in developing ideas and taking responsibility for the outcomes of the project (see Figure 1). It is this kind of negotiation that required participants to be flexible, patient and sit comfortably with uncertainty.

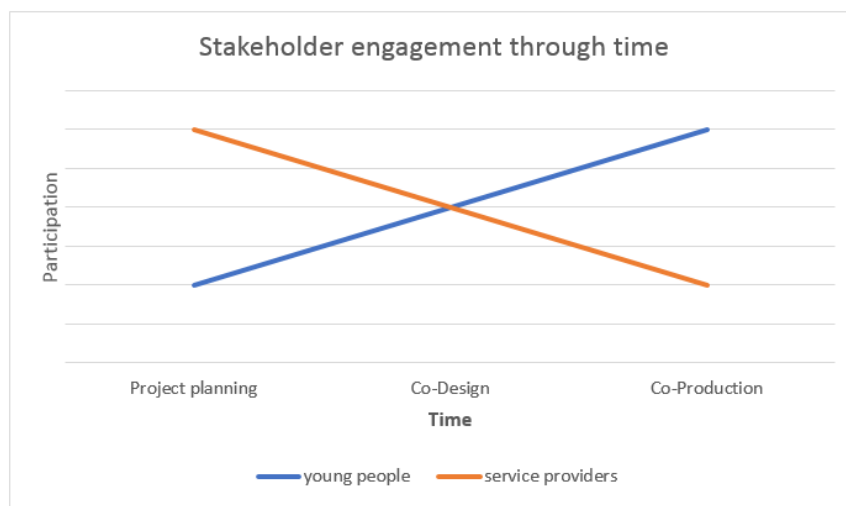


Figure 1

One service provider explains: “I don't think it's always been driven by young people because there's stuff that they don't know but they need to know” and the service providers can provide that.

“I still think there's confusion around what co-design means because I often hear other people talk about, ‘We've got to get the voice of the young people. We've got to get the young people to do it,’ and I'm just like, ‘yeah we do but they actually need the support to do that.’”



There is an understanding of co-design that indicates a belief that the unequal power dynamics will disappear through the process, or that it is possible to “keep the power balanced” and that if young people turn to service providers for advice or support it is not in line with a true co-design process. However, a strong SATT finding was that it is this give and take that makes co-design possible and relevant.

One service provider explains that understanding young people and service providers as equal doesn't necessarily work. Instead, she proposed:

“Conceptualising the adults in that space as expert resources so the young people are doing the work of design but being able to go to the adults and say, “What do you think of this? Can I test this with you?” But it's led by young people.”

CO-DESIGN AND SATT

This project was thought to be different to other local engagement projects that participants had been involved in because it was explicit in its kind of engagement and willingness not to know the answers before starting the process. One young person put it this way: “I don't know what this will look like because I don't know what they [the young people] need.” She contrasted this approach to the usual kind of engagement she has seen where services might say, “I know your community needs this,” without engaging the community and finding out what the community thinks. One service provider explains what that approach looks like:

“From what I've heard from other organisations and how they've tried to do it, it's been a single meeting with participants and then the stakeholders go back and make something.... To me, [that] sounds like a consultancy.... So, I think this process is really interesting because the young people continue to be part of this process through[out]...this is more of what I think co-design is like. “

One young person talked about how different being involved in SATT has been from other projects.

“But I think how that relationship was formalized wasn't like there was a hierarchy or anything, it was just more ‘so what do I need to do to help you activate this vision?’ So a lot of that co-designing was just kind of meeting halfway knowing that I give 50, [the project coordinator] gives 50. So there was just a lot of that exchange and I don't think I've ever experienced that type of co-design. It's just [usually], there's a director and you're just there to just throw ideas [out] and you don't really drive that vehicle, you're just in the passenger seat. Sometimes you're in the back of the backseat....I didn't have this much control....”

SATT tried a different approach, where young people were a part of the process throughout. It was seen to be successful, in part, because the process was articulated early in the project. One service provider explained:

“I think it was the way it was really explicitly set out, that it is a co-design process, that everyone is experienced and that they have as much knowledge as the next person has.”

Some thought that the project has been very successful in looking to young people and asking them:

“‘What is it that you need’ and providing a guidance role, ... so it's always come in from the young person's perspective.”

Others echo this thought:

“It is driven by the young, so it's not about us telling them.”

Co-design is often defined as a process or as a way of designing a project, but it can also be defined through individual interactions. A few service providers recalled an experience at one of the roadshow meetings where one service provider had an approach to engagement that was not conducive to the co-design process and was counterproductive. During a small group session he “dominat[ed] all conversation” which “made it really difficult for a co-design process to happen, for people to be able to share ideas, exchange ideas, develop them, and grow them” as one service provider explains, “it's very easy, from experience, to take something away from young people and sort of act like you're the authority or something.”

This was the only story that was captured in which young people were seen as not empowered through the process. It's important to note that a co-design process happens through a series of individual interactions over time, not just a planned process of a certain kind of engagement. If individuals aren't trained to engage with others in a way that is empowering, then co-design is unlikely to lead to successful co-production.

UNCERTAINTY

Overall, both service providers and young people were very positive about the co-design process. But with the process came some uncertainty, for all participants. One young person expressed it as “having faith.” She said: “I think it's kind of like closing your eyes and wishing for the best. Just closing your eyes and following a path and being hopeful and having faith in something that's not tangible.”

Not everyone understood what was meant by ‘co-design’ and sometimes they weren’t sure what exactly the end goals were.

“I'm not completely sure of what this is all going to do at the end.”

“I think maybe the notion of co-design isn't well understood across different population groups ... it's quite fatty. I think I've also struggled to sort of define what a co-design process is, and what it looks like. I think it can look different, in different contexts.”

The co-design approach felt natural for some service providers, but others found the process difficult. The project coordinator describes the difference.

“Some service providers have been very uncomfortable with the co-design approach and not having timelines and deadlines and objectives and what are we doing when. This sort of project isn't for them.”

Acknowledging that a co-design process is labour intensive and time consuming and “not for everyone”, the project coordinator understands that some stakeholders, became “disengaged.” She made a point that there is space in the co-design process for all kinds of participation, that “people have value at different levels.” Even disengaged stakeholders remained on the mailing list and were kept informed on the progress of the project.

Some stakeholders decided not to continue, but even those who did stay engaged and active in the project found it sometimes difficult to attend and contribute in

“The fact that at times I'd leave from a stakeholder meeting going, 'I don't even know what was the point of that meeting,' but then actually further along the track going, 'Actually, that needed to happen because true co-design means we're all muddling together, rather than us leading...young people to where we think it should be.’”

One young person described how this process might be more difficult for service providers than young people:

“Because I think that the socio-political, economic environment that we are in pays a lot of emphasis and power towards those in authority. And I think through that, they get to choose and decide how things are done and then expect that to be done in that way... Whereas this is taking a fundamental shakedown of that process and we're not going from top down. We're not going from bottom up. We're actually getting everyone down onto the floor and then working up together.”

And even when the young people didn't quite know what would come out of the process, they sat quite comfortably in that uncertainty. For example, one young woman explained,

"I don't know what this project is going to look like at the end but I think if the collective looks like this already [when she was first introduced to the project] and these are the conversations already, when we don't even know ourselves and we don't know each other like that, then perhaps I should hop on."

In general, a bit of confusion and uncertainty did not seem to deter people or decrease motivation. There was a real optimism about the project and a trust in the process. These uncertainties were not framed as challenges, but were usually understood to be a part of the co-design process.

ROLE CLARITY

SATT was thought to be successful in bringing young people and service providers together because it was explicit about the co-design process. However, there were challenges when there wasn't complete clarity about the roles of the service providers and the young people.

"So, for me, I wasn't quite sure what, how to participate. Why I was there."

Some mechanisms of the process were clearer for some than others, as the project engaged two very different groups of people. One approaching the project in a professional capacity, and the other volunteering their time and energy to be there and reimbursed for their time with gift vouchers. One service provider explained their thoughts about this discrepancy.

"Are we holding [SAG] at a time when it's not really accessible to young people because they've got university or secondary school, or sports commitments or work. But then if you don't hold it through these hours, who of us are available?"

He went on to question if SAG meetings and co-design are even compatible.

"When we have the stakeholder meetings, are we still honouring the idea of co design and youth participation. Sometimes in the stakeholder meetings, we make decisions... Is that really a decision we should be making..."

Another critique of the meetings were they may have been less accessible for people outside health services.

"I think it's also quite jargon heavy, and if I was a young person from refugee, or asylum seeker background and I saw those words, I wouldn't feel like it's for me."

There was also concern from a few service providers that without clarity of roles, there was a danger that providers might take over the process and make it about their own interests, rather than encouraging the young people to develop ideas of their own. One suggestion to help service providers understand their role:

"I think it might be a bit about even having some sort of preparation for the professionals to understand what equalising an environment is ..."

'Equalising the environment' might mean that the service providers are no longer seen as the experts who have all the answers. The project coordinator thought it was possible to work with young people in this way, in this project, partly because it engaged "really strong young people that have been very confident in their voice."

The service providers were seen by young people as needed for their:

"Knowledge, resources...their input as to what doesn't work, what does work, what they've done in the past before. I think when we need them and how is different at each stage....But I think we need them towards the creating of something because.... You don't want to redesign the wheel...."

