



DON'T TELL ME WHY, SHOW ME HOW

*PROGRAM DESIGN FOR HEALTHY AND ACTIVE 13-17 YEAR OLDS
CO-DESIGNED WITH 13-17 YEAR OLDS FROM THE SLHD*

Prepared for the Health Promotion team at SLHD, NSW Health
and the University of Sydney

2 November 2018 - FINAL

A HEALTHY AND ACTIVE PROGRAM FOR YOUNG PEOPLE (YP) IN THE SLHD

The simple answer to the question of what a program for 13-17 year olds in the SLHD might look like was that there is no 'one' program. There is however, a program logic built on a foundation of principles and YP-centric objectives and solution types that connects YP to their journey.

The **program intent** that shapes delivery

A multi-pronged program delivered by the SLHD and made up of elements that focus on the 'how' of being active and healthy in their geographic area and not the 'why'. Reflective of the reality for young people that they have emerging and important social networks and constructs, are seeking independence in order to make the right choices for themselves, and are willing to be involved in co-designing their future.

Underpinned by clear **objectives** for service deliverers to, and with, YP

Objective 1

To deliver **content** that is accessible, relatable and relevant enough for YP in the SLHD to take on the information when and how they choose about their individual healthy eating, being active and physical wellbeing.

Planting seeds with material that can be navigated and trusted.

Objective 2

To facilitate **confident** choices and decision-making by YP in the SLHD by creating awareness of options so that they can consider and act on what's best for their health, activity, and physical wellbeing at the time they choose.

Replacing the instructive with navigable pathways of action.

Objective 3

To create **agency**, not just voice, by way of co-design and delivery through consciously understanding and actively involving YP who live, play, go to school and work in the SLHD.

Committing to supporting health outcomes through the ongoing agency of YP in their services.

Guided by **principles** for the development and delivery of healthy and active solutions in the SLHD for 13 - 17 YP



Focus: Physical wellbeing as a goal is more relevant for YP than health outcomes as a personal measure.



Differentiation: Interventions are responsive to the differences in age brackets within the 13-17 range.



Immediacy: Program elements leverage and facilitate options and opportunities within the unique SLHD physical environment.



Evolution: Program development and the relationship of the SLHD to YP in-area based on agency and co-design

Organised around a **program logic**

Creating Knowledge ⇒

Access – Navigate – Decide

Facilitating Action ⇒

Able to choose – Able to deliver on the choice – Able to see results of the choice

Maintaining Actions ⇒

Tracking results – Re-entering the action layer – Dealing with influences

Delivering the **types of solutions** that meet real need



Tailored Campaigns

Elements of a program that are a deliberate and focused marketing effort.

YP are receptive to campaigns and willing to be recipients and co-creators of meaningful marketing interactions.



Contemporary Resources

Elements of a program that result in constructed references and touch points.

YP consistently relate to government-related material as trustworthy and required as foundational knowledge.



Active Navigation

Elements of a program that relate to specific physical activity and food options within a space.

YP are looking for things such as physical guides and recommendations in order to navigate and use infrastructure that is already in place.



Enabled Self-Organising

Elements of a program that support activation of health and active ideas by YP, for YP.

Activity that encompasses existing and emerging social networks and constructs are increasingly more likely to be sustainable over traditional (e.g. 'sporting' opportunities).



Enhanced Influencing

Elements of a program that support specific endeavours that move beyond the interpersonal to affecting structural change.

YP understand the structural barriers that impact on their wellbeing outcomes and many of them are willing to act for change.



Access to Reward

Elements of a program that encourage repeat activity through the direct receipt of something tangible for having undertaken an activity or made a healthy food choice.

YP respond to rewards and see them as a way to contextualise their personal journey with the local community and businesses.

CONTENTS

A HEALTHY AND ACTIVE PROGRAM FOR YOUNG PEOPLE (YP) IN THE SLHD	2
THE PURPOSE OF THIS REPORT	4
SECTION 1 WHY THIS PROJECT WAS NECESSARY	5
RESPONDING TO A PERCEIVED GAP IN SERVICES	6
SECTION 2 WHAT WE LEARNED	7
MOVING FROM HYPOTHESIS TO LEARNING ABOUT EXPERIENCE	8
YOUNG PEOPLE ARE NOT A HOMOGENOUS 'COHORT'	9
WHAT WE HEARD	10
THE BUILDING BLOCKS FOR CO-DESIGNING WITH YP.....	11
SECTION 3 HOW WE GOT THERE	14
OUR CO-DESIGN APPROACH	15
EXAMPLES OF PROTOTYPES FROM THE CO-DESIGN PROCESS	16
SECTION 4 WHAT SHOULD BE DONE	17
PRINCIPLE-BASED PROGRAM DESIGN AND DEVELOPMENT	18
RECOMENDED SOLUTION TYPES.....	19
NO 'ONE' SOLUTION - AN INTEGRATED EFFORT FOR MAXIMUM RESULTS	20
WHAT SHOULD BE BUILT, WHY AND HOW - SOLUTION DETAILS	21
SECTION 5 REFERENCES AND ADDITIONAL DATA	26
i. WHERE WE STARTED: Design intent and scope – April 2018	27
ii. SERVICE SYSTEM VIEW – Hypothesis as at April 2018	30
iii. BEING AN ADOLESCENT: THE AGES AND STAGES AROUND 13 – 16 YEARS OLD - Learning as at September 2018	31
iv. OUR CO-DESIGNERS RAW INPUT	32
v. ADDITIONAL KEY DATA.....	33
vi. REFERENCES	34
vii. ACKNOWLEDGEMENTS.....	35

THE PURPOSE OF THIS DOCUMENT

In mid-2018 the Sydney Local Health District (SLHD), NSW Office of Preventative Health and University of Sydney engaged Design Managers Australia (DMA) to help fill a perceived gap in service delivery to young people aged 13-16 years old through a formal co-design process.

The resulting project set out to answer the question:

What would a solution that supports knowledge about, action points and maintenance of, a healthy and active lifestyle for young people aged 13-16 look like?

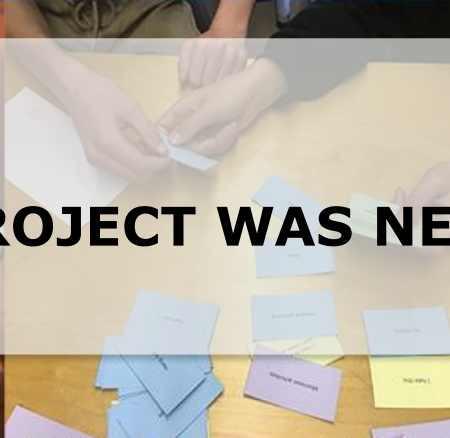
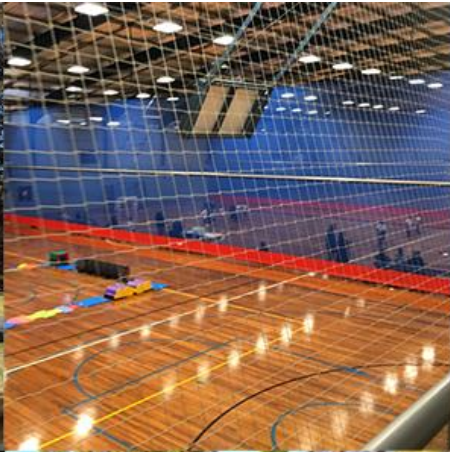
Co-design is the process of articulating intent, gathering evidence through research with experts and those with lived experience, creating prototypes and analysing for insight, features and benefits.

This document collates the range of evidence, insight and solution gathered throughout the project so that there is a single resource available for the various teams and disciplines who will design and deliver services now and into the future for and with young people in the SLHD.

