



Final Report (June 2023)

Latrobe Health Assembly

Addressing Impacts of COVID on Youth

Square the Circle acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of the countries across Australia, on whose unceded land we conduct our business. We pay respects to Elders past, present and emerging and acknowledge that Aboriginal and Torres Strait Islander people continue to live in spiritual and sacred relationships with this country.

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About the project

Project scope

Latrobe Health Assembly (LHA) sought to “engage a consultant experienced in facilitating youth-led projects to work with young people in Latrobe to explore the impact that COVID-19 has had on them and their peers and to start identifying possible projects to address these impacts and improve the health and wellbeing of Latrobe Valley youth.”¹

This project was intended to continue the investigation into the impacts of COVID-19 on local young people that had been started in 2020 when Baw Baw Latrobe Local Learning and Employment Network had commissioned Federation University’s Collaborative Evaluation Unit to undertake a study into the impacts COVID-19 was having on young people in the Latrobe Valley - “Youth Engagement in Latrobe: The Impact Of COVID-19 2020” (existing report). This study captured a snapshot of the impacts that were apparent in December 2020 from the perspective of adults who work with young people in the local area. LHA noted, “This study engaged with service providers to gauge attitudes and experiences of youth agencies to help identify the current and future needs of young people in Latrobe Valley. This research did not engage directly with young people, as efforts were made to avoid placing additional stress on this population at the time.”²

LHA sought to undertake a further phase of research that directly engaged with young people. “However, the next phase of this work aims to review and enrichen the report’s findings in more detail through direct engagement and a co-design process with Latrobe Valley youth. Latrobe Youth Space, Baw Baw LLEN and LHA are now keen to build on the findings from the 2020 report by engaging directly with young people in Latrobe.”³

Central to the project brief was not only that young people be consulted through the research and their voices captured, but that young people would indeed design, lead and undertake this phase of research themselves. “This work must centre young people. The successful consultants will facilitate collaboration and support a youth taskforce to lead the work and to make key decisions and recommendations.”⁴

The project brief outlined the requirement that a consultation and co-design process be designed and facilitated to support a team of young people to:

- review the findings of the 2020 report;
- design and undertake further consultation to build on what was learnt, what may have changed and what may have been missed; and
- to start developing project ideas to help address identified needs.

It was identified that the youth-led nature of the research would require a project plan that could evolve and be responsive to the wishes of the research team as the work progressed

¹ LHA, Project Brief, Addressing Impacts of COVID on Youth, Page 1

² As above

³ As above

⁴ As above

and that the provision of capacity building opportunities for participating young people throughout the process was essential.

The project was commissioned by LHA in partnership with Latrobe Youth Space and the Baw Baw Latrobe LLEN. The youth research team was recruited by the project partners who took responsibility for recruiting team members, providing payment for the participation of team members, all relevant permissions and an initial briefing about the project.

This report provides all project findings, materials and recommendations gathered by Square The Circle, the project facilitators, for the use of the project partners. As outlined above, given that project recruitment and permissions were not handled by the facilitators, any relevant permissions required for any future publication of any project findings should be considered by the commissioning partners in line with the permissions given by participants at the commencement of the project.

Timeline

Originally planned to commence at the beginning of August 2022, the project's commencement was delayed in response to partner organisations' changing needs and priorities and in response to the extreme stress on the education and youth sectors throughout the later half of 2022 that made engagement with young people through schools and services more difficult at that time. Initially, a later start in 2022 was considered with intended completion of the project in Term 4, but eventually it was agreed that key stakeholders would have more staff capacity and availability to support the recruitment and development of the youth research team in 2023 and that young people may be more able to participate in the new school year.

As such, the original timeline of August - November 2022 was adapted to February - June 2023. Partner organisations remained in contact with project facilitators from the initial beginning of the project in August 2022 and planning and development continued through 2022 and into 2023.

Updated project timeline

	Milestones	Date
Planning Phase	Project commences	Week of 22/8/22
	Planning for kick-off meeting	Week of 22/8/22
	Kick-off meeting with LHA, Baw Baw LLEN and LYS	Week of 22/8/22
	Updated Project Plan submitted	Week of 29/8/22
	Research and information gathering	Commences 22 August, for duration of project

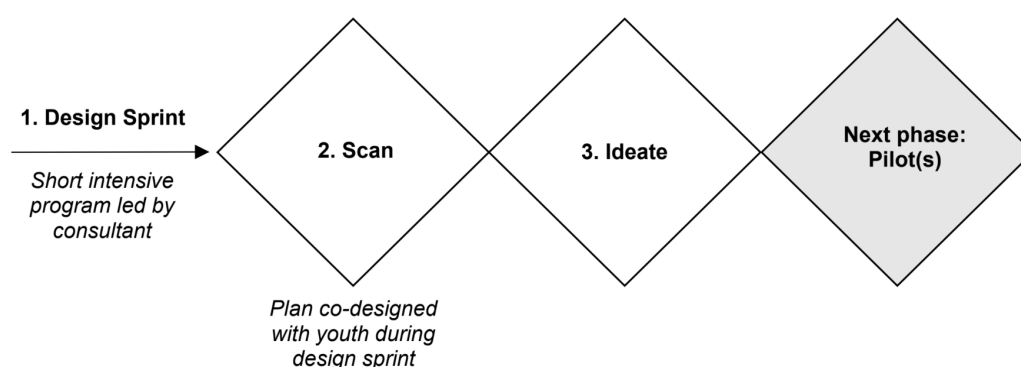
	Youth Taskforce formed by LHA, Baw Baw LLEN and LYS	Week of 13/3/23
Co-Design and Consultation Phase	Planning for co-design and consultation sessions which includes the Design-Sprint, sessions during the scan phase and ideation sessions	Commences week of 6/2/23
	Design of design sprint	Week of 20/2/23
	Delivery of Design-Sprint	Week of 20/3/23
	Design of Scan Phase sessions	Week of 27/3/2023
	Delivery of Scan Phase sessions	Weeks of 3/4 and 24/4/23 Session 1: 5/4 Session 2: 26/4
	Design of Ideation Phase sessions	Week of 24/4/23
	Scan process report submitted for LHA Board	Week of 8/5/23
	Delivery of Ideation Phase sessions	Week of 15/5/23 Session: 17/5
	Synthesising information gathered	Throughout design and delivery phase
Writing Phase	Writing of Draft Report	Commences week of 22/5/23
	Draft Report provided to LHA and Youth Taskforce	Week of 29/5/23
	Feedback received	By 5/6/23
	Editing of Report to incorporate feedback from LHA and Youth Taskforce	Week of 5/6/23
Delivery Phase	Final Report submitted	9/6/23
Capacity building	Capacity building opportunities for Latrobe young people	To be scheduled throughout the life of the project
Project Management	Monthly meetings with LHA, Baw Baw LLEN and LYS throughout project to monitor project progress	TBC
	Regular meetings with Youth Taskforce	To be scheduled around other touchpoints (i.e. co-design sessions and workshops)

Deliverables

1. Facilitate an engaging introductory program with Latrobe young people to scope out plans and develop a shared youth-led vision
2. Document a plan for the scan stage that has been co-designed with Latrobe young people
3. Facilitate a series of engaging sessions designed to support Latrobe young people in identifying and better understanding the impacts of COVID on young people in Latrobe
4. Provide meaningful capacity building opportunities for Latrobe young people throughout the project
5. Document outcomes of the scan process in a short report for the LHA Board
6. Facilitate a series of engaging ideation sessions with Latrobe young people to develop one or more project concepts
7. Submit a final recommendations report for the LHA Board that outlines one or more project ideas co-designed with Latrobe young people.

Process

The project brief identified three key phases of the project process.



A design thinking process was used to frame the three phases, providing structure and clarity of process yet still remaining adaptable to the directions and focus the research team chose to take within each phase.

1. Design Sprint (March 2023)

Structure of the Design Sprint

The design sprint was delivered as Workshop 1 “*Investigate*”, a full day workshop on March 23 2023 at the Latrobe Youth Space. Team members attended in person and were supported through a detailed series of design sprint activities including:

Introduction

- Introduction / Acknowledgement of Country / Overview of the day
- Icebreaker and team building
- Project overview and how we work as a team

Session 1

- Understanding the problem
- What we already know (unpacking the 2020 research)
- Artistic representation and graphing our own and collective experiences

Session 2

- Brainstorming all the impacts of COVID-19 over three years
- Identifying the lingering and lasting impacts of COVID-19
- Defining the problem
- Hypothesising the most significant issues, aspects of the problem

Session 3

- Planning our own research
- Testing our list of impacts of COVID-19
- Learning more about the key issues identified
- Writing research questions

Session 4

- Data collection planning
- What is the best way to collect the data?
- How to develop a survey
- Writing survey questions
- Deploying a survey

Session 5

- Survey development workshop

Conclusion & Next steps

Support and Skill Development

The design sprint focused on the development of the following skills:

- Synthesis
- Critical thinking
- Analysis
- Posing questions
- Communication
- Inquiry
- Planning and project management
- Research

Outcomes

At the end of the design sprint:

- The team was formed, functioning well and requested to be referred to as a 'research team'
- The team had analysed the findings of the 2020 research, identifying gaps and opportunities for further research
- The team had documented their own take on the impacts of COVID-19 on young people in the Latrobe Valley including those impacts that were lasting to the present day
- The team had planned their own course of research to:
 - Test their list of identified impacts with a broader range of young people
 - Learn more about the issues they had identified as the most important
- The team opted to undertake a survey as the key data collection tool for their research and had designed, developed and set up their survey ready for deployment

2. Scan (March/April 2023)

Structure of the Scan Phase

The scan phase was delivered as two check-in workshops Workshops 2.1 and 2.2 “**Capture**”. The first was held online on Wednesday 5th April and the second was held in person on Wednesday 26th April at the Latrobe Youth Space.

The survey was live from the end of Workshop 1 in March and local young people (both with and without facilitation from research team members) had been submitting responses steadily.

Workshop 2.1 supported the research team to check-in on the progress of the survey and to feedback any new information they had gathered in their own independent research. The activities used to check-in included:

Introduction

- Welcome and Acknowledgement of Country
- Overview of check-in workshop and ways of working well in online format

Part 1 Survey update

- Check how many people have done the survey
- Look at the results so far
- (Discussion questions - what are you noticing and what has surprised you?)
- Report in on how team members have supported others to complete the survey or advertise the survey
- Identify new strategies to get more survey responses in the following weeks

Part 2 Investigating our two key issues

- Team members share information and insights gathered since Workshop 1
- Sub group discussions to plan
- How will you collect further information?
- Who might be able to provide information or perspectives on your issue?
- How will you access them?
- Further refinement of research questions and focus

Workshop 2.2 was held two weeks later and provided an opportunity to consider the data captured in the scan phase. The survey was closed and the team were supported through a range of activities to understand and analyse their data including:

Introduction

- Welcome and Acknowledgement of Country
- Overview of check-in workshop 2 and why the workshop was adapted from online to in person (team identified a preference to work in person at LYS after the first check-in workshop was held online)

Part 1 Presentation of Survey Results

- Presentation of results summary
- Facilitated discussion of summary results as presented
- Focus on written responses to Question 3 and discussion of findings

Part 2 Analysis of Survey Results

- Analysis of how answers to Question 1 (demographic questions) impacted the respondents responses to Question 2
- Team supported to consider results broken down by demographics one by one
- Team supported to consider and discuss how different demographic factors influenced overall responses
- Team supported to form conclusions - what have we learned from the survey?