SATT was designed to engage service providers and young people. Some young people straddled both identities, that is, they were young people who worked for local health services. Despite their multiple positions, young people were rarely confused about their role in the process. The value of co-design, understood as an engagement process that prioritises the voice of young people in the design of the project, was usually obvious to young participants.

Young person: *I don't often utilise my service provider hat because I don't need to.*

Interviewer: *You're not really here in that capacity?*

Young person: *No. And I purposely step out of that capacity because I think that capacity has enough of a voice. The voice of the service provider is loud enough. And the reason we do co-design is because there are so many other voices who have a stake in this who are affected by this and who are, in turn, enriched, potentially, by this who do not only [not] have a voice but...are sometimes oppressed by the outcomes of not having co-design. By having projects done to them.*



STAKEHOLDER TURNOVER

Co-design is understood as a long term commitment that involves a lengthy process of identifying the problem and coming up with solutions. Over time, stakeholders, both young people and service providers, ended up coming and going from the project, so there were not always the same people around the table. This was particularly noticeable at the SAG meetings, where often there were many new faces. Someone who was involved at the very beginning of the project left for a year and then came back to join the team near the end. And others, especially service providers were not consistently involved (see Appendix 4). While there was a terms of reference for the SAG, memorandums of understanding were not signed by each participating organisation. One service provider thought this added an interesting element to the project.

"...the stakeholder advisory group, it's always a lot of people around that table from different organisations. Not necessarily the same people all the time....I think that has caused confusion in previous meetings...so that consistency thing is not necessarily there.... maybe the beauty of not having an MOU, not having a formalised process, is that people can dip in and out of it...."

Different to projects that have MOUs attached to organisational involvement, SATT allowed flexibility for those who needed it: sometimes they had time to get involved and sometimes they didn't, but either way they were welcomed into the process. The project coordinator explained the benefits she saw in using this more fluid approach.

"...locking people in...meant that stakeholders became stale and irrelevant.... ...when you lock in... the same partners, you're not open to getting new people in that can contribute and keep the project alive and going when there are changes to the external policy environment and the role or availability of stakeholders changes."

The fact that the SAG had an unstable membership was one of the difficulties raised most often by participants. The consequence of this was that it may have contributed to a lack of clarity around what their role should be, or how to best participate. One service provider thought that it may have had more of a negative impact on young people in that it could have reinforced the divide between service providers and young people.



Project management was aware of the likelihood of turnover, of both service provider and community representatives in the advisory group and identified this risk in their risk matrix at the start of the final year (see Appendix 3). The risk rating was considered “medium” and a number of actions were considered to mitigate this risk. These included:

- Maintain and sustain their interests in the project by working with them closely within the scope of the project and agreed within the Terms of Reference.
- Contribute to their professional development by offering relevant trainings, keeping them updated by providing information on the project progress and new policies.
- Building trust by making sure their information is kept secure, confidential and their privacy has been respected.
- Get them involved in decision making, conducting workshops and community gatherings that might empower a sense of ownership to the project.
- Think about recruiting the replacement. For example, current/leaving members nominating new people to replace them.

Turnover was a concern, but another way to look at the comings-and-goings of the stakeholders is to consider the perspective of one young person who was involved at the very beginning, had a long break and came back in the last six months. She was glad to see the progress made and for her it illustrated how the process is a collaborative one, not one that was reliant on any single person to make sure it happened.

“I can see the pathway how it's got there and it's a sense of relief that it's not on one person....It's not like I left all of a sudden [and]...the program just went into the rubbish bin. You can leave for six months and come back and the project is continuing....And it shows that there's enough commitment. And there's commitment from me but there's also commitment from others that they've got new people, they've got the old people are still there and yes, it's constantly changing and the faces may change. And yes, that's frustrating. However, the goal hasn't changed.”

While the service providers were generally more concerned on behalf of young people about the turnover of stakeholders in the SAC, not all young people shared these concerns. Instead, some young people saw the changing faces around the table as a sign of commitment.

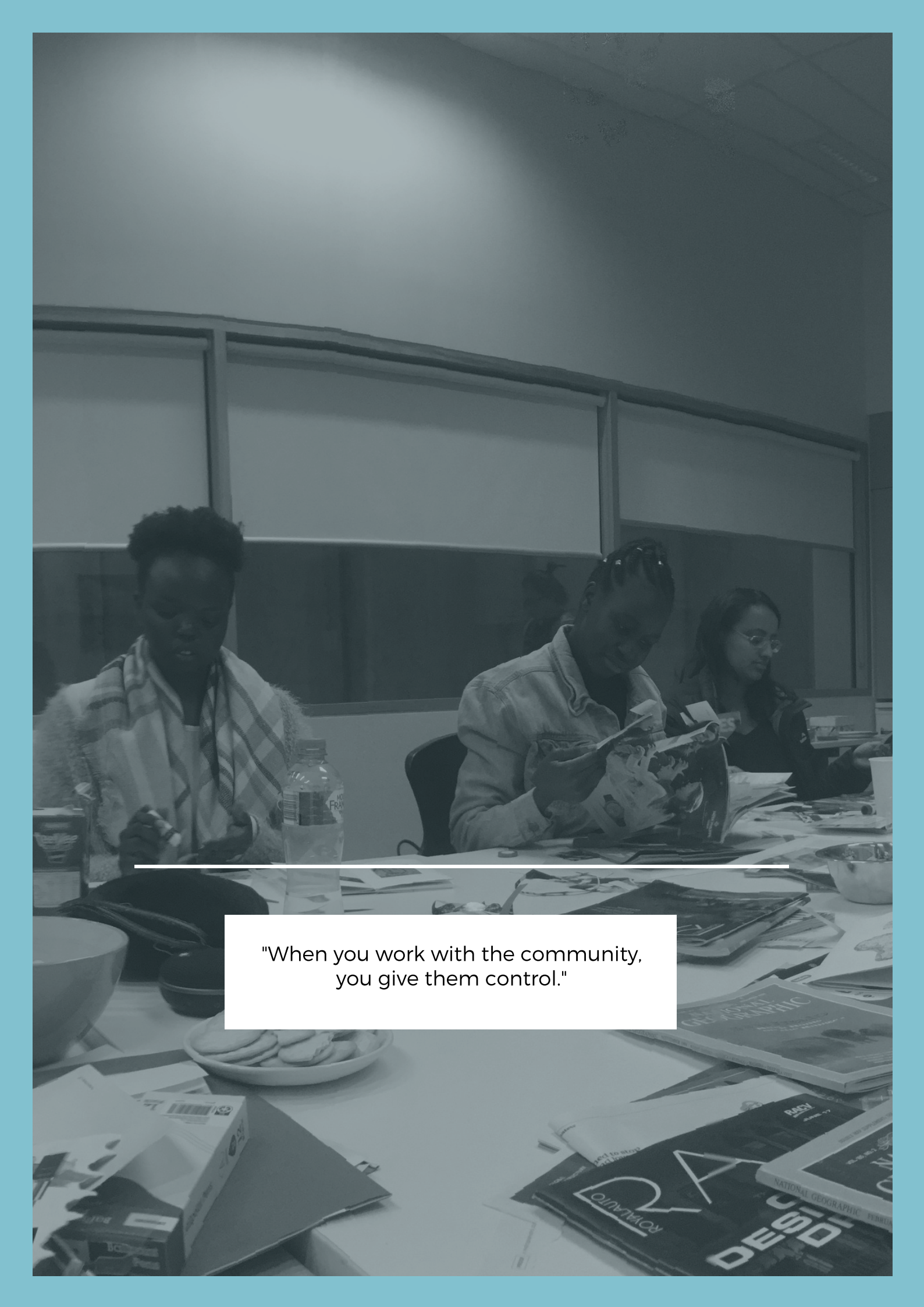
ROLE OF PROJECT COORDINATOR

While understanding the role of the project coordinator was not part of the evaluation aims, it did come up in most of the interviews. The aim here is not to provide an exhaustive account of the role, or a position description. Instead, participant perspectives on the importance of the role will be briefly considered.

The co-design process seems to require a strong project coordinator, whose role it is to bring together all the stakeholders and keep them on track throughout the process. Because of the amount of stakeholder turnover, the project coordinator had a big role to play in briefing new stakeholders. In negotiating the different roles that stakeholders might play through the co-design and co-production process, the project coordinator had to manage various needs and concerns. One young person acknowledged that this role required a “strong facilitator.” Many of the young people, and service providers described how important the project coordinator’s contributions were. She acted as a “core person” across the project who was “talented” at facilitating discussions. However, it was important that the coordinator facilitate, and not take over or lead, when others could. One young person described the coordinator’s contribution in the workshops.

“[She] said: ‘When you work with the community, you give them control.’ And [she] took a step back. And she actually did. She was more like a guardian angel behind all of us, just checking in. So when we wanted to hear her input, it was like, “...what should we do?” She’s like, “Up to you.” And we’re like, ‘Oh okay.’”





"When you work with the community,
you give them control."

