

Youth Assessment
of
Mainstream
Health Services

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Project Co-ordinator

- Grant Jennings

Project Researchers

- Paul McInnes
- Catherine Lucas
- Elisa Parker
- Julie Wennig
- Nicole Black

Sub - Committee Members

- Jane Wager	Community Development Officer (CoGG)
- Charles Gibson	Planning Manager Department of Human Services, Barwon South Western Region
- Saadet Ozdemir	Community Development Officer (CoGG)
- Tom Van Etten	Youth Services Development Officer Department of Human Services, Barwon South Western Region
- Anne Fairburn	Project Officer Department of Human Services, Barwon South Western Region
- David Burke	Youth Services Co-ordinator (CoGG)
- Mike Barrow	Regional Youth Affairs Consultant Barwon Adolescent Taskforce
- Roger Hastrich	(formerly) Regional Youth Affairs Consultant Barwon Adolescent Taskforce
- Lisa Jarvis	Youth Officer (CoGG)

•Market Researcher

- Nick McClaren Deakin University Geelong

•Staff at the City of Greater Geelong Youth Services Unit

•Management at Health Centres

Bellarine Community Health Services Inc.

- Austin Patterson Chief Executive Officer

Corio Community Health Services Inc.

- Niall Hensey Health Services Manager

Geelong Community Health Services Inc.

- Anna Fletcher Chief Executive Officer

City of Greater Geelong Family Services

- Donna Mant-Smith Manger Family Services

•Workers at Health Centres

Drysdale Community Health Centre

- Marion Westrup Co-ordinator/Community Health Nurse
- Joan Twomey Youth Leader

Sydney Parade Drug & Alcohol Clinic

- Richard Marks Team Leader
- Maree Laveccha Youth Worker

Geelong West Maternal and Child Health Centre

- Hilary Robinson Maternal and Child Health Nurse

Corio Community Health Services Inc.

-Melanie Sanders Community Development Worker

YOUTH REFERENCE GROUP

Thankyou to all youth who contributed their valuable time, knowledge and experiences for this project

NAME	AGE
Kristy Drennan	16
Anna Denigan	16
Imogene Denigan	18
Ashley Mc Phee	19
Ryan Bird	14
Sean Moore	14
Bernie Wong	15
Cathy Battenally	16
Lauren Matthews	16
Alisha Connor	13
Jamie Conner	15
Mark Schorback	15
Steven Duran	14
Paul Dodemaide	16
Rachael Henderson	15
Clare Ivens	15
Brad Gosbell	16
Penny Crabtree	12
Siska Waddington	12
Emma Rumsey	13
Boyd Wilson	12
Jacqui McKim	13
Katrina Quarrel	16
Naomi Phillips	17
Natalie Bratanavicius	17
Rachael Di Pasquale	17
Mick Evans	18
Simone Stevens	19
Dougall Couchman	21
Brooke Dixon	21
Elise Kennedy	20
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All young people who participated in the project were paid for their time and ideas.

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Report Illustration : by Rachel Gillies

Introduction

The City of Greater Geelong “Geelong Strategic Health Plan 1997 -1999” parts one and two was developed in partnership with the Geelong community and launched in March 1997.

The Department of Human Services Public Health Branch made funding available to the City of Greater Geelong in June 1996 to undertake a project specific to Population Health; Prevention and Health Promotion in Local Government. The Department of Human Services expected the project to establish and document strategies and implementation plans to address priority health issues.

The City of Greater Geelong identified young people as the priority group and a sub committee of the Geelong Strategic Health Plan Consultative Committee was established in September 1996. The initial sub committee membership included representatives of the regional office of the Department of Human Services; the Barwon Adolescent Task Force (BATforce), a young person and the City of Greater Geelong - Youth Services Unit and The Community Services and Development Unit.

The sub committee identified the following components as essential when considering the project;

- that a peer action research methodology be utilised,
- that the opportunity for a number of organisations to work together in a collaborative manner was capitalised,
- that active involvement of both youth and health agencies was sought,
- that the project aimed to provide tangible outcomes for both young people and agencies participating.

After much discussion the sub committee agreed to employ young people to investigate the perception **that usage of mainstream health services, by young people, could be increased.**

It was further agreed that where this perception was established the peer researchers would work in collaboration with the service provider.

The sub committee identified and invited four agencies to assess / road test their accessibility to young people. The agencies were selected because they are providers of services which young people use / need, they reflect a mix of services types, a reflect a geographic spread and willingness of agencies to participate in the project.

Once the peer researchers were employed the role of the sub committee was to oversee the project by providing assistance, advice and broad direction.

The sub committee have identified the following benefits of the project;

- the identification of service issues in relation to young people that are not being addressed by mainstream health services.
- opportunity to develop strategies and actions in collaboration with agencies and young people.
- some identification of the usage of mainstream health services by young people and some of the barriers preventing young people from accessing mainstream health services.
- the skill and experience gained by the peer researchers involved in the project.
- the access to providing a research and planning model for use by other services when undertaking planning for youth service provision.

- the identification of effective strategies to engage young people in mainstream services.

From the :

MUNICIPAL STRATEGIC HEALTH PLAN CONSULTATIVE COMMITTEE

In July 1997, the Youth Assessment of Mainstream Health Services (YAMS) commenced a six month research project, to assess how well mainstream health services cater for young people (12-25) in the Geelong area.....

Y.A.M.S. PHILOSOPHY

- **To utilise the peer methodology approach in all aspects of research, training and consultation**
- **To improve the accessibility of services for young people**
- **To involve young people in all forms of decision making on issues relating to them**
- **To empower young people and give them the opportunity to express freely their ideas and experiences**
- **To train all researchers in all aspects of research and consulting with young people as well as report design, group work, confidence building and computing skills.**

OBJECTIVES

To identify the issues that affect the usage of mainstream health services by young people.

To identify the barriers that exist between young people and health service providers.

To explore the appropriateness of services/programmes offered by health services to young people.

To identify improvements to service delivery to match the needs of young people.

To provide strategies for future planning of health services for young people.

DEFINITIONS OF TERMS

As a result of extensive analysis of the four health centres that YAMS researched, the researchers were able to, in the form of worker interviews, surveys and consultation with the focus groups and individuals, make several clear definitions: (refer [App. 3](#) & [App. 5](#))

Health itself can be defined as

‘not just the physical well being of the individual, but the social, emotional, mental, spiritual and cultural well being of the whole community’ National Aboriginal Health Strategy

It then becomes necessary when defining **a good health service** to look at the many components of the individual service so as to provide a valid definition.

Through consultation with the different groups, researchers were then able to define what constitutes a good health service for young people through establishing the following criteria:

- No waiting in crisis situations.
- Location, is the service accessible?
- Skilled, friendly staff.
- Assure and respect confidentiality.
- Explain the rights and service details prior to intake.
- Co-locate youth health services with other youth services.
- Reception area should be physically comfortable, in a relaxed environment.
- Open door policy.
- Promotion of health service through youth service.
- Involvement of young people in establishing and reviewing health services.
- To have a strong network with other relevant agencies.

- Education of staff on youth issues.
- Encouragement of clients to make own decisions.
- Out of hours emergency service.

(Getting There Young People's Guide to Health Services, Sept. 95)

This definition was used by the researchers as criteria for a model for an 'ideal' health service for youth.

A list of criteria was constructed to ensure this service provision was aimed at young people directly:

- Provide a safe and youth friendly environment.
- To have sufficient number of staff trained in working with young people
- to meet intake demands.
- Relevant and up to date programs aimed specifically to young people.
- Having an after hour emergency number/service.
- Provide support and advice to young people.

(Getting There Young People's Guide to Health Services, Sept. 95)

The definition of a Mainstream Health Service used by the researchers for the purpose of this study was:

“ a service that aims to cater for the broad population in the provision of its services and programs”

METHODOLOGY

EXPLORATORY RESEARCH METHOD

For the purpose of this project the exploratory research method was employed.

Exploratory research progressively narrows the scope of the research topic and incorporates specific research objectives.(1)

The first step with our exploratory research project was to clearly identify the research topic, this provided research objectives and thus a framework for the study.

It was then possible to proceed with investigation by looking at any existing studies and talking with groups and individuals.

SECONDARY DATA

Throughout the project the group made use of secondary data in the form of previous health research projects, annual reports, pamphlets, strategic health plans, demographic and statistical data paramount when planning the format and possible inclusions.

This type of data collection was beneficial to the group as it could be gathered quickly and at low cost.

However the use of secondary data imposed some problems to the researchers as it was outdated , and was collected for other purposes , thus causing problems with interpretation of the data.

