

Evaluation report

A Seat at the Table

Prepared by Peer Academy

Contents

Executive summary	3
About this report	4
Section 1 - Context	5-6
a. Background	5
b. Project aims	5
c. Project process	5
d. Participants	6
Section 2 - Evaluation methodology	7-8
a. Evaluation aim	7
b. Evaluation framework	7
c. Evaluation process	8
Section 3 - Intermediate outcomes	9-15
a. Community participants felt heard during the participation activities	9
b. Community participants have a basic understanding of co-design methodology	11
c. Community participants have new supportive and ongoing connections	12
d. Community participants feel satisfied that will raise awareness of mental health and mental health services	13
e. Community participants have increased confidence in participating in community decision making processes	15
Section 4 - Key learnings	16
Section 5 - Process Improvements	17-18
Appendices	19-22

Acknowledgements

We would like to acknowledge the leadership role of key individuals and groups and their generous support of this evaluation process (de-identified for the purposes of this report) -

- Service providers
- 5 community participants (young people)
- The broader community (particularly those who attended the 'Have your say' workshop)

We would also like to acknowledge key sponsors of the Seat at the Table project -

- Department of Health and Human Services (DHHS)
- Office of Multicultural Affairs (OMAC)

Community participant story

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

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

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

- Community participant

“I have an increased interest in how long and complex these processes / relationships can be to create with no guarantee of change”

- Service Provider

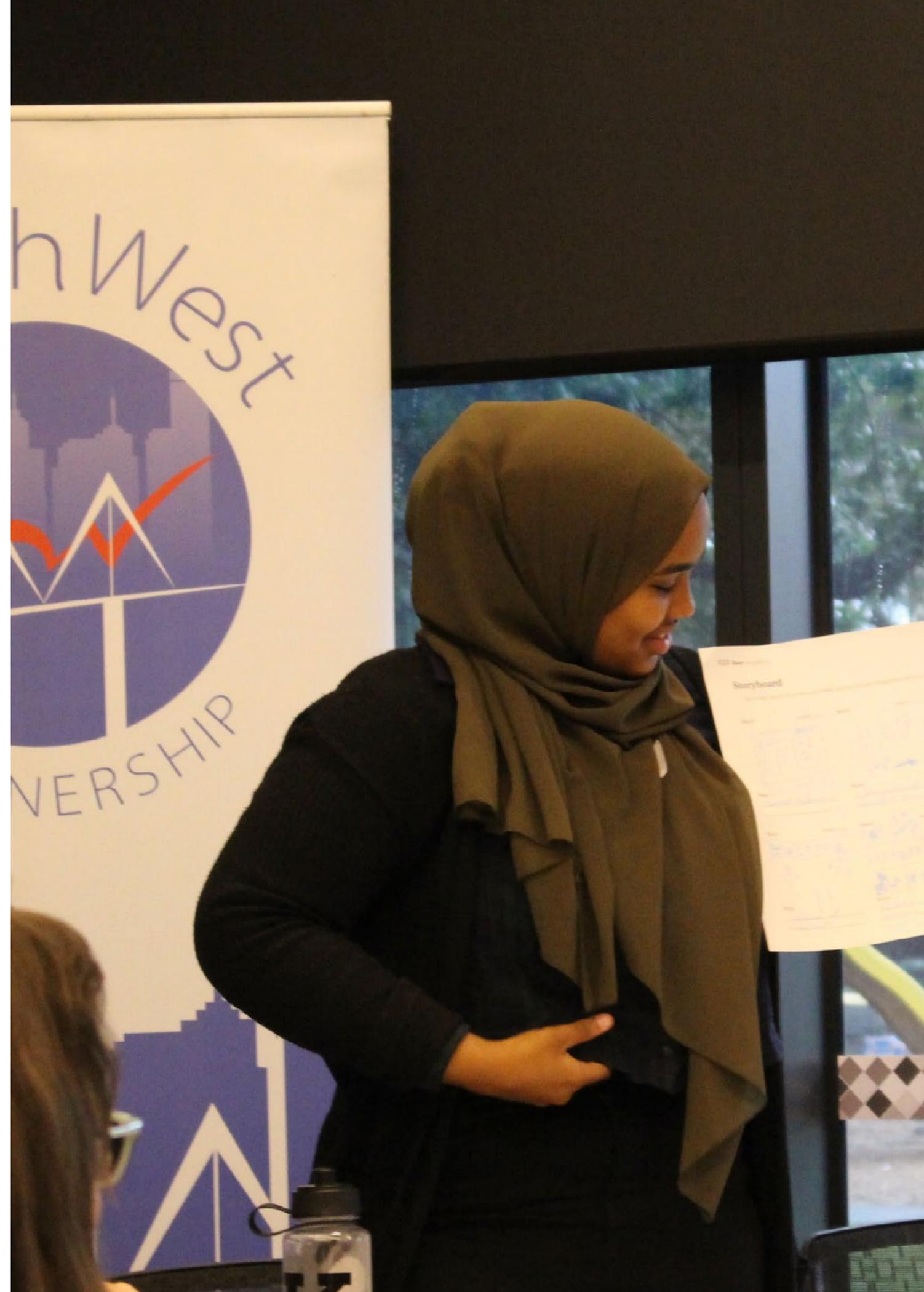
About this report

The purpose of this report is to evaluate the Seat at the Table project (SATT) and in particular; the effectiveness of the community participation process in enabling young people from asylum seeker and refugee backgrounds to have a voice.

This report has been prepared by Peer Academy with input from HealthWest Partnership.

About HealthWest Partnership

Established by the Victorian Government, HealthWest is one of 28 Primary Care Partnerships (PCPs) throughout Victoria. HealthWest brings together health care providers, community organisations and local councils in a voluntary partnership. The partnership is committed to supporting an integrated approach to strengthening our local communities' health and wellbeing. To learn more about HealthWest visit our website: www.healthwest.org.au



Context

a. Background

The Seat at the Table project (SATT) was created out of a HealthWest Partnership project on refugee and asylum seeker mental health. This mental health project worked with service providers in Melbourne's West to produce the following resources and reports: [Resources on referral pathways](#) and the [Integrated Mental Health for Refugees Asylum Seekers](#).

The results of this consultation highlighted the importance of working with young people, specifically from refugee and asylum seeker communities and; that any future project work must include their active participation and contribution.

In 2017 HealthWest was successful in receiving funding from both the Office of Multicultural Affairs and Citizenship (OMAC) and the Department of Health and Human Services (DHHS) to bring young people, from these communities, to talk with local service providers. The intent was to work together to promote mental health and participation in mental health services in Melbourne's West.

b. Project aims

The Seat at the Table (SATT) project brings together young people from refugee and asylum seeker backgrounds to talk about mental health with providers of mental health services in Melbourne's western suburbs of Brimbank, Hobsons Bay, Maribyrnong, Melton and Wyndham.