II. CO-PRODUCTION: SATT PILOT WORKSHOPS

The stakeholders developed three ideas through the co-design process and in mid 2018 they co-produced, through the Idea Working Group (IWG), a series of workshops to deliver these ideas to young people from refugee and asylum seeker backgrounds. The three ideas were: a sensory garden, a mobile filming workshop and zine making (see fliers for each workshop in Appendix 5). One or two service providers joined each pilot and along with the young people who were championing the idea and who would ultimately facilitate it, they designed and planned the workshops together. The workshops were delivered in September-November 2018 and designed to use a creative activity to encourage young people to talk about mental health issues in personal and meaningful ways.

Given the sensitive nature of the topics, there was some negotiation about the role that service providers would play in the co-production of the workshops and whether they would attend in the capacity of counsellors or just represent their organisation as a referral point. It was agreed that service providers would attend the workshops alongside the project coordinator in case any of the participants found the workshops too emotionally difficult, they would support them. But exactly what they would provide in this role needed to be negotiated for each workshop. One service provider explained some of her concerns: "Well it actually is my kind of role, but some of the things that they're asking are not within my scope." Specifically, the service provider described a time when the project seemed to be asking her to provide counselling during some of the co-design sessions,

"And so therefore, we had to be really clear about boundaries early on...Actually, we're not there to open up people's wounds...you shouldn't be doing that in a public forum, that should be a smaller group, one-on-one kind of session...and that we can be here to help link you in should that be what you need. You cannot provide counselling in the space, that is not what we're there for."

She felt that "it took a long time for that message to be put across," and some stakeholders felt they could not be a part of the project if they were expected to provide this kind of counselling during the sessions. The interesting learning here is that this was never an expectation from the young people or project coordinator. The idea was always for the service providers to provide a more general support role and merely be a presence in the room, to help de-alienate mental health workers. However, this was not communicated clearly and resulted in this misunderstanding. Discussions with the project coordinator and providers individually helped resolve the confusions. An agreement was reached by roles being negotiated with each service provider and workshop facilitator.

"a chance to just be hands on and practical with something and express yourself."



SENSORY GARDEN

The young woman who facilitated the sensory garden workshop described what the participants achieved over four sessions.

"It really plays on the senses in terms of taste, and smell, and texture, and visual. The colour, there's all these different coloured pots on the fence now. Our last session we put together, we did some weaving on the fence too, so it spelled out the word 'grow'.... and we put some chimes with the sound... element."

The youth centre that hosted the garden ran a session as part of mental health week called Switch-Off, Switch-On Day. The garden workshops coincided with that session and the 60 school students who came through the centre got to participate in the sensory garden.

The young person involved in this workshop described the value of creating a sensory garden with other young people in which the goal is to facilitate discussion around self-care.

"While you're maintaining this plant you feel like you're applying your skills and your abilities and your mind to also taking care of yourself. You're getting into a routine and it's a chance to just be hands on and practical with something and express yourself."





While the focus of the workshops was to allow a space for young people to facilitate discussion around self-care to decrease stigma around mental health, one young person thought it might have been better to have more involvement from experts in mental health.

"I think it would have been really good...if I got Headspace involved, or Orygen, for example. They could have come and maybe given us a bit more insight into discussing mental health and well-being. But having more expertise on the issue would've been really good."

This was the only time a young person specifically proposed involving more 'experts' in the project. It's easy to imagine a portion of the workshop being a more formal presentation by local mental health services but that would have dramatically changed the dynamic that each workshop created. When asked what was the most successful aspect of the project, the same woman describes the discussions that developed during the workshop:

"I really think it would have been the discussions that we had. It's a hard thing to measure. It was just so unique. I don't think that's a discussion I could have with my closest friend on a regular basis. But it was so insightful, and people were so open to share about their story and... their experience with mental health and identity that I felt like I could share...mine. I didn't feel like it was such a polarizing issue anymore.... I know I've always tried to avoid those discussions because I feel like I don't have expertise enough to talk about anything. And I feel like my story isn't valid enough to use in any discussion space. But this was the first time that I felt like I felt like I had known these people my entire life and I could share anything with them. The nature of those discussions is something I'll probably always hold onto when I try and to facilitate other discussions and when I'm a part of other discussions too. They will definitely set a standard for me in my mind."

The workshops also gave young people the opportunity to build capacity amongst each other.

"...in the last few sessions of the sensory garden, I really wanted to try and include other young people in the facilitation of it. So young people that had come to other sessions before would then just be, you know, 'do you want to explain what happened last week?' or 'do you want to explain what we're trying to achieve through these sessions?'"





“... if people are...really passionate about telling a story, they're able to connect”

MOBILE FILMING

Filmmaking was seen as a tool to talk about mental health. One of the young people facilitating the filmmaking workshop talked about what she got out of it: “It's the share your story kind of film making and I found out how to really draw out what mental health... experiences they had.” The workshop had a theme, “what makes a healthy mind” and participants were asked to make a short film about this theme. They were taught basic editing and filmmaking. The premise was that “... if people are...really passionate about telling a story, they're able to connect...ideas of mental health and things that are going in their heads.”

Using a creative activity to explore mental health was not the express goal of a SATT but the three workshops all drew on creativity as a tool. The young facilitator said, “I just feel like it's an incredible tool and mode to talk about something instead of just using words and language to talk about it.”

The first session of the filming workshop fell on the same day as a local factory fire that disrupted many local activities and closed local schools. It's impossible to know for sure, but the fire also seemed to effect attendance at the workshop and “not that many young people showed up.” At the same venue another organisation was also running session for a different group about well-being that was cancelled. People who turned up for that event ended up coming to the filming session. The workshop then had participants who were not from refugee or asylum seeker backgrounds in attendance. There was a belief that they “really benefited from being in that space”





They were also careful about how the room was set up. The session was run by the young people. Service providers and a technical expert who was also in attendance didn't stand at the front or even stand off to the side, but instead sat at one of the tables, as part of the session, rather than indicating he was there in an expert or even facilitator capacity.

While the workshops were for a particular age group, due to the inclusion of people meaning to attend a different workshop, the people who attended the first session included very young children and their parents and people in between. One service provider made the point that:

"The difficulty for young people in attending is often that they have caring responsibilities with their families. Especially in the evenings. So how do you cater to someone like that? We forget that often young people...aren't existing in the void. They're part of their family unit."

One of the service providers who was at the filming workshop reflected on the young people who facilitated it and how the "tone" they set for the workshops was different from what facilitation usually involves, which is "talking quickly...and it is all kind of a bit of a flurry." She described the young facilitators as "needing to feel space. So there is silence." Usually, she says, facilitators would

"Not be comfortable with that silence, but they are very comfortable with silence. So they can take time, so if somebody asked a question they could take time to reflect on their answer. Be comfortable with quietness in the space and then get their response. Because they had set the tone of that, I think it meant that that's how the communication style was, it was very thoughtful. Very reflective. So that was a lovely element."



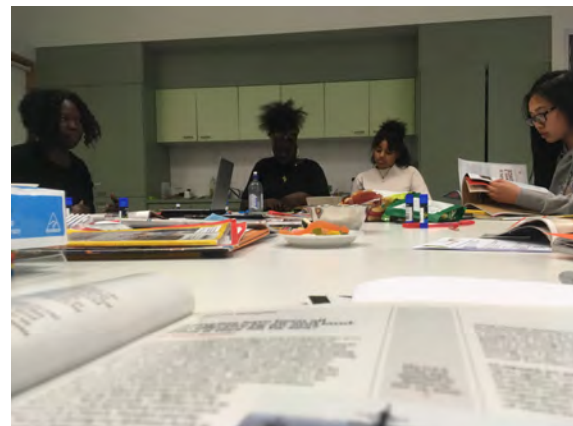


ZINE MAKING

Planning for the zine making workshops involved the young facilitator gathering two service providers and the project coordinator and discussing how the four sessions would go. The young person took responsibility for designing it and the service providers were there to support her. The service providers attended the workshops (each attended two of the four sessions, so each workshop had one service provider, plus the project coordinator in attendance) in case anyone found discussing aspects of mental health confronting or distressing. While the facilitators reported back that there were no difficulties during the session, they had discussed in some detail what would happen if any issues came up. Following the co-design format, the service providers followed the needs of the young person and they negotiated what their roles would be.

One service provider commented that during the workshops she was not sure if her presence made it more difficult for the participants to open up and have meaningful discussions around sensitive issues.

“... I could support in the space, but potentially, I might actually be reducing people's ability to be able to open up to me because I'm not somebody who's there regularly, or somebody who can then provide ongoing support.” I was just thinking about yeah being in the room, in the space, it didn't feel like it was necessary, and potentially I could have hindered involvement. There was at least one person that I went, ‘Ooh, he's not comfortable with me being here so I will make sure that I'm not overly trying to engage with him’”



The focus of the sessions was described as “what mental health means in the identity of a refugee or asylum seeker or migrant.” Like the other workshops, the facilitator of the zine making workshop had a light touch approach to talking about mental health. One service provider recalled her asking, “If you're struggling with something, what does that look like?” and “How does your culture play into the way you see mental health?” As with the sensory garden, “some young people were really brave and talked about their experiences, trying to disclose to family about their mental health [and] those things they're struggling with.”

The workshops were able to engage with some of the difficulties young people might feel when encountering mental health issues due to the intergenerational issues of migration. One service provider described one issue. Family members may push aside young people’s concerns, downplay mental health issues and say to them things like, “At least you're not starving in...’ and then they'll...name... a country and, ‘At least you're not in a war torn country, you're still safe here.’ Some young people from refugee and asylum seeker backgrounds have only experienced this kind of stigmatising language around mental health concerns. The workshops were an opportunity to explore these issues without the stigma.