(1. refer to references: Exploring Marketing Research)

QUESTIONNAIRE CONSTRUCTION

Decisions made during the early stages of the YAMS research process influenced the questions to be asked of the young people and the design of the questionnaire. Once the issues were identified from secondary data and the exploratory research method was conducted, research objectives were then developed. (refer [App.4](#))

These objectives and the collected data enabled the researchers to then develop and apply appropriate questions to collect the information needed.

Prompts were also integrated into the researchers copy of the questionnaire to explore issues further. These questions and prompts were then applied to focus groups and depth interviews.(refer [App.3](#))

Questionnaire relevancy, accuracy and design were considered to ensure the project had the best method employed to collect relevant and current information.

It was recognised that the questionnaire should be in a format that was easy to complete by young people, for example, the use of youth friendly language and question sequencing.(refer [App.3](#))

PILOT STUDY

To gain insights it became necessary to apply a pilot study which is a small scale technique that involves collection of data from the ultimate consumer, which in this case were youth who access health services. The pilot study used a focus group approach.

FOCUS GROUPS

In the focus groups six to ten young people were brought together for about 75 minutes in a loosely structured format, based on the idea that people are more willing to share their ideas when others are also contributing their ideas.

The process adopted for the focus group was as follows:

1. The purpose of project explained and participants told that no identifying information would be taken.
2. Commence with a broad question and then begin to focus down to specific issues.
3. Ask all group members, but vary sequence from question to question.
4. Ask the broad question to the whole group, in turn, and return to specific issues that are raised after the group has been surveyed.

A discussion guide was prepared, including the proposed questions and prompts.

This ensured that all questions were posed and all topics were covered.

Project researchers were trained on focus group interviewing and moderated at least one group, giving them confidence, experience and practice in this style of pilot study.

INTERVIEWS

The interviewer encouraged the respondent to talk freely without influencing the direction of the conversation.

The success of the research depends on the skill and experience of the interviewer.

It is extremely important for the interviewer to explore interviewee's response, by asking questions such as *Can you give me an example?* or *Why do you say that?*

Questions such as these stimulate the respondent to elaborate on the topic.

Interviews were conducted to explore issues further and when the application of focus groups was not appropriate. The interviews had a duration of about 75 minutes.

Focus group questions were used as a guide, and additional questions asked, depending on the individuals situation and experiences.

Each researcher, after moderating a focus group, conducted at least one in-depth interview.

AGENCY CONSULTATION

Throughout the project there was a strong need to call on the expertise of individuals , to enable researchers to progressively sharpen the concepts and gain understanding.

This expertise was provided by health service providers from the four chosen centres. Contact was generally made with the committee, chief executive officers, health and youth workers.

Initially we approached these individuals for a service description and to inform them of project objectives to ensure good future relations.

These four services were then sent a questionnaire regarding all aspects of their service, with a main focus on specific programs offered and the number of youth that are accessing these services.

The questionnaire was similar in compilation to those questions posed to the focus groups, thus enabling us to draw comparison between the responses of youth and that of the actual service providers to highlight gaps in perceived delivery of service.

All service providers were co- operative and made data collection easy. The only problem that the project had was obtaining statistical information regarding the approximate youth intake numbers for the programs available at these health services.

Researchers then met again with the road tested services' management and workers to discuss the findings of this report and possible future plans.

PARTICIPATION OF YOUNG PEOPLE

Due to the nature of the project it was established that youth participation was crucial to the project's correct representation of young people.

The project at every opportunity endeavoured to involve young people.

In order to involve young people in the project, the researchers developed flyers and distributed them to youth and health agencies, school welfare workers and places frequented often by young people, such as the Mall Outpost building and "The Courthouse", a youth culture venue.

Young people were consulted and participated in focus groups, in depth interviews and were a constant source of contact for ideas and input for the project and report.

Consultations were held with young people aged between twelve and twenty four.

"We represent more than half the world's population,
but our voices are rarely heard in the halls of power.

War, violence and environmental degradation leave a legacy of destruction for future generation. If we are to inherit these and other problems then we want to share responsibility now for their solutions.

Therefore we must be allowed to participate actively and effectively at all levels of decision making."

Youth Declaration
(Beijing, 1989)

CONSULTATIVE COMMITTEE

The Youth sub Committee of the Municipal Public Health Plan Consultative Committee (M.P.H.P.C.C.) was a source of continual reference and direction during this project. Through regular fortnightly meetings they became a valuable body to validate documented events and gathered information.

The consultative committee proved also to be a valuable link in providing the researchers with support and overall direction.

The main role of the consultative committee was to oversee and initiate changes/recommendations that the research project had identified.

MARKET RESEARCHER CONSULTATION

During the course of the project it was found necessary to have regular consultation with an expert in the field of marketing. Nick McClaren is a market researcher from Deakin University, with several years experience with projects of this nature. Nick provided advice regarding format and focus group operation that was invaluable, as well as being a good contact for data verification and analysis. Researchers were trained in all the appropriate areas of market research given the exploratory style of this project, either through direct contact with Nick or continual in-house training.

DATA PROCESSING/EDITING

The goal of most research is to provide information. Information refers to a body of facts that are in a suitable format to base decision making around, whereas raw data, is simply recorded measures of activities or events.

So therefore it was a task of the researchers to clearly identify relevant factual information from the raw data.

This was the stage at which the project performed several tasks to convert the collected data into a format that will provide a measurement for consideration to the posed question of,

How well do mainstream health services cater for youth?

The stage commenced with the editing of pre-collected data including primary and secondary data, results from the focus groups and individual responses for omissions, legibility consistency, and to clarify responses that may be inconsistent.

This enabled the project to correct problems such as interviewer/ interviewee error, and any data interpretation variation.

ANALYSIS

Analysis in order to determine consistent patterns and summarise details revealed in data collection stages.

- Identified individual issues/barriers for specific case studies
- Identified main issues /barriers that came out of all contacts with young people.

CONCLUSION AND REPORT PREPARATION

The final stage of the project was the conclusion and report preparation stage this consisted of further interpretation of the already collected information and drawing conclusions so and recommendations to communicate the research findings in a easily comprehended manner and present our recommendations.

LIMITATION OF STUDY

Some of the limitations incurred in this study include:

- Group dynamics
- Staff Changes
- Assessment of only four services
- Use of a pilot study

PEER EDUCATION AND TRAINING

When young people seek information about issues affecting their lives, the most likely people they will first approach will be other young people - their peers.

Peer Education aims to equip young people with the skills, confidence and knowledge to provide information to and advocate with and for other young people.

The project found the use of peer methodology to be highly successful as young people identify with one another and it is from their peers they receive ideas and information.