The project has been incepted by, and continues to be administered by HealthWest. The purpose of the project was to actively engage with young people with lived experience and; to work together with service providers. The project continues to -

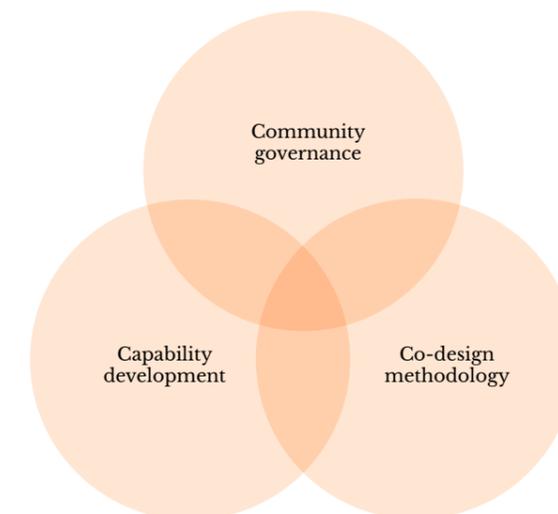
- Pilot innovative strategies to promote mental health
- Establish and support a network of young people from refugee and asylum seeker backgrounds with an interest in mental health
- Develop an exemplary model of participation and build capacity amongst service providers for community participation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

Ultimately, the SATT project sought to support young people to develop ideas that would improve the mental health outcomes of other young people from refugee and asylum seeker backgrounds.

c. Project process

In order to achieve the project aims, HealthWest sought to design a 'community participation process' to empower young people from asylum seeker and refugee backgrounds to have a voice in the decision making process for the project.

HealthWest used a number of highly regarded models and methods to design the community participation process including -



Community governance -

As a backbone for the project and to bring together service providers from the local area to lead the implementation of the SATT project

For the purposes of SATT project, young people who were involved in the community governance aspects are referred to as community participants.

Capability development -

Upskilling young people and service providers in collaboration and design methods to support the community governance process and; enable the young people to co-led aspects of the idea generation work

Health Issues Centre were contracted to complete this training.

Co-design methodology -

To support the generation of innovative ideas with multiple stakeholders from diverse backgrounds

HealthWest sub contracted Peer Academy, experts in co-design methodology to facilitate the idea generation work.

Context

The following diagram shows the process and timelines of the SATT project (prior to the drafting of this report) -



d. Participants

The success of the project has depended on the involvement of a number of other key players including -

Core participants of the SATT project -

Those people who participated in all aspects of the project including community participants and service providers.

Community participants -

Young people from refugee and asylum seeker backgrounds who participated in all aspects of the project. A small portion of this cohort had a lived experience of mental health challenges.

Service providers -

Key representatives from the following organisations -

- | | |
|-------------------------------|--|
| Asylum Seeker Resource Centre | ipc health |
| Brimbank City Council | Learning Communities, Hobson bay Council |
| Carers Victoria | Maribyrnong city council |
| Cohealth | Mercy MH |
| Foundation House, Sunshine | NWM PHN |
| Headspace | Orygen Youth Health |
| Hobsons Bay City Council | University of Melbourne |

Broader community -

As part of the idea generation work, the core participants of the SATT project recruited the broader community young people from diverse cultural backgrounds including but not limited to -

- | | |
|------------|----------------|
| Ethiopian | Syrian |
| Sudan | South Sudanese |
| Oromo | Liberian |
| Vietnamese | Somali |

Evaluation methodology

a. Evaluation aim

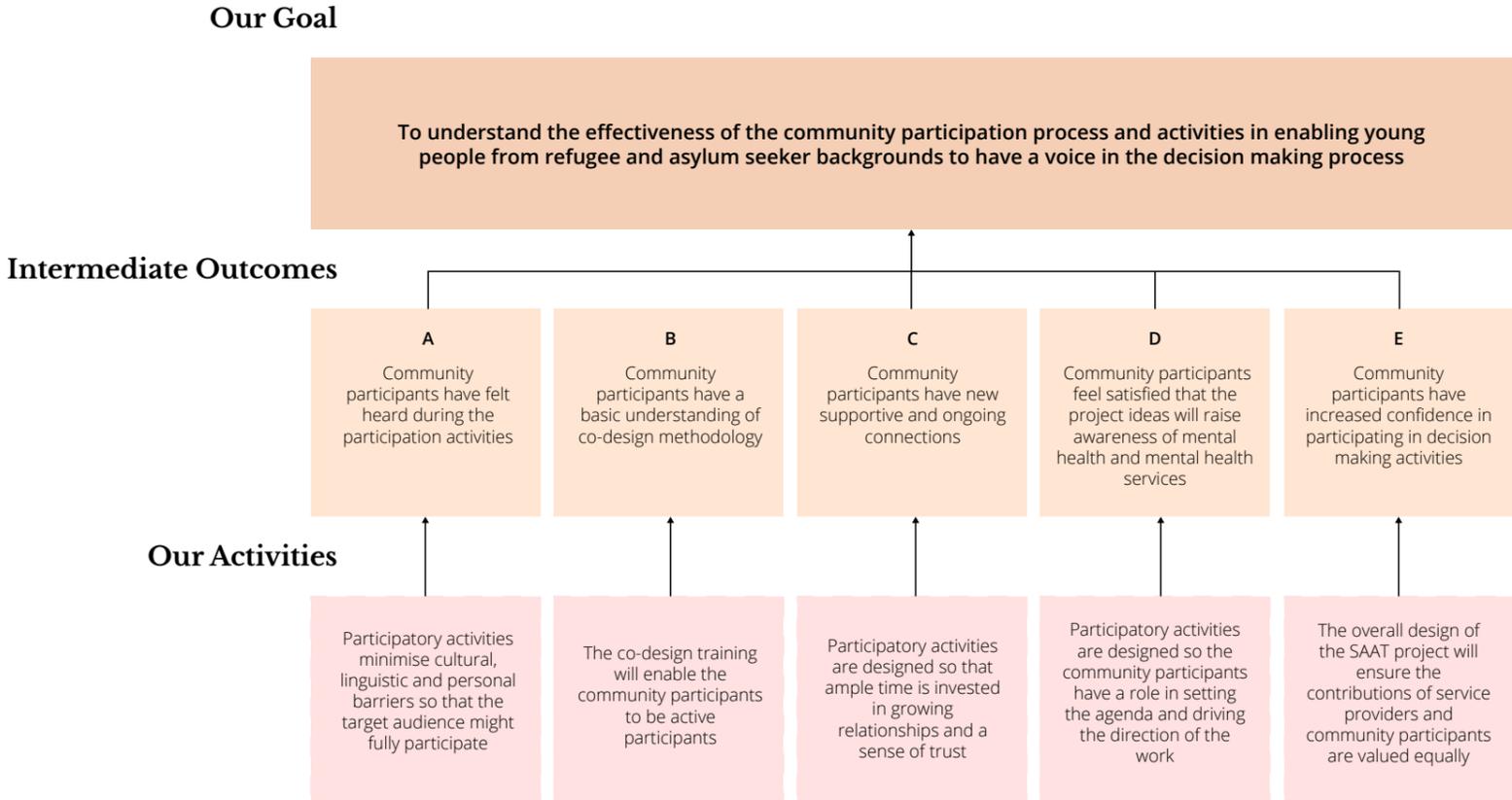
Our aim for this evaluation is to report back to the core participants of the SATT project with a story of the effectiveness of the SATT project to date, particularly in regards to giving a voice to young people from an asylum seeker and refugee background.