Part 3 Next Steps

- Preparing for the ideation workshop coming up - what to expect

Support and Skill Development

The scan phase focused on the development of the following skills:

- Presentation skills
- Synthesis
- Analysis
- Resilience
- Problem solving
- Collaboration
- Critical thinking
- Questioning

Outcomes

At the end of the scan phase:

- The team had completed their survey receiving 58 responses
- The team had understood the findings of the survey and analysed the results
- The team had unpacked the relationship between the demographics of local young people and their responses to the survey and so begun to understand how different groups of young people may have been reporting different experiences
- The team had undertaken elements of personal research into the key issues they wanted to focus on and had shared their findings with the broader team
- The team was briefed on the next steps in the project

3. Ideate (May 2023)

Structure of the Ideate Phase

The ideate phase was delivered as Workshop 3 “**Give Advice**”, a full day workshop on May 17th onsite at Latrobe Youth Space. Again the team attended in person and were supported to make recommendations about how the impacts of COVID-19 on Latrobe Valley young people could be addressed based on the research they had undertaken and their understanding of the issues at hand. The activities used to spark ideation included:

Introduction

- Introduction / Acknowledgement of Country / Overview of the day

Session 1

- Recap of where we are up to in the design thinking process
- Setting goals for where we will get to by the end of the day
- Developing *How Might We* statements
- Exploring what makes a good *How Might We* statement
- Turning our problem into a *How Might We* statement
- Team divides into two sub teams each focused on one of two key issues and develops a *How Might We* statement for their issue

Session 2

- Check-in with survey results in light of having now developed a *How Might We* statement
- What can we learn from the survey now we have set this question?

Session 3

Preparing for ideation

- 30 circles activity to explore fluency vs. frequency in ideation
- 100 ideas model to brainstorm address the *How Might We* statements

Session 4

- Brainstorming recommendations - what could recommendations look like for each idea?
- Sub teams facilitated through process of:
- Brainstorming recommendations for their issue
- Considering the ideas of the other sub team and making suggestions and providing input
- Choosing the most viable options to develop further

Session 5

- Developing one idea in detail
- What do you recommend?
- Why?
- How could it work?
- Who would be involved?
- What might they need to make it work?
- (When might it happen?)

Session 6

- How do we tell the story of our recommendations effectively?
- Preparing to present the recommendations to the LHA board

Conclusion

- Next steps
- Team reflections

Support and Skill Development

The ideate phase focused on the development of the following skills:

- Brainstorming
- Collaboration
- Creative problem solving
- Human centred design

Outcomes

At the end of the ideate phase:

- The research team developed into two sub-groups, each focused on one of the two key issues that emerged from the design sprint and scan phase
- Each sub-group developed *How Might We?* statements based on the findings of the scan phase. These frame the issue in a way that allows recommendations to be made within a set of parameters with a clear purpose.

- The research team completed a range of ideation activities, developing a large number of potential recommendations for each issue
- The sub-groups identified the most viable recommendations to develop further
- Each sub-group developed a detailed plan for their recommendations

Design phase outcomes March 2023

In December 2020 the Collaborative Innovation Unit, Federation University Gippsland, released the report “Youth Engagement in Latrobe: The Impact OF COVID-19 2020” (existing report). The evaluation report ‘reflects the attitudes and experiences of those working in the community services and education sectors that engage with young people to inform future service delivery and address engagement strategies in the Latrobe Valley’ (reference).

A recommendation of the report was to ‘provide an opportunity for young people to reflect on their experiences of COVID-19’, with the Impacts of Covid-19 on Youth project providing a response to this.

Within the existing report, respondents employed in the community services and education sectors were asked to reflect on which issues are of greatest concern for young people following the rise of Covid-19. The results seen below provided a launching point for discussion in the design sprint workshop, which led to a guided analysis of the existing research with the newly formed research team.

5.7 CONCERNS OF YOUNG PEOPLE ENGAGING WITH SERVICES

Respondents listed the following concerns related to the future of young people:

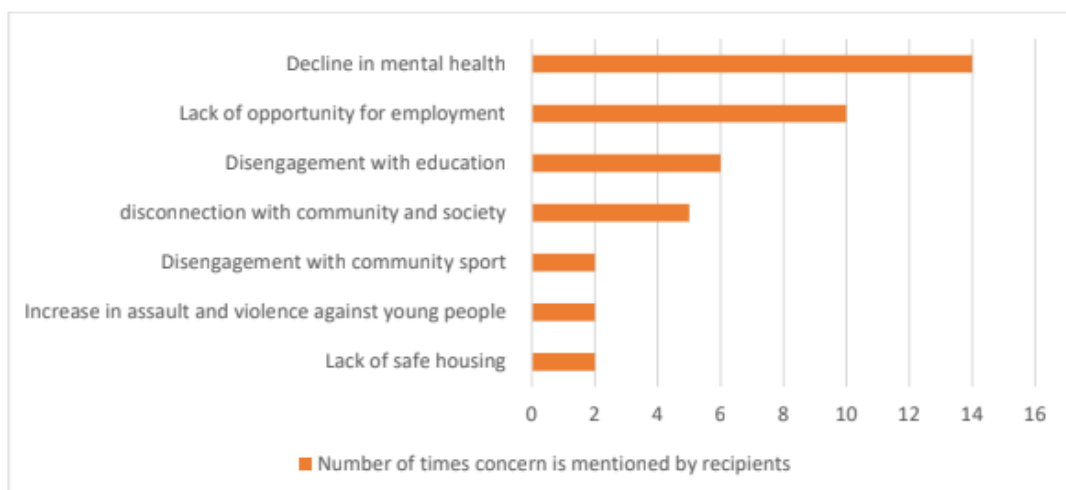
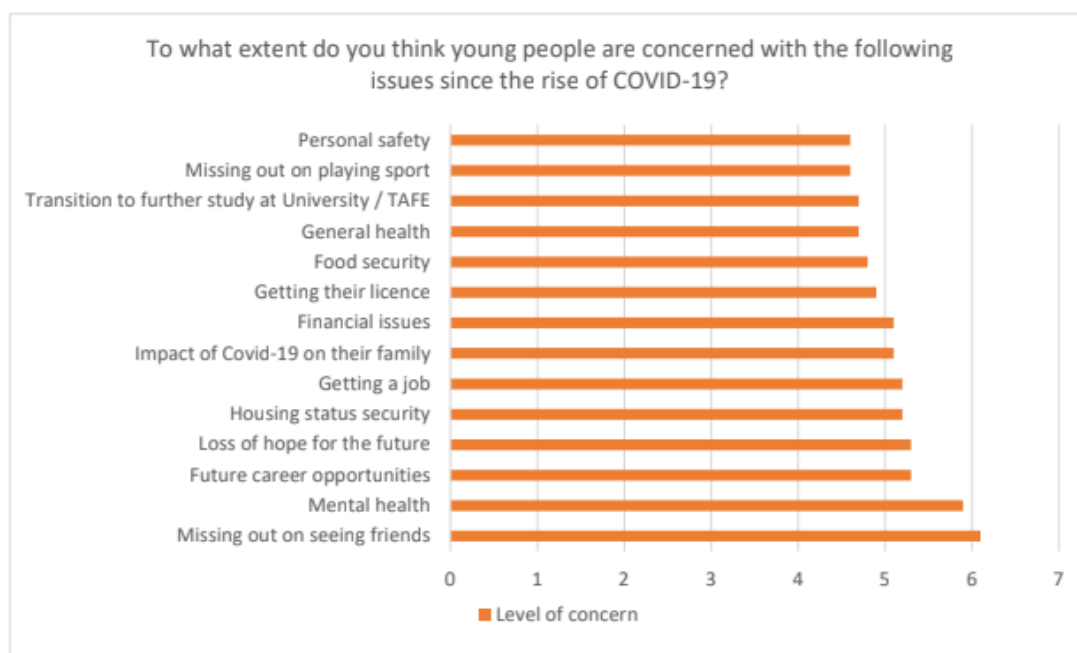


Figure 7: Number and type of concerns

CONCERNS OF YOUNG PEOPLE ENGAGING WITH SERVICES (Page 17 Youth Survey)

One participant's comment summed up the concerns for young people's future as follows

"...young people are already disheartened and disengaged, they often feel disconnected to community as a whole. Having been isolated due to COVID-19 has left them feeling more alone, a feeling of no job prospects and a sense of the unknown may bring about an unwillingness to form future goals and for a few there is a loss of trust in some authority..."



*scale 1=not at all concerned – 7 extremely concerned.

Figure 8: Concerns of young people since COVID-19

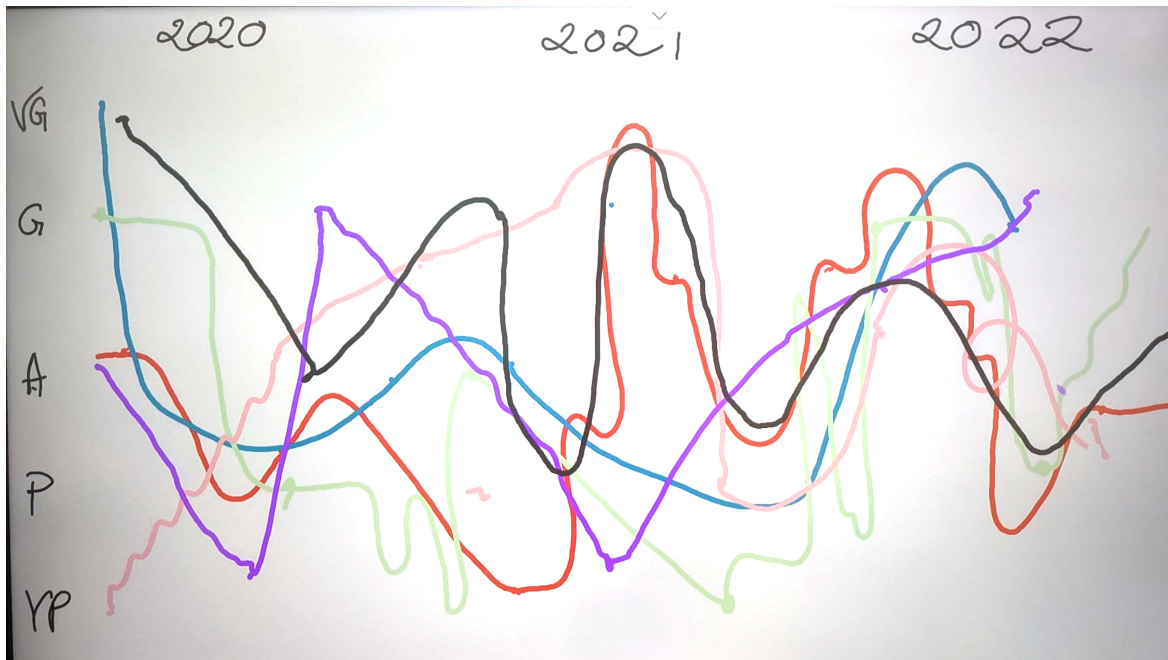
The research team observed that:

- The existing research was conducted in September 2020, a time when the true impacts of COVID-19 on young people was not yet known;
- The absence of young people in the existing report meant the results reflected adults' perception of the impacts of COVID-19 on youth, rather than the impacts the research team see as lasting;
- Many of the identified issues are ones young people would have talked to adults about but that they did not necessarily represent the true hierarchy of issues that impact young people. For example, the research team asserted that a young person may be more likely to tell an adult that they miss their friends than disclose mental health struggles, whereas they may answer more honestly in a survey themselves.