I HOPE...

can still LIVE

live hope don't DIE

SURVIVE

MAKE SCENIC

8%

to win

DE

III. CO-DESIGN & CO-PRODUCTION FOR MENTAL HEALTH PROJECTS

DECREASING STIGMA

There was general acknowledgement that de-stigmatising mental health is, firstly, a goal that is relevant not just for communities of young people of refugee and asylum seeker backgrounds, but for all communities. Secondly, there was an understanding that this is a very ambitious goal and that it wouldn't be accomplished by a single program. Instead, participants saw SATT as one step in a process, and that it did have something to contribute to opening up a discussion around mental health. SATT was thought to be a process that "normalises" and can "create a dialogue" around mental health.

"We're creating this dialogue and we're normalising these conversations. We're creating so many instances where we're talking about it that we hope to then go 'Oh, okay. This is something that people talk about it.'"

There was awareness that the program would not necessarily make young people access community services or mental health treatment. The first goal that was important to young people and service providers who were engaged in the program was that mental health awareness and mental health literacy can start to permeate everyday life.

The pilots that SATT delivered were seen to play a role in making self-care an implicit part of daily life, without necessarily needing to draw on professional or expert services. Rather, mental health was seen as a continuum, or a spectrum, where obtaining professional services and expert assistance fell toward to end of the spectrum, but there was plenty of work to do on the rest of the continuum to normalise and increase awareness about mental health. One young person explained:

"... I think in the western suburbs we don't really have like these kind of workshops, it's very rare thing because people [are] too afraid to reach out for help because they see mental health [as] a scary thing..."

Some young people talked about the need to embody the goals of the project. They took the responsibility of facilitating the program to mean that they should think about their own well-being. One facilitator said: "it's not about me having a mental breakdown in the middle of facilitating something. So it's like there is a lot of responsibility...to prepare myself to be in that space." Given the project's focus on mental health, specifically around the taboo of mental health for young people of refugee and asylum seeker backgrounds, there were challenges for the young facilitators. One facilitator was candid about how she thought about these challenges for herself.

“The fact that as a person of colour and as a migrant and as a refugee, how do you have a conversation about mental health when that's so tabooed? So how do migrant and the asylum seekers and people of colour and non-people of colour come to one place where that conversation has been tabooed? Like how does that even begin? ... for me, there's a lot of hesitation, there's a lot of anxiety and fear around that because it's like when something has been silent for a long time and now that it's been spoken about, it's kind of like it's just weird. So understanding how to hold that space...as a facilitator and how to hold myself.”

“...we had a conversation about the participants being triggered and I was actually going to bring it up. What about the facilitators? What if a facilitator gets triggered, what happens? What happens in that space? If we are talking about mental health, does that mean that that person is allowed to step out of that space now? ... Like how does that look like?”

There was quite a lot of negotiation and discussion about the possibility of participants needing mental health services or counselling at the workshops but according to one young facilitator, there was less focus on how to “hold the space” if they themselves were triggered.

De-stigmatising mental health for young people meant they needed to create a space where they could be “vulnerable” and support one another. “So it's just that awareness in the space I think allowed us to be vulnerable because everybody was maneuvering in a very caring manner.” And this attitude toward one another was different to what they had experienced in similar settings before.

One young person described her involvement in SATT as helping her come to a better understanding of her own feelings of depression and loneliness. “when that project came up...I realized, ‘Oh this is something I'm experiencing.’” Being a part of SATT helped her understand her own mental health issues and gave her a platform to work with other people on a creative project that involved her community.

Another young person described how her involvement in the project helped her learn how to have discussions around mental health.

“When it came to discussing mental health and identity...it's always been something I've struggled with and probably something I've always tried to avoid. So I really feel like I'm a little bit more knowledgeable about having those types of discussions and the space that you need to prepare....”

She also described the openness of the discussions and the importance of them being led by young people:

"I really truly think that it was the fact the young people were the ones, in all the spaces, that it was young people facilitating the conversations. So it just opened, I guess a top layer, a gate, for the young people to feel like they could share too. I think it's very different when you are at school and you have an adult talking to you about what's happening. Even if it's meant to be a non-structured conversation with no expectations, but when it comes from another young person and they're brave enough to share their story with you, it makes you feel like, not like you owe it to them to share your own story, but like there are no strings attached. But I really think it was because it was led by young people, and that's why those discussions were able to get to that extent, I think."

The workshops provided a judgment-free space to start a conversation about mental health. The young facilitator said that it:

"Seemed like the young people that I met, they all had the language and the understanding of mental health. So they were able to really articulate that and the space was more a chance to talk about things they may not be able to talk about with family."

Despite beliefs that mental health was such a taboo topic in these communities that young people from refugee and asylum seeker backgrounds would not even have the mental health literacy needed to talk about their own mental health, in fact, they did. So the workshops were a space they could use to have the conversations that they may not have been able to have elsewhere. Opening this space up for young people was seen as an important goal. "...if young people feel comfortable talking to their peers about mental health, I think that would be a huge step..."

LINKING TO SERVICES

The pilot workshops were an opportunity for service providers to show young people that they are approachable. One explained:

"I think it was a good introduction for them to see that service providers are just like them, they're human beings....I think it broke down a lot of the...stigma around what service providers do and how approachable they are."

But while SATT might have helped humanise service providers, the goal of linking young people into services was seen as likely too ambitious a goal for the project. "I think if anything, it just made them aware that service providers are there, they're not all scary and difficult to work with..." Others thought that the project might help young people see that services are part of their community, and they are "not the police," they are there to help them. Services are thought to be seen by young people as authoritarian. The project allowed young people to engage with service providers without the hierarchy or other barriers they may have experienced in the past. The workshops gave young people a chance to see that service providers "are actually in the field because they know how to interact with young people and make them feel comfortable and safe" While not necessarily linking young people to services, SATT may have successfully decreased some of the stigma associated with service providers.

One way that SATT might have linked young people from refugee and asylum seeker backgrounds to services was by networking. One service provider described how she networked with young people. She said:

"I've got a couple of email addresses, and certainly when I've met with some of the other young people...even at stakeholder meetings...it was a very warm kind of reception....And so the hope would be that then they'd feel comfortable enough to even just drop a line or give me a call, and that for me would signal success...which is not at all even what was one of the written objectives about it, but that is for me what I consider to be a measure of success."

The project was conceived as an opportunity to link young people to local mental health services, or even to simply increase mental health service literacy amongst young people from refugee and asylum seeker backgrounds. However, one young person, who also happened to work at a local social service, added another way to think about how the project can improve the relationship between services and young people. As a young woman with an African background, she described feeling distinctly

"Aware that in my organisation I'm the only person who's of African descent there and there'll probably be two or three people of colour in that organisation and that is reflected within our clients."

So while she was working with SATT with her “young person hat on,” she reflected on the value of such a project to first of all improve understandings in this community about mental health and what that means, and then, people might start feeling more comfortable to attend services. She explains:

“How do I get that people feel comfortable coming to [my organisation]? I need to go back to meet them where they are. Does anyone in this community even know what mental health means?”

The project was seen as an opportunity to de-stigmatise mental health services and mental health providers

“I think after like talking about it and seeing how many other people are like feeling like worried sometimes and sometimes like affected by family and friends, they're able to feel like they're not alone and having like pamphlets and facilitators or people...to come in to talk about it just briefly, people will not afraid to like, talk and go to these services....“

ING WORKSHOP

age groups
kids together

of interest from the target group

al workshop involving simple programming
something

otball game using Arduino - will make people feel
creating - May turn into a hobby.

structure (?) to talk about issues with
discuss

alth issues

us Counseling service

Community participant story

"I've been on survival mode my whole childhood. In the camp I had people around me, but here there's no social capital. I went to safe, I wanted to give back like my father, but I had to drop out. I had to move, there's been no stability.

In Australia I got introduced to racism, in Africa, we respect all people. Here people make you feel different, it was a shock. I was diagnosed with depression. I started learning about young people from my community, and they were worse off than me. We all have low self esteem and don't trust the service providers. In my culture, friendship comes before business. Black people really don't feel comfortable, they need to feel trust because for us relationship is everything.

Youth even mistrust each other, we are scared of ourselves. I'm trying to prove things are possible for others through what I do, and create trust that way."

- Community participant

SHARE OUR STORY

Positive stories in social media

Privilege walk

* Share what makes them happy, satisfied & part of community

* Publishing stories, art, recipes, music, s

* Simple questions, not complicated

* Multicultural media

* Feeling safe to share your story

* Promote

* Cross selling / Cross initiatives

* Encourage story telling from young, elders, successful stories, mixing it up.

* Teaching story telling

* Not to be scared about feelings & emotions

IV. PROJECT SUCCESSES & CHALLENGES

PROJECT SUCCESSES

There were a number of successes in the project, separate to the original stated aims. Early in the process there was hope that SATT would open up space in the community to bring people together. One young person explained how she was feeling isolated and lonely and that "...there might be people who experienced the same thing. So, you kind of belong to the community...you can, like, reach out and help each other."

CAPACITY BUILDING

Service providers thought that the project could provide links to services, allow young people to take ownership of something, and help them develop "enterprising skills."