This report will also provide insights into the suitability of this approach ie. partnering with young people as part of a community participation process, to tackle complex challenges facing their communities and; as part of an ongoing process of improvement, it will provide guidance on improvements to the process for subsequent activities.

b. Evaluation framework

Evaluating complex social processes is never easy, particularly when we seek to understand success factors across a number of activities and; when the participants involved are of different ages and experiences and all from very unique backgrounds.

In this context, the key to developing the evaluation approach was to condense the project aims into a robust goal and; the appropriate measures of success and tools and techniques we might use to gather evidence through behavioural insights -



Note - for further information about the [Evaluation Framework](#) see Appendix B. Impact measurement framework.

Evaluation methodology

Section 3 - Intermediate outcomes explores the success of the community participation process to achieve each of the intermediate outcomes. It does this by measuring the key findings from the evaluation process against the indicators of success as shown in the table to the right.

c. Evaluation process

The evaluation process involved qualitative research techniques including -

'Have your say' Prototype workshop

Nineteen service providers / stakeholders and twenty one young people participated in the evaluation activity (ie. core participants in the SATT project and broader community - see Section 1d.). The activity invited all participants to write on post it notes, what they loved about the prototype workshop, what they learnt and what was a gift for improvement. See the evaluation output in Appendix C. [Prototype workshop outcomes.](#)

Empathy interviews

Five community participants and; three service providers from Orygen, Headspace and Hobsons Bay City Council (who had been involved in the process since its inception), participated in the evaluation activity.

The interviews were one-on-one and were in person except for three interviews which took place over the phone (due to scheduling issues). Each interview took between 30 minutes and 1 hour. There was no need for translators and the interview script is available in Appendix B. [Impact measurement framework.](#)

The evaluation data was collated and synthesised by Peer Academy with advice from HealthWest and the process was conducted over December 2017 - February 2018.

While quite polarised, the qualitative data does provide deep insights into the participant experience and revealed a rich story of the success indicators. The data also indicates areas in which the program may be improved in future delivery.

Intermediate outcomes	Key indicators of success
1. Community participants have felt heard during the participation activities	Community participants have a lived experience of being heard (as expressed during) the interviews
2. Community participants have a basic understanding of co-design methodology and decision making	Community participants are able to use some co-design concepts / language Community participants are able to practice with 1-2 co-design tools
3. Community participants have new supportive and ongoing connections	Community participants have a broad professional network which they feel they can access anytime as needed
4. Community participants feel satisfied that the project ideas will raise awareness of mental health and mental health services	Community participants feel confident in the ideas Service providers feel confident in the project ideas articulated as part of the process
5. Community participants have increased confidence in participating in decision making activities	The views, ideas and perspectives of community participants shaped the overall process and subsequent ideas

Note, HealthWest and Peer Academy developed the key indicators of success based on their assumption that this set of behaviours and / or experiences would demonstrate achievement of the intermediate outcomes in some way.

Intermediate outcomes

1. Community participants felt heard during the participation activities

Key indicators of success

Community participants have a lived experience of being heard expressed as part of the interviews

Participant feedback

In my experience, I felt heard

I never felt there was a block. Everyone was bringing their own point of view and everybody spoke from their own experience. I felt my point of view was heard, and that others were heard as well
- Community participant

I'm from a youth organisation and we value youth having a voice, I would ask questions to empower myself and others
- Community participant

Personally, I had really positive interactions, personally I didn't feel any blockages. I felt I was able to get my voice across. We were all there for the greater good, I was able to network and talk to the service providers
- Community participant

Every meeting we were asked to contribute and there were always lots of activities and ideas and we used different formats to try to get our voice and ideas across, drawing, writing, if we were shy in the big group it was ok because we could find other ways to communicate
- Community participant

In my experience, I did NOT feel heard

They spent time and money taking our opinion, but they didn't listen and we had limited engagement with the youth -
Community participant

It's a great initiative, but be mindful, listening to your young people is the goal - I felt they didn't listen to us -
Community participant

We stopped listening to each other as we got closer to the need to deliver something - we got too outcomes focused and forgot about our commitment to listen and learn -
Community participant

What happened

Of all the intermediate outcomes, this area received the most polarised feedback. The feedback demonstrates that some community participants felt heard and some did not.

It's important to note that the feedback generally relates to the planning process for the final 'Have your say' prototyping workshop as undertaken by the SAG and; in particular the concerns raised about the accessibility of the event for some of the target audience (due to the proposed timing, format and location). The feedback received in relation to the SATT project as a whole was overwhelming positive.

So what was happening during the SAG meetings which left some community participants feeling unheard and; with a sense that their contribution did not shape the process?

From the interviews, it was clear that different community participants had different expectations on joining the project. For those with a lived experience of the problem space; involving young people from their communities was their most important measure of success for the SATT project.

To this end, these community participants provided extensive advice on an engagement approach which they believed would increase the ability for their peers to get involved. Advice such as "we should be going to the young people" and "we should be meeting them on the weekend".

We (young people) are not even together, we have need to have a relationship among ourselves, before we can even get involved with others

- Community participant

There is a strong sense that service providers did not listen to this advice, and instead opted for an approach which better met their needs and desire to work within office hours. Others felt that some participants were expecting too much out of the process, and had unrealistic expectations.

Through the comments, we can see where the community participation process broke down in its ability to hear each other and ensure power that was equally distributed through engendering the voice of community participants.

Intermediate outcomes

What happened (cont.)

In this instance, the SATT project failed to achieve the intermediate outcome by ensuring community participants felt heard. It was the responsibility of the SAG to consider all input on balance and make decisions accordingly.

Slowly building relationships...trusting each other, and breaking down assumptions, actually listening to what young people are saying is happening...the most rewarding thing of a co-design program is more of a balance of power, although this didn't work quite as well in the formal meetings. The space was really small and it was hard to breath - and you couldn't really see everyone with the way it was set up. And there were less young people than service providers

- Service provider

Recommendation

HealthWest, as the project administrator, should work with the core participants of the SATT project to unpack 'what happened' during the planning process with a view that, in future endeavours, the group will have grown in its ability to -

1. To listen and be moved by each other's perspectives and,
2. Generate new ideas together

Section 5 of this report, introduces the Four Fields of Conversation, a highly useful framework for helping groups make sense of their highly complex interpersonal dynamics. See Section 5 for more information.