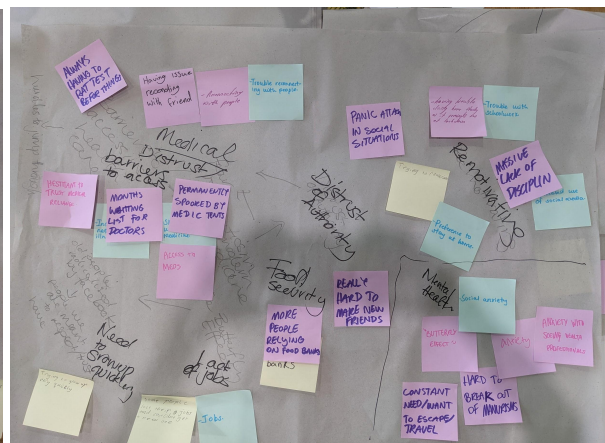
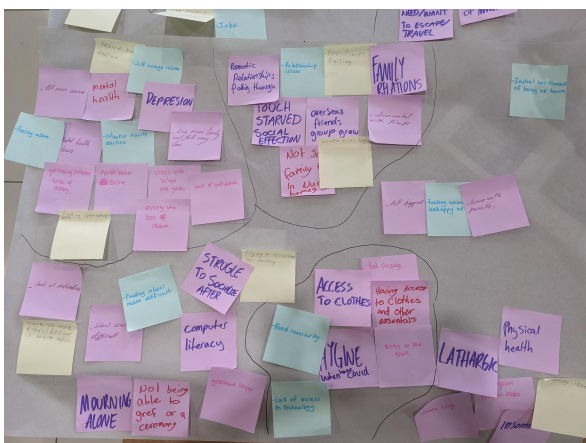
As a way of encouraging the team to move from considering the existing research that represented a specific point in time, to a broader perspective that considered the ongoing and lasting impacts currently experienced, a mapping exercise was facilitated. The research team considered their own wellbeing and experiences of COVID-19 and each individual mapped this for February and October of the three previous years (2020, 2021, 2022), with a

five-point scale of very good, good, average, poor and very poor, to indicate how they felt at each stage. By overlaying each person's experience, the team was able to observe that while individual experiences of the pandemic did vary, there were times that seemed to be more challenging collectively. The aim of this exercise was to connect individuals through the shared experience and also encourage the team to reflect on how this has impacted, and continues to impact, those within the research team.

The image below represents the research team's experiences through the COVID-19 years, with each colour representing an individual from the team:



Following reflection on their own individual experience, the research team was guided through a brainstorming session to identify all the impacts they have felt and observed amongst their peers. Some of the ideas can be seen captured below (larger versions of these images are included as an appendix to this report):



As the identified impacts of COVID-19 on young people were documented, six overarching issues emerged that each of these could be categorised into. These were:

- Medical distrust / barriers to access
- Need to grow up quickly
- Distrust of authority
- Food security
- Remotivating
- Mental Health

Testing the list of impacts of COVID-19 on young people

Once these issues had been identified, the research team's main objective was to test whether the impacts identified as most significant within the group aligned with the experiences of young people in the wider community. The team decided a survey of local young people would be the most effective way to do this.

The research team designed and built a youth survey which provided opportunities to learn about using surveys as a research tool, including developing survey questions relevant to the objectives of a survey, being clear with the meaning of questions and how to structure a survey including considering the length of the survey and the flow of questions.

The youth survey was conducted through survey monkey, providing further opportunities for learning about how the platform can be used to develop and manage a survey. Other areas of skill development, awareness and understanding were developed through this process, including the important area of ethics, including care for participants who are undertaking the survey, and researcher self-care when working on research that can involve participants sharing stories and experiences that may raise issues for the researchers themselves.

Identifying the most significant impacts and learning more about them

The research team also identified two key issues they felt have had the most significant impact on young people to explore further:

- Lack of motivation and the impact of this on mental health/mental health challenges
- Distrust of medical institutions and professionals/access to medical care

The significance of these impacts would be tested through the survey but also through the research team's networks as informal interviews and observed anecdotes.

Scan phase outcomes April 2023

Having undertaken a thorough analysis of the existing data and created a comprehensive new list of the possible lasting impacts of COVID-19 on young people based on their own experience, the team needed to seek the input of a wider group of local young people.

The scan phase of the project centred on the dissemination and analysis of a youth survey about the impacts of COVID on local young people. This phase also allowed team members to undertake a period of self-led scanning in follow up to the key issues they identified in the design phase.

The youth survey aimed to meet two key objectives:

- to test the broad list of impacts of COVID that the research team had identified in Workshop 1; and
- to understand more about the context of two priority impacts that the research team hypothesised were likely the most significant and therefore would be the focus of the future ideation phase.

The research team had identified these two priority areas they wished to investigate in further depth and conducted formal and informal conversations within their networks and communities. The two areas that were consistently found to be of the highest importance to the members of the research team throughout their work in the design were:

- Mental health challenges (including keeping motivated); and
- Distrust in the medical system/Lack of access to medical care

The research team supported the survey through active dissemination and facilitating its completion in a variety of settings. This included supporting the survey to be responded to in local schools, at community events and also through the Latrobe Youth Space.

Throughout the scan phase the team were supported to build their capacity and skills. They identified a range of strategies to engage local young people in the survey and worked to increase the number of responses they received over time by tailoring their communications strategies, working with and through partner agencies that already had good contact with young people and engaging their own community networks.

Once the survey results were collected, the team were supported to develop skills in analysing the data to glean insights. Team members were encouraged to use their own context, experience and skills to bring their personal perspective to 'sense making' with the data and the breadth of approaches across the team allowed for a range of insights to be taken from the data. The team were again led through learning about how to look at data, form conclusions, identify limitations and consider how the data adds to their understanding of the impacts of COVID that had already been captured in the design phase.

Key messages from the youth survey

The youth survey was conducted in March and April 2023, with 58 responses received. The responses included broad representation across ages (under and over 18) and demographics, which was important to the research team who had identified a keen interest in understanding how young people's situations, including financial situation, had influenced their experiences of lasting impacts of COVID. The team identified the intersectionality of these areas and discussing and understanding the relationships between these issues and impacts of COVID has been a priority throughout the project.

Overall, the survey findings supported the research team's list of key impacts of COVID-19 on young people and in addition supported their instincts about which impacts were the most significant.

The results below align closely with the perspectives shared by team members during the design phase workshop and again highlights the most significant lasting impacts of COVID on young people in the area to include;

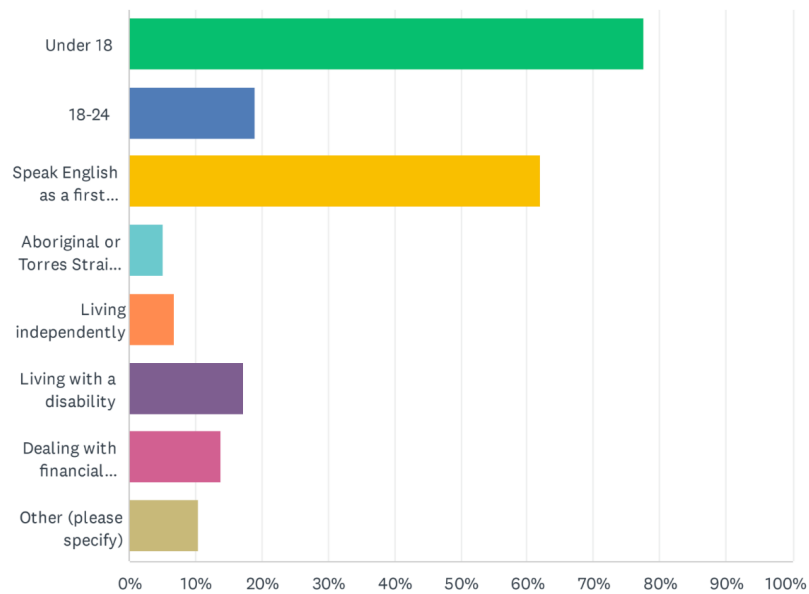
- mental health challenges
- keeping motivated
- distrust of medical institutions and professionals
- barriers to medical access; and
- (for some young people - food security and insecure housing)

The team noted the close relationship between 'mental health challenges' and 'keeping motivated' and that these being the top two issues identified created a very strong case for there being lasting mental health, social and emotional and wellbeing concerns for a large number of young people.