The document is **not** intended to be read as a narrative, it contains a number of frameworks and principles that answer the design question above for the SLHD, and can also be used by others as a guide to co-designed services.

The document has four key sections:

Section	1. Why this project was necessary	2. What we learned	3. How we got there	4. What should be done
Purpose	Outlines the call to action that established the project and the parameters of the co-design process itself.	Provides an evidence base for why and how the potential solutions have been developed for and with young people.	A brief outline of the approach including the composite view of suggestions made by young people throughout the process.	Describes the outcomes of the co-design process - the solution types and how they integrate as a service offering.
Elements	<ul style="list-style-type: none"> Responding to a perceived gap in services 	<ul style="list-style-type: none"> The reality of the lived experience of young people in the SLHD Young People Cohort descriptions Building blocks of working with young people 	<ul style="list-style-type: none"> The Approach Examples of the ideas suggested 	<ul style="list-style-type: none"> Principles for ongoing program development Recommended solution types and examples An integrated view of the solutions



SECTION 1
WHY THIS PROJECT WAS NECESSARY

RESPONDING TO A PERCEIVED GAP IN SERVICES

This project and the resulting output (this document) is a fundamental stepping stone to addressing two existing realities in terms of the SLHD interaction with mainstream of 13-17 year olds - that is, YP who are not identified as part of the medical treatment model:

1. There is a known gap in program delivery for young people aged 13-17 who are not identified as being in a healthy weight range or relatively active (*'the mainstream'*).
2. There is little planned and consistent co-design with YP on the design of potential programs with this topic as a focus in the SLHD, and wider in NSW.

This is not to say there have not been excellent co-design and collaborative activities that have taken place, but for the SLHD this project and the process it moved through is Step 1 to NSW Health delivering best-practice design of services.

For this topic we moved beyond a definition of health programs as 'transactional' to 'interactional'. We actively engaged academics, front-line staff, parents, the community AND young people as design partners. Through this co-design process we took on and questioned some myths and anecdotes about the cohort and services in this space. We learned:

- The 13-17 year age group is too big and varied-a-group to be discussed homogenously.
- While school is an excellent platform and potential organising point, schools have too many barriers and not enough time for specific program delivery.
- Young People are not agnostic about the topic. They have a foundation of knowledge thanks to the school health curriculum and are able to differentiate sources based on their perception of trustworthy or not. What they lack is tailored action opportunities.
- There is actually a lot happening with this age group. Councils, community groups and informal friendship groups are undertaking activities in this space. And, while outside of the remit of this work, action on healthy weight initiatives are being tested and run. The principles in this document seek to formalise what works and might work from the YP perspective.

And now that a foundation of co-design has been built, including interaction with other service systems such as education and local government, the call to action is clear:

A multi-pronged program delivered by the SLHD and made up of elements that focus on the 'how' of being active and healthy in their geographic area and not the 'why'. Reflective of the reality for young people that they have emerging and important social networks and constructs, are seeking independence in order to make the right choices for themselves, and are willing to be involved in co-designing their future.

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SECTION 2
WHAT WE LEARNED

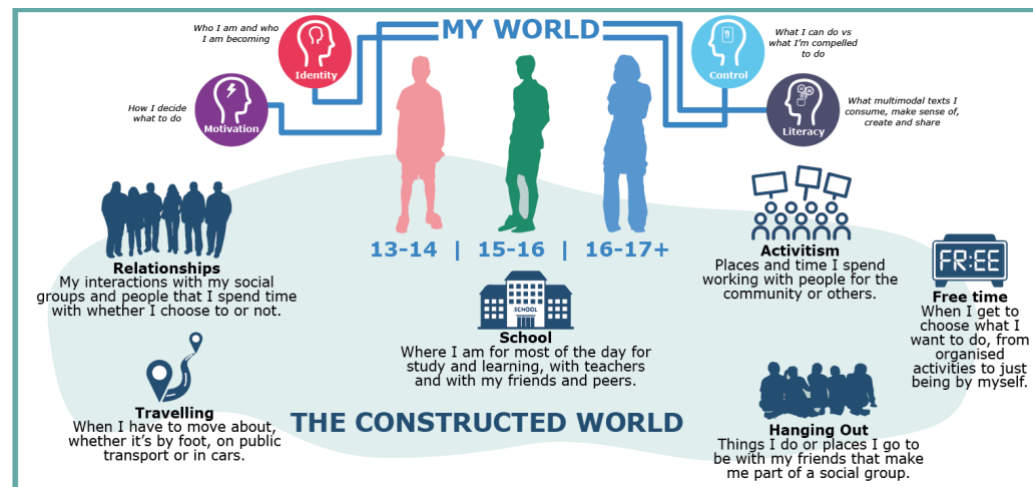
MOVING FROM HYPOTHESIS TO LEARNING ABOUT EXPERIENCE

As we moved from a clear Intent and a hypothesis about the service system and experiences off YP in the SLHD (see Appendix i and ii) a wealth of knowledge about the current state of their world was collected and analysed. Part of the hypothesised assumptions about that world included things such as:

- There was not much in existence for 13-16 year olds so a program for that age group should be implemented.
- The school environment is critical for reaching the age group.
- YP are easily and constantly influenced by celebrity and social media.

However, based on the actual experience of young people in the SLHD and exploration of adolescent experiences we learnt at a high level:

- **13-16 year olds are not one homogenous group**
And in fact, 17 is where the age range ends due to schooling and experiences (not 16, which is where programs become accessible to young people).
- **What is common across the age range is where YP spend their time and energy**
In *School*, in and on *Relationships*, *Travelling* to and from places, socialising and exploring through *Relationships*, using or trying to find *Free Time*, expressing what matters through *Activism*.
- **School is full**
School is where YP are most of the time. YP's days are spent learning, studying, interacting, participating, developing and managing good and bad pressures. It's a primary source of knowledge that they and the people that run schools have little control over as the Curriculum shapes most activity.
- **YP are overloaded and often overwhelmed by packaged information/advice about 'why' but not 'how' based on how they actually live.**
They look to peers, humour, music and video entertainment (such as YouTube) which becomes simultaneously valued and necessary distractions and sources.
- **Friendships and relationships are key to decision-making and motivation**
As they get older the trust points for YP start to move from parent/authority figures towards peers, influencers and their own self-guided knowledge.
- **'Wellbeing' as YP define it, is a core outcome that makes sense to them**
The knowledge of wellbeing is translated to *physical wellbeing* is a primary concept that includes good eating, regular exercise and getting adequate sleep.



These learnings influenced the development of the principles, solutions and outcomes YP are seeking. It also provided the Team with a solid and specific 'experience base' of data to work with in solution development.

YOUNG PEOPLE ARE NOT A HOMOGENOUS 'COHORT'

There is no agreed definition of the age range for adolescents, or 'young people' While the project started with a focus on 13-16 year olds, studies and breakdowns ran the gamut from 0-18 to 12-24. What became clear was that YP can be differentiated by age and that services of any program for YP should not arbitrarily stop at 16. For the rest of this document we refer to YP as 13-17 and further differentiated as follows:

13-14 Years Old



15-16 Years Old



16-17 Years Old



Who I am	<ul style="list-style-type: none"> Parents/Family still shapes what is done. YP don't want let my parents/carers down, but will start testing them. Transition from primary, getting to know new people, new locations, travel rhythm, school year rhythm. "Let [us] kids be kids" 	<ul style="list-style-type: none"> Finding their way. Experiencing uncertainty/anxiety, it is easy to retreat or hide and not participate. Using new and emerging friendship groups to define identity. Starting to work, to form a life outside family, school, home. Physical presence is starting to shape identity. 	<ul style="list-style-type: none"> A sense of self is forming, future horizons and a life beyond school is real. Eating is key social connector. Willing to participate more in systemic, activist activity. Time management, best use of time, optimum performance a frequent challenge. HSC, study overwhelming. 	
Why I do things, make decisions	<ul style="list-style-type: none"> More open to trying something new (sports, activities). Still quite black and white – needs to be given the rules or boundaries. More definitive in what works or doesn't from the YP point of view. This is a time of experimentation around identity and experiences, from small safe experimentation to risk taking. Making more decisions about food e.g, HS canteen 	<ul style="list-style-type: none"> Happy to try things but may benefit from/need triggers like compulsory participation for everyone to try it out/get active. Tends to 'quit' organised sport with or without alternative. This is a time when it's ok to get obsessed about a narrow number of things and discard what doesn't last. Wants own space for activity - not a junior playground. 	<ul style="list-style-type: none"> More reflective in what personally works/doesn't. Wants to socialise through travel - having P's for example shapes desired activity options. With a lot to focus on, motivation is based on what fits in. Looking for purpose but on YP own terms, not adult perception. Earning own money, paying for self - exercising control. Rewarding self with things like Uber Eats. 	
What I use/trust	<ul style="list-style-type: none"> Still interacting with family-driven things such as radio (in car), TV at home. Starting to curate own space in new media based on preferences , sharing and recommendations of new, broader peer influences. Taking on knowledge from teachers, coaches and mentors as trusted adult sources. Mates become advisors. YouTube and music inspires and entertains. 	<ul style="list-style-type: none"> Less trusting of advertising but sees it more on travel ways and in social media. Deep networking online and multiple sources in play. Less trusting of adult sources, relying on sharing and recommendations. Starting to seek out-of-the-ordinary sources for information – values personal stories. 	<ul style="list-style-type: none"> Willing to see and understand messages around a transformation journey. YouTube and music online is key. As are 'Recommendations for you'. Becoming the source themselves (formed opinions, trusted friends/influencers, older siblings). Stigma is attached to GPs, Wellbeing Officers, parents as sources of relevant information or experience. 	
School	Year 7: Transition from Primary School to High School. New beginnings, new friends, teachers, rituals, stress	Year 8: Pressure and expectations, anxiety, sleep issues, body conscious, material and physical pressures.	Year 9-10: Making choices for future, changing relationships, juggling school, work, extracurricular activities	Year 11-12: HSC. Anxiety/excitement about the future. Expectation pressure. Trying to have some fun. Forging independence. Transition to 'real life'.
Relationships	Family as primary social construct for sense of self and safety.	Friends/peers as the new social construct. Experimenting. Rebelling, 'embarrassed' by parents as trying to define independence. Regularly having brand new experiences.	Social allegiances firming, independent of parents. Friendships and relationships are felt as deeply important.	

WHAT WE HEARD

A key goal for the project was to hear and understand the 'language' of young people when it comes to being healthy and active. We heard many examples of how YP describe their experience based on the ages and stages they are at:

"I'd rather walk around then use public transport, to see things" 17, F

"Healthy means fit....it's measurable by what you do: I eat well I do exercise...I transport myself" 14, M

"I have time for [exercise] now but maybe not in the future....I would give up exercise for more free time" 17, F

"With exercise, you're sweating, increasing your heart rate but it's fun - you don't feel like you're pushing yourself through something you're not enjoying....unless it's training, that's like fitness. Not fun. Feel better after doing it but its tough." 14, M

"If it feels good and it's fun - let's do it again!" 13, F

"Eating good will help you feel good everyday" 16, M

"I sleep a lot!" 14 M

"Food - I'm thinking burgers!...I've got my P's so I want to go out with my mates to eat and socialise"" 17, F

"She's looking for structure, like a game, something to get better at" Mother of 13 , F

"When you watch other lives, you step out of yours" 17, M

"Nature is relaxed, sports is strenuous" 15, F

"Health journey's [YouTube, IG] are motivating... doesn't mean I trust it" 17, F

Of changes for health and activity
"[you have to] used to it ...you can't just like something" 16, M

"Next year is the future, freedom to make my own decisions." 17 F

"Good food - you feel better from eating it....bad food is greasy, has no nutritional value" 14, M

"Mental health is confidence, it's equally important." 14, M

"Sport is like hiding you're doing exercise" 14 M

"Being active or a sport can be a purpose, because some of us don't have a purpose yet" 17, M

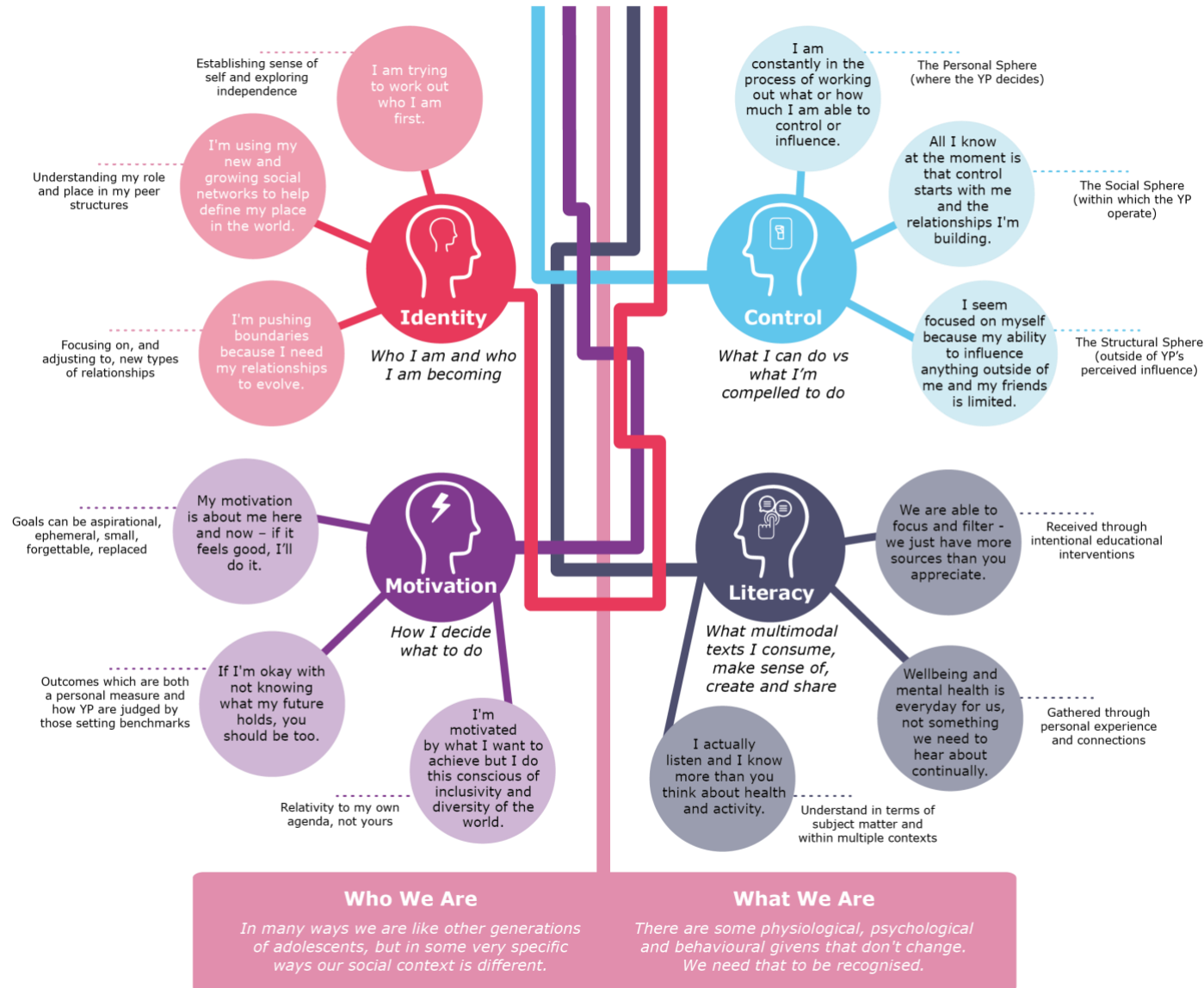
"Worry more about yourself than school"15,M

13-14 yr old 15-16 yr old 17+ yr old

THE BUILDING BLOCKS FOR CO-DESIGNING WITH YP

Through understanding the SLHD service system, YP in the area and how adolescents in general 'operate', the following building blocks for co-design were developed. They highlight key foundational themes and logic around how YP build their knowledge, create action and maintain it.