"I think the most successful thing for me was seeing the young people...take on certain aspects of project development and design of...each of the workshops. And at the beginning when we did the co-design aspect, all the young people were really involved and passionate about what they wanted to put forth."

Young people felt supported to contribute even when they hadn't realised they had something to offer. Specifically, they commented on how the project coordinator

"Was really good at just opening up the conversation and just saying, 'Is there something you think you can contribute in that area to this?' I didn't even consider originally that I could contribute in any way."

Some young people also found a lot of value in facilitating. One young person explained, it: "was like a really great thing because I never thought I was able to be like a facilitator because I thought I was always participant"

The process provided a space for young people to witness and be a part of the development of a community project from the inside, an experience very few had before. One service provider remarked:

"Even just having young people witness the fact that we're all learning through this process as well.... I think it's been just young people witnessing that same world, it's a learning process for everyone, that we're not necessarily claiming to be experts. I think it's just a shift in the mindset."

CAPACITY BUILDING

The project was seen to have the right balance of providing young people a space to work out what they felt their community needed as well as providing support to realise their ideas.

“So we need to hear from young people what they want. We need to involve them. That's true, but we also have to support them to be involved. You can't just say to a young person, ‘what do you want?’ And we'll give it to you. We need to explore with them about what did that mean. How can they achieve that and I think that's what co-design has done. You have staff who are there to support young people to generate ideas and be a bit of a sounding board to facilitate a conversation there they can develop their ideas.”

He continued to explore the idea that even if the project was seen not to work, if the ideas that were developed were not turned into workshops, even still, young people would be a part of that and learn about what doesn't work and why. One young person described how she learned about the logistics of planning workshops like these.

“I definitely learned...the importance of preparation. And I think planning, really helping with planning and keeping accountable with what we're doing in terms of...administrative logistical skills....how to access resources and who you can go to, to talk to, that I really didn't know before. So I think that's really going to be helpful for me...in my future roles [working] with young people. And I'm really grateful for Seat at the Table for helping develop some of those skills.”

One young person made a really interesting point about what she learned during the project about her role more generally in society. She said, “[I] didn't see myself as a citizen.” She explained, “I remember when I was young I used to play those tycoon games where you create your own city. And, I thought there was just one person having power and creating everything. But,” she continued “it's actually the citizens who make up” the community.



NETWORKING AND ENGAGEMENT

Most participants found value in networking and meeting other people in their community. For young people they met others who also at times struggled with mental health and feeling disconnected. One stakeholder said:

"I think the great joy, for me, has been talking to young people. Has been about ... you know, I made a really great professional contact with a young person who was at that first [co-design workshop], who facilitated our table who I now have lunch with every fortnight and who is now a youth worker at a different council, and when we meet we touch on the work that's happening at Seat at the Table. So we exchange ideas about those projects and what we'd like to see happen and what's possible...."

One young person described how just a small program like this one can have a big impact.

"And look at the five people that followed through with this. That's five people you never had. That's five people that are not showing on your books. That's five people that you may never have gotten again if it wasn't for this. If you give us more time and more space or if you do this in your own way, that five people can become ten people. That ten people can become a hundred. A hundred can become a thousand. By using these small examples. If everyone adopts this and we multiply this experience by ten, that's 50 people that would have had this."

The project was seen to engage a diverse range of young people from different backgrounds.

"...there were people from all different walks of life at that initial session. Then when I came to the next follow-up session and I heard about the people at the other sessions I was just like, 'Well, where are these people coming from?' I think the diversity of voices that kind of started up everything is different from anything I've ever experienced and anything that I've really heard any groups doing before too. I think that's really unique. It definitely seemed like a really diverse array of people from different backgrounds.... This is probably one of the first places where everybody just wants to jump on board with their ideas and has been really welcoming."



PROJECT CHALLENGES

A few challenges came up that were not linked directly to co-design or co-production, or stigma or service linking. Issues around recruitment and the lack of gender diversity are important considerations for understanding the project overall.

RECRUITMENT

Young people mentioned that recruitment of young people to the workshops was a bit low and there may have been a need for better advertising.

"I think the biggest challenge is definitely outreach. It's how many young people we actually get in contact with. I don't know if that's an advertising thing or what that might be. But most of the people that had come to these sessions were from our own circles except for one or two people. But I think the biggest challenge was trying to get outside of those circles and reaching out to other young people."

One young person agreed that one of the main challenges was the need "to get a few more participants. I think at the first few workshops it was good, but then the numbers kind of decreased." She went on,

"It wasn't really a bad thing because we knew like the people who stuck through the whole thing was really passionate and they made great, amazing projects. We can hopefully advertise to other places like universities or high schools to get more young people because I think yeah, we need just more people."

She continued:

"Maybe the service providers could have advertised it on their website or Facebook and possibly around buses, in the office and maybe if they can just like talk to the young people about it or anyone who's interested in arts and craft and all that."

Recruitment issues may have also had to do with the timelines, which, while not part of this evaluation, may have been difficult due to staffing changes and overall project management issues.

GENDER

It was noted that all of the facilitators and most of the participants were female. While there were male service providers, there was a lack of men in all of the workshops. One service provider remembers seeing young men during the co-design process, she described them as “maybe more reserved but they were still open to discussion and that seems to have dropped off after the co-design aspect.” She asks: “What are we doing, maybe, that’s distancing young men from being willing to facilitate, is it something about the way we’re setting up this project?” While this question is out of the scope of this evaluation, it is worth noting the disparity and being aware of it for future projects.





V. SUSTAINABILITY

The project coordinator considered the “short duration of the project and its sustainability” to have a high risk rating and that the consequences for project success would be major. The ‘actions taken’ noted on the risk register to mitigate this risk were to:

- Work on sustainability strategy of the project with support from the project stakeholders.
- Prepare for grant submissions
- Embed sustainability discussions and planning into any community activities.

When sustainability was discussed in the interviews, however, it came across as a less concrete concept than a sustainability strategy or grant submission might indicate. Rather, the longer term effects of the project were believed to be more subtle, they were about ideas that can continue to influence both young people and service providers in their future endeavours. An example of these ideas that might remain with participants is how stakeholders interact with and directly work with young people in the future, to give them a “voice” and “acknowledge the wisdom of the people you are working with, rather than...[believing them to be just] a victim or a patient.”

Aside from these potential lasting effects, the project coordinator noted that SATT was not set up to last. “We don't have ongoing funding. We're not a direct service provider. We work in partnership. Our goal is bringing people around the table and that is an achievement and getting people to work together and not in their silos.”

IDEAS FOR THE NEXT PHASE OF SATT

Service providers and young people also had thoughts about what sustainability of the project might look like. Overall, there was a hope that once the project was over, young people would still be engaged. In one idea, HealthWest was seen as having a role in the next iteration of SATT. The idea was that HealthWest could say to young people:

“If you’re interested, this is who you might be able to reach out to’, and have the service providers that were involved to say, ‘you know what, if they want to continue, feel free to reach out to us, and we’ll look into what we can do’. But potentially even up-skilling the young people in applying for more funding through grants, or whatever. That’s a transferable skill that they can take into something else, even outside of this project.”

In this approach, young people would be supported to build further capacity, beyond the scope of SATT.

Some service providers hoped that young people finish the project with better knowledge of available services and how to tap into them to do future projects. And one idea, which was a little more explicit, included a rotating committee designed to support young people through the next project:

“Let’s get out there. Let’s do it. But rather than HealthWest, they can then step back because they’ve done the first one. They might be their sounding board only. What they might have is a bank of all the service providers that assisted, to help them when they need them. But they run it might be only two can stay on from the old committee, then new people have to enter it and run it. And it might be HealthWest or whoever it may be, someone that’s probably neutral like the HealthWest, that might be just a support role.”

One service provider suggested that the project might be over, but the partnership could remain active through the creation of a new stakeholder network. She explained:

“It’s not that we’re wanting...specific special projects happening all the time, but can the partnerships remain? Like can there be some sort of network that is specifically talking about these kinds of issues that meet regularly without necessarily saying there’s a project, but actually, there’s a space in which how do we contribute, how do we change what’s happening in our organisation....Can we have it so that it’s not necessarily a Seat at the Table anymore, but another kind of network.”

“I’m hoping that the young people can take it on and make it their own in the end. So that it goes, hopefully, beyond HealthWest.”

“I’m hoping that the young people are gonna make it their own and find ways, maybe not necessarily having big events and big projects, but even having those conversations.”

Some aren’t sure that this project has included the capacity building required to keep the young people engaged or provide the skills to allow them to continue this kind of work after the project formally ends.

“I think there may be some gaps in building that capacity to be at that point where you might have an idea yourself, and you want to implement it in some way or form. But there probably isn’t enough to actually help facilitate that young person to gather the partnerships that they need to be able to put that idea into something more, and to build it, to develop it.”

Ultimately, there is a shared hope that the project will end with young people feeling able to, if not lead, then be involved in future projects and that some of the barriers to working with service providers, and discussing mental health issues have been overcome, and “honest conversations can continue.”

DRAWING FROM THE
EXPERIENCES OF SATT

Sustainability was also understood as being able to draw on the products of the workshops in the future. While the workshops have finished, the zines, films and garden that were created during the workshops are able to continue to inspire service providers and young people into the future. One young facilitator explained what that might look like in terms of self-care.