Summary Survey Results

Q1 Which of the following best describes your situation? (select any that apply to you)

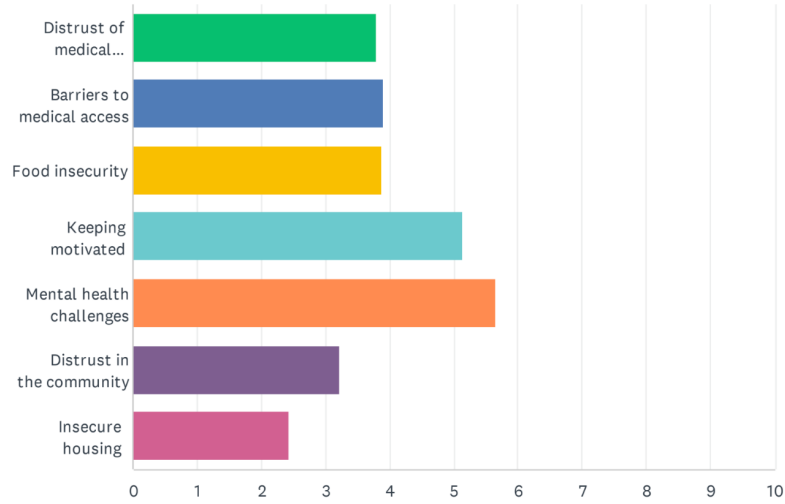
Answered: 58 Skipped: 0



ANSWER CHOICES	RESPONSES
Under 18	77.59% 45
18-24	18.97% 11
Speak English as a first language	62.07% 36
Aboriginal or Torres Strait Islander	5.17% 3
Living independently	6.90% 4
Living with a disability	17.24% 10
Dealing with financial hardship	13.79% 8
Other (please specify)	10.34% 6
Total Respondents: 58	

Q2 Rank the following lasting impacts of COVID from most to least important in your life.

Answered: 58 Skipped: 0



	1	2	3	4	5	6	7	TOTAL	SCORE
Distrust of medical institutions and professionals	10.34% 6	15.52% 9	8.62% 5	18.97% 11	12.07% 7	24.14% 14	10.34% 6	58	3.79
Barriers to medical access	5.17% 3	13.79% 8	24.14% 14	15.52% 9	18.97% 11	8.62% 5	13.79% 8	58	3.90
Food insecurity	5.17% 3	10.34% 6	18.97% 11	25.86% 15	18.97% 11	13.79% 8	6.90% 4	58	3.88
Keeping motivated	24.14% 14	27.59% 16	15.52% 9	17.24% 10	6.90% 4	3.45% 2	5.17% 3	58	5.14
Mental health challenges	44.83% 26	24.14% 14	6.90% 4	3.45% 2	15.52% 9	5.17% 3	0.00% 0	58	5.64
Distrust in the community	3.45% 2	8.62% 5	13.79% 8	10.34% 6	22.41% 13	27.59% 16	13.79% 8	58	3.22
Insecure housing	6.90% 4	0.00% 0	12.07% 7	8.62% 5	5.17% 3	17.24% 10	50.00% 29	58	2.43

Q3 Is there anything that was not on the list in question 2 but had a lasting impact on your life?

Answered: 24 Skipped: 34

#	RESPONSES	DATE
1	None of the following options have an impact on me after COVID	4/4/2023 8:59 AM
2	NO	4/3/2023 9:49 AM
3	No!	4/3/2023 9:47 AM
4	Covid stuffed me up man! Health wise.	4/3/2023 9:19 AM
5	no	4/3/2023 9:11 AM
6	no	3/30/2023 12:21 PM
7	Homelessness	3/29/2023 5:05 PM
8	No	3/29/2023 3:31 PM
9	Medicine hard to obtain, little contact with people	3/29/2023 1:51 PM
10	I couldn't see family but I could skip school. How grumpy my family got of boredom	3/29/2023 1:50 PM
11	Learning from home	3/29/2023 1:48 PM
12	Nope	3/29/2023 1:48 PM
13	I learnt to play guitars	3/29/2023 1:46 PM
14	Not going to youth space Not playing sport/dance	3/29/2023 9:52 AM
15	Loss of interactions with friends Lost opportunities with sports, camps and school	3/29/2023 9:34 AM
16	Not seeing my friends	3/28/2023 4:24 PM
17	Lack of extracurriculars. Not happy about not socially engaging	3/28/2023 4:21 PM
18	How the community has fallen apart and are turning on each other	3/28/2023 3:09 PM
19	No	3/28/2023 12:34 PM
20	No	3/28/2023 12:33 PM
21	No	3/28/2023 12:32 PM
22	No	3/28/2023 12:23 PM
23	No	3/28/2023 11:53 AM
24	-	3/23/2023 1:40 PM

In their consideration of the survey results the research team were struck by the strong message that young people were indeed finding the lasting impacts of COVID-19 to be significant. Team members noted that while it was in some ways validating to see their own perspectives shared by other young people as a way of affirming their own feelings and struggles, primarily they were concerned that the message be heard that young people were struggling post COVID-19 and that there were serious issues identified in the data. Team members identified the importance of respecting and truly hearing the concerns raised by young people, particularly in the area of mental health and that it was important that an adequate response was provided in time. The team discussed that it was often difficult for some young people to raise concerns about mental health and that, in their experience, not all adults took mental health concerns seriously when they were raised.

The team also undertook a more detailed analysis of how young people's answers to Question 1 (their personal circumstances and demographics) influenced their answers to

Question 2 which asked them to rate the significance of possible lasting impacts of COVID-19 on their own lives.

This analysis compared the responses of young people under 18 (45 responses) and those who were over the age of 18 (11 responses). Both groups gave similar responses about their level of 'distrust in medical institutions and professionals' and also gave similar importance to 'mental health challenges' as a lasting impact. Those under 18 gave a slightly higher rating for 'barriers to medical access', 'keeping motivated' and 'distrust in the community', while those over 18 gave a slightly higher rating to 'food security' and a clearly higher rating to 'insecure housing'.

For the three responders who identified as Aboriginal or Torres Strait Islander (who were all under 18), the 4 who were experiencing financial hardship, the four who were living independently and the 10 who were living with a disability the most significant lasting impact of COVID-19 remained 'mental health challenges', however, it is worth noting that for the four young people living independently, insecure housing was rated as a more significant issue than it was for the broader group of responders.

For further details of how young people's situations impacted their responses please see the full set of survey responses that have been included as an appendix to this report.

Ideation phase outcomes May 2023

Considering recommendations

The process to create a final problem statement and clear recommendations required the iteration of ideas to ensure the final phrasing and recommendations accurately represented the key impacts indicated through the surveys and experiences of the research team. The team was supported to develop '*how might we?*' statements that gave a succinct expression to the exact problem they were seeking to address.

Below is a series of '*how might we?*' statements relating to the distrust of medical institutions and professionals that demonstrates this process and the consideration of wording and focus within the statements:

How might we ensure the health system takes young people seriously?

- Believes them
- Respects them
- Speaks directly to them
- Explains what is happening

How might we break down barriers to young people accessing medical care when they need it?

How might medical professionals be more open to understanding and prioritising the needs of young people?

How might we ensure young people can access medical care they trust when they need it?

How might we make sure that the health system is available to young people in ways they feel comfortable, when they need it, in ways that respect them as people?

How might young people access health services happily / willingly / comfortably without waiting / holding off?

How might the health system (and parents/adults) better understand why young people find it hard to access / not respectful / stressful / listening to them?

How might we ensure young people's voices are heard in the health system? Speak to them? Empower them?

Alongside these statements, a number of ideas began to emerge about how the issue may be addressed. Below is a snapshot of some of the ideas, which are not part of the final recommendations, but give insight into the many ways the research team envisioned the issue of young people's distrust in medical institutions and professionals could be addressed:

Idea	Rationale
Putting yourself in someone else's shoes: don't judge people or jump to conclusions. Doogie Howser role swap idea.	A team member spoke about feeling judged when accessing care at the local hospital and other agreed they had similar experiences in other medical contexts and wondered if an idea from the Doogie Howser show where characters literally became each other for a time would be a way of supporting medical professionals to come to understand how it feels for the young people.
Taxi vouchers/Uber medical	Team members identified that transport was difficult when accessing medical care in lots of ways. Often the hospital would send people home in the middle of the night when there is no public transport and without parents or others to provide transport this can be dangerous. The team identified that more ideas like providing taxi vouchers might help access. A specific ride share system for the medical system was also discussed.

<p>Ask counsellor to be in medical appointment</p> <p>An advocate to come with young people to appointments</p>	<p>The team identified that having a counsellor present in some appointments might support young people who were receiving challenging news and needed help in processing or coming to terms with what was being said. This was identified by members with experience of receiving diagnoses.</p> <p>The related idea of having advocates available to go to appointments with young people was also raised - partly to make sure that medical professionals were more likely to take care to communicate effectively if another adult was present but also to help the young person advocate for themselves if required.</p>
<p>Reconsider the way parents are seen as representing young people - Don't see the way to young people as through parents/carers. Some young people can't rely on parents for safe transport, they might be anti-vax, and some have no parents.</p>	<p>The team discussed the experience that medical professionals often talked to their parents as though they weren't there, or presumed they would have supportive parents re transport or receiving care. The team felt this was part of disempowering them in that they didn't feel seen or spoken to as the main patient at times. They wanted the profession to think beyond seeing parents as the conduit to young people noting that not everyone has such parents.</p>

The '*how might we?*' statements and solution ideas were used to generate the recommendations that are outlined below.

Findings

The youth research team investigated the lasting impacts of COVID-19 on young people in the Latrobe Valley and found:

Firstly and importantly, **this project was a positive experience for the six research team members** who came from diverse backgrounds and experiences across the local area. Team members identified that such a diverse group of young people would have been unlikely to meet without a project such as this to pull them together and that they saw great benefit in having met each other, worked together and learned from how each other approached the research. The team members demonstrated great respect for each other and each other's experiences throughout the project and appeared to find some empowerment in being able to give voice to the experience that they and other young people are currently experiencing as life returns to 'normal' in the aftermath of COVID-19. The team also felt they had learned a great deal about how to undertake a research project and were

keen to ensure that the process of highlighting a youth voice continues in future phases of the project that might address some of the issues that were unearthed through this research.

Their work in the design sprint and research in the scan phase outlined above shows **there has been significant and lasting impacts of COVID-19 on young people in the Latrobe Valley**. The research team reported significant lasting impacts of COVID-19 on them as individuals and have also found this to be the experience of other young people in the local community through their survey. These impacts were largely negative and although the team remained open to the idea of there being some positive impacts, and occasionally were able to find some evidence of small positive impacts, the overwhelming message from young people has been that **there is lasting hardship as a result of COVID-19** and their experience over the previous three years.

The research team has **identified a list of the lasting impacts of COVID-19** on young people in the Latrobe Valley:

- mental health challenges
- keeping motivated
- distrust of medical institutions and professionals
- barriers to medical access; and
- (for some young people - food security and insecure housing)

These impacts include the two stand out areas of:

- 1. Mental health and motivation**
- 2. Distrust of medical institutions/access to medical care**

The two major issues identified were raised by team members in the early part of the project during the design sprint. Team members were passionate about the importance of these issues and well aware of the complexity of both sets of issues and the many ways in which both intersect with each other as well as with the other lesser impacts that had been identified. Both issues were independently identified as the most important in the youth survey which supported the team's hypothesis from the design sprint.

The team found that **while there were some differences between the perspectives of young people based on their situations**, experiences and demographics; overwhelmingly there were more similarities than differences with **all groups agreeing that mental health challenges remain the biggest lasting impact of COVID-19**.