The building blocks for co-design with 13-17+ year olds - to build knowledge, create action, and maintain action



BUILDING BLOCKS FOR CO-DESIGN - DETAIL

The detail in the building blocks for co-design move us from "what would young people come up with" to "now that we have a strong knowledge of 13-17 year olds, how can we help them describe what would work for a specific question".

Building Block	What's behind it
<div data-bbox="297 256 483 440" data-label="Image"> </div> <p data-bbox="338 395 450 424">Identity</p> <p data-bbox="304 443 483 488"><i>Who I am and who I am becoming</i></p> <p data-bbox="185 520 607 544">I am trying to work out who I am first.</p> <p data-bbox="141 584 651 635">I'm using my new and growing social networks to help define my place in the world.</p> <p data-bbox="192 675 600 726">I'm pushing the boundaries because I need my relationships to evolve.</p>	<p data-bbox="712 256 1458 280">Three things are important in terms of young people's primary focus:</p> <ul data-bbox="712 300 2130 762" style="list-style-type: none"> • Establishing a sense of self and exploring independence <ul style="list-style-type: none"> • Either overtly or not, their main focus is understanding who they are and how they are 'growing' from their point of view. • Pushing boundaries to explore independence may be open and engaging or simply applying different interpersonal measures to how they are treated or their experience - establishing personal rules of how their identity relates to what is around it. • Emergence of a consciousness about concepts such as body image and physical representation. • Understanding my role and place in my peer structures <ul style="list-style-type: none"> • Even though friendship groups are dominant, not all peer structures are positive. • Structures such as organized activities and the school setting present enforced peer relationships that wouldn't necessarily be chosen. • Decisions and actions that take place within peer structures may not be aligned with the interpersonal rules being established in the sense of self. • Focusing on and adjusting to new types of relationships <ul style="list-style-type: none"> • Developing a sense of more developed and intense interpersonal relationships beyond broader peer group dynamics. • Re-defining the familial and peer relationships of the past on their own terms, including the multi-cultural domains where challenges to cultural expectations/norms require courage. • Understanding, reacting to and redefining authority-based relationship (teachers, coaches, advisors).
<div data-bbox="297 799 483 983" data-label="Image"> </div> <p data-bbox="349 943 450 971">Control</p> <p data-bbox="315 994 483 1066"><i>What I can do vs what I'm compelled to do</i></p> <p data-bbox="147 1074 645 1150">I am constantly in the process of working out what or how much I am able to control or influence.</p> <p data-bbox="147 1190 645 1241">All I know at the moment is that control starts with me and the relationships I'm building.</p> <p data-bbox="170 1281 622 1358">I seem focused on myself because my ability to influence anything outside of me and my friends is limited.</p>	<p data-bbox="712 799 1088 823">There are three spheres of control:</p> <ul data-bbox="712 834 2119 1342" style="list-style-type: none"> • The Personal Sphere (where the YP decides) <ul style="list-style-type: none"> • Decisions and choices made are deeply personal and may not appear logical to others. That act of deciding or choosing is about exerting personal control. • Decisions are based on personal drivers but also in relation to external factors because the world around young people is not static, so exerting control can also a response. • The Social Sphere (within which the YP operate) <ul style="list-style-type: none"> • Decision making in a public or group setting that may be different to their personal choices. • Seen as moments in time, not lasting decisions. • Control is exerted in relation to the social activity or relationship, over knowledge about 'what is ideal/preferred' – YP differentiate between known truths and acted on truths. • The Structural Sphere (outside of YP's perceived influence) <ul style="list-style-type: none"> • Structures and institutions (e.g. a school day) that have been set up by adults don't match the adult expectation of how young people 'should' act. • There is too much in place already that makes things hard for them (school structure, food regulation and marketing). • The focus is not only personal change nor is it solely the responsibility of the YP themselves. Creating supporting environments, that make healthy choices the easiest choices is a fundamental of health promotion and opportunities exist with YP in this realm.



What multimodal texts I consume, make sense of, create and share

We are able to focus and filter - we just have more sources than you appreciate.

I actually listen and I know more than you think about health and activity.

Wellbeing and mental health is everyday for us, not something we need to hear about continually.*

There are three elements to literacy in 'instructive' topics like health and activity:

- **Received through intentional educational interventions**
 - Large amounts of curriculum-based information as delivered in school is received and can be recalled.
 - Receipt of information in a school setting is offset with experience of the structures it is delivered in (e.g. health information in relation to school as a sitting environment).
- **Gathered through personal experience and connections**
 - As personally investigated themselves (social media and other secondary multi-modal sources)
 - As experienced (peer and other verbal or shared sources).
 - Sharing and saving the key processes for gathering in a context of unlimited content.
- **Understand in terms of subject matter and within multiple contexts**
 - YP have an ability to describe and articulate facts about health and activity.
 - Foundational material is known from existing sources.

*Although it is recognized that there is a gap for some YP between 'stated knowledge' and 'enacted knowledge'.



How I decide what to do

My motivation is about me, here and now - if it feels good I'll do it.

If I'm okay with not knowing what my future holds, you should be too.

I'm motivated by what I want to achieve but I do this conscious of inclusivity and diversity of the world.

Motivation is key, given the right context:

- **Goals can be aspirational, ephemeral, small, forgettable, replaced**
 - Intrinsic motivation to commit - the desire to do something based on inherent enjoyment or satisfaction from the behavior itself (such as I see my friends when I exercise, I make new friends, I have fun has more resonance).
 - There is a difference between 'expected goals' which is how young people might respond to questions of them and actual goals which is how they would define what they are trying to achieve.
 - Relationships, study and work future still stand out in terms of focus for goals.
 - **Outcomes which are both a personal measure and how YP are judged by those setting benchmarks**
 - It is hard to define what outcomes are being sought and how they are measured because they are connected to a sense of self that isn't fully developed.
 - The relationship of the age range 13-17 to other ranges they will move through affect outcomes (thinking they have time to take care of things, just trying to get through the 'now').
 - **Relativity to my own agenda, not yours**
 - Any defined or articulated aspiration or goal must relate directly to the YP themselves, not be abstracted to a population.
 - Even with a focus on self, social justice and global issue interest is there are real motivators for effort, and for anxiety.
 - Practical steps that lead to success is required.
 - As much as they are focused on their own agenda, YP motivators do exist in relation to broader social issues.
- *See Appendix: References for the SLHD, NSW and Australian data used as a foundation here.*

Who We Are

In lots of ways we are just like other generations of adolescents, but in some specific ways our social context is different.

What We Are

There are some physiological, psychological and behavioural givens that don't change. We need that to be recognised.

- *See Appendix: References for the data and reports used to understand this layer of young people.*



SECTION 3
HOW WE GOT THERE



OUR CO-DESIGN APPROACH

A series of activities that built on knowledge, expertise and lived experience occurred during the project.

Phase 1: Understand the System (April 2018)

Engaging with our Project Team to understand the key stakeholders in the SLHD 'service system'.