"I hope that after the session, everybody starts creating their own self-care package and kind of understanding that self-care doesn't have to look like spending a lot of money and going to yoga and doing that. Like self-care could just be like you reading a playlist and getting some magazines, some papers, some scissors and some glue just cutting away. So I hope that that is the intention beyond that."

"...I also need to be mindful that I'm not a therapist, I'm not a counsellor, I'm just an artist facilitator, and I'm just there to facilitate a space. And I think that sustainability is like a chain reaction of showing different ways of practicing, understanding yourself and creating language with yourself and understanding that sometimes it doesn't have to be a verbal language. Understanding there's different ways to talk to yourself. So that's how I think of sustainability."

The other products of the workshops are more "tangible," such as the zines and the short films.

"Hopefully that they can be used appropriately whether that be on websites...to help normalise... for the community so that they can see people and faces that look like them, sound like them, speak like them....I do hope that other young people would then be inspired by this and then be like okay, I'd like to do this as well. Or I'd like to get work in this sector."

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Naga caawi inaan hagaajino fiyoobida iyo caafimaadka
magangelyo doonka ama qaxootiga dhalinta yar...

ساعدنا على تحسين صحة ورفاه

One service provider hopes that the project will provide a resource at the end that can be used to explain what was done and how to do it again, so this can be a guide to co-design for future projects involving young people and service providers. One service provider hopes this resource will be user-friendly. "I think I'd much rather look at a co-design report that made sense to young people, if it makes sense to them then I can use it in a way that applies to them. Otherwise, we'll write a model that's really complicated and full of jargon."

Another way of thinking about sustainability was in the hope that the workshops imparted something to participants that they could take with them. "The long term effect will be young people that built capacity and then passing on the knowledge." One facilitator said It's like, "Just throwing seeds around."

Some of the young people talked about making friendships through the process and found this a useful outcome, a networking approach that would impact them long after the project had finished.

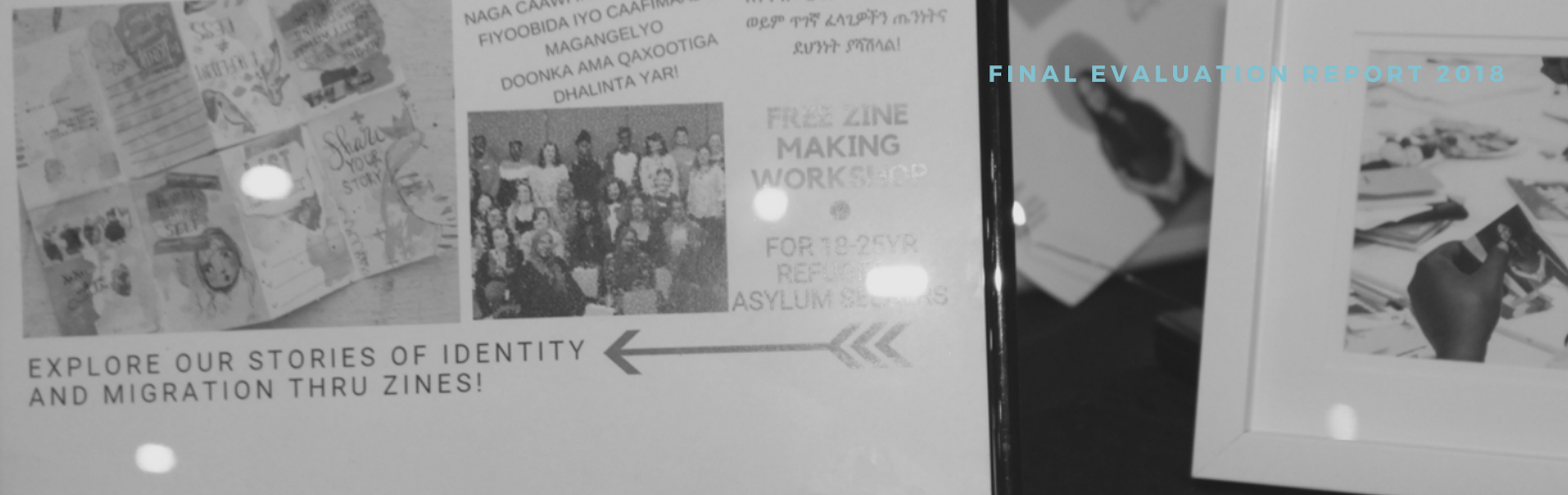
USING CO-DESIGN IN THE FUTURE

One view, from the project coordinator, is that the final report from SATT could be used to apply elements of co-design in future projects across participating organisations and beyond. Since a co-design methodology is not easily achieved or applicable to every organisation or project, the most useful parts of it might be transferrable. If more of a community voice was incorporated in some projects it could improve community engagement.

One young person wasn't always sure why the organisations were around the table and what they would do with the learnings from their involvement.

"I sometimes question what is the overall outcome for the service providers cuz they're there and they have input in this project but what happens after that? And I think 'what is your goal for this?' What is going to change in your organisation as a result of this? And I don't think that, to me, has been answered. I think there's a lot of people who care about this, but how far does that care go? I don't know."

Though most service providers work within some kind of community engagement framework already, some indicated their interest in continuing to work with a co-design approach within their own organisations. Mostly, despite the desire, the imagined barriers included the bureaucratic requirements of their organisations and made it difficult to imagine doing a process like this in their own organisations. Despite the limitations, most participants indicated a hopefulness about utilising some of the learnings from SATT in future projects.



CONCLUSIONS

A Seat at the Table delivered a co-design and co-production project that engaged young people from refugee and asylum seeker backgrounds in Melbourne's western suburbs. Alongside mental health service providers, representatives of local councils, local stakeholders and young people developed a series of workshops that were designed to involve participants in creative activities that linked to mental health and well-being.

The project illustrated that co-design can be successful in bringing together young people from refugee and asylum seeker backgrounds and service providers, to design workshops that have an impact on mental health literacy and may help to reduce the stigma associated with mental health.

A number of findings indicate the importance of having flexible project staff working with the co-design process who are willing to adapt the project to the needs of the stakeholders and provide input and advice without overtaking the role of the community.

The Stakeholder Advisory Group was an important element of the design of the project and provided a forum for feedback and updating partners on the progress of the project. But it was also found to be a source of some confusion at times and findings indicate the need to develop mechanisms for continual upskilling and information sharing to accommodate regular shifts in membership of the group.

Sustainability was an area of interest for stakeholders. While SATT was not designed to be sustainable, there were a variety of ideas about how the process could continue. Whether or not these are feasible ideas is outside the scope of this evaluation, because it relies on outside organisations to decide if it is possible to take them on. Some stakeholders indicated that it would likely not be possible to implement similar co-design processes, due to the bureaucratic nature of their organisations. However, certain elements of co-design would be valuable for their future practice. In particular, the style of engaging with young people that really provides the space for young people to take an active role in the process appealed to many stakeholders.

Co-design is distinct from other kinds of community engagement in many ways. Done properly, the lengthy process requires stakeholders to sit back and allow the process to unfold, with timelines that may not match expectations and outcomes that might surprise. This evaluation prioritises the voices of the participants to illustrate that, despite the difficulties, there is a lot of value in meeting with young people where they are at and working with them to achieve goals that they define.

There are some areas of interest that were outside the scope of this review. Further research and evaluation should be undertaken to better understand a number of aspects of co-design.

- Findings indicate that project coordination plays a key role in a successful co-design process. The best way to define the role of project coordination for a co-design process can be better delineated through further research.
- It was not the intention of the project or the evaluation to design a program for women or to examine gender in the context of co-design, but the project ended up being highly gendered. Better understanding of the role of gender in co-design is another area that would likely have a great impact on future co-design and co-production projects.



APPENDIX 1 SATT - PROJECT ACTIVITIES

Deliverable	Timelines
Recruit and orientate project officer.	Nov - Dec 2016
Advertise, recruit and orientate community members.	Jan - Feb 2017
Engage and recruit advisors and representatives from key service providers.	Jan - May 2017
Develop terms of reference.	Feb 2017
Design participation and communication strategies for broad engagement and consultation (mixed method).	Mar - Apr 2017
Consult advisory group members- both service providers and community members in an extended hours of advisory group meeting.	May - Jul 2017
Advertise, recruit and orient young people and engage and recruit representatives from key service providers.	Aug-Sep 2017
Coordinate workshops to identify priority action areas and design strategies.	Oct-Nov 2017
Recruit and orientate new project officer.	Dec - Jan 2017-18
Consult advisory group members- both service providers and community members in the design and piloting of the codesign ideas	Feb - Jun 2018
Pilot strategies in partnership with key service providers.	Jul - Sept 2018
Co-design and implement improvements and sustainability strategies.	Sept 2018
Develop evaluation plan in consultation with advisory group, implement evaluation plan and collate report and disseminate findings.	Throughout and Oct 2018