Intermediate outcomes

2. Community participants have a basic understanding of co-design methodology

Key indicators of success

Community participants are able to use some co-design concepts / language
Community participants are able to practice with 1-2 co-design tools

Participant feedback

Community participants demonstrate co-design concepts / language

The co-design aspect was really great / I will seek to use co-design for future projects. The workshop [Prototype Workshop] was fantastic but follow up action will be a big measure of success

- Service provider

Co-design is about everyone having skin in the game

- Community participant

I had selfish ones [motivations], I wanted to do something to put on my resume, that adds to my professional background. My more deeper and solid motivations, change is not something you observe from outside, you need to be one of the gadgets to move things forward, be one of the participants to help things grow

- Community participant

I gained increased awareness about the capacity for more creative approaches to generate ideas in our area / to make change

- Service provider

Some young people had a voice...although it felt at times they forgot the audience and just chose people which they could access

- Service provider

I've learnt to manage my anger..but my community get upset...they see me coming to these meetings with no outcome. Let them come to one of our barbeque - this is how you work with young people - go to their soccer game and then take them for lunch

- Community participant

Community participants are able to practice with 1-2 co-design tools

No responses

What happened

Firstly, the empathy interview script failed to include a question which asked interviewees directly about their use of co-design tools. It's likely this is the key reason for no participant feedback about co-design tools.

However, it was clear during the interviews that all interviewees had a very sophisticated practice of co-design mindsets and behaviours such as empathy and designing with end user needs in mind and; for many, they were able to hold multiple perspectives very adeptly.

Others demonstrated a very high order understanding of the role of power and privilege and how this can play out in groups, communities and service systems and; how this manifested as part of their own process. Many brought a generative mindset and ability to creatively solve problems through innovative solutions.

It's very unusual for a group to be so competent in these higher order co-design capabilities (ie. mindsets and behaviours) although, when we consider the context of the project and the people involved including professionals in the mental health system / youth services and; young people with extensive experience in community building, advocacy and community leadership.

Recommendation

While the group has very high order skills in the mindsets and behaviours of co-design practice, the group would require further training to develop a shared and in depth understanding of the 'conceptual' language of co-design methodology.

It is recommended that HealthWest facilitate a conversation with the core participants in the SATT project to test the group's appetite for -

1. Further training to grow their 'language' of co-design practice as a shared framework for the group and subsequent work together on the refinement of ideas
2. A professional development opportunity for individuals to learn more about co-design

The group might also consider how important this learning is for the group to support the aims of the project.

Finally, the core participants of the SATT project should decide whether they want to change the intermediate outcome and indicators of success in the evaluation framework so that the success factors better reflects the needs of the group.

Intermediate outcomes

3. Community participants have new supportive and ongoing connections

Key indicators of success

Community participants have a broad professional network which they feel they can access anytime as needed

Participant feedback

In my experience, I feel I have a broad professional network as a result of having been involved

I don't get to talk to service providers often. It was good to hear from them and understand how serious things are I know know where to go to talk to someone if I have a friend with mental health problems
- Community participant

The emotional landscape of the project was positive, lots of good will
- Service provider

I really enjoyed meeting with the stakeholders, we shared valuable information with them, stuff they might not have understood or thought about
- Community participant

The value for me has been the connections I've made and the knowledge I've gained from working with such talented inspirational people
- Community participant

I really enjoyed meeting with Melbourne Uni., with the partnership people. They had similar expectations of joining the program. There are so many projects out there however, I think that people are drawn to this project because the focus was about young people, involving young people, letting young people participate and even lead the process. That it was led by young people was a really good point for everyone
- Community participant

In my experience, I DON'T feel I have a broad professional network as a result of having been involved

How do we reach other youth? I want to champion the youth. And we have to help other parents know its safe for their kids to be involved
- Community participant

I will take photos to show people what they miss out on, I don't give up yet and I will use these tools in the future
- Community participant

I feel guilty because I could not recruit people, I feel really bad, "have I done enough"? "Have I contributed enough?" I feel guilty taking the money, the vouchers
- Community participant

My hope for the project is to involve other youth and youth from my community. I know how we suffer, I hear stories through asylum seeker resource centre, I hear all their stories and it touched me, it's not fair for them but I don't know how to solve it. I wanted something to take back to my community
- Community participant

Having your own community involved was success
- Community participant

I had 5 or 6 people to bring, but they cancelled and prioritized other things, this work needs to be something we are doing more regularly as part of our community so it's not an alien request
- Community participant

What happened

All interviewees valued the opportunity to come together as core participants of the SATT project. All interviewees also felt that the SATT project was an important platform for young people and felt committed to an ongoing role to support the work, albeit for some in a less formal capacity.

Some also felt that there was a lack of time allocated to really appreciate and understand cultural differences in the group and; that a blind spot of the group was a lack of awareness of unique cultural differences. This situation resulted in community participants holding off on their full participation.

Some community participants were experiencing mental health challenges which might have been better acknowledged with more support along the way. And some did feel the project failed on this particular intermediate outcome because the benefit of the emerging professional networks did not reach out to their communities, the outreach and 'linking' in for those in need was a key success factor for some.

Who is there to talk to? Through this program I want to find people who my community can talk to

- Community participant

Recommendation

The SATT project is an ambitious initiative which seeks to grow leadership abilities, cultivate strategic relationships to help the target audience and; create innovative strategies within a broader community context. Facilitating a project of this complexity is challenging, and as a consequence, outreach to the broader community often takes longer than anticipated with many steps along the way.

In the future, the SATT project will benefit from developing a robust engagement strategy which tells a story of who will be engaged over time. This should be co-created with the core participants and; should include a theory of change or description of why a particular cohort of people might be engaged at a particular time so we have shared expectations of what the process might achieve.

Further, the intermediate outcome of the evaluation framework and; the key success indicator should be updated to better reflect the group's interest in a more holistic indicator of success which also includes community outreach / their broader communities.

Intermediate outcomes

4. Community participants feel satisfied that the project ideas will raise awareness of mental health and mental health services

Key indicators of success

Community participants feel confident in the ideas
 Service providers feel confident in the project ideas articulated as part of the process

Participant feedback

As a community representative, I expressed confidence in the ideas	As a community representative, I did NOT expressed confidence in the ideas	As a service provider, I expressed confidence in the project ideas	As a service provider, I did NOT expressed confidence in the project ideas
<p>For the next phase of the project, I want the stakeholders to take this information and take it higher up. We've given you a few ideas and this is not something we can do alone? - Community representative</p> <p>I was satisfied with the ideas, I felt they were successful and the event had a good turn out, I loved the show bag and all the information about local agencies - Community participant</p> <p>I think it's highlighted how difficult it is to generate community involvement. It's easy to create goals, but to engage the community is very difficult, to get those involved in the process of change - Community participant</p> <p>I knew we wouldn't cure anything, mental health is very complex - Community participant</p> <p>Coming up with strategies to help young people access mental health services. Helping to build an understanding of the services available to them and how they might access the information - Community participant</p>	<p>No responses</p>	<p>No responses</p>	<p>Our focus was on awareness - capacity, addressing access issues, but I don't have the funds for interpreters - there are lots of immediate needs. As practitioners we have lots of barriers and now the system is built on various private models...these things feel more important than the ideas - Service provider</p> <p>I left the workshop like, what have people tried, what's happening in this space already, this is happening as a side project to lots of other work which is already happening. I didn't feel satisfied because of that - I didn't have enough context ie. there was no talk of funding - why didn't we explore this as part of the whole project? - Service provider</p> <p>I'm pretty disappointed in the ideas...the insight was really how very little people know about what sought of services already exist, what is already out there. The question is, why aren't these existing services reaching the right audience. And the solutions validated existing services - Service provider</p> <p>I wanted a review of what's happening for young people from asylum seeker backgrounds I wanted to understand the barriers and explore other processes which people are using and here more about what we can do And there were people missing from other services, I wanted to see broad representation, that is success I wanted to see different options and review and explore options to increase access - Service provider</p>