Team members feel passionately that the struggles young people face especially with the two key issues identified above must be heard by the community and responded to with positive action. **To ensure action is taken in response to the identification of these issues, the team has developed a series of recommendations for the project's commissioning partners**. The recommendations of the youth research team are outlined below.

These recommendations have been made in response to the findings of the project and have also been influenced by their experiences participating in the youth research team for

this project. This is perhaps best illustrated in their approach to making recommendations that would support young people experiencing mental health challenges and those struggling to keep motivated. The team felt that motivation was particularly difficult to maintain when they were feeling a lack of genuine connection to their community and other young people who have similar interests and passions. The team identified that taking part in this youth research team had improved their own sense of connection to other young people which had, in turn, improved their own motivation and wellbeing. They were keen that their recommended action to support motivation and mental health build on this sense of connection that had come from young people from diverse backgrounds, but similar interests or concerns, coming together and being supported to find connection, meaning and purpose. They hope their recommendations below can offer other young people an opportunity to reconnect with their community and the services they need.

Recommendations

The youth research team makes the following recommendations in response to the data collected that identified mental health challenges and keeping motivated as lasting impacts of COVID-19 for young people in the Latrobe Valley:

1. It is recommended that we create more accessible and safe opportunities (that people know about) for young people to connect with each other in the community by:
 - a. Developing an ongoing series of events to create a sense of consistency, stability and something to look forward to. These events should aim to make young people feel that they're not alone, allow friendships outside school and usual circles to occur, help address social anxiety and provide motivation.
 - b. Encouraging young people to make connections with other young people in the community to support the impacts that feeling disconnected has on mental health

The youth research team makes the following recommendations in response to data collected that identified distrust of medical institutions and professionals and barriers to accessing medical care as lasting impacts of COVID-19 for young people in the Latrobe Valley:

2. It is recommended that we take action to make sure that the health system (mental and physical health) is available to young people in ways they feel comfortable, when they need it and in ways that respect them as people by:
 - a. Raising awareness among medical professionals of what it feels like to access medical care as a young person
 - b. Creating a resource for medical professionals showing how to work better with young people
 - c. Creating a resource for young people to empower them when accessing medical care
 - d. Young people and medical professionals co-designing ways for medical care to better meet the needs of young people

Finally, this recommendation from the youth research team facilitators is put forward as a note to the project partners:

- Team members may benefit from relevant project partners checking in with them to offer wellbeing support, if required, after the completion of the project activities. This project involved complex and difficult subject material and team members engaged with commitment and concern for each other. While care was taken to support team members during the project, many individuals identified that they are often involved in supporting other young people and it may be beneficial for self care support to be ongoing if and when it is required.

Action Plan

Timeframes: Short term (could be actioned immediately), medium term (requires some planning, actionable within 6 - 12 months), long term (12 months and beyond)

Ideas to action	Suggested steps to action	Horizon	Partners, delivery agencies & stakeholders	Cost considerations
<p>Mental health and motivation</p> <p>Create more accessible and safe opportunities (that people know about) for young people to connect with each other in the community.</p>	<p>Events</p> <p><i>Development of an ongoing series of events to create a sense of consistency, stability and something to look forward to</i></p> <p>Creation and delivery of a series of larger community events to bring together young people.</p> <ul style="list-style-type: none"> - Full details of the calendar of events including frequency and length of events to be confirmed as idea developed further - Events to occur at regular intervals e.g. school holidays or in correlation with existing initiatives e.g. pride month - Events to focus on opportunities for young people to gather and get to know new people in a safe and supported environment. - Aspects of the safe and supportive environment include being staffed by support workers and/or facilitators and the inclusion of service provider stalls or 	Medium term	<p>Local schools</p> <p>Youth spaces</p> <p>headspace</p> <p>Other youth organisations</p> <p>Sports clubs</p> <p>Leisure centre</p> <p>Mid Valley shopping centre</p> <p>Local Council</p> <p>Youth Council</p>	<p>Venue hire</p> <p>Catering costs</p> <p>Marketing and advertising</p> <p>Facilitator costs</p> <p>Staffing costs</p> <p>Service provider costs</p>

	<p>information booths that offer services and opportunities for young people e.g. TAFE</p> <p>Calendar of larger events supported by a series of smaller and more specific pop up events focusing on a topic or theme that a smaller number of young people may have interest in</p> <ul style="list-style-type: none"> - These pop-up events could make use of venues and programs that already exist to host small groups and young people can access easily e.g. LYS Inc, library 	Medium term		
<p>Distrust of medical institutions/access to medical care</p> <p>Take action to ensure the health system (mental and physical health) is available to young people in ways they feel comfortable, when they need it and in ways that respect them as people.</p>	<p>Awareness raising</p> <p><i>Raising awareness among medical professionals of what it feels like to access medical care as a young person</i></p> <p>Creation and distribution of a survey designed with young people, collation of responses and sharing of stories to capture and communicate the experiences of accessing medical care as a young person.</p> <p>Consider other forums to share survey findings and stories such as videos, live panels and discussion events.</p> <p>(Possibly consider also an opportunity for 'role swapping' in a supported or simulated environment. This may really offer a chance to get into each other's shoes)</p>	<p>Short term</p> <p>Medium term</p> <p>Medium term</p>	<p>Latrobe Youth Space</p> <p>Latrobe Health Assembly</p> <p>Existing Youth Research Team</p> <p>PHN</p> <p>Baw Baw Latrobe LLEN</p> <p>Other local health orgs</p> <p>Federation Uni</p> <p>Facilitators of survey design with young people</p> <p>Other relevant agencies</p>	<p>Workshop to create survey</p> <p>Survey set up and distribution</p> <p>Data analysis and reporting</p> <p>Scripting and creation of video stories</p> <p>Event costs to share stories and discuss findings with medical profession (venue, catering, transport etc)</p>

	<p>Resource creation</p> <p><i>Creation and distribution of two key resources designed to empower positive working dynamics between medical professionals and young people</i></p> <p>Creation of a resource for medical professionals showing how to work better with young people</p> <ul style="list-style-type: none"> - Format to be confirmed, consider videos, posters for eLearning course formats - Advice for medical professionals may include ideas such as; explain what you are going to do, truly listen to the patient, be flexible, know the young person's preferences for communication, don't just talk to parents or presume parents are available to provide a link to medical care - not everyone has parents or parents may be anti-vax or have other barriers to supporting accessing care, putting yourself in someone else's shoes: don't judge people or jump to conclusions about young people. <p>Creation of a resource for young people to empower them when accessing medical care</p> <ul style="list-style-type: none"> - Format to be confirmed, consider videos, posters or social media campaigns - Advice for young people may include ideas such as; know your rights when accessing medical care, speak up if your doctor (or other professional) is not communicating in a 	<p>Medium term</p> <p>Medium term</p>	<p>Learning/co-design agency (one familiar with working with medical professionals and young people respectively - or two agencies)</p> <p>Team of local young people to participate in design of resources</p> <p>PHN</p> <p>LHA</p> <p>LYS</p>	<p>Design and development costs</p> <p>Marketing and distribution costs</p> <p>Possibly evaluation of impact costs if feasible</p>
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	<p>way you understand and feel comfortable with, ways of asking for your care to better suit your needs, advice on how to access support with transport or other aspects of accessing care, other resources that might help equip young people to be informed and have agency in their interactions with the health system</p>			
	<p>Co-design</p> <p><i>Young people and medical professionals co-designing ways for medical care to better meet the needs of young people</i></p> <p>Following the delivery of the awareness raising and resource development outlined above, it is hoped that a greater sense of understanding between young people and the medical profession will have developed providing readiness for the undertaking of:</p> <p>One or more discrete projects whereby a group of young people and medical professionals collaborate to co-design a new approach to a specific medical service, process or area.</p> <ul style="list-style-type: none"> - The selection of the exact project or opportunity should be made nearer the time of undertaking the co-design based on the identification of appropriate medical 	<p>Long term</p>	<p>Selected team of medical professionals who will be involved in co-design and then service delivery (the “doctors” or other professionals depending on the chosen project)</p> <p>Selected medical organisation that oversees the medical professionals and service provision (who the “doctors” work for)</p> <p>Selected team of young people who will be involved in co-design and possibly also service delivery (the “patients”)</p> <p>Co-design facilitation agency who will lead the co-design process</p>	<p>Creation and facilitation of co-design workshop</p> <p>Ongoing monitoring of project co-design and implementation</p> <p>Evaluation of co-design effectiveness and success of service delivery</p>

	<p>professionals who are willing to engage in co-design with young people.</p> <ul style="list-style-type: none">- The nature of the project will also dictate whether the young people are a random group of service users or more specific to the area of medical care			
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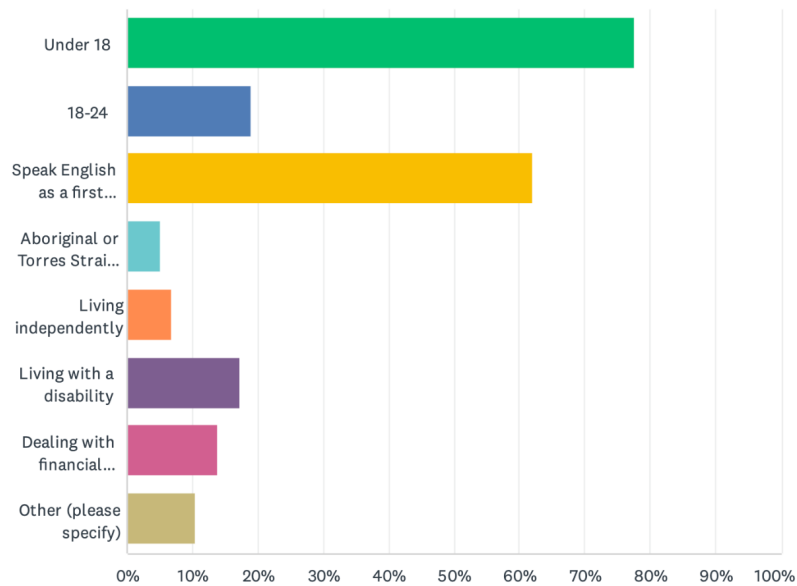
Appendix - Full Youth Survey Responses

Youth Survey Results - All Responders	1
Comparing Under 18 and Over 18 responses	4
Young people who identify as Aboriginal or Torres Strait Islander	8
Young people dealing with financial hardship	10
Young people living independently	12
Young people living with a disability	14

Youth Survey Results - All Responders

Q1 Which of the following best describes your situation? (select any that apply to you)

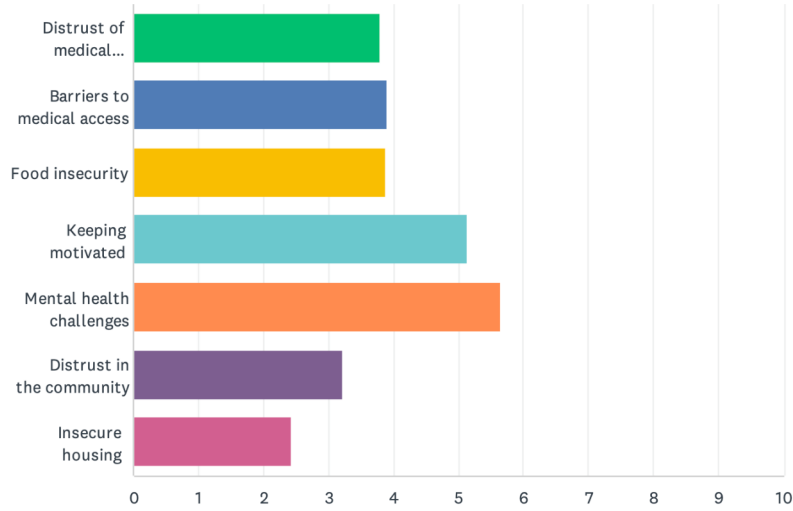
Answered: 58 Skipped: 0



ANSWER CHOICES	RESPONSES	
Under 18	77.59%	45
18-24	18.97%	11
Speak English as a first language	62.07%	36
Aboriginal or Torres Strait Islander	5.17%	3
Living independently	6.90%	4
Living with a disability	17.24%	10
Dealing with financial hardship	13.79%	8
Other (please specify)	10.34%	6
Total Respondents: 58		

Q2 Rank the following lasting impacts of COVID from most to least important in your life.