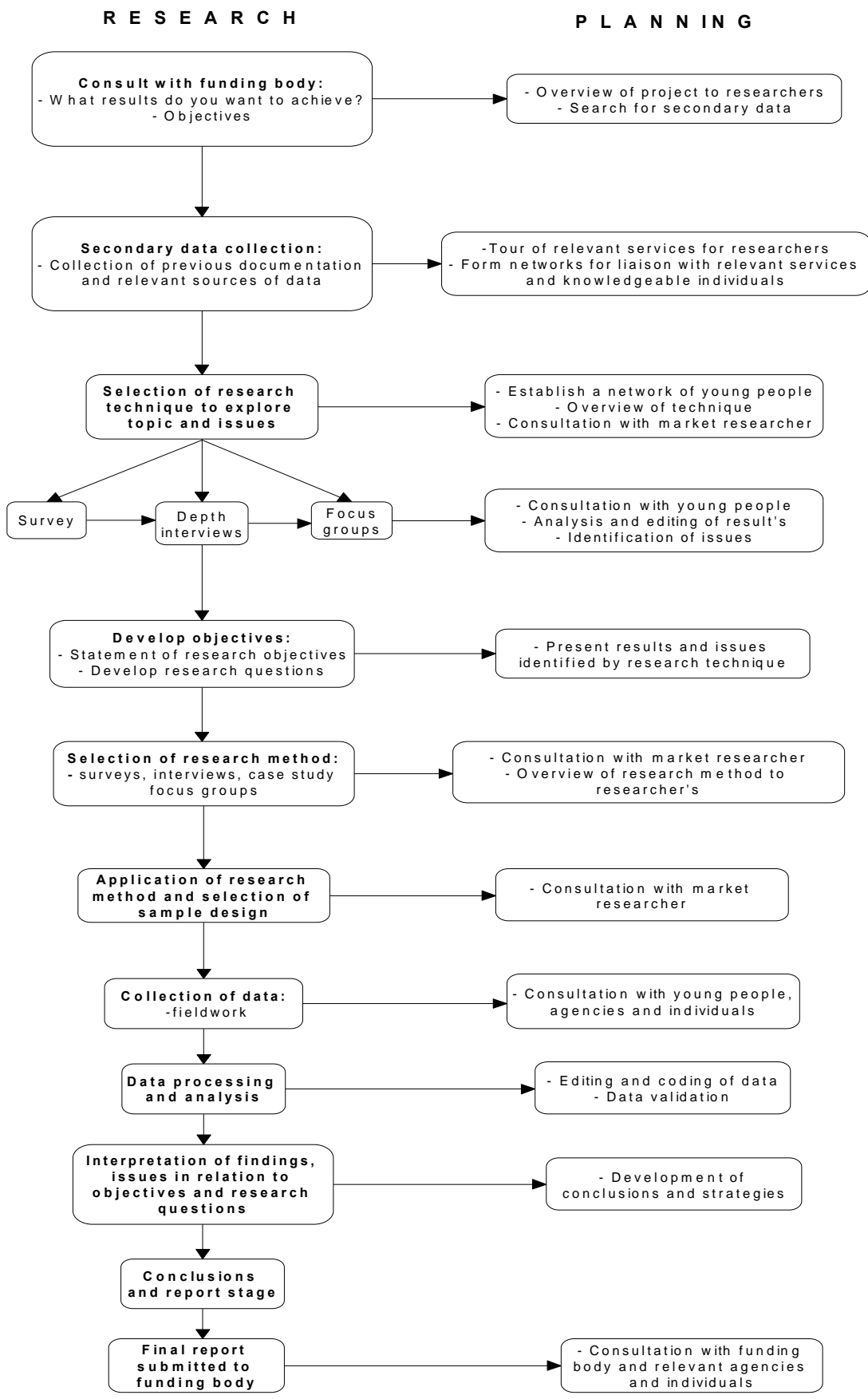
Peer research principles were utilised to inform and educate researchers accurately, enabling them to accept information more readily and understand the importance of language and issues when interacting with their peers, in this case young people.

PEER TRAINING included:

- overview of project,
- overview of peer methodology,
- aspects of exploratory research preparation and the moderation of a focus group/in-depth interview,
- personal contacts with agencies/services,
- group dynamics,
- confidence building,
- tour of services,
- conflict resolution,
- use of computer,
- finding information resources,
- strategic planning exercises,
- report design and format,

In total around 30 to 40 hours of group training was conducted throughout the project with all researchers participating.

RESEARCH/PLANNING MODEL



FOCUS GROUP GUIDELINES

ONE PERSON TO SPEAK AT A TIME

- ALLOWS EVERYONE TO EXPRESS AN OPINION

LISTENING

- AVOIDS MISSING INFORMATION AND INSTRUCTIONS

COMMITMENT

- DON'T LET OTHERS DOWN

RIGHT TO CONTRIBUTE

- EVERYONE HAS THE RIGHT TO CONTRIBUTE

PERSONAL POLITICS

- PROBLEMS BETWEEN GROUP MEMBERS MUST REMAIN OUTSIDE OF THE GROUP

BE YOURSELF

- IF YOU CAN ACCEPT OTHERS FOR WHO THEY ARE THEY WILL ACCEPT YOU

RESPECT

- NEVER PUT ANY ONE DOWN

INTOXICATION

- YOU WILL BE SENT HOME

DEMOCRATIC DECISION MAKING

- ON A DECISION, MAJORITY RULES IF NO CONSENSUS

ENCOURAGEMENT

- GIVE CREDIT WHERE IT IS DUE

THE ROAD TEST SERVICES

There are a number of mainstream Health services operating in Geelong, the particular sites/services who participated in this project were selected by the Municipal Public Health Plan Consultative Committee and through consultation with young people.

The four were chosen to reflect :

- a mix of appropriate service types,
- a willingness to participate,
- a geographical spread of services.

GEELONG COMMUNITY HEALTH SERVICES INC.

SYDNEY PARADE DRUG AND ALCOHOL CLINIC

The drug and alcohol clinic offers safe and supportive options for people with drug and alcohol dependencies.

The centre is located in the central activities area of Geelong.

The centre offers a variety of services in attempt to minimise harm and educate users.

There is alcohol and drug education for community groups and schools, and an active drug and alcohol withdrawal support program.

Support is available on a community residential, or home based level. The centre also offers a drink driving program and needle and syringe exchange.

The centre offers counselling and continuity of care and offers an intake service worker on a rotation system. The centre provides an Outreach Service which consists of a youth outreach officer (whole region), two withdrawal nurses and two outreach officers to cater for the broad age population.

The Outreach Service provides home based support, counselling, outpatient services and facilitates community detox residences.

ISSUES

Drug and Alcohol Centre

1. Workers need to be aware of the current drug climate in the region, as well as being able to offer options, confidentiality, be non-judgemental and be prepared for extended appointments.
2. There is a stigma attached to the current service and its location from both users and the wider community; thus discouraging young people from accessing the service. Young people who experience and use drugs are more likely to seek out help and support, or knowledge on substances from either their peers or other drug users.

A house setting that is away from main streets and lots of people is ideally preferred by young people so that their privacy is protected.

3. Programs sought by young people were ones with the emphasis on drug education and harm minimisation.
4. Young people using drugs would prefer to deal with any problems/issues relating to drug use themselves, before seeking professional help.
5. Young people would access the service more readily if they required help to quit drugs or felt they were suffering from some form of depression.

RECOMMENDATIONS

Drug and Alcohol Centre

That additional and alternative settings and locations be explored for the delivery of Drug & Alcohol services to young people.

That a drug and alcohol specific peer education program be established; to work within schools, run programs through community health centres and in outlying areas for young people outside of the school system.

That the centre s operational times be reviewed in terms of accessibility to young people ie. 5pm - 12 am clinic.

That a general community education program regarding the social stigma of drug use and it s implications for young people requiring community support and understanding be developed.

GEELONG WEST MATERNAL AND CHILD HEALTH CENTRE

The Geelong West Maternal and Child Health Centre offers a wide range of information, advice and personal support. The service is specific to those caring for babies, infants and young children from birth to six years.

The Geelong West Maternal Child Health Centre advises, educates and informs parents about child health and development as well as providing advice on sound parenting, all relayed in a non threatening manner.

The centre enrolls approximately 90% of infants of the total amount of birth notifications for the catchment area and employs one maternal health nurse.¹

The programs are run in conjunction with other city operated maternal child and health centres and comply with State Government child health goals, thus providing a link with world wide health objectives.

¹ Department of Human Services, Maternal and Child Health Report, financial year 96-97

ISSUES: Maternal and Child Health Centre

1. The young mothers were unable to identify all the components within the broad definition of health.
2. There was one concurrent issue raised by both the young mothers and the service provider and this was that young people face low self esteem.

Two young mothers mentioned that there were catalysing factors behind the low self esteem that were in themselves more potent issues. Such as societies attitude towards young mothers and the pain that this prevalent negativity causes.

3. Other issues raised by the young mothers included the fact that they felt they lacked information and support regarding aspects of pregnancy and mothering rather than general living skills.

It was the service providers belief that it was general living skills that required development.

4. The young consumers stated that the biggest influencing factor that lead to a depleted social life was the lack of freedom they faced when caring for a child.

In the transition and experience of being a new mother a lack of freedom can cause a diminished social life and an isolation from peers. This is identified as a key issue facing young mothers.

The service provider identified that there was a need to interact with peers identify the parallel between social life and peers.

5. The young consumers are likely to access a centre that is free from financial costs. One of the first requirements a young mother asks of a health centre is that there are no service fees.
6. Workers skills and knowledge were referred to as being the most important factor when considering what makes a good centre; this suggests that the young mothers place more importance on the workers than on the physical layout or atmosphere of the centre.

The young mothers felt that it was important to care and consider the health and the well being of themselves and for a service to recognise the need to cater for the whole person.

7. The worker needs the ability to interact and relate to the consumer so as to ensure all topics of interest are raised without fear of judgement.
8. It is necessary for the service provider to utilise all existing information and equipment.
9. Most young mothers appear to be happy with existing hours of centre operation, while other young people felt mainstream health services operating hours, in general were unsuitable.

This finding highlights that different circumstances within the young population need differing service provision thus making it difficult to generalise about best operating times across the entire youth population or type of health service.

