



Amplifying the Youth Voice during COVID-19 and beyond

Kitchen Table Discussions 2020

OUR PROJECT

Amplifying the Youth Voice project brings together 24 young people - the Youth Reference Group - from across Queensland to work on three main activities:

- Engagement with young people across Queensland about their experience of COVID-19, the barriers to engagement and priorities for health services
- Establishment of a young health consumers network for Queensland, and
- Development of a strategy aimed at increasing engagement with young people in the development and delivery of health services.



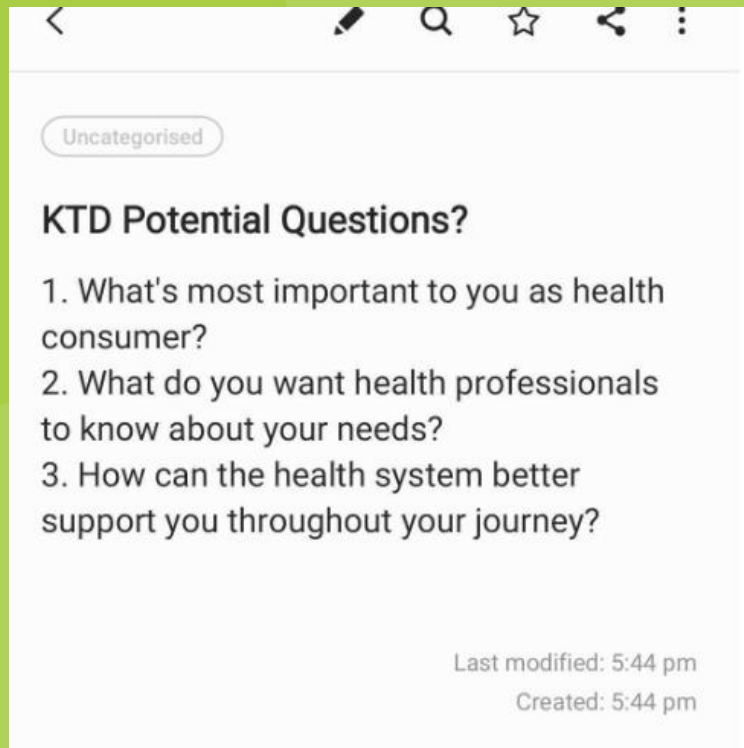
KITCHEN TABLE DISCUSSIONS (KTD)

Kitchen Table Discussions are community consultation sessions led by local people for local people. They allow small groups to participate in consultation at a time of day, and in a place, that suits them. Kitchen Table Discussions enable health consumers, carers and community members who do not ordinarily participate in healthcare consultation to have their say in a safe and supportive environment.

The Kitchen Table Discussion methodology was proposed to the Youth Reference Group as a potential way to engage with young people on the following:

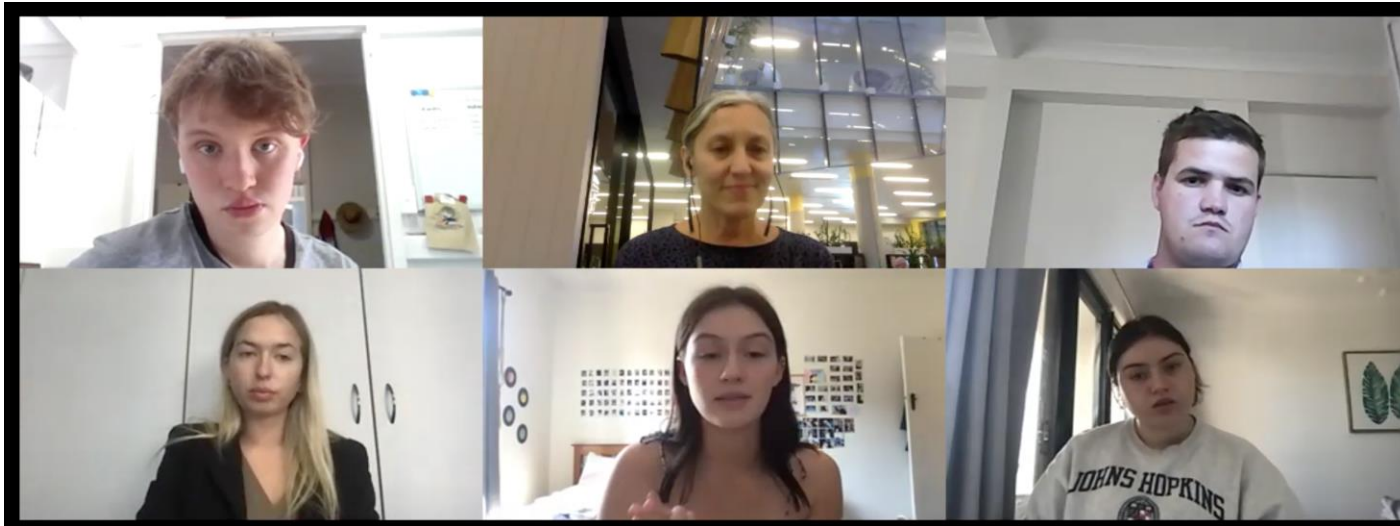
- Input on current COVID -19 issues including telehealth, communication strategies, and more
- To understand the barriers to engagement for young consumers
- To understand priority issues for young health consumers

CO-DESIGNING THE YOUTH KTD



1. The Youth Reference Group were given a briefing about Kitchen Table Discussions (KTDs) to share their benefits and to familiarise them with the process.
2. The Youth Reference Group decided to utilise co-design and implement two 'practice' *online* KTDs in-house first, to assess the value of the methodology and to test out the process.
3. Two hosts were nominated along with two scribes for each KTD. These young people collaborated on devising a set of questions for the KTDs. All the relevant templates were shared electronically. This collaboration was done via Slack, an online communication channel.
4. A pre-briefing was organised for each host to run through any issues prior to the practice KTDs.