APPENDIX 2 PROJECT ACTIVITY UPDATE TABLE

Name of activity	Ethnic group	Age group	Number of participants including breakdown by gender	Language	Interpreter? (Y/N) (If no, give reason such as bilingual worker participants speak language)	Who delivered the activity	Date of activity	Activity location (suburb, LGA)
Establishment of stakeholders advisory group (SAG)	Ethiopian, Somalian, Liberian, Vietnamese, and Australian	5 young people representing community age from 20-30 years and 15 service providers age from 30-60 years	3 young females, 2 young males, 9 female service providers and 6 male service providers	English, Ethiopian, Somalian, and Liberian, and Vietnamese	N Participants English fluently	The group was established and organised by HealthWest Partnership	First meeting of the group 26/04/2017	Footscray, Maribymong LGA
Conduct consultation with advisory group members- both service providers and community members in an extended hours of advisory group meeting	Ethiopian, Somalian, Liberian, and Australian	3 young people representing community age from 20-30 years and 15 service providers age from 30-60 years	2 young females, 1 young males, 9 female service providers and 6 male service providers	English, Ethiopian, Somalian, and Liberian	N Participants English fluently	HealthWest Partnership	21/06/2017	Footscray, Maribymong LGA
Conduct consultation for the Established priority areas to be investigated and refined further with the SAG	Somalian, Vietnamese, and Australian	2 young people representing community age from 20-30 years and 12 service providers age from 30-60 years	1 young females and 1 young males, 8 female service providers and 4 male service providers	English, Somalian, and Vietnamese	N Participants English fluently	HealthWest Partnership, facilitated by Peer Academy	30/08/2017	Footscray, Maribymong LGA
Ideas workshop to generate practical ideas to engage young people around the agreed priority area	Somalian, Liberian, Vietnamese, and Australian	5 young people representing community age from 20-30 years and 3 service providers age from 30-60 years	1 young female and 4 young males, 2 female service providers and 1 male service providers	English, Liberian, Somalian, and Vietnamese	N Participants English fluently	HealthWest Partnership, facilitated by Peer Academy	1/11/2017	Footscray, Maribymong LGA
Prototyping workshop where ideas were tested with	Ethiopian, Syrian, Sudanese, South	21 young people representing community	9 young females and 12 young males, 12 female	English, Ethiopian,	N	Peer Academy	7/12/2017	Altona, Hobsons Bay LGA

community participants together with service providers to capture input and feedback for improvement.	Sudanese, Somali, Oromo, Vietnamese, and Australian	age from 20-30 years and 19 service providers age from 30-60 years	service providers and 7 male service providers	Somalian, and Vietnamese	Participants English fluently speak			
Idea 'Roadshow' to take the project out across different LGA's in Melbourne's West	Ethiopian, Syrian, Sudanese, South Sudanese, Oromo, Somalian, Oromo, Liberian, Vietnamese, and Australian	23 young people representing community age from 20-30 years and 13 service providers age from 30-60 years	18 young females and 6 young males, 7 female service providers and 6 male service providers	English, Amharic, Somalian, and Liberian, and Vietnamese	N Majority of participants spoke English fluently, 2 instances of other bilingual workshop participants assisting	HealthWest Partnership	9/05/2018 17/05/2018 25/05/2018 7/06/2018	Hopper's Crossing, Brimbank, Melton, Maribymong LGAs
Establishment of young people Idea Working Group (IWG)	Ethiopian, Somalian, Liberian, Vietnamese, and Australian	7 young people representing community age from 20-30 years	5 young females, 2 young males, 5 female service providers and 3 male service providers	English, Ethiopian, Somalian, and Liberian, and Vietnamese	N Participants English fluently speak	The group was established and organised by HealthWest Partnership	First meeting of the group 26/04/2017	Footscray, Maribymong LGA
Piloting codesign ideas - Mobile Filming	Sudanese, Somalian, Indian Vietnamese	12 young people representing community age from 20-30 years	5 young females, 7 young males, 3 female service providers and 2 male service providers	English, Somalian, and Vietnamese	N Participants English fluently speak	HealthWest Partnership	30/08/2018 - 20/09/2018	Sunshine, Brimbank LGA
Piloting codesign ideas - Sensory Garden	Syrian, South Sudanese, Indian, Vietnamese	24 young people representing community age from 13-29 years	20 young females, 4 young males, 3 female service providers and 1 male service providers	English, Somalian, and Vietnamese	N Participants English fluently speak	HealthWest Partnership	3/10/2018 - 24/10/2018	Footscray, Maribymong LGA
Piloting codesign ideas - Zine Making	Syrian, Sudanese, Somalian, Oromo, Liberian, Vietnamese	30 young people representing community age from 18-29 years	28 young females, 2 young males, 8 female service providers and 0 male service providers	English, Ethiopian, Somalian, and Liberian, and Vietnamese	N Participants English fluently speak	HealthWest Partnership	10/10/2018 - 31/10/2018	Sunshine, Brimbank LGA
World Mental Health Day - Seat at the Table showcased for young people in Melbourne's West	Unknown	60 young people representing community age from 13-25 years	Estimated 18 young females, 42 young males and 2 female service providers	Unknown	N Some participants required assistance from others to communicate in English	Hosted by Phoenix Youth Hub, SATT activity facilitated by HealthWest	10/10/2018	Footscray, Maribymong LGA
End-of-project celebration with both young people and project stakeholders	Syrian, South Sudanese, Somalian, Assyrian, Liberian, Māori, Vietnamese	14 young people representing community age from 18-25 years	11 young females, 3 young males and 12 female service providers, 5 male service providers	English, Somalian, and Vietnamese	N No attendee requested assistance at registration/pre to event	HealthWest Partnership	14/11/2018	Footscray, Maribymong LGA

APPENDIX 3 SATT RISK MATRIX

The project aims to:

- Establish and support a network of young people from refugee and asylum seeker background with an interest in mental health.
- Develop an exemplary model of participation and build capacity amongst service providers for community participation.
- Pilot innovative strategies to promote mental health.
- Improve participation in mental health services

Project Objectives:

- Conduct community participation and needs analysis
- Develop a co-design model and pilot it in order to promote mental health and participation in mental health services.
- Evaluate and sustain the model.

Stakeholders advisory group: The group is aiming to provide support to rolling out the project- A SEAT AT THE TABLE. Members are included from the relevant service providers, community organisations and community members from Melbourne west.

The following table indicates the probable identified risks that might hinder successful completion of the project's aims and objectives.

Date of assessment	16/01/2018
Date of next review	July 2018
Assessment conducted by	Helen Scudamore

Identify risks	Rating – what is the likelihood/probability of this occurring?				If this risk does occur, what is the consequence for project success?	What actions will you take to mitigate this risk?	How will you monitor this risk?	Responsibility
	High	Medium	Low	Minor				
Changing government policies such as NDIS, elections, ect.	✓			✓		Keep support the efforts of the current Refugee and Asylum Seekers Working Group. Keep updated on the emergence of new policies that might affect the project. co-design strategies, which will not be impacted negatively by reforms.	Regular attendance in the mentioned working group. Update advisory group on the new developed policies.	All stakeholders.

Identify risks	Rating – what is the likelihood/probability of this occurring?			If this risk does occur, what is the consequence for project success?			What actions will you take to mitigate this risk?	How will you monitor this risk?	Responsibility
	High	Medium	Low	Major	Medium	Minor			
Project risk									
Difficulty in mobilising community and recruiting participants in co-design workshop and piloting of the strategies	✓			✓			Plan the events appropriately in order for the stakeholders to have time enough for recruiting participants. Sending expression of interest to all relevant stakeholders and community organisation in a timely fashion. Establish a working group from among the advisory group including 5 community representatives to widen their networks among the target community.	Project plan Report on the progress by community representatives and the working group.	HealthWest Partnership in cooperation with the working group.
Short duration of the project and its sustainability.	✓			✓			Work on sustainability strategy of the project with support from the project stakeholders. Prepare for Grants submission Embed sustainability discussions and planning into any community activities.	Project work plan Project progress report Status of Grants submitted	HealthWest Partnership and all stakeholders
Lack of awareness on stakeholder's capability and scope of work in addressing barriers to accessing mental health services among young people, which was identified after reviewing literature in the stakeholders advisory group meeting in June 2017.		✓			✓		Identify stakeholder's capabilities and scope of work in addressing the barriers. Recruit new relevant service providers to the advisory group. Prioritise the barriers to be addressed based on their feasibility given the current capacity and capabilities of the relevant stakeholders.	Report of the co-design workshop and the development of the strategy. Number of new recruits	All partners and facilitators of the co-design workshop
Turnover of both service providers and community representatives in the advisory group		✓			✓		Maintain and sustain their interests to the project by working with them closely within the scope of the project and agreed Term of Reference. Contribute to their professional development by offering relevant trainings, keeping them updated by providing information on the project progress and new policies.	Throughout the course of the project while attending stakeholder advisory group meetings. Ensure there is a handover/briefing process for leaving/arriving people, for instance exit interviews so we know	HealthWest Partnership and all advisory group members.