10. An environment filled with peers is more conducive to learning, this in turn leads to a feeling of comfort and a greater interest for the activity offered. The chances of social interaction between the mothers is then greatly increased.
11. Confidentiality was not thought to be a problem for the young mothers accessing the maternal and child health centres as they felt that nothing was of too confidential nature to be revealed. Highlighting again that young people's needs and concerns differ as all of the other groups raised confidentiality as a problem.
12. The workers must not necessarily be young themselves, but have a good working knowledge/ understanding of youth orientated issues and hold the necessary skills to be able to interact with young mothers in a non-judgemental manner.
13. A worker dealing with young mothers must be able to appreciate the sometimes financially challenging position that young mothers find themselves in this may occasionally prevent them from accessing other possibly more expensive services.
14. The young mothers believed that their own personal health needs should always remain below the priority level of that of their child and placed an emphasis on learning parenting skills and most importantly programs encouraging peer relations and perhaps recreational options.

RECOMMENDATIONS: Maternal & Child Health Centre

That the broad definition of health including healthy mind, alternative therapies and mental health as well as physical health be promoted within the Maternal & Child Health setting.

That practical information and tips about pregnancy and parenting both in written form and through practical workshops and information sessions, be available.

That social programs for young mothers include kid free activities and that a childcare option be provided as a component of activities offered.

That a local centre be established specifically for young mothers and their children to increase opportunities for peer education and cross learning of skills.

That the use of peer education models be investigated as a means of information dissemination and skills development.

That workers with young mothers meet and create an ongoing forum to explore and further recognise the issues that face young mums specifically; and to recognise the different needs they have to older mothers.

CORIO COMMUNITY HEALTH CENTRE.

The Corio Community Health Centre is situated alongside Corio Village Shopping Complex.

The service has been operating for twenty one years as a mainstream health centre encouraging use of services by all age groups.

Ideally the centre caters for those living in the northern urban and rural regions of Geelong.

The centre offers a diverse range of services, information and referral. Those related to young people include:

- community health nurse
- free needle and syringe exchange
- free pregnancy testing
- general and specific counselling
- housing assistance
- a weekly youth activity service
- ethnic youth health worker
- physiotherapist
- homeless youth dental program
- an information brochure developed by young people for young people

The information included resource booklets, pamphlets, posters and a general notice board.

Employed at the centre are a part time women's health doctor, social worker, dentist, community development worker, community health nurse and an ethnic youth worker.

ISSUES

Corio Community College Focus Group Responses

1. Although physical wellbeing was identified as being the major component of health, social and emotional wellbeing were also briefly considered as being part of the entire parcel that is health.
2. The group consensus was that a Community Health Centre should only be accessed when a physical problem of some magnitude was presented to them. They also conveyed a message that emotional or social problems should be self regulated or spoken to a friend about.
3. When defining a good Community Health service the physical components of the centre and the necessary inclusion of young workers were key elements.
4. The current operational hours of the Corio Centre were not considered to be adequate. All group members placed emphasis on out of business hours and the need to be able to drop in whenever without an appointment.
5. All group members provided numerous alternatives to accessing a Health Centre but the majority of the options mentioned were not appropriately equipped health experts and thus may not present the young people with correct advice or referral when necessary .
6. The criteria mentioned for a good health worker were to be a good listener, be understanding and be knowledgeable. There were no reference to youth specific qualities.
7. Individual health needs were perceived as only being physical.
8. When presented with options for additional programs group members seemed to believe that none of their suggestions would be valid or worth saying so they all declined to comment.
9. The group stated that the Corio Health Centre did not adequately promote itself or its programs and information services.

RECOMMENDATIONS

Corio Community Health Services

That the broad definition of health be promoted and information regarding all aspects of health issues affecting young people be presented.

That the promotion of the service and it's programs be seen as a crucial first step in creating greater awareness of the service.

That young people be involved in the design and presentation of information and programs for young people at the centre; and the value of their input and ideas be promoted as a key theme in encouraging their involvement.

That a young person's health clinic be established and promoted - perhaps once per week after hours. This could include appointments with practitioners and informal and formal info/skills development sessions.

That sessions be held in local "hang outs" as well as at the centre.

BELLARINE PENINSULA COMMUNITY HEALTH SERVICES Inc.

DRYSDALE COMMUNITY HEALTH CENTRE

“The Drysdale Bush Nursing Centre”, as it was once known, was a vital part of the Drysdale community for at least 70 years.’

In 1988 it changed its focus from Bush Nursing to Community Health and in 1992 amalgamated with Portarlington, Queenscliff and Ocean Grove Community Health Centres to become the new Bellarine Peninsula Community Health Service Incorporated.’²

The health service has been operating for approximately four and a half years. The centre is ideally located to service those living in the area of Drysdale/Clifton Springs and offers a diverse range of services for the wider community.

Those relating to youth include :

a maternal child and health nurse, a youth health worker, family counselling, needle and syringe exchange, support for Hepatitis C, Drug and Alcohol support groups and a youth group and a youth health day.

The centre has also undertaken a youth needs study.

The youth group is for both males and females aged between 13-18 years of age. The group has approximately seventy on the mailing list with about thirty attending weekly on a Friday, with the aim of the group to encourage socialisation with peers and to prevent the incidence of youth suicide.

There is no fee for accessing this service although participants pay for their own admission to venues, food and general entertainment costs.

² Information pamphlet - Bellarine Peninsula Community Health Services Inc.

ISSUES

Drysdale Community Health Centre

1. The young people identified boredom and ‘having a shit life’ as being the major issue facing youth in Drysdale/Clifton Springs, with public transport being too infrequent to meet their recreational/social needs.
2. The young people expressed a fear of walking down the street due to some attacks on young people in this area. Concerns for personal safety may be affecting the youth from accessing the community centre.
3. Suicide: The young people were aware of their peers that had attempted to or had taken their own lives, and seemed to have difficulty in expressing their feelings towards this knowledge.

When prompted about the reasoning for the suicides in the area, the young people indicated that they see marijuana and alcohol as an integral part of their habitation of Drysdale. Therefore stating that ‘an inability to get drugs and alcohol’ was a reasonable rationale for suicidal behaviour.

4. The current venue of the youth group within the centre was not seen as being adequate. The location is a multi-purpose room with no real “youthy” feel to it.
5. The alternative to accessing the community health centre for youth was to consult a friend about a problem, thus eliminating their need to access professional information and support.
6. The young people strongly expressed the need for a youth leader to be young or have the ability to act young.
7. The centre has an old persons feel to it with mostly older people accessing the centre. The young people stated that this invoked a reluctance to use the centre for any other purpose than the youth group.
8. A problem was identified in the name of the group. The term ‘Youth Group’ conjures up religious or ‘churchy’ images, a perception that the group stated was widely accepted at school with members of the group being called ‘wankers’ for attendance.

Thus posing a problem that a negative perception of the group is held making it unlikely to be utilised to its full capacity.

9. Young people said they were accessing the youth group but no other services offered within the community centre.

RECOMMENDATIONS

Drysdale Community Health Centre

That options for extended transport services continue to be explored and lobbied for.

That a series of education activities/sessions based on peer education principles be offered covering youth health issues including suicide, safe practices and drug and alcohol issues.

That a specific space be allocated to the youth group so that they can create a permanent space and “youthy” vibe.

That the hours of operation be reviewed and options for activities on week ends and holidays be explored.

That the peer education model be utilised to develop information and promotional materials to increase health information awareness and awareness of programs/services for young people at the centre.

That young people be involved in planning and developing a broader range of activities and programs to be run through the youth group.

That a pool of volunteer “young” youth leaders be recruited to work alongside the current youth worker and that the current solid community & volunteer support shown to date be further encouraged and developed.

That a promotion campaign about the youth group be undertaken to assist in debunking negative perceptions about the group.

That young people are assured of the privacy of the health services offered.

ISSUES

: present in all consultations

1. Young people are not adequately represented or given a voice in decision making processes affecting them within mainstream health services.
2. Young people are more likely to seek out information and support from their peers before consulting a professional at a health service.
3. Young people regard the term health as meaning to cater for any physical symptoms, with only light reference given to mental health.
4. More emphasis was placed on developing programs for young people that are more activity and socially orientated.
5. That some workers at health services need to be young or have the ability to act young. All workers at health services should be:
 - knowledgeable
 - able to interact successfully with young people
 - confidential
 - able to offer options/referrals
 - aware of the current youth climate.
6. Young people are more likely to access a mainstream health service that is low or free in cost.
7. Young people access their local or family doctor more readily than they do specialist services or community health centres.
8. Young people are only accessing health services for specific youth programs and for no other general services offered at these centres.
9. A health service that is conducive for young people to access is one that has a more comfortable/informal atmosphere and is away from main streets and lots of people, but close to public transport.
10. Main issues facing young people were identified as a lack of social interaction and self esteem, depression and drugs and alcohol use.
11. Health services operational hours are not considered adequate to young people, with emphasis being placed on weekend hours and evening/after school appointments.
12. Appropriate youth intake measures are not in place at all roadtested services.

