



“I’d like to acknowledge that we are the experts of our stories and no one can take that from us, we will continue to speak up against what is wrong, and as a group and community, we will stand together united.”

Policy Roundtable in WA

HEALTH & WELLBEING

On Thursday 3 October 2024, CREATE supported young people in WA engage in a Policy Roundtable with the office of the Minister for Child Protection and the Chief Practitioner for Child Protection.

Young people shared their unique lived experience and workshopped tangible policy changes they wanted to see implemented that could create real improvements for young people in the way they access health services and safeguard their wellbeing.

Young people discussed 3 key policy priority areas:

- 1 Prevention including providing young people with free access to gyms & 1:1 coaching,
- 2 Early intervention including ensuring child-centred medical support and building a strategy to increase the number regional services, and
- 3 Crisis responses and ensuring young people can get help when they need.

If you want to get involved with CREATE, email wa@create.org.au

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How did we get here?

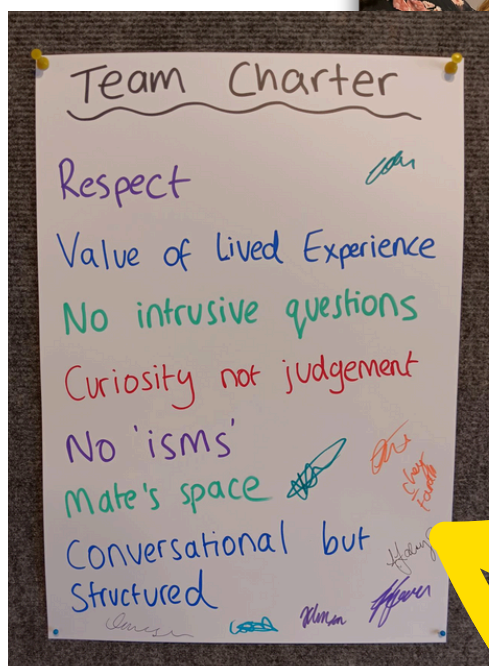
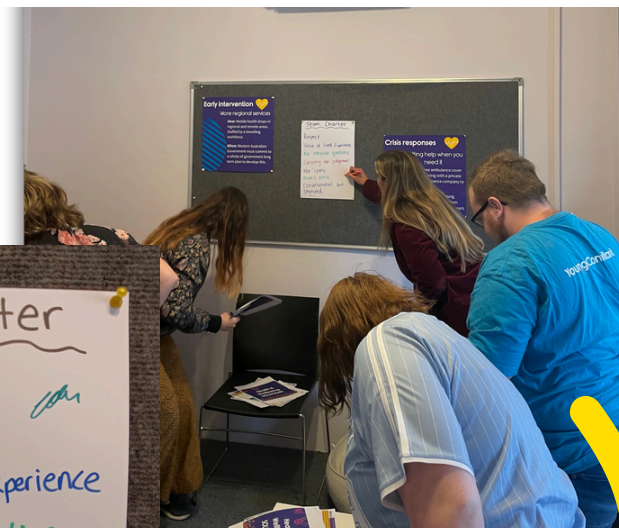
ONLINE SURVEYS, INSTA POLLS, YAGS & MORE YAGS

In the months leading up to the Roundtable, CREATE in WA held a series of consecutive Youth Advisory Groups (YAGs).

At these events, young people worked collaboratively to think about:

1. What is working in healthcare care now?
2. How could things be better?
3. What would it take to make healthcare and access o health services better?

Young people explored different considerations for policy solutions, including how these would be resourced, the network of systems involved and the implementation partners required to get these policy solutions across the line.



CREATE supported young people to design a space that felt safe and comfortable, ensuring they could raise their voices and concerns directly with decision makers.

CREATE even developed a quick online survey and Instagram poll to check-in with young people across WA on the three policy priorities and capture the views of young people across the state.

What we discussed

PRIORITY 1: PREVENTION FREE ACCESS TO GYMS & 1:1 COACHING

Why?