The Project Team: OPH: Chris Rissel, Christine Innes-Hughes/Kym Buffett/Amanda Green. Uni of Sydney: Margaret Allman-Farinelli. SLHD Health Promotion/Population Health: Li Ming Wen/Sarah Taki (Research & Evaluation Team), Karen Bedford (A/Director), Helen Dirkis (HCI Manager), Suzanne Gleeson, Renée Moreton. Youthblock: Nigel Carrington (Manager), Rowena Yamazaki.

Phase 2: Understanding young people (July – August)

Firstly, undertaking a range of desk research to ensure ongoing investigation with young people has a solid theoretical grounding key existing pieces of research and strategy will be reviewed.¹

Then conducting one-on-one interviews to develop understanding as context for the co-design events. Providers already offer a range of direct services, but there are also related services and speaking with a small number of subject matter experts in the youth, health and service

delivery fields gave the co-design activity the correct context. Additionally, one-on-one interviews with young people as subject matter experts in their own lives to generate insight around choice, definitions, motivations, geography and social settings.

Subject Matter expertise:

- School Principal Network Leader - School context as focus.
- Youth Services Program Delivery - participation as focus.
- Youth Co-Designers x 3 - At risk youth and supportive design as focus.
- Parent of Young People with experience in NSW Programs - Motivation and transition into age group as focus.
- Health Promotion Program Developer - Sexual Health example as focus.

Young People in the target age range, this was a long-form interview with a card-sorting exercise to explore

- 2 x 14 year old's in a 'supported friendship' conversation.
- 1 x 17 year old

Phase 3: Describe, Test and Design the Solution Options (September to October 2018)

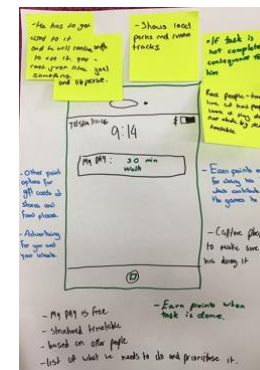
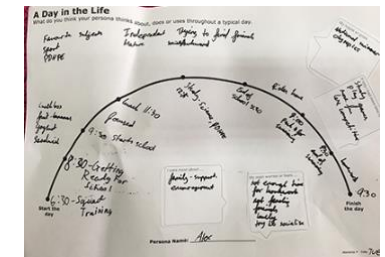
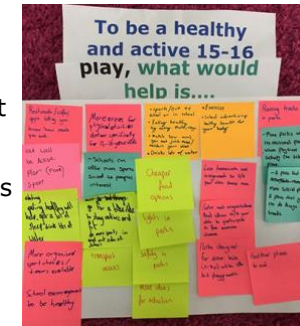
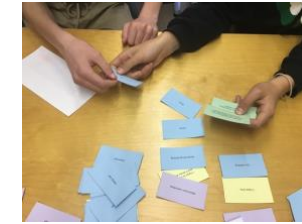
Workshops and other collaborative activities were key and prototyping formed the bulk of the approach.

Co-design workshop participants with Young People from within the SLHD

- 10 x 13-14 year olds (Workshop 1)
- 8 x 15-16 year olds (Workshop 2)
- 10 x 16-17 year olds (Workshop 3)

Solution Design Workshop

- 8 x 13 - 16 year olds nominated by Strathfield Sough HS, Concord HS, Sydney Secondary College and Burwood Girls HS
- The project team x 12
- Carolyn Murray, Ministry of Health, NSW STI Programs Unit



EXAMPLES OF PROTOTYPES FROM THE CO-DESIGN PROCESS

The use of prototyping with YP and the broader project team was a critical part of arriving at the solution, but prototypes are not a solution in themselves. Prototyping is undertaken rapidly to identify features and benefits that, with analysis, may form elements of a viable and desirable solution.

The YP involved were supported to understand that they were in a safe, 'purposeful play' environment but were not on their own accountable for the 'the answer'. This led to the development of a large number of solution prototypes and the following vignettes highlight key prototypes that influenced the ongoing solution design each in their own way. *For a list of all the inputs please refer to Appendix iv, v and vi.*

What is it and how does it work?

The Health Box is literally a box of surprises, gifts or offers to help you become a better you. It contains gym passes, fit bits and advice to get fit and improve your wellbeing. If you use the things in it you can get a reward.

The box is given to people who teachers, mentors or others think might need it as a pick-me up. It is given privately not publicly.

What messages does it deliver?

- There are other ways to spend your time, get off the screen.
- Leave it til tomorrow, sleep is way more important.
- You might need some help, here it is.

Why might it not succeed?

The person receiving it might get insulted.

Insights for Solution Development

- YP think direct intervention by experts even before you are identified as 'unhealthy' can work.
- Gathering together things that link YP to services in their areas is important.
- Creating access through passes that are paid for or discounts can help.
- Physical things give the solution some presence and create an effect.
- Rewards are important.

What is it and how does it work?

Local YP might live right next to great facilities but don't know whether they are safe or how to use them. With the Local Activity Finder, they get to sign up via mobile to receive messages about activities that will take place to show them around things like greenspace and what they can do in there.

Food is used as an attractor for YP to take part. Activities that are offered go above and beyond the normal sport / martial arts offers that currently exists.

What messages does it deliver?

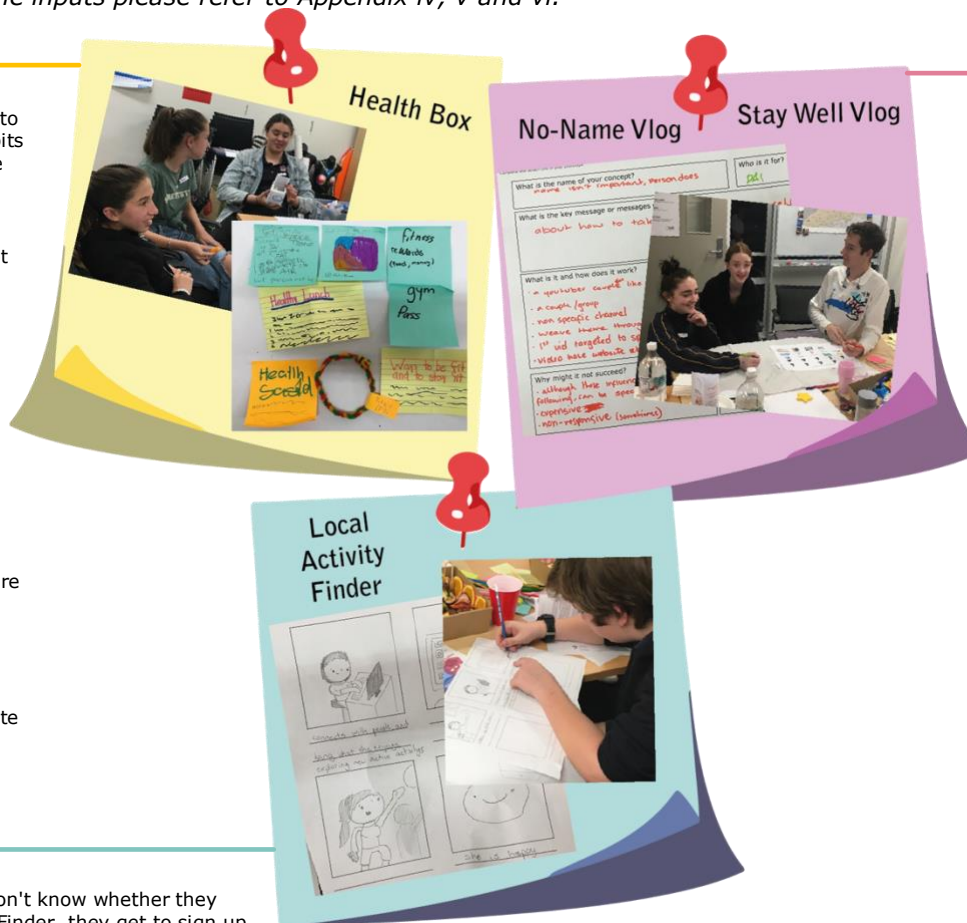
- Come and see what you can do.
- We show you how safe your area is.
- There's more to being active than sport.