RECOMMENDATIONS

:drawn from all consultations

1. That health services make surroundings and atmosphere informal, relaxed and non threatening with an emphasis on comfort.
2. That ongoing training, cross learning opportunities and forums/workshops be offered to health workers in areas specific to youth particularly on those issues of primary concern.
3. That local health services undertake a co-ordinated strategic promotion campaign - including the broad definition of health and youth friendly signage
4. That a consultative group of young people be established at centres or regionally as an avenue for health services to consult young people in relation to strategic planning, promotion, service delivery and programs offered.
5. That peer education be recognised and adopted as a key effective strategy in informing and educating young people about health issues and needs.
6. That the mediums of recreation, social, drama and music be utilised to convey health information messages.
7. That health services accurately record data on the number of young people accessing their service and programs.

QUOTES

from young people:

How to improve services for young people!

“I think that youth services could be improved by offering more activities for youth. I think they could offer more sports activities and make some sports teams to play competition, eg netball basketball, football. I would also like to have kickboxing courses. Where youth could get together and learn how kick box or self defence.”

- Anna Denigan 16 years old - General Focus Group

“I think that there should be more activities for people of the ages of 12 and 15. It seems to me that there are a lot of young people that go to programs but they don't enjoy them because they're bored or 'cause they can't stick to their things. I would like there to be more groups around the same age. There should also be more hobby programs like art, animals, music, sport, etc; When people arrive at programs they should be two groups of a program so if one kid is uncomfortable and doesn't like they can get a fresh start.”

- Tahlia Kelly 15 years old

What makes a great health service for young people?

I feel that it is necessary to have an area with a qualified worker to help youth that are a suicide risk. I think if possible there should be someone from the service on call 24hrs because it is really difficult talking to someone you don't know, or talking to someone in another state (Kids Helpline in Queensland).

I think there should be a personal development group or something of the same nature run during a weekday so that the youth hanging around the mall, can get away from the negative environment into a more positive and encouraging environment.

I also feel having more activities and outings would be good, just to get away from the same old scenery of the mall or Kev's. From past experience coming into this service, I have found it very beneficial and nearly always come out feeling better for myself. I feel that most of my needs and concerns have been met, or have been tried to be met through youth services offered.

-Female 17 years old general focus group.

RESULTS:

Young Mothers In-depth Interviews

(1) What do you consider the term health to mean?

- Physical
- Being sick
- Eating healthy food

- Exercising and keeping fit
- Having a healthy mind through relaxation
- A good diet
- Not smoking cigarettes
- Not consuming chemicals in food
- Being capable of self help through natural remedies

(2) What issues in society face young mothers of today?

- Societies attitude towards young mothers

“.... is bad this can be a source for great depression and low self esteem”.

One young mother recalled a time when she was walking down the main street in Geelong and was approached by an elderly lady (approx.80 yrs) who noted that she was pregnant and then after inquiring about her age and finding out that she was only sixteen proceeded to abuse her.

She stated that this was a fairly common scenario when people became aware of her age.

- Post natal depression.

Our interviewee spoke of a time that she was suffering from depression and her child was getting on her nerves because he had been crying all day, it reached a crescendo and she said she was on the verge of throwing him across the room just so that he would be quiet.

Luckily it didn't happen, but after this day until the interviewee had contact with other mothers who had gone through the same thing she felt horrible about even considering hurting her child, but now knows that this is perfectly normal behaviour.

-Lack of social life.

The interviewee stated that this was not a significant problem for her as she felt she had already packed a fair amount of socialising into her life and was still able to take her kids around to friends houses and that was about all she liked to do these days.

The interviewee did however state that she felt this was one of the biggest issues facing young mothers as many are not prepared for the dramatic change in friends that you are not often on the same wave length as and the inability to just leave the house and go out to dinner or the pub like you were used to doing.

She also suggested that it might be a good idea if when young girls fell pregnant they were informed of this dramatic change they were about to face.

- Single mother parenting
- Budgeting and handling finances
- Physical and emotional abuse
- No social interaction with other young mums
- The feeling of letting your family down
- Embarrassed due to age and situation
- Have a hole in their lives due to low self esteem
- The importance of keeping channels of support open.

(3) Your reaction if someone suggested you visit a Maternal and Child Health Centre?

- One interviewee stated that she would go because it is a free service.
- would go because she has knowledge of the Maternal and Child health centres and knows what they offer

(4) What makes a good Maternal and Child Health Centre :

- Good people to see at the service
- Our interviewee felt that a Maternal and Child Health Centre was only as good as the workers that were at the centre and their attitudes towards the people that were accessing the centre.
- A good Maternal and Child Health Centre should also have workers that care about the physical and mental well being of mothers and not just their children.
- Sensitive people that work within that centre
- Concerned for mother as well as child.
- Hours of opening extended.
- Lots of relevant information available.

(5) If you went to a Maternal and Child health centre what would make your visit more comfortable?

-One interviewee stated that her visit to Maternal and Child health centres would have been more comfortable if the workers within the centres had shown a bit of interest in what she was saying.

She recalled one day that she was at a centre and the lady she was there to see spent the whole of her visit trying to fix something on her computer and made no eye contact with her for the entire session.

- Workers that honestly care
- A sense of personal contact between worker and mother

(6) What hours of operation are suitable for Mothers of your age?

-The current hours of operation were felt to be adequate as one young mother didn't work from Monday to Friday and on the weekends the children's father is often home and they try to spend the time together as a family.

Our interviewee felt that many young mothers were in this situation as the majority of those she knew did not work full time.

- 10-5 weekdays
- Not necessary on weekends as this is family time.

(7) What would your alternative to accessing a Maternal and Child Health Centre be?

- Talk to a friend about the problem
- One interviewee said that she was now able to talk with her mother as she now has understanding of her situation where there were previous difficulties.
- Young Mothers and Little Critters group.
- Eight week social class through maternal and child health centres for new mums . It is good to meet with mums in the same age bracket as yourself.

(8) How important is confidentiality to you? Why?

- Although confidentiality is important the interviewee felt that there was not any specific matter that would be of a personal enough nature to warrant concern for it remaining confidential.
- Assumes that confidentiality would be respected

- Having a different person on duty means that more people know your details
- Have private rooms because one on one consultation is good.

(9) Criteria for a good Maternal and Child health worker?

-The interviewee expressed that one M.C.H. Nurse made her feel stupid each time she was in attendance, especially one time that she contracted mastitis and was told that it was normal swelling and to stop being a sook, this made her feel stupid and she could tell the lady did not care.

-Another M.C.H. Nurse was really good. The interviewee could tell that she cared and was as concerned for the mother's health as she was for the child. The M.C.H. also provided contacts for the mother and referral to additional health services if she so required, she enjoyed the feeling that someone actually cared.

-Good listener and good talker with the skills to relate to all.

-If they don't care about you they should act as if they do at least because it makes you feel better.

-The worker should understand that young mothers don't know a lot of things about their child and the possible things that go wrong and want to be informed of this at the Maternal and Child Health Centres that they attend.

-The service should also inform all patrons of other free services that are available because that is often what stops people from accessing additional medical services because they are unaware of the costs that are involved and are to afraid to ring up and ask.

-Good personality

-age not important as long as they relate well to all and are knowledgable

-Non-judgmental

-Someone who is not just there to big note themselves with their achievements but rather do it because they want to help people.

(10) Individual health needs:

The interviewee did not seem to focus upon her needs rather those of her child.

The father of the child is often in a position to help with things such as general living skills and house work, but she also believed that not all young mothers were in such a position that they could call for this extra assistance at a time of need.

-Drug education.

(11) Programs that Maternal and Child Health Centres should offer youth:

- There should be cost free services on offer across the board.
- There should be more programs specifically for young mums, especially social groups.
- The interviewee said that it was hard to interact with the older mothers at day care centres and play group as they were from a totally different generation and share differing opinions on things and have differing interests.

- The young mother commented that she loved attending the Young Mothers and Critters group as they also had a gym and swim group that enabled her to have a bit of time away from her child to look after her own physical fitness.

(12) Where information of different health services is found:

- The interviewee was informed about the Young Mothers and Critters group by the lady at the Maternal and Child Health Centre in Grovedale and felt that it was a good idea to be told about additional services that are available.

- The interviewee would ask Vicki at Youth Services for any additional information that she sought.