- Addresses physical and mental health needs.
- Specialised coaching teaches young people to train in ways that are safe and attune to their physical needs.

Who & How?

- Partnering with health insurance providers to cover the costs.
- Qualifications for trainers: Certificate III in Fitness AND Certificate IV in Fitness.
- Trainers should have a understanding of trauma and the care system; and how this can affect young people BOTH physically and mentally.
- Consistency of trainer is key to understand communication styles and young people's unique physical needs are met.
- Options for group coaching for initial sessions to build rapport and relationships of trust between trainers and young people.

...safety with all this stuff is really important and having the same person because my normal coach knew what I could do and only got me to try skills if she thought I could do it, and if I wasn't ready, that's fine, and you know, and having that option, I think of having male or female coach, they assigned me a male, but because of my trauma, it's kind of worse thing you can do. So, it can be quite dangerous.

When?

- Young people would like to see this offered to young people in care as and when needed up to the age of 25 years.

Young people told us about why access gyms and coaching is important for their health and wellbeing:

With the gym stuff it would be important to have consistency have the same person. From my own experience, I did years, of horse riding. There was an occasion where my coach called in sick and they just assigned a random person who didn't know my physical things that were going on. They asked me to do things that were way above what I could do, and I fell off that horse, and I was injured quite a while.

I'd like it really, if we can access someone who has knowledge of care systems and how like trauma can affect someone, not just mentally but physically in the body... It could be a thing such as tightened muscles, because we have constantly been in a fight, flight, freeze response for extended periods of time, so all of our muscles in our body are all tightened up.

...we face barriers to accessing coaching because it costs over \$100/hour and going to a gym alone is terrifying and the reason why we brought this up under prevention is because it can help with a lot of health issues... I've been told by multiple people to go to a gym for health reasons because I can't access a gym with how much it costs and how terrifying it is to go alone. The idea we came up with is partnering with health insurance providers to cover the costs. Some of these providers do cover free gym access.

What we discussed

PRIORITY 2: EARLY INTERVENTION PLACEMENT DECISIONS TO CONSIDER RELATIONAL CONTINUITY OF HEALTHCARE PROVIDERS, DOCTORS AND SPECIALISTS & USE CHILD FRIENDLY TERMINOLOGY WHEN TALKING ABOUT HEALTH!



"And all the time, when I was in that GP appointment, she just expected me to know it [what was being a spoken about]. She didn't explain the long-term consequences. She didn't explain what the conditions were truly about, and she didn't explain it in a way that I could understand as a young person. At the age of 12 to 14 years old, I don't know what these terminologies meant."

Why?

- Reduces the anxiety young people face when having to find/access new services.
- Allows GPs to gain a better understanding of young people and their preferences.
- Increases trust between doctor and young person, leading to improved shared decision making and improved quality of care.

How & When?

- Updated practice guidance to be implemented urgently by Department of Communities to ensure all placement decision making processes consider proximity to a young person's GP, specialists & health providers.
- Developing a resource to help young people when they are go to appointments that can be filled in with GPs or health practitioners to explain their health conditions and how to manage them.

Young people spoke about their experiences with GPs and the time it took for them to develop relationships of trust and be heard:

"I felt quite alone, isolated, because I did not have someone or a doctor to understand what I was actually going through. But I was lucky. I kept seeing different doctors and I did eventually find the right GP..."

"You want to know scary facts, the average amount of appointments that I had to attend to get it taken seriously was 10... 10, appointments of me asking exact same question, can you look into this before someone would even consider looking into it?"

"I started looking into the age of 16, was told you don't meet the [diagnostic] criteria. You don't meet the basic requirements for it. I got one GP who I saw for two years. He just finally said, 'Look, you do have [syndrome]. It's quite severe'."

Young people also highlight their concerns around not understanding the terminology used by GPs and feeling left out of decision making to do with their health because of this:

"When we are lucky enough to be able to get a diagnosis for something... It isn't explained to us what the impact is on our lives going forward and how best to treat ourselves, not just with medications, but with our lifestyle choices, mostly because of our age... and it leaves us in a pit where we have no information about what's going on for us."