PRACTICE DISCUSSIONS



One of the practice KTDs: left to right and clockwise
– Alexander, Leonie, Jabe, Maddie, Kealey and Anja

Practice Questions

1. What health services have you accessed in Queensland?
2. Do you know how to/have you access(ed) Medicare-subsidised allied health services (like mental health support)? (Prompt - How did you find out about these services or how do you think they could be promoted to others?)
3. How has your access to health services changed during COVID-19? (Prompt - Would you like to see some of these alternative methods, like Telehealth, continued?)
4. What's important to you when engaging with health services?
5. What barriers do you face when accessing and navigating health services and what helps overcome the barriers?

WHAT DID WE LEARN FROM THE CO-DESIGN PROCESS?



1. Each host felt that sharing some of their own experience was important to set the tone for the KTD and help others feel safe to share.
2. The type of questions and the level of the questions was about right for a 90-120-minute discussion.
3. A combination of recording methods was determined to be most effective. Hosts liked being able to facilitate the discussion without having to scribe – the scribes found it hard to participate and scribe at the same time. Recording the conversation was useful for going back and checking on what was said.

OUTCOMES: The Youth Reference Group felt more familiar with the KTD process and were more confident to undertake a KTD within their community.

During the debrief with hosts (we utilised both a pre-brief and debrief for the KTDs), there was also some discussion of how to streamline the KTD paperwork to make it simpler for both hosts and participants.

IMPLEMENTING KTDS

Four more KTDS were held by members of the Youth Reference Group: one online KTD and three face-to-face KTDS.

Overall, six KTDS were held with 29 participants. The average age of participants was 22 years.

Their health experiences were varied.

However a number of themes emerged including health literacy, holistic and inclusive care and affordability of services.



Better Health Literacy

Many young people felt they did not fully understand the health system or how to find services, or how to make decisions about their health.

“My university promotes their own services, not the Medicare-subsidised services. I found out about Medicare from friends. Have seen something online from government but I don’t really read and engage with that stuff.”

“[I got a...referral] to see a therapist but didn’t feel informed on ways to pay for these services or that they could be covered under Medicare.”



Holistic and Inclusive Services

- Information
- Health literacy
- Didn't know about community mental health
- Don't know how to access services
- More information on what can be accessed eg. Disability pension
- Unaware of services through Medicare
- Finding reliable information is hard

Outlining costs upfront before it happens is important, especially for young people living out of home

“Even when subsidised, the gap for GP appointments can deter people from getting appointments for non-urgent things”

- Wait times
- Challenges with transition of care



Access to Services



Young people talked about being able to access routine services fairly easily but there was some inconsistency in access. They also identified a lack of transparency especially in relation to costs and processes.

“I had to wait 2 years to go see a specialist. Originally, I was at a children’s hospital, but because I was coming up to the end of being a child, I got totally lost in the system when they referred me to adult services. I had to ring up and say, “hey, I was referred 2-years ago”.

I’ll try and find a bulk-billing GP. If we cannot afford medications, then we (family) don’t buy them”

Pros and Cons of COVID-19 & Access to Services

There was a mixed response to service access during COVID-19, some used telehealth and liked it, while others did not know about telehealth (phone or video consultations) or didn't pursue health care during this time.



"I didn't really access services over telehealth because I am partially deaf. But for others it would be good. Zoom calls would work for other people that are deaf, but I like face-to-face. So, I waited until restrictions eased to access the services I need. Held off on going to optometrist because I didn't want to risk it with COVID"

- *“ I enjoyed the access to telehealth for routine things like prescription renewals but found it frustrating when I still had to collect those prescriptions in person ”*
- *“I utilised telehealth mental health services during the pandemic and found them to be really lovely and flexible”*
- *“They have been times in the past where I could not get out of bed and I would have tried to talk to them instead of physically being there. I get a lot out of telehealth”*



Other important issues for young people

Mental health and sexual health

More awareness is needed around mental health, alcohol and other drugs and sexual health particularly a lack of information and education provided in schools.

“when I first started Headspace, I started over the phone. I didn’t find it helpful over the phone because they couldn’t see who I was as a person. Continuity of care provider over telehealth would be really beneficial”

WHAT DO YOUNG PEOPLE WANT?

- To be taken seriously
- Young people feel as if they aren't taken seriously
- Young people want access to health services that provide safe, holistic person-centred care, with health staff that are empathetic, relatable, transparent and kind.
- A relatable health professional that relates to the young person. Eg, A male or female clinician, from a Culturally and Linguistically Diverse background
- Someone they can connect with and have an open and honest conversation with.

NEXT STEPS 2021



- 2021 will see work with the Youth Reference Group continue with the aim of completing the project in early – mid 2021.
- We hope to launch the co-designed Youth Engagement Strategy and Youth Network by June 2021.
- We aim to support Queensland Health and health services to partner with young people in service design.

WANT TO KNOW MORE?



- The Youth Reference Group is keen to connect with young people across Queensland. If you're interested in being part of the project, get in touch.
- If you're an organisation who is already working with young people in the health sector and would like to collaborate or if you have an interest in engaging young people in the work you're doing, or you just want stay in the loop, email us and let us know.
- Contact:
leonie.sanderson@hcq.org.au or Chelsea.gourgaud@hcq.org.au