- A general suggestion that one young mum made was that when young mothers give birth at Baxter house and receive their information regarding their closest Maternal and Child Health Centre they should also be given information about the Young Mothers and Critters group that operated through the City of Greater Geelong.

She felt that this group was a great idea as it gave young mothers a chance to interact with people of their own age as distinct from other mothers at child care groups that are older and share different beliefs and interests.

(13) Importance of location of service?

- Close to public transport
- Close to shops is good because it enables you to fill in time before or after appointment.

- A point that one interviewee stressed was that she believed reminder calls about Maternal and Child Health Centre appointments were of great importance,

‘because you often have to make your appointments a month or so in advance and it is easy to forget, so a call the day before the appointment is of help to remind you.’

(14) Why you would visit a Maternal and Child Health Centre ?

- To fill in book and check your child's weight
- Because it is a specialised free service.

-If you are able to visit the same nurse or doctor. The young mother said this makes a big difference, and it is nice to see the same person all the time because they can get to know you and your child which makes changes easy to identify upon next visit.

(15) Why you would not visit a Maternal and Child Health Centre?

- If the customer service is bad

General Comments:

Contraception The interviewee felt that kids should be told of other options other than the pill that are perhaps easier to keep with such as the injection that you only have to have every three months which is easier to remember and easier to conceal from your parents if this is the concern.

Sex Education The interviewee also believed that kids should receive more honest sex education than they currently do as this may be the problem with all the teenage pregnancies.

- The people that are giving the sex education should not be old and not prudish so they are easy to talk to so kids actually find out the questions that they want to know.

RESULTS:

Corio Community College Focus Group Responses

(1) What do you consider the term health to mean?

- Social
- Emotional
- Physical mainly

(2) What issues in society face youth of today?

- Stress
- Teenage pregnancy
- Suicide
- Unemployment
- V.C.E stress and related breakdowns
- Family problems

(3) Your reaction if someone suggested you visit a health service?

- Depends on magnitude of problem
- Go to a friend first
- Prefer to deal with it yourself

(4) A good health service:

- Nice waiting room
- Friendly easy going workers
- Youth updated people
- Colourful
- Out of hours possible access
- No appointments necessary

(5) More comfortable visit:

- Good location
- easy access to public transport

(6) Hour of operation:

- Weekends
- 7 days a week operation
- Outside business hours

(7) Alternative to accessing a health service:

- Teacher
- School nurse
- Friend
- Phone lifeline or similar in a special case
- Personal service

(8) Importance of confidentiality:

- Very important
- That's why health centres shouldn't be in the middle of town
- Very

(9) Criteria for a good health worker:

- Good listener
- Understanding
- Knowledgeable

(10) Individual health needs:

- Daily living skills especially for disabled
- Doctors
- Drug and alcohol related issues

(11) Programs that health services should offer youth:

- Living skills
- Occupational Therapy
- Youth groups

(12) Where information of different health services is found;

- Lack of promotion
- Pamphlets
- Phone book
- Doctors referral
- Hospital

(13) importance of location of service:

- Close to public transport

(14) Why you would visit a health service?

- If it had a good atmosphere
- Was easy to access
- Provided information on drug and alcohol

(15) Why you wouldn't visit a health service:

- Some things are too personal
- They are not advertised

RESULTS
Drysdale Community Health Centre Focus Group
Responses
Containing members of the Youth Group

(1) Health Means:

- No smoking
- Healthy food choice
- Drinking the right stuff
- Depression sometimes

(2) Issues in society facing youth:

- Pregnancy
- Being bored (Nothing to do in Drysdale)(Public transport runs too infrequently)
- Personal Safety Issues (The group expressed a fear of walking down the street due to some attacks on children and young adults in the area)
- Unemployment (It was indicated that Drysdale presented limited employment opportunities for people, especially school leavers and most of the group stated that they would have to move into the city in the hope of finding work at the completion of their schooling)
- Suicide (The group had heard of suicides in the area and gave a specific example of a person that had hanged themselves in the local park
- Shit life
- Relationship problems
- Lack of drugs was given as a possible rationale for suicide
- Problems with police (the group mentioned this as a great problem in the area with youth often being hassled when walking down the street)

(3) Your reaction if someone suggested you visit a health service

- Yes I'd go
- Go yes
- Yes to obtain condoms

(4) A good health service:

- Good people to see at the service

- Confidential to avoid people in a small town finding out personal details
- Friendly workers that are easy to get along with.
- Lots of different outings for Youth group

(5) More comfortable visit:

- If they had their own space in the building instead of the current drab room that has no youth feel to it at all, eg. posters and music and perhaps even a couch.
- Workers that are not known in the community because it is such a small town everyone knows everyone and news travels very fast, this poses problems when you are visiting the health centre to obtain personal items such as condoms “Mum might find out that I went in to grab some condoms this would be embarrassing”
- ’Funner’ people to lead programs
- The centre should be promoted more widely to attract more or different people.

(6) Hour of operation:

- The youth group currently operated on a Friday night from 7pm to approximately 10:30pm.
- The group reached agreement on the fact that the youth group should be perhaps held in the daytime on the weekends or on Saturday night as the present Friday night slot is the easiest night of the week to find alternative activities such as parties that all seem to be held on a Friday night, the boredom comes after this on the Saturday and Sunday.
- Perhaps if there was day trips on the weekend that went all day to a place such as the Zoological Gardens in Melbourne so there was something to do in the daytime.

(7) Alternative to accessing a health service:

- Talk to a close friend
- Never talk to a teacher about problems and even sceptical about consulting parents.

(8) Importance of confidentiality:

- Very important
- You don’t want your parents to find out about the collection of condoms and such personal issues.

(9) Criteria for a good health worker:

- Youth leader needs to be young or act young and be able to relate to youth.

-Joan the current youth leader is good because she acts young and drives the mini bus fast and occasionally says the word 'shit' this makes her easy to relate to.

-A bad example of a youth leader was a religious woman that the group said was with them for one night and caused trouble.

-Another youth leader that was there previously left because she couldn't handle a few young people that were drinking alcohol on the bus on the way to an outing.

(10) Individual health needs:

-General such as doctor and dentist.

-The majority of the group indicated that they do go to a doctor if they are sick physically and need medical attention.

-One member of the group indicated reluctance to use pharmaceutical services because he feared breach of confidentiality and didn't want everyone to find out what he purchased from the chemist in case it was of a personal nature.

(11) Programs that health services should offer youth:

-There should be less aged care programs as the centre has an old feel to it with mostly old people hanging around the place, this makes youth more reluctant to access the service.

-The youth group should have more varied activities with current rotation on a fortnightly basis being between Timezone (which bores them due to amount of trips there), Bowling and the cinema being boring and not varied enough.

-there should be camps for the youth groups over long weekends and perhaps school holidays.

-Camping trips

-Sporting programs.

-Beach trips

-Motorbike riding

-Horseriding.

-Perhaps yoga or meditation for relaxation.

-Perhaps a night where if the kids obtained a permission note from their parents they would be able to participate in a supervised drinking session.

(12) Where information of different health services is found;

-Most of the group heard about the youth group by word of mouth and from parents.

-One guy stated that he found out about the youth group from an advert in a shop window down the street in Drysdale.

-There is currently no mail outs sent to inform people of the youth group this is a problem as most young people don't have much of an idea about what the service offers.

-There is a problem with the name of the group 'Youth group' the group stated that when the term youth group was mentioned most peers from school and stuff assumed that it was a religious churchy sort of group and the most common reaction when you told people of your attendance at the youth group was 'Wanker!'

-The group for a small amount of time was called 'The Joint' and the kids were all happy with this name as it had a youthish feel, but the name had to be scrapped as there was opposition from the police who felt a marijuana related title was unsuitable. This pissed off the group considerably.

(13) Importance of location of service:

-The group felt that the current location of the youth group was good as most people were within walking distance from their houses.

-The people from Clifton Springs are driven to and from youth group by a mini bus so the location does not pose a problem to anyone.

- The problem that does exist is the transport arrangements for outings. The mini bus only holds a certain amount of people and kids are often turned away from outings due to limited space. It is a case of first in goes.

(14) Why you would visit a health service?

-If youth were allowed to decorate their space themselves and have more input in activities because at the moment the kids in the youth group have no say on where they go or anything.

(15) Why you wouldn't visit a health service:

-Old people

RESULTS

**Youth Services C.O.G.G. & Belmont High
School Focus Group Responses**

(1) What do you consider the term health to mean?

- Flu\ injury\ disease
- Physical fitness
- disability treatment
- Counselling\ Peer relations
- Mental eg. Schizophrenia
- Pregnancy

(2) What issues in society face youth of today?