Intermediate outcomes

What happened

A key aim of the SATT project has been to pilot innovative strategies to promote positive mental health outcomes with the target audience. In this early stage of the project, the core participants of the SATT project have delivered prototypes / ideas of potential projects only that need further development.

The community participants (those interviewed) generally felt satisfied with the ideas that were generated and were fairly 'realistic' about what the ideas might achieve. Their key concern was the role of stakeholders in supporting the further development of ideas. To this end community participants posed questions such as - *'what do you think you might do with this information?'* and *'what's your stake?'*

The community participants held a hope that the service providers would play the role of 'influencer' by helping to create possibilities for the continued development of the work and it's clear that their confidence in ideas is dependant on the support of service providers to continue to support their refinement towards implementation.

Success for me was coming up with strategies, to work around cultural challenges and stigma and give more awareness. I think this was the starting point

- Community participant

On the other hand, the service providers (those interviewed) were less satisfied with the ideas generated. They were concerned that the project process and co-design workshop activities lacked sufficient context for the creation of ideas. They felt that simple interventions in the process such as more information about what's happening already and what funding is available would have better the idea generation process.

Recommendation

In forming together again in 2018, it will be important for the group to deliberate on the ideas and the path forward to further develop them. One of the community participants has already started to lead the way with some of the advice she provided for next steps -

We have shown our stake, now it's time for the stakeholders to do the same. Questions for them might be:

1. What are your reflections?
2. What does this information mean to you?
3. How do you think you might participate?
4. What do you think you might do with this information?
5. What's your stake?

Intermediate outcomes

5. Community participants have increased confidence in participating in community decision making activities

Key indicators of success

The views, ideas and perspectives of community participants shaped the overall process and subsequent ideas

Participant feedback

I feel my views, ideas and perspectives shaped the overall process and subsequent ideas

There was a lot of learning from each other. If I had a point to make, then others would add to that, sort of like our ideas were building towards something when we were talking
- Community participant

I have different views on different cultures I have learnt a lot from other youth and I've learnt a lot from service providers, you know, you need to have a budget and funding as well as passion
- Community participant

I feel my views, ideas and perspectives did NOT shape the overall process and subsequent ideas

Was this whole process set up to help young people or service providers. If they were going to do this next time would they consider young people's perspectives regarding the timing of the workshop, what about young people who are busy - we said to meet on the weekend
- Community participant

In getting started with the SAG, we talked about what we wanted to achieve...it was good from the beginning, but close to the workshop I was disappointed, we were catering too much to the service providers and I felt disappointed. They wouldn't be flexible because they wouldn't get paid outside of business hours. They didn't want to upset the service providers but we were clear, with youth it must be in the evening and the weekend
- Community participant

I wished the workshop would happen where young people are - they are comfortable where they are and go and meet them there. If you listen to them, they will listen to you. By taking them out of their comfort zone, you are really restricting them
- Community participant

What happened

Some community participants were compromised in their ability to feel confident in the decision making process, particularly as they felt they had not been heard in relation to key aspects of the project.

We would all start to go in circles because people hadn't been heard, we did ok in these meetings, but it would have been good if it was more like a series of workshops not meetings

- Service provider

On another note, many were curious about and reflected on the way in which their assumptions and perceptions changed as a result of having been involved in the process

I arrived with one view...but to be at the table I saw many views

- Community participant

Finally, there were concerns raised about how the group would often race to a decision, without really having had a chance to actively debate, deliberate or generate new insights and shared views first -

We just didn't get to deep thinking very often, we engaged through assumptions and repeated the same thing over and over again. People weren't asking questions, "but is that true?". We didn't stop to explore things...there were conversations that would happen, and we'd get into the nitty gritty, then the meeting would end

- Service provider

Recommendation

It is recommended that the SAG use this report as a tool for reflecting on the process and; to resolve any outstanding issues relating to particular participants having not been heard.

Section 5 contains a collaborative decision making tool which will support the SAG particularly in their decision making capabilities in 2018.

Key learnings

The ultimate goal of this evaluation was to understand the effectiveness of the community participation process and activities in enabling young people from refugee and asylum seeker backgrounds to have a voice in the decision making process.

What we have discovered is that it was effective in some ways and; that it not effective in others.

This does not mean the the process failed overall. In fact, no group gets things right the first time they gather to do complex work. An exemplary model of participation is something that is created over time through action learning, trial and error and careful documentation of what's working. It's built by refining processes over time.

The opportunity for the core participants of the SATT project, is to learn from what's worked to date and; *implement* the necessary changes to transform what didn't work into elements of the project that achieve full participation and a strong voice in the decision making for young people from asylum seeker and refugee backgrounds.

1. Trust the wisdom in the group

Community participants were invited to join the SATT project as experts of their own communities and as such; their contribution needed to be listened to and acknowledged, irrespective of whether it was what service providers or others wanted to hear.

It appears that a number of assumptions were made regarding the scope of the program and the best approaches for engaging a broader audience. It's this area in which the core participants of the SATT project broke down in their ability to listen and; arrive at a general consensus based on the wisdom in the group.

2. Get clear on who you're engaging when, where, and over what timeframe

From section 3, we can see that different people had different expectations of what might be possible for the project and; with who and in what timelines.

For instance; an aim of the project is to develop an exemplary model of participation and build capacity amongst service providers for community participation. The question is, how long does this 'actually' take to do this? Particularly as community participation is a living process and as such, the model can only be achieved over time through an action learning approach.

An engagement strategy was developed late in the project to help tackle some of the issues of different expectations to find common ground however, it was quite a static document and didn't really incorporate a theory of change ie. how the

community participation might change and develop so that over time, it deepens it's outreach into communities of need.

3. Discover what's already happening and build on it

A key aim of the SATT project was to pilot innovative strategies to promote mental health. While the project process delivered ideas to this end, there was low confidence in the ideas (from service providers) primarily because the development of the ideas, wasn't preceded with a comprehensive analysis of what already exists in the west and other areas.

4. Use facilitation approaches that met the needs of all participants

Participant feedback suggests that the SAG meetings were often too formal and didn't allow for the core participants to explore, digress and query into things that may have felt different or uncomfortable.