"We need a resource that has a list of all the acronyms they use for conditions and information about how to treat the condition, what are treatment options."

"I have something that has worked... I was with community mental health team, and they gave me this process to work through... it had questions like rate your anxiety meeting new people... So I think it really helps me and my specialist know how to work with me better, so they know they're not doing the wrong thing."

What we discussed

PRIORITY 2: EARLY INTERVENTION MORE REGIONAL SERVICES

Why?

- Young people in regional and remote areas need to be able to access health services in a timely manner.
- Cost of living pressures and the financial burden of travel from regional and remote areas make it very difficult for young people to access services in major cities.

Who & When?

- Young people recognised that this is a long-term goal and would require a major commitment from the Western Australian Government to develop this.

How?

- Mobile health drops-in regional and remote areas, staffed by a travelling workforce.

Young people want more services and more choice in how and when they access health services in regional and remote areas:

“You've got young people living in small towns that do not have access to GP services and even simple doctors and medical staff, they have to travel hundreds of kilometers to reach these services. So when we are looking at these areas, we have a really big black hole and lack of resources available, because there's just not enough to go around, which is why I think something like a mobile health drop in clinic would it be absolutely perfect...”

“In Albany and the Great Southern we do not have good access to services. While we may be classed as a small city down here, we don't have access to the same resources that metro does...”

“Our specialists come down once every couple of months and to get in to see them is extremely hard. It costs a lot of money. Even getting into a GP down here lately has been really hard because we don't have the resources available to fit everyone in our community.”

“I have to see several specialists a year, and for those, I do have to travel up to Perth. It is very expensive for me to have to travel to go see a doctor....”

“It [Mobile health drops-in] could be where we have a specialised service that is trauma informed and goes out to these young people in these communities for a few days out the month. They can work with young people.”

“It would allow for us to have that access to vital services, and it would give a greater sense of community for these young people to have to know they have these doctors who are coming in to see them and that they are valid and cared for. Because currently they don't have that. We don't have that.”



What we discussed

PRIORITY 3: CRISIS RESPONSES

FREE AMBULANCE COVER

Why?

- Young people transitioning from care shouldn't have to worry about the cost of an ambulance when experiencing a medical crisis.
- Young people have made active choices to take public transport to hospitals when experiencing a medical emergency to avoid the costs.
- Safety should be paramount in a medical emergency.

How & When?

- Free ambulance cover by partnering with a private health insurance company to cover costs.
- Offered to young people transitioning from care (via Homestretch) up to the age of 25 years.

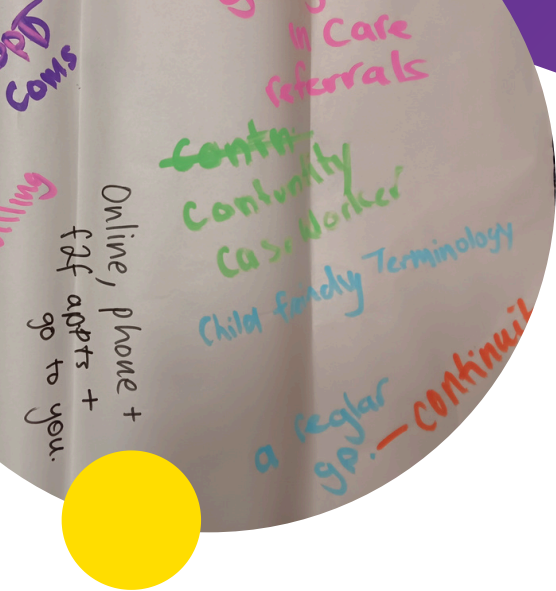
Young people reflected on times where they made an active choice to take public transport to avoid the cost of an ambulance or relied on their extended support networks to cover the cost:

"I have been low blood sugar... It's ongoing medical mystery, and multiple times, I've gotten public transport to the hospital when experiencing low blood sugar, and it could have been so dangerous for me because I can't afford the \$1,500 ambulance bill. I have gotten my ambulance bill before and debt collectors have chased me because I can't afford it because I'm on government funding (Centrelink). And why I'd like to see this covered for young people is you never know when you're going to end off an emergency situation, when you need that ambulance and you need it now. And a lot of kids, especially my age... won't call an ambulance for any medical reason because they cannot afford. They will often choose the more riskier way which is public transport."