Why might it not succeed?

Mobile access might make it hard for YP to be involved if they don't have one.

Insights for Solution Development

- Simply having healthy food on offer can be a motivator.
- YP need their local area demystified.
- YP don't have any designated public space that is theirs outside of organised sport.



What is it and how does it work?

This prototype has two names because two options were presented.

Option 1 by a group of 15-16 year old males focused on the delivery of health and activity messages by celebrities and role models:

- Sport celebrities like Wests Tigers players (but only if they have a good and real story to tell).
- Regular delivery of 10-15 minute episodes.
- Includes training tips, news and role model stories.

Option 2 by a group of 16-17 year old females focused on not having a specific channel but having a variety of messages delivered by an internet influencer, some of which were health related:

- Not named - influencer driven.
- Delivered by known YouTubers like David and Liza or Casey Neistat and his brother, two people better than a single presenter as discussion is created.
- Non-specific channel with content planned and promoted through the existing one.

Links to a website about pressures and more detail with links in the presenters bio.

What messages does it deliver?

Option 1: Get sleep to stay well, Eat well. Work hard to get better.

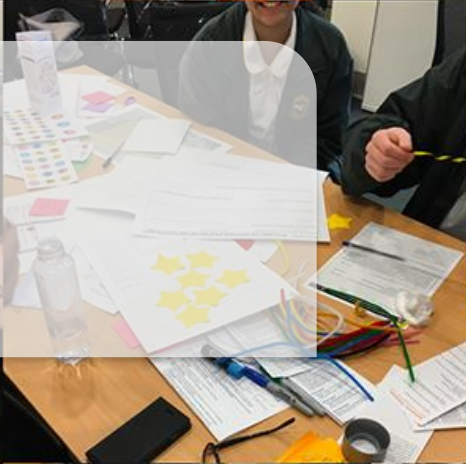
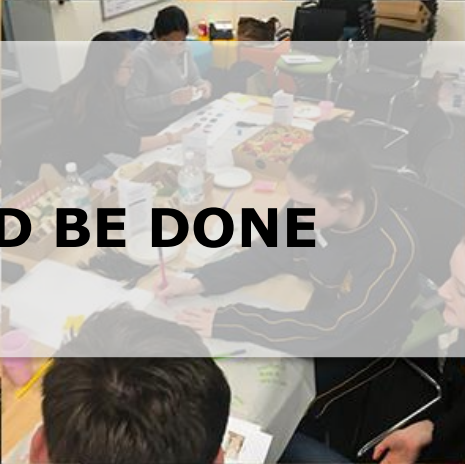
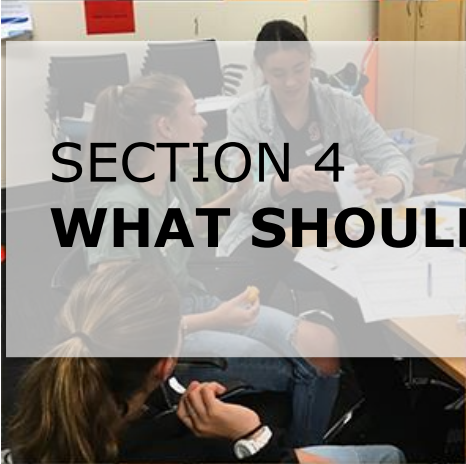
Option 2: Take the pressure off yourself.

Why might it not succeed?

- Although influencers have large following it might be hard to get it specific to Sydney.
- It's expensive to pay influencers to deliver.
- The more popular an online presenter the less chance of interaction for YP in the local area.

Insights for Solution Development

- There are gender differences in content delivery preferences.
- Though the platform seems the same when YP describe it (YouTube) the content and delivery can be very different.
- YouTube is without question the go-to online video platform.
- Use of other topics and humor can work along with health messages.



**SECTION 4
WHAT SHOULD BE DONE**



PRINCIPLE-BASED PROGRAM DESIGN AND DEVELOPMENT

All of the data gathered, and insights gained have led to the development of four key principles that can be applied to any service or program delivery in this space. The principles should be applied to decision-making in the design, development and deployment of program elements.

Guiding principles for the development and delivery of healthy and active programs in the SLHD for 13 - 17



Focus: Physical wellbeing as a goal is more relevant for YP than health outcomes as a personal measure.

"I'm still working out who I am and I'm ok with that. I want to feel good so support me in that where I am now."

As service deliverers we measure our programs and interventions by ensuring we:

- Reflect that the outcome of wellbeing is paramount to the outcome of a specific measure.
- Understand that engagement by YP is a measure of us and our programs, not them.
- Embed enjoyment and satisfaction as a result of participation in all services we deliver, not just 'learning'.

This means we

- Use language that is non-judgmental, success -framed and oriented towards achieving action, and explains 'how' not 'why'.
- Plant seeds, and don't preach – we offer choices, tweaks, boosts and tips.
- Reflect the longer journey YP are on and that it is perfectly normal for their current focus or interest to change constantly.



Differentiation: Interventions are responsive to the differences in age brackets within the 13-17 range.

"We are different to each other, and within ourselves, at this stage in our life."

As service deliverers we measure our programs and interventions by ensuring we:

- Reflect that the ability to focus is different on the journey from 13 - 17.
- Understand that sources that might look the same, are used differently at different ages.
- Embed choice to move between differentiated groups as personal growth occurs.

This means we

- Develop interventions based on the knowledge that 13-14, 15-16, 16-17 young people have differentiating motivators, experiences, interests and responses.
- Reflect gender difference when shaping inputs and expectations.
- Build in age-appropriate check-in points or references for YP to measure their progress.



Immediacy: Program elements leverage and facilitate options and opportunities within the unique SLHD physical environment.

"I want to be able to know and use things where I live."

As service deliverers we measure our programs and interventions by ensuring we:

- Reflect the needs of and opportunities in the specific area we are delivering in.
- Understand the role / impact of systemic issues within the SLHD and balance that with our messages about personal action.
- Embed access to, and sustainability of, programs as a key focus because access to interventions (geographic, financial, personal) can determine what is chosen.

This means we

- Link program activities with socialising and social networks within the SLHD because we understand for many, social groups are drivers of decisions.
- Take advantage of the local built environment, demystifying and building awareness of what is already there.
- Create variety of activity beyond 'sport'.
- Recognise there are multiple self-measures of maintaining something based on:
 - Ability to actually do it.
 - It's enjoyable.
 - It's not enjoyable but willing to stick at it because results are clear.



Evolution: Program development and the relationship of the SLHD to YP in-area based on agency and co-design

"We don't want to just be 'recipients' of programs, we want to be active drivers of them."

As service deliverers we measure our programs and interventions by ensuring we:

- Reflect the desire of YP to help shape the structures around them, not just themselves.
- Understand that goals move from divergent to convergent as YP age.
- Embed an ability to alter public policy and strengthen community action.

This means we

- Support activism (action to bring about change) by establishing the space for self-organisation and agenda setting.
- Establishing opportunities to not just use the environment but to change it.
- Involve YP and local business and the community in place-making efforts.







RECOMENDED SOLUTION TYPES

Based on the principles above, and the prototype outputs developed through the co-design process, six recommended solution types emerge. Their definitions below also list connected experience hallmarks that highlight the type of language young people are looking to engage with.