Answered: 58 Skipped: 0



	1	2	3	4	5	6	7	TOTAL	SCORE
Distrust of medical institutions and professionals	10.34% 6	15.52% 9	8.62% 5	18.97% 11	12.07% 7	24.14% 14	10.34% 6	58	3.79
Barriers to medical access	5.17% 3	13.79% 8	24.14% 14	15.52% 9	18.97% 11	8.62% 5	13.79% 8	58	3.90
Food insecurity	5.17% 3	10.34% 6	18.97% 11	25.86% 15	18.97% 11	13.79% 8	6.90% 4	58	3.88
Keeping motivated	24.14% 14	27.59% 16	15.52% 9	17.24% 10	6.90% 4	3.45% 2	5.17% 3	58	5.14
Mental health challenges	44.83% 26	24.14% 14	6.90% 4	3.45% 2	15.52% 9	5.17% 3	0.00% 0	58	5.64
Distrust in the community	3.45% 2	8.62% 5	13.79% 8	10.34% 6	22.41% 13	27.59% 16	13.79% 8	58	3.22
Insecure housing	6.90% 4	0.00% 0	12.07% 7	8.62% 5	5.17% 3	17.24% 10	50.00% 29	58	2.43

Q3 Is there anything that was not on the list in question 2 but had a lasting impact on your life?

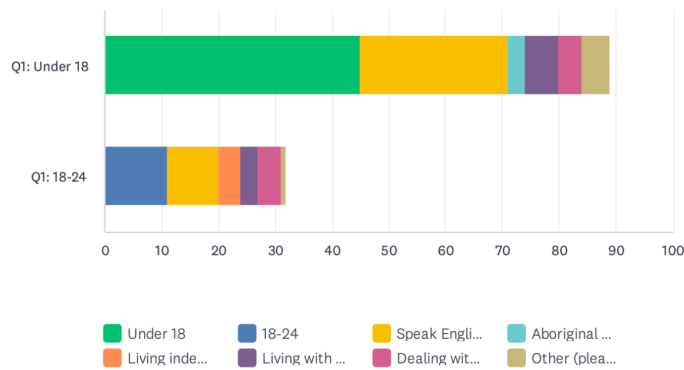
Answered: 24 Skipped: 34

#	RESPONSES	DATE
1	None of the following options have an impact on me after COVID	4/4/2023 8:59 AM
2	NO	4/3/2023 9:49 AM
3	No!	4/3/2023 9:47 AM
4	Covid stuffed me up man! Health wise.	4/3/2023 9:19 AM
5	no	4/3/2023 9:11 AM
6	no	3/30/2023 12:21 PM
7	Homelessness	3/29/2023 5:05 PM
8	No	3/29/2023 3:31 PM
9	Medicine hard to obtain, little contact with people	3/29/2023 1:51 PM
10	I couldn't see family but I could skip school. How grumpy my family got of boredom	3/29/2023 1:50 PM
11	Learning from home	3/29/2023 1:48 PM
12	Nope	3/29/2023 1:48 PM
13	I learnt to play guitars	3/29/2023 1:46 PM
14	Not going to youth space Not playing sport/dance	3/29/2023 9:52 AM
15	Loss of interactions with friends Lost opportunities with sports, camps and school	3/29/2023 9:34 AM
16	Not seeing my friends	3/28/2023 4:24 PM
17	Lack of extracurriculars. Not happy about not socially engaging	3/28/2023 4:21 PM
18	How the community has fallen apart and are turning on each other	3/28/2023 3:09 PM
19	No	3/28/2023 12:34 PM
20	No	3/28/2023 12:33 PM
21	No	3/28/2023 12:32 PM
22	No	3/28/2023 12:23 PM
23	No	3/28/2023 11:53 AM
24	-	3/23/2023 1:40 PM

Survey Responses Comparing Under 18 and Over 18 Responders

Q1 Which of the following best describes your situation? (select any that apply to you)

Answered: 56 Skipped: 0

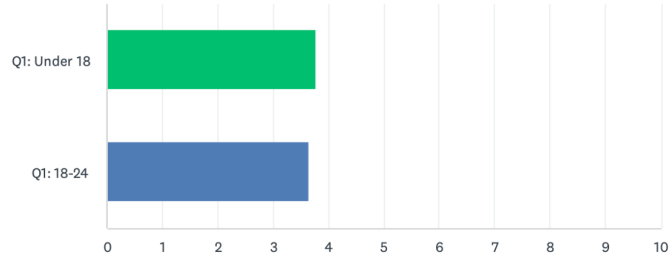


	UNDER 18	18-24	SPEAK ENGLISH AS A FIRST LANGUAGE	ABORIGINAL OR TORRES STRAIT ISLANDER	LIVING INDEPENDENTLY	LIVING WITH A DISABILITY	DEALING WITH FINANCIAL HARDSHIP	OTHER (PLEASE SPECIFY)	TOTAL
Q1: Under 18	100.00% 45	0.00% 0	57.78% 26	6.67% 3	0.00% 0	13.33% 6	8.89% 4	11.11% 5	158.93% 89
Q1: 18-24	0.00% 0	100.00% 11	81.82% 9	0.00% 0	36.36% 4	27.27% 3	36.36% 4	9.09% 1	57.14% 32
Total Respondents	45	11	35	3	4	9	8	6	56

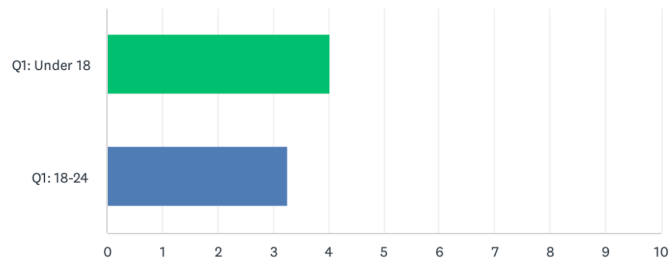
Q2 Rank the following lasting impacts of COVID from most to least important in your life.

Answered: 56 Skipped: 0

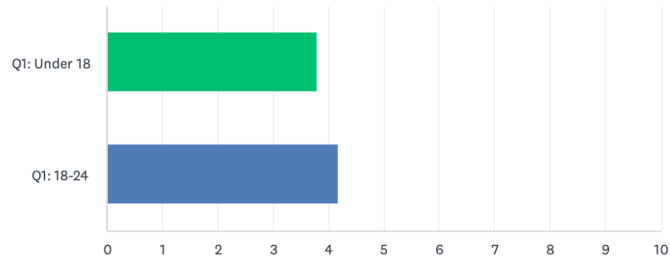
Distrust of medical institutions and professionals