For some the SAG meetings were also a little boring and many suggested that it would be good to have different ways to present information. People loved the creative activities in the idea generation work, and wanted the opportunity to work with this workshop style format in the SAG meetings also.

“It would be good to have more information delivered through different ways - the information is great, but it gets tiring, more videos, more stories, more examples, more scenarios to help me contextualise it a bit more, make it more personal to me”

- Community participant

5. People see the value of the SATT project

Overall, people see the value of the SATT as a platform for service providers and community participants to learn from each other. It was felt that, with a few process improvements (see Section 5), not only would the group amplify its efforts, but it would deepen it's connections through greater empathy, ability to listen and deliberate on complex information and thus form the necessary foundations for enabling full participation.

Process Improvements

Section 5 seeks to add practical tools and / or methods which HealthWest and the core participants of the SATT project might use towards achievement of an exemplary model of community participation.

Three tools / methods are proposed in this section

1. Theory U

2. 4 Field of Conversation

3. Collaborative decision making model?

1. Theory U

The SATT project needs to introduce a phased process for the work. The core participants must get aligned on -

- what might be realistically achieved in what timeline with who
- the process that will best help them to achieve that

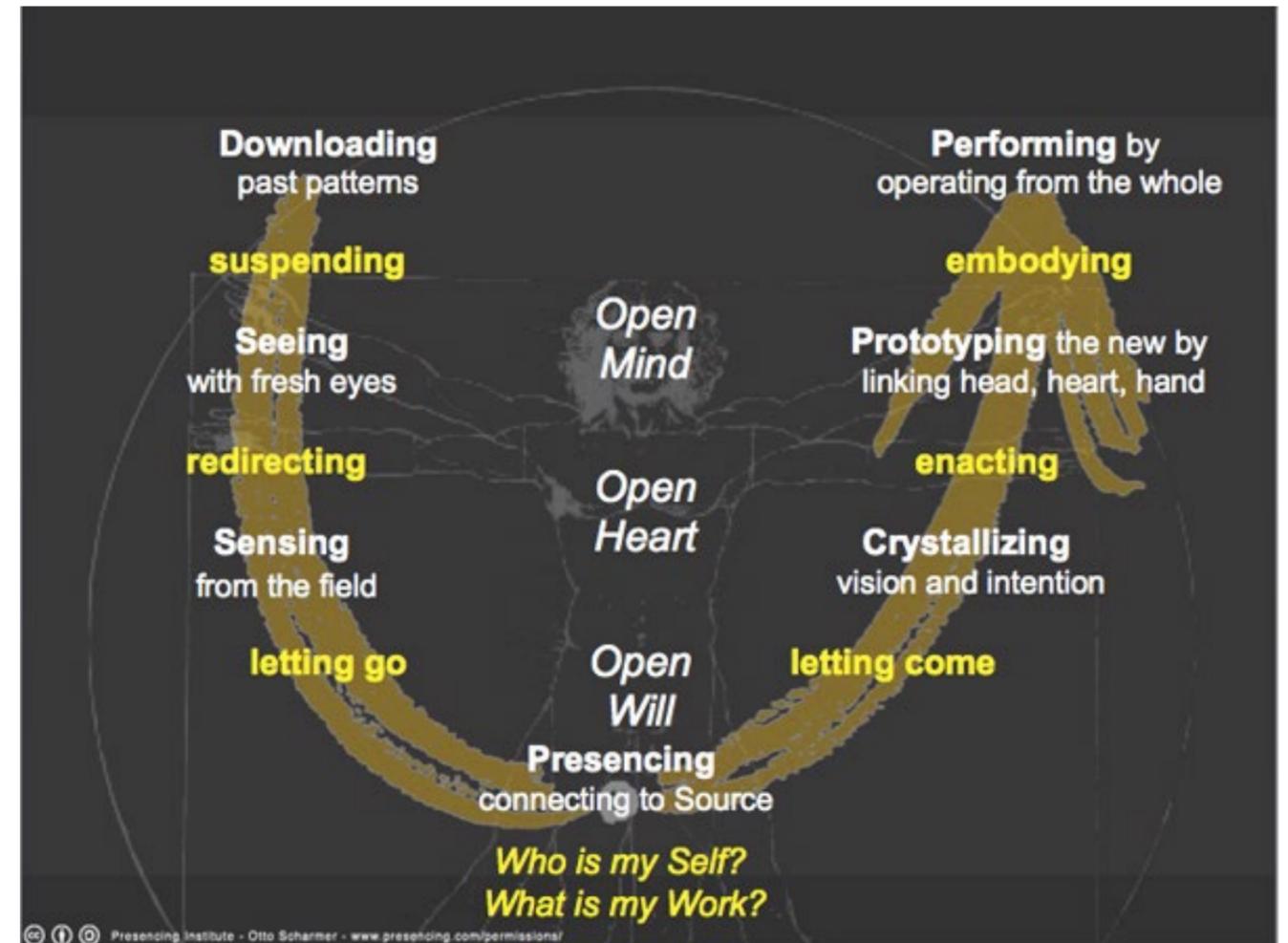
Clarity on what might be achieved when, with who and the process for getting there, may help to alleviate some of the grievances around outreach to the broader community.

With a clear process and sense of change over time, the core participants of the SATT will be better placed to manage expectations with and external to the group about what achievement looks like, and the process to get there.

There are lots of tools and methodologies that core participants might use to share a greater awareness of their process (and a shared language and set of tools) and; of what they are trying to achieve, with who, by when (change over time).

One of the most popular and effective methodologies used is Theory U.

Theory U has an active community of practice, extensive case studies and experts in both Australia and overseas to learn with. Theory U runs regular free online learning sessions which the core participants of SATT might complete together.