- Financial problems
- Isolation feeling
- Orthodontics
- Parents: control vs independence
- Bullying
- Pregnancy
- Peer pressure
- Suicide due to no one to turn to
- School relationships
- After moving out of home pressure is placed on parental child relationships
- A general hate of school.
- Depression
- Friends and peers using\ abusing drugs and alcohol.
- Unemployment
- Abuse from family and problems stemming from divorce of parents.

(3) What would your reaction be if someone suggested you visit a health service?

- Reluctant due to lack of understanding
- Uncomfortable
- Prefer to deal with it yourself
- Not happy because of the lack of explanation you receive regarding prescribed medicine.
- Not thrilled because doctors don't really care about their patients.

(4) A good health service:

- Vibrant looking room
- TV that perhaps displays health information
- Understanding people
- Within the financial reach of all
- Confidential approach
- Nice smelling place
- Young doctors or youth workers
- A friendly waiting room
- Music or television for waiting comfort
- it would be good if youth got to do the planning for the service.

(5) More comfortable visit:

- No appointments necessary
- People who have grown up similarly and are capable of being sympathetic to your situation
- The option of taking a friend along if you wish

(6) Hour of operation:

- Weekends- Morning
- 7 days a week operation
- 4-6pm
- Afternoon outside school hours
- 4-6pm weekdays

(7) Alternative to accessing a health service:

- Friends
- Parents
- Student welfare officer
- A friend because they know you personally
- A friend because they have similar experiences themselves
- Keep it to yourself
- Consult school Reverend

(8) Importance of confidentiality:

- Very important
- Confidentiality is rarely breached
- Very important to stop gossip.

(9) Criteria for a good health worker:

- Younger
- Open mind, caring, sympathetic
- No bad vibes

- Knowledge of youth issues and a positive attitude
- Ability to understand what your going through
- Non judgemental
- Do not use technical terms that are beyond the understanding of most.

(10) Individual health needs:

- Sports injuries
- General injuries
- Immunisation
- Drug related problems
- Birth control
- Provision of confidential information
- Physical well being

(11) Programs that health services should offer youth:

- A specific youth service not just for treating flu and common cold
- Physiotherapist
- Education
- Information
- Drug Information
- Sporting groups
- Youth should be responsible for promotion of the centre.

(12) Where information of different health services is found:

- Phone
- Mum/ Parents
- Doctors referral
- School referral
- Friends/ Peers.

(13) Importance of location of service:

- Close to public transport
- Confidential Access
- Not too tucked away, but private
- In the city because it is easy to get to

(14) Why you would visit a health service?

- To fill in book and check your child's weight
- Because it is a specialist free service

-If you are able to visit the same nurse or doctor. The young mother said this makes a big difference, and that it was nice to see the same person all the time

because they can get to know you and your child which makes changes easy to identify upon next visit.

(15) Why you wouldn't visit a health service:

- Lack of finances
- They are not advertised
- Lack of knowledge regarding costs
- Doctors seem rushed generally and too concerned with prioritisation of injuries.
- Worried about doctor patient confidentiality
- Couldn't be bothered waiting for so long
- Scared of the unknown

RESULTS

General in- depth interview

Female

20 Full Time employment

(1) Health Means:

Exercise

Diet

Mental Health- no

(2) Issues in society facing youth:

-Drugs and Alcohol

-Pregnancy

-depression

(3) Your reaction if someone suggested you visit a health service

-Wouldn't go stick to one doctor.

(4) A good health service:

-Clean

-Nice presentation

(5) More comfortable visit:

-lady- sex important

(6) Hour of operation:

-Weekends 9-12 Saturday and Sunday

(7) Alternative to accessing a health service:

-Rest

-Have heaps of panadol.

(8) Importance of confidentiality:

-very important

-Trust doctor

(9) Criteria for a good health worker:

- Listen
- Give you medication if you need it- would take it

(10) Individual health needs:

- Medical check up

(11) Programs that health services should offer youth:

- transport for young people

(12) Where information of different health services is found;

- Medicare
- Health Insurance Places
- doctors/ referral
- When ask questions Know about C.H.C's through parents exp's

(13) Importance of location of service:

- Close to town
- To locate to service those who aren't being serviced.

(14) Why you would visit a health service?

- Sick/ flu
- Check up every six months

(15) Why you wouldn't visit a health service:

- Lack of finances/ money
- Lack of provided information regarding services
- Scared
- waiting time
- Worried about doctor-patient relationships (confidentiality)

General Comments:

The group generally held the perception that doctors are only there to address physical health.

EMPLOYMENT OPPORTUNITIES

Y.A.M.S, with the prospect of establishing an enterprise of youth consultants, has a unique research and consultation style.

The Y.A.M.S. process can be applied to all issues concerning young people identifying:

- what young people understand about issues affecting them
- young people's understanding of organisations and services
- what young people's needs are in relation to a particular issue
- a range of recommendations and strategies to address needs and service gaps.

For further information regarding Y.A.M.S. please contact City of Greater Geelong Youth Services on 52 270 699.

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HEALTH Y s

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MAKING SENSE OF SEX

Youth Peer education Program, Family Planning Association and the South Sydney Youth Services

NATIONAL ABORIGINAL HEALTH STRATEGY

Models of best practice for youth health services

APPENDIX 1 : THE COST

YAMS BUDGET: for the period of July 1997 to January 1998

INCOME RECEIVED:

Department of Human Services Grant : \$ 20 000

EXPENSES:

Wages - researchers	\$16171.21
Payment - Nicholas McClaren	\$ 517.00
Petty Cash	\$ 1050.00
Admin. - Courthouse	\$ 1096.30
Launch and Printing	\$ 1165.50
TOTAL	\$ 20 000

APPENDIX 2 : BREAKDOWN OF HOURS

The time span allocated for the YAMS project was from April to December 1997. The actual time distribution was as follows:

Background research:	200 Hours
Design and test methodology:	180 Hours
Action research:	100 Hours
Develop recommendations and strategies:	180 Hours
Develop and present report	200 Hours
TOTAL	<u>860 Hours</u>

APPENDIX 3 : FOCUS GROUP QUESTIONS & RESEARCHER PROMPTS

1) What do you consider the term health to mean? (use whiteboard)

- Social
- Physical
- Emotional
- Cultural
- Mental well being

Non Bold text
denotes prompts
for use after
question is posed

2) What issues in society face youth of today?

- Hate life
- Hate school
- Suicide
- Depression
- Sexuality
- Pregnancy
- Drugs and alcohol
- Stress
- Unemployment
- Lack of direction
- Family problems
- Peer pressure

3) What would your reaction be if someone suggested you visit a health service? Why?

4) In your opinion, what constitutes a good health service?

- Minimal waiting in a crisis situation
- Easy access (location)
- Skilled and friendly staff
- Assure and respect for confidentiality
- Awareness of rights and responsibilities
- Co-location with other health services
- Comfortable reception area
- Relaxed environment
- Open door policy
- Promotion of health through youth services
- Involvement of young people in establishing and reviewing health services
- Strong network with other agencies
- Educated staff on youth issues

- Encouragement by staff to make own decisions
- Out of hours emergence number.

5) If you went to a health service what would make your visit more comfortable?

- Friendly workers
- Informal chats
- Ability to drop in
- Age of workers
- If you know other youth are accessing the service
- If you can take a friend along
- Youth relevant information
- Informal rooms with comfortable furniture

6) What hours of operation are suitable for people of your age?

- How suitable is 9-5 Mon-Fri?
- Weekdays? Weekends?

7) What would be your alternative to accessing a health service?

- Phone support eg. Lifeline
- Friend
- Parent/ family
- Teacher

8) How important is confidentiality to you? and why?

9) What is your criteria for a good health worker?

- Non-judgemental
- Good listener
- Flexible
- Understanding
- Knowledge of your problem
- Don't make you do anything you don't want to
- Knowledge of youth issues.

10) As an individual what do you see your health needs as being?

- Basic necessities (food, shelter, physical safety)
- Primary health care (treatment of injuries)
- Pharmaceutical services
- Sexual health treatment and prevention services
- Drug and alcohol treatment and prevention services

- Counselling and other mental health services
- Dental health service
- Services related to issues of domestic violence
- Services related to sexual health and abuse
- Services related to youth pregnancy
- Services related to housing problems and school ed.
- Daily living skills
- Advocacy for income report

11) What programs should health services be offering to youth?

12) Can you tell us where you would find information on different health services?

13) What makes the location of a health service important? Why?