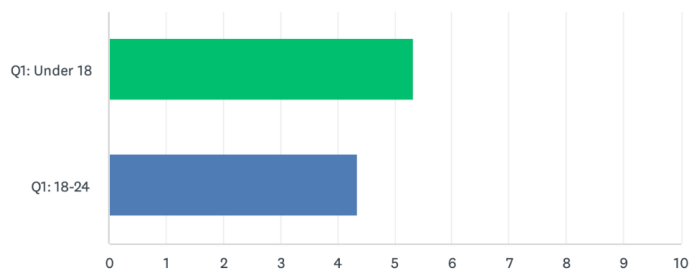
Barriers to medical access



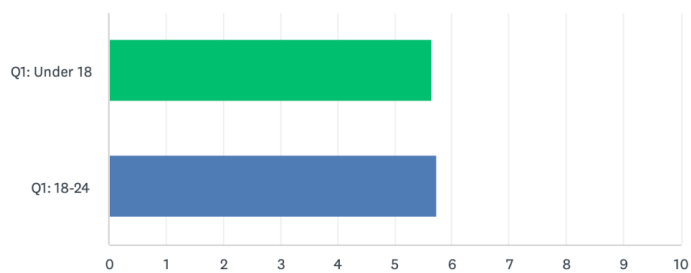
Food insecurity



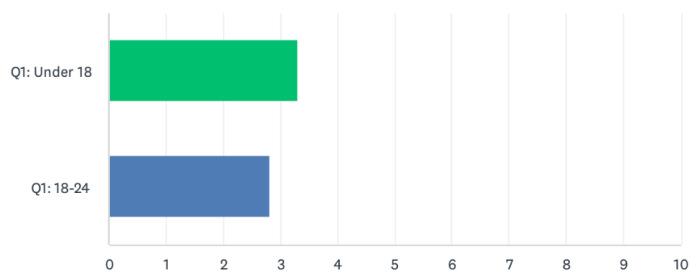
Keeping motivated



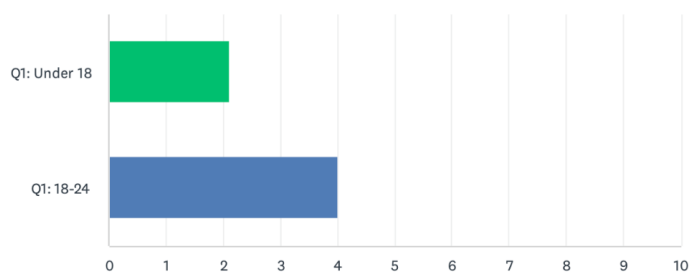
Mental health challenges



Distrust in the community



Insecure housing

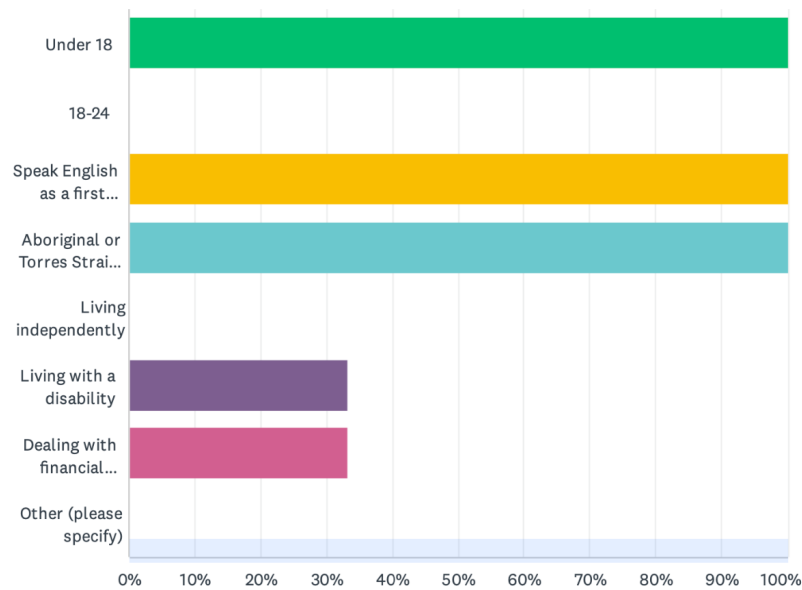


Distrust of medical institutions and professionals									
	1	2	3	4	5	6	7	TOTAL	SCORE
Q1: Under 18	13.33%	13.33%	6.67%	20.00%	11.11%	22.22%	13.33%	80.36%	3.78
	6	6	3	9	5	10	6	45	
Q1: 18-24	0.00%	18.18%	18.18%	9.09%	18.18%	36.36%	0.00%	19.64%	3.64
	0	2	2	1	2	4	0	11	
Barriers to medical access									
	1	2	3	4	5	6	7	TOTAL	SCORE
Q1: Under 18	6.67%	15.56%	22.22%	13.33%	24.44%	6.67%	11.11%	80.36%	4.02
	3	7	10	6	11	3	5	45	
Q1: 18-24	0.00%	9.09%	27.27%	18.18%	0.00%	18.18%	27.27%	19.64%	3.27
	0	1	3	2	0	2	3	11	
Food insecurity									
	1	2	3	4	5	6	7	TOTAL	SCORE
Q1: Under 18	4.44%	8.89%	20.00%	24.44%	20.00%	15.56%	6.67%	80.36%	3.80
	2	4	9	11	9	7	3	45	
Q1: 18-24	9.09%	9.09%	18.18%	36.36%	18.18%	0.00%	9.09%	19.64%	4.18
	1	1	2	4	2	0	1	11	
Keeping motivated									
	1	2	3	4	5	6	7	TOTAL	SCORE
Q1: Under 18	24.44%	31.11%	17.78%	17.78%	2.22%	2.22%	4.44%	80.36%	5.33
	11	14	8	8	1	1	2	45	
Q1: 18-24	18.18%	18.18%	9.09%	18.18%	18.18%	9.09%	9.09%	19.64%	4.36
	2	2	1	2	2	1	1	11	
Mental health challenges									
	1	2	3	4	5	6	7	TOTAL	SCORE
Q1: Under 18	44.44%	22.22%	8.89%	4.44%	17.78%	2.22%	0.00%	80.36%	5.64
	20	10	4	2	8	1	0	45	
Q1: 18-24	45.45%	36.36%	0.00%	0.00%	0.00%	18.18%	0.00%	19.64%	5.73
	5	4	0	0	0	2	0	11	
Distrust in the community									
	1	2	3	4	5	6	7	TOTAL	SCORE
Q1: Under 18	4.44%	8.89%	13.33%	11.11%	22.22%	28.89%	11.11%	80.36%	3.31
	2	4	6	5	10	13	5	45	
Q1: 18-24	0.00%	9.09%	9.09%	9.09%	27.27%	18.18%	27.27%	19.64%	2.82
	0	1	1	1	3	2	3	11	
Insecure housing									
	1	2	3	4	5	6	7	TOTAL	SCORE
Q1: Under 18	2.22%	0.00%	11.11%	8.89%	2.22%	22.22%	53.33%	80.36%	2.11
	1	0	5	4	1	10	24	45	
Q1: 18-24	27.27%	0.00%	18.18%	9.09%	18.18%	0.00%	27.27%	19.64%	4.00
	3	0	2	1	2	0	3	11	

Survey responses from young people who identify as Aboriginal or Torres Strait Islander

Q1 Which of the following best describes your situation? (select any that apply to you)

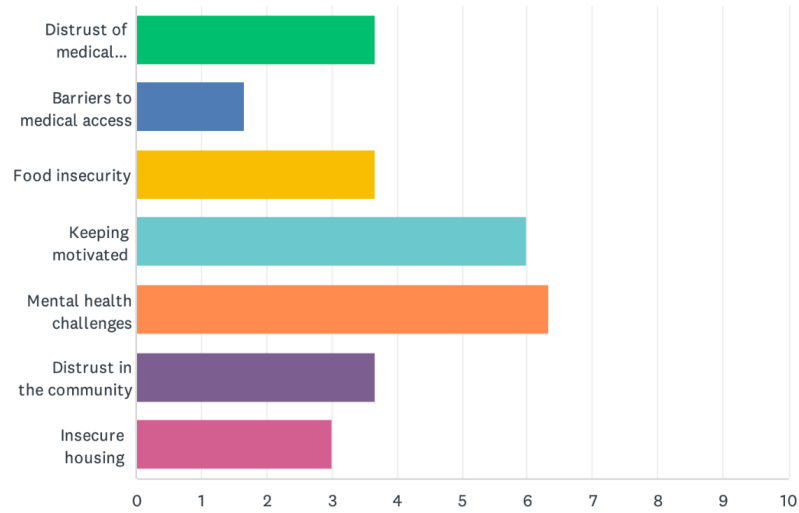
Answered: 3 Skipped: 0



ANSWER CHOICES	RESPONSES	
Under 18	100.00%	3
18-24	0.00%	0
Speak English as a first language	100.00%	3
Aboriginal or Torres Strait Islander	100.00%	3
Living independently	0.00%	0
Living with a disability	33.33%	1
Dealing with financial hardship	33.33%	1
Other (please specify)	0.00%	0
Total Respondents: 3		

Q2 Rank the following lasting impacts of COVID from most to least important in your life.

Answered: 3 Skipped: 0

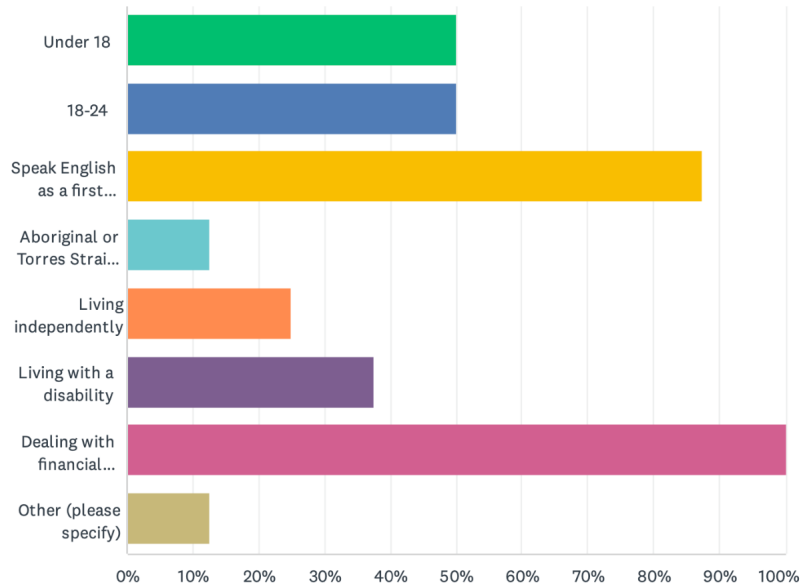


	1	2	3	4	5	6	7	TOTAL	SCORE
Distrust of medical institutions and professionals	0.00% 0	33.33% 1	0.00% 0	33.33% 1	0.00% 0	0.00% 0	33.33% 1	3	3.67
Barriers to medical access	0.00% 0	0.00% 0	0.00% 0	0.00% 0	33.33% 1	0.00% 0	66.67% 2	3	1.67
Food insecurity	0.00% 0	0.00% 0	0.00% 0	66.67% 2	33.33% 1	0.00% 0	0.00% 0	3	3.67
Keeping motivated	33.33% 1	33.33% 1	33.33% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	3	6.00
Mental health challenges	66.67% 2	0.00% 0	33.33% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	3	6.33
Distrust in the community	0.00% 0	33.33% 1	0.00% 0	0.00% 0	33.33% 1	33.33% 1	0.00% 0	3	3.67
Insecure housing	0.00% 0	0.00% 0	33.33% 1	0.00% 0	0.00% 0	66.67% 2	0.00% 0	3	3.00

Survey responses from young people dealing with financial hardship

Q1 Which of the following best describes your situation? (select any that apply to you)

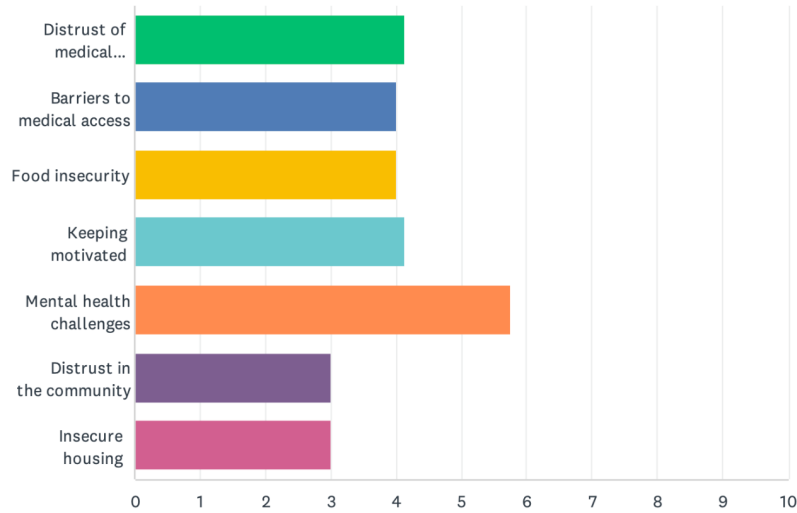
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Under 18	50.00%	4
18-24	50.00%	4
Speak English as a first language	87.50%	7
Aboriginal or Torres Strait Islander	12.50%	1
Living independently	25.00%	2
Living with a disability	37.50%	3
Dealing with financial hardship	100.00%	8
Other (please specify)	12.50%	1
Total Respondents: 8		

Q2 Rank the following lasting impacts of COVID from most to least important in your life.