Identify risks	Rating – what is the likelihood/probability of this occurring?			If this risk does occur, what is the consequence for project success?			What actions will you take to mitigate this risk?	How will you monitor this risk?	Responsibility
	High	Medium	Low	Major	Medium	Minor			
							Building trust by making sure their information is kept secure and confidential their privacy <u>have</u> been respected. Get them involved in decision making, conducting workshops and community gatherings that might empower a sense of ownership to the project. Think about recruiting the replacement. For example, current/ leaving members nominating new people to replace them.	why people are leaving and orientations to properly welcome and encourage new members. Conduct survey of stakeholder analysts. Monitor their participation and contribution in the events mentioned in the previous column.	
Insufficient competency in conducting Co-design workshop	✓			✓			Conduct co-design training workshop for the advisory group. Recruit skilful professionals from some relevant organisation for facilitating the Co-design workshop.	Check co-design training post training Feedback form. Stakeholders level of interest, contribution and participation in the co-design workshop. People can report or ask for help from the advisory group if they are having difficulty after the training.	HealthWest Partnership, training organisations and advisory group
Community participants not understanding or not being able to meaningfully contribute to the project advisory group for various reasons.	✓			✓			Ensuring health literacy practices are followed. Meetings materials are easily readable, things get sent out in advance, by email or mail as appropriate. Agenda allows plenty of time for discussion. Meeting chair/facilitator is briefed to encourage discussion and equal input from community members and professionals. Interpreters offered as needed.	Feedback during advisory group meeting. Briefing and debriefing with community participants.	All stakeholders.
Health and safety risk									
Any accident or injury that occurs at a meeting, even or on the road to a member of service providers or community.			✓	✓			Carers Victoria Occupational Health Safety policy and procedures have been introduced and community members have been oriented on the safety measures as well as organisation relevant policies and procedures. HealthWest staff will drive provided work vehicles where possible.	Disclosure of personal information and incidents report.	All stakeholders

Identify risks	Rating – what is the likelihood/probability of this occurring?			If this risk does occur, what is the consequence for project success?			What actions will you take to mitigate this risk?	How will you monitor this risk?	Responsibility
	High	Medium	Low	Major	Medium	Minor			
Member risk									
Confidentiality and privacy			✓	✓			All personal information will be stored securely. Only general information will be on the website and not personal details.	Feedback from the project participants.	All stakeholders
Involvement in the project by participants stimulates a negative mental health episode		✓		✓			Mental health service providers are consulted before running SATT pilots with young people and other participants. Review design/format of pilots and topic to be covered. Ensure there are channels for self-referral to mental health assistance beyond the pilots.	Project coordinator will attend all sessions to maintain a safe atmosphere and ensure pilots stay on topic. Feedback from the project participants.	HealthWest Partnership,
Bad personal experience during the life of the project			✓		✓		Recruitment of participants to the project has been made and will be made through reliable sources and allow a platform for verified members (members that participate through a workplace, community organisation, reliable community members and organisation). Minor bad personal experiences will likely occur at some point during the life of the project, with little significance. HealthWest staff will respond appropriately as issues arise. Standard grievance procedures will be followed.	Feedback from the project participants.	All stakeholders

APPENDIX 5 SATT FLYERS

ساعدنا على تحسين صحة ورفاه اللاجئين أو طالبي اللجوء صغار السن

HELP US IMPROVE THE HEALTH AND WELLBEING OF YOUNG REFUGEE OR ASYLUM SEEKERS

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NAGA CAAWI INAAN HAGAAJINO FYOOBIDA IYO CAAFIMAADKA MACANCELYO DOONKA AMA QAXOOTIGA DHALINTA YARI!



SEAT AT THE TABLE

Young people from refugee and asylum seeker background helping to improve wellbeing and emotional health!

INFO SESSIONS:

WYNDHAM - YOUTH RESOURCE CENTRE
9TH MAY WEDNESDAY
6.30PM - 8.30PM

MELTON - LIBRARY & LEARNING HUB
11TH MAY FRIDAY
5.30PM - 7.30PM

BRIMBANK - VISY CARES HUB
17TH MAY THURSDAY
5.30PM - 7.30PM

\$30 FOR attending 4 info sessions



Call 03 9248 9662 or SMS 0416 102 186

www.healthwest.org.au/projects/a-seat-at-the-table

ARE YOU:

- ✓ A young person from refugee or asylum seeker background
- ✓ 18-25 years old
- ✓ Living in Melbourne's west

Are you're interested in improving wellbeing & emotional health in friends and family?

We're looking for young people interested in using arts, dance, media, music, cooking, sports... **ANYTHING** to make a positive change!

SMS "YES" to 0416 102 186 or just come to an info session.

A Seat at the Table is proudly supported by HealthWest Partnership



HOW WILL YOU HELP YOUR FRIENDS AND FAMILY?

Help us improve the health and wellbeing of young refugee and asylum seekers...

- #1 Share Our Story (arts, music, film,...)
- #2 "Are You Okay?" style campaign (suited to your culture...)
- #3 Wellbeing Workshops (arts, cooking, sports,...)



A Seat at the Table

CLICK HERE

WHO?

- ✓ YOUNG PEOPLE FROM REFUGEE OR ASYLUM SEEKER BACKGROUNDS
- ✓ 18 - 25 YEARS OLD
- ✓ LIVES IN MELBOURNE'S WEST

MORE INFORMATION CONTACT:
HELEN SCUDAMORE@HEALTHWEST.ORG.AU OR (03) 9248 9662
WWW.HEALTHWEST.ORG.AU/PROJECTS/A-SEAT-AT-THE-TABLE

كيف ستساعد أصدقائك وعائلتك؟

ساعدنا على تحسين صحة ورفاه اللاجئين أو طالبي اللجوء صغار السن...

- #1 شارك قصتنا (الفنون والموسيقى والأفلام...)
- #2 حملة من أسلوب "هل أنت بخير؟" (التي تلائم الثقافة الخاصة بك...)
- #3 ورشات عمل الرفاه (الفنون، الطبخ، الرياضة...)



A Seat at the Table

انقر هنا!

مَنْ؟

- ✓ صغار السن من اللاجئين أو من خلفيات طالبي اللجوء
- ✓ 18 - 25 سنة من العمر
- ✓ يعيش في ميلبورن الغربية

للمزيد من المعلومات الرجاء الاتصال:
helen.scudamore@healthwest.org.au
0416 102 186 / (03) 9248 9662 رقم

www.healthwest.org.au/projects/a-seat-at-the-table/

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- #1 Wadag Sheekadema (fanks, message, film...)
- #2 "Ma hadan tahay?" qaabka qalqalaha ee ku haboon (sheekadema...)
- #3 Sheekadema Fanka wax barista (sheekadema...)



A Seat at the Table

Halkan Riix!

KUMA?

- ✓ SAADA WADAG SHEEKADEMA AT HA WADAG FANKA HA SHEEKADEMA SHEEKADEMA
- ✓ SHEEKADEMA FANKA WAX BARISTA SHEEKADEMA
- ✓ SHEEKADEMA FANKA WAX BARISTA SHEEKADEMA

MORE INFORMATION CONTACT:
HELEN SCUDAMORE@HEALTHWEST.ORG.AU OR (03) 9248 9662
WWW.HEALTHWEST.ORG.AU/PROJECTS/A-SEAT-AT-THE-TABLE



SENSORY GARDEN

Try gardening & explore what a healthy mind means to you!
For young people from refugee & asylum seeker backgrounds

AGES 13-25 • FREE FOOD
PHOENIX YOUTH HUB • COURTYARD

CALL OR SMS "SIGNUP" 0416 102 186
WWW.HEALTHWEST.ORG.AU/PROJECTS/A-SEAT-AT-THE-TABLE

TUESDAYS OCTOBER 4-6PM (2ND, 9TH, 16TH & 23RD)
PHOENIX YOUTH HUB - 72 BUCKLEY ST, FOOTSCRAY VIC

Always wanted to make a film?

Ages: 18-30

Come to a mobile filming class!

Venue:
VISY CARES HUB
(80B Harvester Rd,
Sunshine VIC 3020)

Times:
5:30PM - 7:30PM

Dates:
30th August
6th September
20th September

\$30
receive a voucher for completing the classes

It's free!
Share your story of identity and emotional wellbeing

Book now! Limited spots available
VVV
<https://tinyurl.com/seatatthetable2018>

Contact:
Daniel S: 0430 008 875
Julianne N: 0481 235 835

Proudly sponsored by: HealthWest, VVV, and others.

WHAT'S A ZINE?

EXPLORE OUR STORIES OF IDENTITY AND MIGRATION THRU ZINES!

free zine making

FREE FOOD AGES 18-25
REGISTER YOUR INTEREST TODAY!

5.30-7.30pm
Wednesdays - 3rd, 10th, 17th, 24th October
Visy Cares Hub, Sunshine

MORE INFO OR BOOK A SPOT:
0416 102 186 • HELEN.SUDAMORS@HEALTHWEST.ORG.AU
WWW.HEALTHWEST.ORG.AU/PROJECTS/A-SEAT-AT-THE-TABLE!



NAGA CAAWI INAAN HAGAAJINO
FIYOOBIDA IYO CAAFIMAADKA
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DOONKA AMA QAXOOTIGA
DHALINTA YAR!

እኛን በመርዳት የወጣት ስደተኛን ወይም ጥገኛ ፈላጊዎችን ጤንነትና ደህንነት ያሻሽላል!



FREE ZINE MAKING WORKSHOP

FOR 18-25YR
REFUGEE +
ASYLUM SEEKERS

EXPLORE OUR STORIES OF IDENTITY AND MIGRATION THRU ZINES!

NAGA CAAWI INAAN HAGAAJINO
FIYOOBIDA IYO CAAFIMAADKA
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TRY SOMETHING NEW! SENSORY GARDENING

AGES 13-25 • FREE FOOD
PHOENIX YOUTH HUB • COURTYARD



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