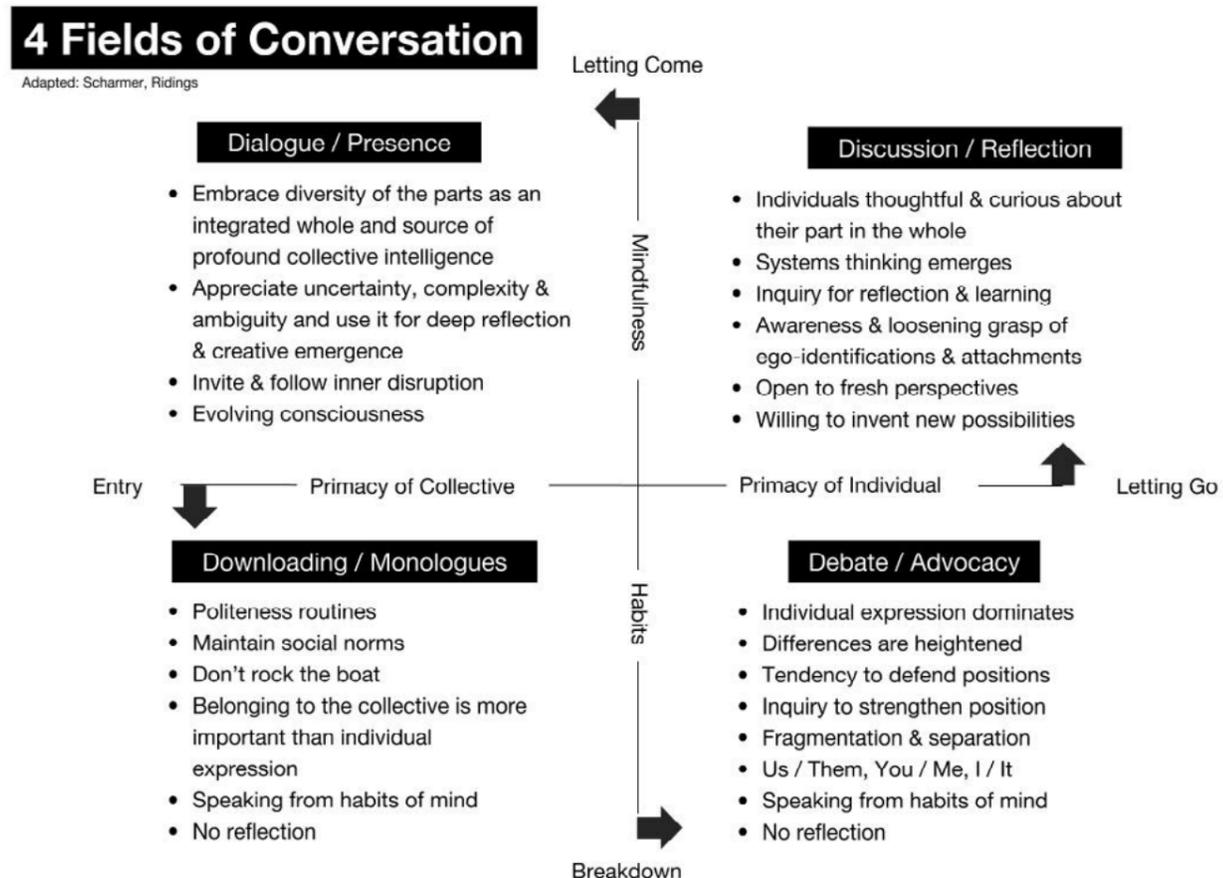


Process Improvements

2. 4 Fields of Conversation

The core participants of the SATT project need tools and methods which will help them better facilitate their group dynamic allowing all voices to be heard. The 4 fields of conversation is an excellent tool for groups to use to raise awareness of their dynamic, by better understanding which conversation they are in and; which conversation they SHOULD be in.

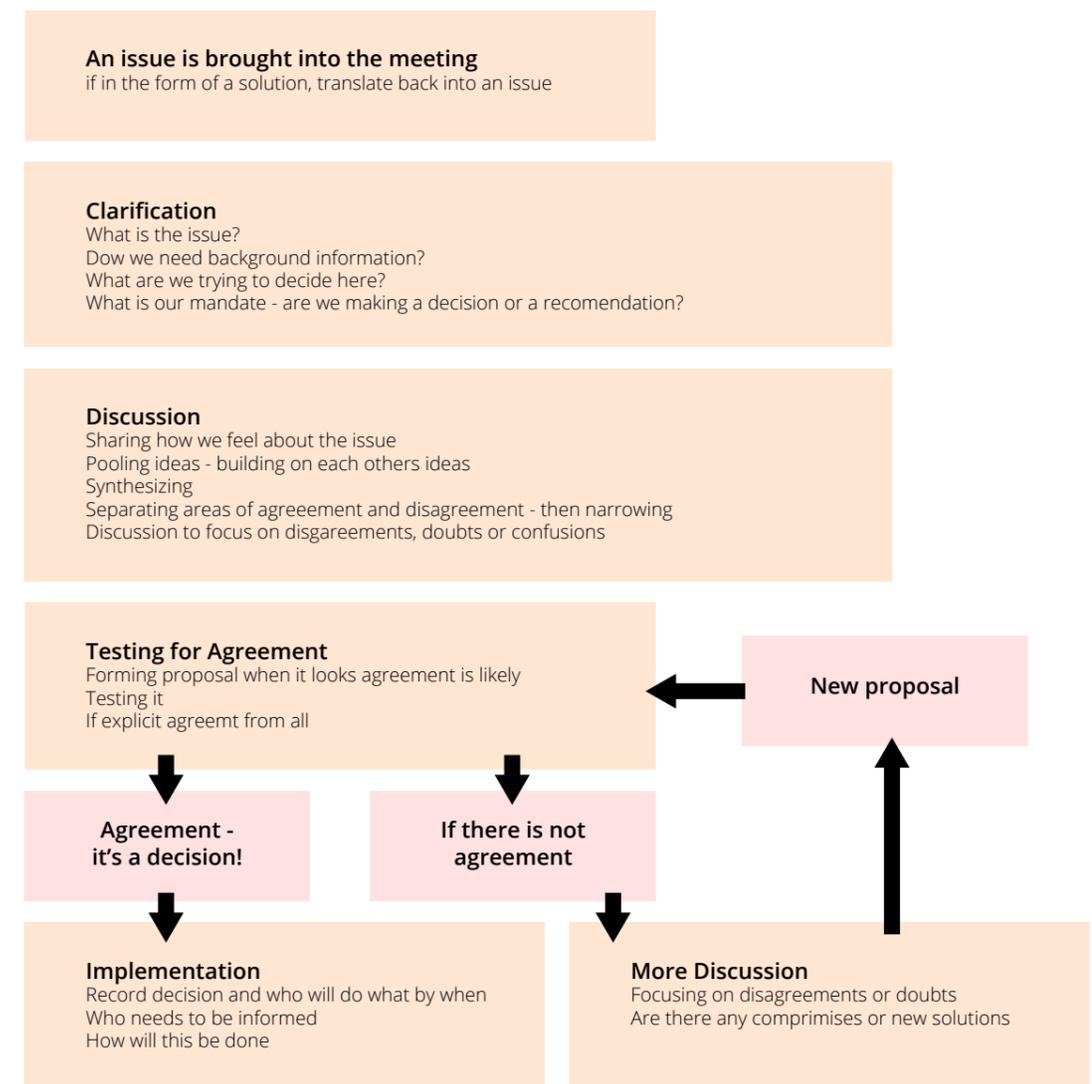
Given the projects commitment to active participation in decision making where all voices are heard, the core participants should be primarily practicing in the discussion and dialogue quadrants. However, and particularly regards the final event for the process, it appears the group got stuck in debate.



3. Collaborative decision making model

Consensual decision making is challenging and; a highly important to the SATT project.

The following model, developed by Group Work Institute, is a proven model for how to make collaborative decisions in diverse groups, it's recommended that the group use this model for all meetings in order to grow their capacity for making decisions together.