Answered: 8 Skipped: 0

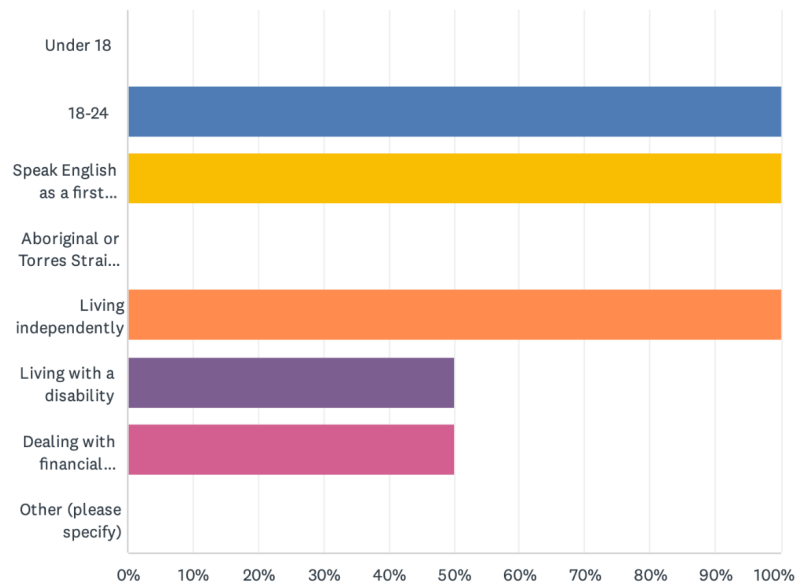


	1	2	3	4	5	6	7	TOTAL	SCORE
Distrust of medical institutions and professionals	0.00% 0	37.50% 3	12.50% 1	0.00% 0	25.00% 2	25.00% 2	0.00% 0	8	4.13
Barriers to medical access	0.00% 0	0.00% 0	50.00% 4	25.00% 2	12.50% 1	0.00% 0	12.50% 1	8	4.00
Food insecurity	12.50% 1	25.00% 2	0.00% 0	25.00% 2	0.00% 0	25.00% 2	12.50% 1	8	4.00
Keeping motivated	12.50% 1	12.50% 1	12.50% 1	37.50% 3	0.00% 0	12.50% 1	12.50% 1	8	4.13
Mental health challenges	62.50% 5	12.50% 1	0.00% 0	0.00% 0	12.50% 1	12.50% 1	0.00% 0	8	5.75
Distrust in the community	0.00% 0	12.50% 1	12.50% 1	12.50% 1	25.00% 2	0.00% 0	37.50% 3	8	3.00
Insecure housing	12.50% 1	0.00% 0	12.50% 1	0.00% 0	25.00% 2	25.00% 2	25.00% 2	8	3.00

Survey responses from young people living independently

Q1 Which of the following best describes your situation? (select any that apply to you)

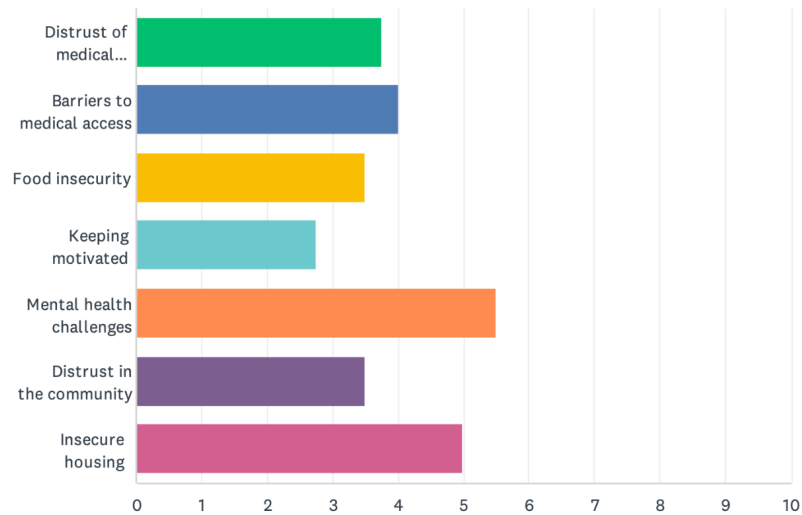
Answered: 4 Skipped: 0



ANSWER CHOICES	RESPONSES
Under 18	0.00% 0
18-24	100.00% 4
Speak English as a first language	100.00% 4
Aboriginal or Torres Strait Islander	0.00% 0
Living independently	100.00% 4
Living with a disability	50.00% 2
Dealing with financial hardship	50.00% 2
Other (please specify)	0.00% 0
Total Respondents: 4	

Q2 Rank the following lasting impacts of COVID from most to least important in your life.

Answered: 4 Skipped: 0

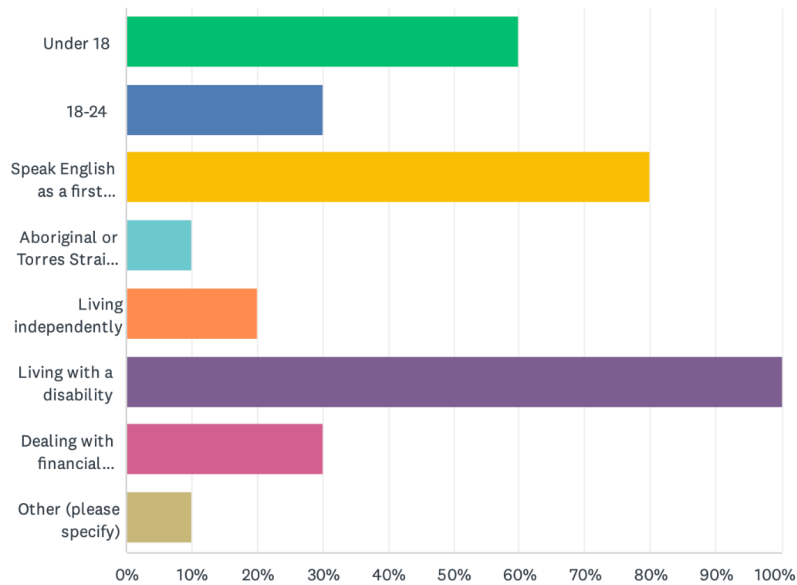


	1	2	3	4	5	6	7	TOTAL	SCORE
Distrust of medical institutions and professionals	0.00% 0	25.00% 1	0.00% 0	25.00% 1	25.00% 1	25.00% 1	0.00% 0	4	3.75
Barriers to medical access	0.00% 0	25.00% 1	25.00% 1	25.00% 1	0.00% 0	0.00% 0	25.00% 1	4	4.00
Food insecurity	0.00% 0	0.00% 0	25.00% 1	50.00% 2	0.00% 0	0.00% 0	25.00% 1	4	3.50
Keeping motivated	0.00% 0	0.00% 0	25.00% 1	0.00% 0	25.00% 1	25.00% 1	25.00% 1	4	2.75
Mental health challenges	50.00% 2	25.00% 1	0.00% 0	0.00% 0	0.00% 0	25.00% 1	0.00% 0	4	5.50
Distrust in the community	0.00% 0	25.00% 1	0.00% 0	0.00% 0	50.00% 2	25.00% 1	0.00% 0	4	3.50
Insecure housing	50.00% 2	0.00% 0	25.00% 1	0.00% 0	0.00% 0	0.00% 0	25.00% 1	4	5.00

Survey responses from young people living with a disability

Q1 Which of the following best describes your situation? (select any that apply to you)

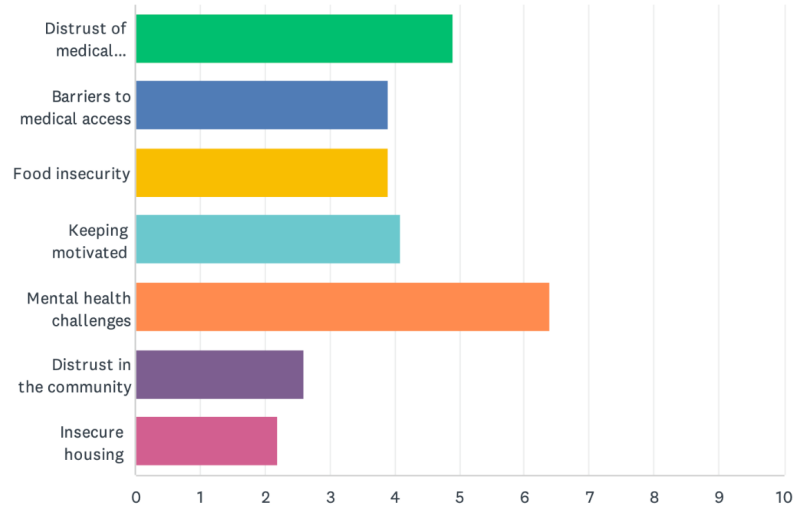
Answered: 10 Skipped: 0



ANSWER CHOICES	RESPONSES	
Under 18	60.00%	6
18-24	30.00%	3
Speak English as a first language	80.00%	8
Aboriginal or Torres Strait Islander	10.00%	1
Living independently	20.00%	2
Living with a disability	100.00%	10
Dealing with financial hardship	30.00%	3
Other (please specify)	10.00%	1
Total Respondents: 10		

Q2 Rank the following lasting impacts of COVID from most to least important in your life.

Answered: 10 Skipped: 0



	1	2	3	4	5	6	7	TOTAL	SCORE
Distrust of medical institutions and professionals	10.00% 1	40.00% 4	10.00% 1	20.00% 2	10.00% 1	10.00% 1	0.00% 0	10	4.90
Barriers to medical access	0.00% 0	20.00% 2	20.00% 2	20.00% 2	20.00% 2	10.00% 1	10.00% 1	10	3.90
Food insecurity	0.00% 0	10.00% 1	40.00% 4	20.00% 2	0.00% 0	20.00% 2	10.00% 1	10	3.90
Keeping motivated	10.00% 1	10.00% 1	10.00% 1	30.00% 3	30.00% 3	10.00% 1	0.00% 0	10	4.10
Mental health challenges	70.00% 7	20.00% 2	0.00% 0	0.00% 0	10.00% 1	0.00% 0	0.00% 0	10	6.40
Distrust in the community	0.00% 0	0.00% 0	10.00% 1	10.00% 1	30.00% 3	30.00% 3	20.00% 2	10	2.60
Insecure housing	10.00% 1	0.00% 0	10.00% 1	0.00% 0	0.00% 0	20.00% 2	60.00% 6	10	2.20