- Easy to access/ get to
- Attractive
- Converted house for privacy
- Central location close to other services

14) Tell us why you would visit a health service?

15) Tell us why you wouldn't visit a health service?

- Scared
- Never been
- Confidentiality (Mum and Dad)
- Can't get there
- Unfamiliar with service
- They think service workers won't be able to help
- They think their problem is 'no big deal'
- Can talk to friends instead

APPENDIX 4 : PRE TESTED FOCUS GROUP QUESTIONNAIRE

Focus Group

PLEASE NOTE - ALL INFORMATION IS STRICTLY CONFIDENTIAL AND WILL BE USED FOR THE PURPOSE OF A REPORT ON YOUTH ASSEMENT OF MAINSTREAM HEALTH SERVICES.

Please tick the box that best answer the question for you.

Sex:

Male
Female

Age:

10 - 15 years
16 - 20 years
20 - 25 years

Post Code:

Occupation:

Marital Status:

Single
Married
Defacto
Same-sex relationship

Number of children:

Are you from a minority group?

NESB
Gay/Lesbian
Sole parent
other - please specify _____

What service(s) have you used at the Drysdale Community Health Centre?

Dietian
Speech Pathologist

Maternal and Child Health
Physiotherapy
Podiatry
Well Women's Clinics
Family Counselling
Needle Syringe Exchange Program
Youth Groups
Community Health Nurse
Support Group
Geelong Pathology
Masseuse
Audiologist

Service Promotion

How did you hear about the Drysdale Community Health Centre?

Friend or Word of mouth
Doctor
Through School
Other - please specify

Once you heard about the service, was it easy to get more information about accessing it?

Yes, I was given all the details
No, I had to look hard to find details
No, I spent a short while looking and then found details easily
Other, please specify

Could the service better promote itself to people like you?

Yes - How?
No

Reception Practices and Waiting Room

How did you feel when you walked in the front door of the Drysdale Community Health Centre?

Nervous
Relaxed
Scared
Other - please specify

Who was your first person of contact?

Receptionist
Worker
?
Other

Did this person change your initial feeling?

Yes, changed it
No, made me worse

No, didn't change
Other - please specify

Could anything have been done to make you feel more comfortable on your first visit?
No, I felt fine
Not sure
Yes, please specify

Do you believe that your private details (eg. name, address etc) were kept confidential?
Yes
No - Why?
Doesn't matter

What was the waiting room like?
Liked it - Why?
Didn't like it - Why?
Doesn't matter or didn't notice
Haven't seen it

Did you have to wait long?
Yes - how long?
No - how long?

Could the waiting room be improved?
Yes - how?
No, it was fine

Did you receive written details about your next appointment?
Yes
No

Intake Procedures

Were you referred to the Drysdale Community Health Centre? (eg Youth worker etc)
Yes
No

Were you referred to another service to meet other needs?
Yes
No

Was there a lot of paperwork to be completed?
Yes
No

Did you fill this in?
Yes
No

Were you given assistance to do this?
Yes
No

How soon after contacting the Drysdale Community Health Centre do you feel you should have an appointment?

- Same day
- Following day
- Within one week
- Within two weeks

Are you happy with the hours for accessing this service (Mon - Fri 8.30 - 5.00pm)?

- Yes
- No, why not?

Do you feel comfortable dropping into the service without an appointment?

- Yes
- No, why not?

Case Management

Do you see the same worker everytime?

- Yes
- No

Do you feel comfortable with this worker?

- Yes - why?
- No - why not?

Were you encouraged to make your own decisions and goals?

- Yes
- No
- Didn't apply

Did they offer you options for your situation?

- Yes
- no
- Didn't apply

Did they help you with all issues in your life or did they concentrate on the reason you were there?

- Yes
- No

Referral Practices

If you were referred to the Drysdale Community Health Centre, did the referee explain about the worker you would be seeing?

- Yes
- No

Did the referring worker/person go with you initially to the Drysdale Community Health Centre?

- Yes

No

Did you feel you could continue seeing the referring worker?

Yes - why?

No - why not?

Do you see the referring worker regularly?

Yes

No

Staff

What was your impression of the worker you saw?

Good - why?

Bad - why?

Were they aware of youth specific issues, and the youth environment in your area?

Yes

No

Were you treated like an individual rather than just a “young person”?

Yes

No

Does it matter if you see a female or male worker?

Yes

No

Could staff be better?

Yes - How?

No

Location

Is the centre in a good position?

Yes

No - Why?

If not, where would be more appropriate?

Please specify -

Was it easy for you to find? (eg close to transport, signs etc)

Written Information

Was there youth specific materials available? (eg posters, pamphlets)

Yes

No

If so, was it easy to read?

Yes

No

was it current?

Yes

No

was it helpful?

Yes

No

Clients who Drop Out

If you don't turn up to an appointment, do they follow up to see why?

Yes - How?

No

Did you stop using the service at any time?

Yes - Why?

No

APPENDIX 5

FOCUS QUESTIONS FOR SERVICE PROVIDERS:

1. What do you consider the term 'health' to mean to you?
2. What could be done to make young people more comfortable at your centre?
3. What methods can be employed to promote your centre/service?
4. What makes a good health worker for young people?

RESULTS:

Drug and Alcohol In-depth Interview

Male, aged 20 Heroin and marijuana user

1. What do you consider the term health to mean?
 - Physical health (checkups)
 - Mental Health is now more common and accepted as an illness
 - Depression
2. What issues in society face young people who use drugs and alcohol?
 - Crime
3. What would your reaction be if someone suggested you visit a drug and alcohol service?
 - I'd find out about the place first if I was going to go for something to do with drugs. But, I wouldn't go.
4. What constitutes a good drug and alcohol worker?
 - aware of current drug climate in Geelong
 - friendly -non-judgemental -private and confidential -strong person
 - give you options - trustworthy
5. If you went to a drug and alcohol service what would make your visit more comfortable?
 -

6. What hours of operation are suitable for a drug and alcohol service?

- Weekends
- 24 hr help line
- emergency contact - late on weekdays (5-12pm)

7. What would be your alternative to accessing a drug and alcohol service?

- Friends and other users: they can offer you the best advise because they are in similar situations and share the same experiences. Users seem to be the supplier of main advise in regards to what a certain drug does to you and seem to be a main form of education to potential users.

8. How important is confidentiality to you?

- very important because you don't want people to know you use coz they think your trash

9. What is your criteria for a good drug and alcohol worker?

- Confidential - good knowledge of drugs - someone prepared to spend time with you if you need it or want it.

10. As an individual, what do you see your health needs as being?

- Mental/depression - Physical health(checkups)

11. What programs should drug and alcohol services be offering to youth?

- Programs in regard to educating users and non-users on what drugs do to you and the safety involved.

12. Can you tell us where you would find information on different drug and alcohol services?

- local doctor

13. What makes the location of a drug and alcohol service important?

- Private in a house setting is good
- Away from main streets and people

14. Tell us why you would visit a drug and alcohol service?

- If I needed help to quit or was really depressed

15. Tell us why you wouldn't visit a drug and alcohol service?

- Transport hassles - deal with the problem myself before going to the centre

Speak to friends

Service Provider - focus question responses

Geelong West Maternal & Child Health

1. What do you consider the term “health” to mean?

Optimal - physical and psychological well being, as well as lack of disease.

2. What could be done to make young people more comfortable at your centre?

Good parking

Good Signage

Light and well decorated

Safe working equipment

Childcare facilities

3. What methods can be employed to promote your centre/service?

Verbal and written information given to every mother when leaving hospital with an infant about M.C.H.

Personal contact initiated shortly after they get home

Posters in shared folders

Participate in displays regarding family health services

Be friendly/welcoming

4. What makes a good health worker for young people?

Good commitment

Friendly but professional approach

Non judgemental

Accurate, current knowledge

Initiative and flexible

Caring and warm commitment

Service Provider -focus question responses

Bellarine Community Health Centre

1. What do you consider the term “health” to mean?

The W.H.O. definition of health states that it is not just the absence of disease or injury but the physical, emotional, spiritual and social well being of a person.

2. What could be done to make young people more comfortable at your centre?

Explain confidentiality

Provision of drop in room where a nurse is available

Posters depicting sporting and music heroes around the walls

3. What methods can be employed to promote your centre/service?

Organise youth groups and or activities - young people like to be together.

Have a nurse available at regular and accessible hours

Advertise regularly in school newsletters and local papers

4. What makes a good health worker for young people?

This person needs to be:

non judgemental & discreet

sensible

tolerant

able to refer young people to appropriate supports or organisations when required

must like young people - often overrides all other considerations