Appendix A



Stakeholders Advisory Group, A SEAT AT THE TABLE

Terms of Reference

Background:

HealthWest Partnership runs a project –A SEAT AT THE TABLE: young people from refugee and asylum seeker backgrounds talk mental health. This project will bring young people together with local service providers to promote mental health and participation in mental health services in Melbourne’s western region. The project aims to:

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

The project objectives are:

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

1. Purpose

To provide support to rolling out the project- A SEAT AT THE TABLE.

The opportunities/aims/objectives:

- To create a strong link between young refugee and asylum seekers living in west Melbourne and HealthWest Partnership
- To provide support in promoting mental health among young refugee and asylum seekers and their participation in mental health services
- To participate in improving health literacy level of the target group
- To support system responsiveness to improve access

Appendix A

Roles:

- Contribute to the identification of emerging mental health issues among existing young refugee and asylum seekers and new emerging targeted refugee population
- Share experiences of young refugee and asylum seekers and their families
- Explore of knowledge and strengthening of young community
- Identify services that are working and connecting effectively with the community
- Provide information on the culturally appropriate MH interventions or messages
- Contribute to the identification of barriers and enablers to access MH services
- Help with conducting consultation and mobilization of the target group
- Engage community in disseminating organization information to local community
- Help in identifying/recruiting volunteers and participants in conducting Co design and piloting the model
- Assist in designing participation and communication strategies for broad community engagement and consultation
- Engage in the project evaluation and developing sustainability framework for the project
- Service providers and agencies participate in the group might provide support to the advisory group members who represent community. For instance social, emotional and professional support.
- Members should share update information on new policies and reforms such as National Disability Insurance Scheme (NDIS) and other topics.
- Provide technical support and share knowledge.

2. Membership

Members will be included from the relevant agencies and community organisations working in Melbourne west as well as from among the influential community members with diverse ethnic background, gender, age and locality.

Note: For a list of members, please refer to annex 1.

3. Responsibilities of participants

Participation	It is expected that members will prioritise attendance at, and actively participate in, meetings and commit to open and respectful discussion in a confidential setting.
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Appendix A

Decision-making and authority	Members will strive for consensus decision-making at each meeting. In the event that no consensus can be reached on a position where consensus is essential, the group may hold the matter over to a subsequent meeting or escalate the matter to the Equity and Integration manager, HealthWest Partnership.
Communication	Communication among the group members will be maintained via different means of communication such as email, telephone, Facebook group, google group, drop box (for uploading and sharing documents) and Whats App.
Chairperson	HealthWest Partnership will chair the meeting
Secretariat	The chairperson will provide secretariat activities

4. Meeting schedule

Around 6-7 meetings will be held annually on Wednesdays, however the frequency of the meetings to be adjusted according to the needs and phases of the project. The meetings will be held at HealthWest Partnership, 1/37 Albert Street, Footscray 3011, during business hours.

5. Review

The TOR can be reviewed once in a year. The group will report to the Equity and Integration Manager, HealthWest Partnership.

Contact person:

Mohammad Karimi, Project Officer, Youth Refugee and Asylum Seeker Mental Health, HealthWest Partnership.

Working days: Monday, Wednesday and Thursday

Email: Mohammad.karimi@healthwest.org.au

Telephone: 9248 9653

Appendix A

Annex 1:

Stakeholders Advisory Group- A SEAT AT THE TABLE

No	Name	Organization	Emails
1	Amber Cassidy	Learning Communities, Hobsons Bay Council	acassidy@hobsonsbay.vic.gov.au
2	Danielle Forer	Foundation House, Sunshine	forerd@foundationhouse.org.au
3	Djibril Diallo	Asylum Seeker Resource Centre	djibril.d@asrc.org.au
4	Duyen Anh Pham	Brimbank City Council (Community)	crpham@brimbank.vic.gov.au
5	Gemma Staude	Headspace	gemma.staude@orygen.org.au
6	Harry Minas	Melbourne School of Population and Global Health	h.minas@unimelb.edu.au
7	Jasmine Phillips	Cohealth	Jasmine.Phillips@cohealth.org.au
8	Josie Tremain	Neami	Josie.Tremain@neaminational.org.au
9	Karina Rosa	Western Health	karina.rosa@wh.org.au
10	Katherine Monson	Orygen Youth Health	katherine.monson@mh.org.au
11	Kenneth Gonkarnue	Liberian Youth Association-Victoria Inc (Community)	kennethg943@gmail.com
12	Kim Dang McDonald	Headspace	kim.dangmcdonald@orygen.org.au
13	Mohammad Karimi	HealthWest Partnership	Mohammad.karimi@healthwest.org.au
14	Mulki Said	Mercy Mental Health (Community)	mulki.said@gmail.com
15	Najib Warsame	Community Member	mr-warsame@live.com.au
16	Philip Michelmore	Migrant Resource Centre North West Region	philip@mrcnorthwest.org.au
17	Richard Bell	Orygen Youth Health, NWMH, Melbourne Health	Richard.Bell@mh.org.au
18	Roger Ferguson	Department of Human Services Centrelink	Roger.Ferguson@humanservices.gov.au
19	Sanjai	Foundation House, Sunshine	kissuns@foundationhouse.org.au
20	Silvana Izzo	Victorian Transcultural Mental Health	Silvana.IZZO@svha.org.au
21	Sonya Vargas	Orygen Youth Health	Sonya.Vargas@mh.org.au
22	Tanya Sofra	HealthWest Partnership	Tanya.Sofra@healthwest.org.au

Appendix A

23	Tigist Kebede	Odyssey, Melton Youth Services (Community)	tkebede@odyssey.org.au ; tigist kebede 01@gmail.com
24	Veronica Hughes	Carers Victoria	Veronica.Hughes@carersvictoria.org.au

Appendix B

Data collection models

We followed NPC's (a charity think tank and consultancy) [four pillar approach](#) to developing an impact measurement framework (Kazimirski and Pritchard 2014). This involved mapping a Theory of Change to identify key outcomes, activities, assumptions and existing evidence; developing indicators of success; then designing and implementing a combination of data collection methods.

Appendix C

Impact measurement framework

[download](#)

Intermediate outcomes	A. Community participants have felt heard during the participation activities	B. Community participants have a basic understanding of co-design methodology	C. Community participants have new supportive and ongoing connections	D. Community participants feel satisfied that the project ideas will raise awareness of mental health and mental health services	E. Community participants have increased confidence in participating in decision making activities
Key indicators of success	Community participants have a lived experience of being heard (as expressed during interviews)	Community participants are able to use some co-design concepts / language Community participants are able to practice with 1-2 co-design tools	Community participants have a broad professional network which they feel they can access anytime as needed	Community participants feel confident in the ideas Service providers feel confident in the project ideas articulated as part of the process	The views, ideas and perspectives of community participants shaped the overall process and subsequent ideas
Sources of data/indicators	In-depth interview We can ask service providers for observational data	In-depth interview A survey would also be a very useful tool	In-depth interview We can ask service providers for observational data	In-depth interview We can ask service providers for ongoing support and development of the ideas	In-depth interview We can ask service providers for observational data

Appendix D

Prototype workshop outcomes

[download](#)