Program Logic

Creating Knowledge ⇒	Facilitating Action ⇒	Maintaining Actions ⇒
<p>Access Knowledge is made up of information and data but also anecdote, myth and beliefs.</p> <p>Navigate The pathway to creating knowledge is based on being able to question, contextualise and test information.</p> <p>Decide Once tested and knowledge is created, positions can be reached (however, this does not always equal action).</p>	<p>Able to choose With the right knowledge YP feel their decision to act is supported and they are doing it independently.</p> <p>Able to deliver on the choice YP understand what is required to achieve action and are focused and resilient when actioning their choice if navigation pathways worked.</p> <p>Able to see results of the choice What will be achieved is clear and the YP can see the result.</p>	<p>Tracking results Visible access to keeping track of effort on their terms.</p> <p>Re-entering the action layer If actions are stopped, commencing again or course-correcting should be easy and non-judgmental.</p> <p>Dealing with Influences Always place maintenance within the reality of YP ongoing aged-based changes and social constructs.</p>

Solutions Types

					
<p>Tailored Campaigns Elements of a program that are a deliberate and focused marketing effort. <i>YP are receptive to campaigns and willing to be recipients and co-creators of meaningful marketing interactions.</i></p>	<p>Contemporary Resources Elements of a program that result in constructed references and touch points. <i>YP consistently relate to government-related material as trustworthy and required as foundational knowledge.</i></p>	<p>Active Navigation Elements of a program that relate to specific physical activity and food options within a space. <i>YP are looking for things such as physical guides and recommendations in order to navigate and use infrastructure that is already in place.</i></p>	<p>Enabled Self-Organising Elements of a program that support activation of health and active ideas by YP, for YP. <i>Activity that encompasses existing and emerging social networks and constructs are increasingly more likely to be sustainable over traditional (e.g. 'sporting' opportunities).</i></p>	<p>Enhanced Influencing Elements of a program that support specific endeavours that move beyond the interpersonal to affecting structural change. <i>YP understand the structural barriers that impact on their wellbeing outcomes and many of them are willing to act for change.</i></p>	<p>Access to Reward Elements of a program that encourage repeat activity through the direct receipt of something tangible for having undertaken an activity or made a healthy food choice. <i>YP respond to rewards and see them as a way to contextualise their personal journey with the local community and businesses.</i></p>

Experience Hallmarks

Show me

- What others do
- What works for others
- Local parks and running tracks
- Case studies, journeys, experiences

Connect me

- With my friends, with new friends, with experts, with locals, with my community, with influencers
- To activity, not sports
- With free food
- To choices (not 'options')

Excite/Motivate me

- Change things regularly – the types of activities, goals, challenges
- In a shopping centre, not on an oval

Let me

- Ask, hear from others
- Share my experience, perspective - in words, photos, video
- Take my time
- Pursue an idea, run things
- Choose my way

Help me

- Create/organise things I can choose to try
- Make something work
- Understand the basics
- By pre-empting my questions

Reward me

- With 'points' that can be redeemed on things I enjoy (e.g. games, UberEats)
- By including me in decisions about what works for me

Don't Stop Me

- Use my interests to make me better
- Remind me of what I looked at. Or what I might have forgotten
- Support what I do that currently works – don't take it away

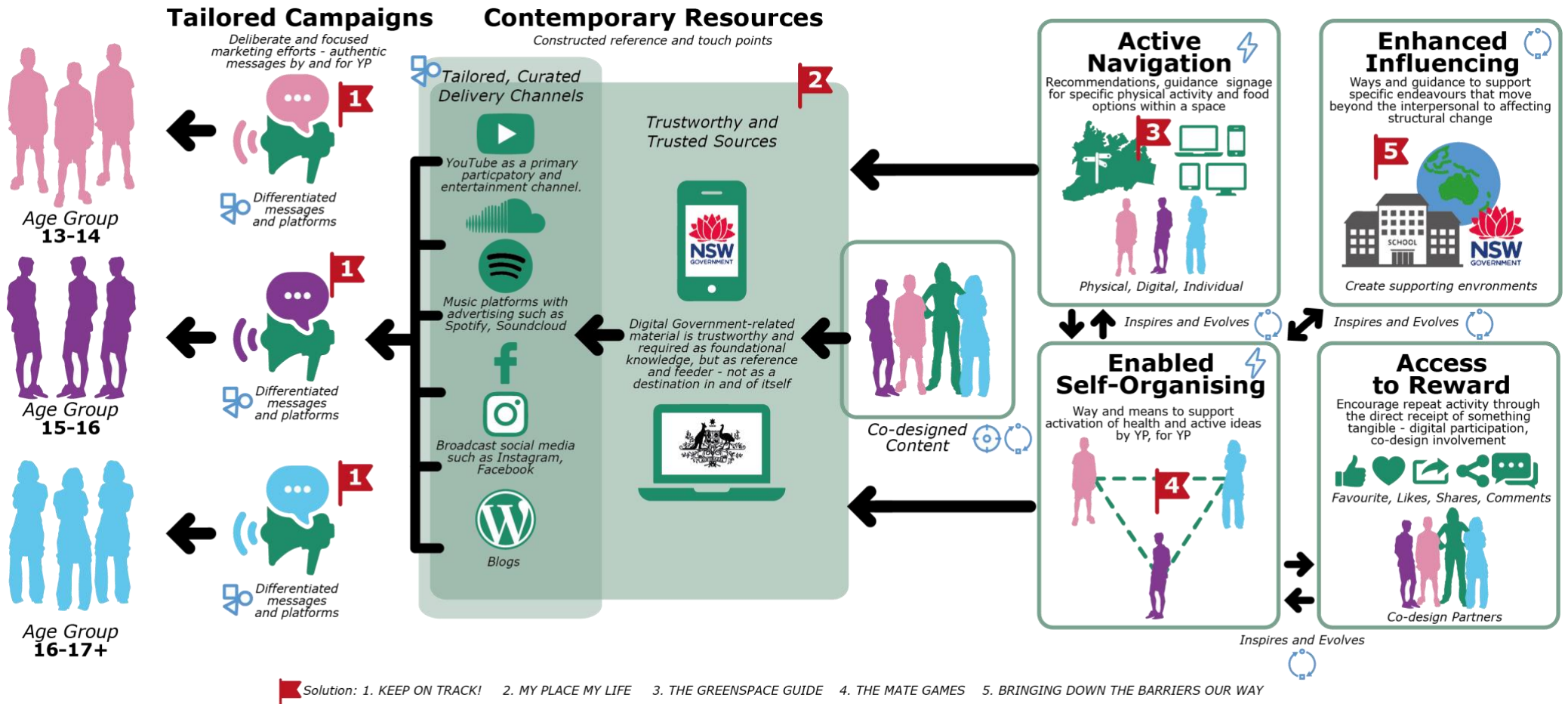
NO 'ONE' SOLUTION - AN INTEGRATED EFFORT FOR MAXIMUM RESULTS

Although designing and delivering individual solution types as the opportunity arises and budget and effort allows exists, it is important to ensure all activity is undertaken in a way that reflects integration at a program and principle level. This is important so that the 'product' of the potential solutions doesn't become the focus in place of the outcome sought or the goal being achieved. It also stops duplicated effort, or over-investment in one particular solution type to the detriment of others.

A way of thinking about the solution types as an integrated effort in line with the Program Intent.

The **program intent** that shapes delivery

A multi-pronged program delivered by the SLHD and made up of elements that focus on the 'how' of being active and healthy in their geographic area and not the 'why'. Reflective of the reality for young people that they have emerging and important social networks and constructs, are seeking independence in order to make the right choices for themselves, and are willing to be involved in co-designing their future.



WHAT SHOULD BE BUILT, WHY AND HOW - SOLUTION DETAILS

The definition of the solution types and ideas from participants have been refined into five potential solutions for development. These solutions require further design but represent the spread of input, including elements of direct suggestions and prototypes developed throughout the process.

NB: The solution group 'Access to Rewards' requires the most additional work because of the complexity of the potential solutions, so elements of reward as raised by the co-design process have been embedded in the other solution types at this point.