"I'm under the NDIS so I have ambulance cover but it expired at the beginning of the year. I lost NDIS funding. If I need to go to the hospital, I have to fund it on my own work. For example, I had a kidney infection and took myself to the hospital on a bus because I couldn't afford the ambulance... I was in so much pain I could barely walk and trying to get to a hospital but we don't have any other option really."

"...post 18, they do not provide ambulance care for young people and it's not part of the leaving care packages that are available. I when I turned 18 and it had run out, I was living independently, and I had a sciatica pain attack, so I was not able to move out of my bed at all, and I actually got to the point where I did have to call an ambulance. And I did get that \$1,500 bill, but my mother in law was able to help me out with that, and I paid her back in instalments so I didn't have to deal with debt collectors."

“Ambulance services are really expensive.”



Wrap-up

WA POLICY ROUNDTABLE

Young people also spoke about other things that could be included with general health insurance (e.g., optical and dental) as something that could be added on to the standard leaving care transition package:

"If we can get free private health insurance for young people that would be brilliant, but even if we can't feasibly do that because it is a lot of money and we do understand that and it's partnering with a lot of different agencies that may not be willing to help out these young people, maybe we can find a way to offer heavily discounted rates so young people are still paying for their own health insurance."

"I think that's a good idea about private health cover. Like, I think we should have that until we're 25 just because, there's a lot of us in this room that are dealing with chronic disease. I have multiple specialists I have to pay for, some could be a standard of \$100. And I'm taking that out of my inheritance because I don't have that kind of money anywhere else. It's coming out of something that is really important to me, but I have to use that pay for medical bills. It shouldn't have to be like that where I already spent half on medical expenses."

Young people also reflected on their experiences in Child and Adolescent Mental Health Services (CAHMS) and other mental health services:

"...They said we get referred there [CAHMS] because, like, we are challenging and complex, and then when we get there, they say we can't support you, they don't want to support those that have severe problems... and they refused to treat me. And by that time, as well, I was getting out of care... And then what happens to us we're left in the dark... we are just not doing well mentally or physically. You're just left by yourself just to deal with it. So it is isolating and scary because we don't really understand."

"The only thing I was going to say about the mental health services, one of the services that headspace refers to is Youth Focus. I've had the best experience with Youth Focus. They are able to handle more complex cases."

"...headspace are only as well set up to help with mild to moderate mental health conditions, so like minor anxiety, minor depression. They aren't equipped to deal with heavy trauma, complex mental health conditions or anything like that. So they refer out, if you're under 18, to CAMHS; over 18, to community mental health programs... it really depends on where you live and the individual person."

What's next?

YOUNG PEOPLE AND CREATE WILL
MEET WITH THE DEPARTMENT TO
DISCUSS THESE IDEAS FURTHER!

The Chief Practitioner for Child Protection has extended an invitation to the young people involved and CREATE to discuss these ideas further, including how the Chief Practitioner can support young people to continue to advocate for these policy ideas/solutions.

The Minister's Advisor also reflected that the Minister's Office will have some more conversations on the ideas presented, particularly about things that they can achieve in the short term.

CREATE would like to say a BIG thank you to all the young people who engaged in such thoughtful discussions with decision makers on the day, and all the young people who helped to plan and workshop solutions for change that will improve the experiences for young people accessing health services in Western Australia.

CREATE will continue to advocate for these policy changes and elevate young people's voices especially their desire for:

**"Listen to young people's health needs
– don't dismiss our symptoms."**

If you want to get involved with CREATE, email
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