Tailored Campaign

<i>Solution Type:</i>	1. KEEP ON TRACK!	
<i>What it is (features)</i>	A traditional marketing campaign focused on re-setting the healthy and active narrative around how well young people are capable of doing. The campaign responds to the finding that action is more likely when knowledge is delivered in chunks of accessible, relevant and navigable information.	
<i>Why it's important (benefits)</i>	<ul style="list-style-type: none"> • Starts success-based language connection with young people. • Creates a platform to launch trusted materials for action and maintenance. • Shows that NSW Health is visible in the space. 	
<i>How it might work</i>	<p>Phase 1 - Awareness Uses slogans made up of language from the co-design process and developed by a new team of young people who drive the creative. Focuses on engaging with young people in their language promoting success-based themes attractive to the mainstream ideas of health and an active lifestyle.</p> <p>Delivery Campaign focus would introduce key concepts that lead to other detailed solutions at a time that mirrors the rhythm of the school year and day. Focused directly on young people's personal behaviours and places, not mass-market strategies such as bus shelter advertising.</p> <ul style="list-style-type: none"> • Posters in area in style of concert promotions in locations where young people gather (including school). • Spotify and SoundCloud ads. • Banner ads on popular sites for young people. <p>Themes (using language from YP)</p> <ul style="list-style-type: none"> • Keep on Track • If you haven't you can, just start now • Maintain the Game • Stay Well • Motivation doesn't get you out of bed, discipline does! 	<p>Phase 2 - Interactive Use of appropriate social media platforms to draw young people into a conversation and to draw them back to a central, curated source (see Solution 2):</p> <ul style="list-style-type: none"> • Hashtag or questions to draw people in. • Rewards for engaging (health-based and local). • Ability to create content for resource.
<i>Differentiation Opportunities</i>	<ul style="list-style-type: none"> • Focus on in-space posters in existing areas of activities such as schools for 13-14 year olds. • Deliberate use of music sharing sites identified as key for 15-16 year olds. • Interactive phase more relevant for 15-17 year olds and messaging should be focused at the more mature end. 	
<i>Effort required to progress</i>	<ul style="list-style-type: none"> • This solution can be driven by a creative agency and for a Department like NSW Health should not provide significant effort outside of normal campaign development costs. The most important 'effort' cost is to ensure the creative agency authentically co-creates with young people. 	



Contemporary Resources

<i>Solution Type:</i>	2. MY PLACE MY LIFE	
<i>What it is (features)</i>	<p>An online space where tailored sources of information is kept as a trusted healthy, active and physical wellbeing lifestyle hub. Providing a space where young people can learn at their own pace but also ask questions they may be seeking answers to.</p> <p>Includes the use of role models (known and unknown depending on age differentiation) who share their ideas on being active and healthy as content providers and engagement points.</p>	
<i>Why it's important (benefits)</i>	<ul style="list-style-type: none"> • Underpinned by trusted information. • Inspiration and activation point that is relevant to each differentiated group. • Success stories instead of reporting on deficit. • Online is used as a way of accessing answers to awkward questions. • Professionals can be relied on for 'facts'. • Provides a guide for YP to understand how their current actions, even if experimental, can map to what is a positive future pathway. 	
<i>How it might work</i>	<p>Element 1 - Facts (a core site)</p> <p>The fact element is the packaging of healthy and active lifestyle messages and detail in a way that is accessible:</p> <ul style="list-style-type: none"> • Co-curated by young people and experts. This dual delivery of information is to ensure engagement happens as we know that if YP are not engaged and they feel disadvantaged and will 'blame' the source for not helping them get it right. The YP curator voice here is to minimise that risk. • As YP express an interest (articulated publicly or not) of seeking reassurance on what they are doing is "normal" or "where they fit" an ability to ask a question / suggestion box with expert answers is crucial (Nurse Nettie is a great example of this on PlaySafe). • Material is not just health-specific, connection to activism, council, other relevant material provides practical and responsive connection. • Though not focused on it, should provide links and a place for YP to go to if they have under/over weight concerns. 	<p>Element 2 - Journey (related material for multiple platforms)</p> <p>The Core Site is wrapped in with YouTube style re-useable videos from locals and role models and a vlog style channel for young people checking in with their success story.</p> <ul style="list-style-type: none"> • Notion of a health journey as main narrative structure. • Role models to be known (celebrities such as local footballers) and unknown (local people just older than the target group with good stories to tell) depending on age differentiation sought. <p>Initially content is pre-produced but potential rewards can be built in to encourage submitting.</p> <p>The material should be developed as an engagement layer on the core site, but also distributed via YouTube.</p>
<i>Differentiation Opportunities</i>	<ul style="list-style-type: none"> • Gender differences highlighted in the co-design process showed that young males in the SLHD were looking for celebrity role-models who have a story to tell (e.g. local footballers), whereas females spoke about being more influenced by role models who were closer to them in experience and age - more 'real'. • Core site definitely split into age groups with all material tailored. • Knowing what small components add up to something helps (spectrum of engagement) and again the research shows that this may be gender influenced - males seeking clear instruction and tips on physical activities etc relating to the 'now', females looking to be engaged in experiences relating to a longer terms journey. 	
<i>Effort required to progress</i>	<ul style="list-style-type: none"> • This solution requires the set-up of a curating group and content creation at regular intervals. Excellent examples on co-designed online spaces exist in the sexual health sector in NSW and should be mirrored here. Existing content from NSW Health sites also provide a strong basis for information on the site. • Please Note: an App is not recommended. A mobile-accessible website fulfils the actual needs the YP articulated. 	



Active Navigation

<i>Solution Type:</i>	3. THE GREENSPACE GUIDE
<i>What it is (features)</i>	Age specific activation of physical spaces with a 'guide' (a person) who shows young people what is available near them and what they can do there.
<i>Why it's important (benefits)</i>	<ul style="list-style-type: none"> • Access is supported. • Use of existing environment. • Demystifying local areas. • Creating a pattern of activity based on broad skill development. • When YP feel supported to be good at something it's more enjoyable for them to repeat. • Self-generated groups might form based on interest that evolves and this should be supported.
<i>How it might work</i>	<p>The Guide is advertised as meeting at a known spot in the physical space but one that 13-17 year olds may not tend to use. A walking tour takes place where a number of themes are explored:</p> <ul style="list-style-type: none"> • Why / how this space is safe to use. • What is already in the space and immediate surrounds. • How you can use the space without equipment. • How much you would need to use it – costs, equipment, gear. <p>Content</p> <ul style="list-style-type: none"> • Sessions are geographically spread throughout the SLHD and tailored to what is available there. • Specific weeks could have a game or skill focus eg. parkour and a Guide passport created to gather points for attending. • Healthy food options are also provided / subsidised as part of the session. <p>Delivery is</p> <ul style="list-style-type: none"> • Via known and approved local providers who can also build bridges to more organised activities if the young people request it (outside of the Greenspace Guide solution, e.g. PCYC as a means for organised activities (see <i>Solution 4</i>) or RSPCA as dog walking activity). • Includes signage at key points as a lasting reminder to young people of the session and space when the guide isn't present in order to support repeat visits to the space. • Supported by an online calendar that allows young people to RSVP (or not) and navigate to other areas that may have activity topics they are interested in.
<i>Differentiation Opportunities</i>	<ul style="list-style-type: none"> • The key differentiation point in this solution is that each group that is developed delivers activities to the sub-groups of 13-14, 15-16 and 16-17. This will encourage engagement as YP are looking both for spaces in public that 'they can own' but also don't want to be treated homogenously within the 13-17 age spectrum.
<i>Effort required to progress</i>	<ul style="list-style-type: none"> • Engagement of providers and development of calendar requires a level of effort. • Influencing signage in parks and spaces requires cross-government collaboration.



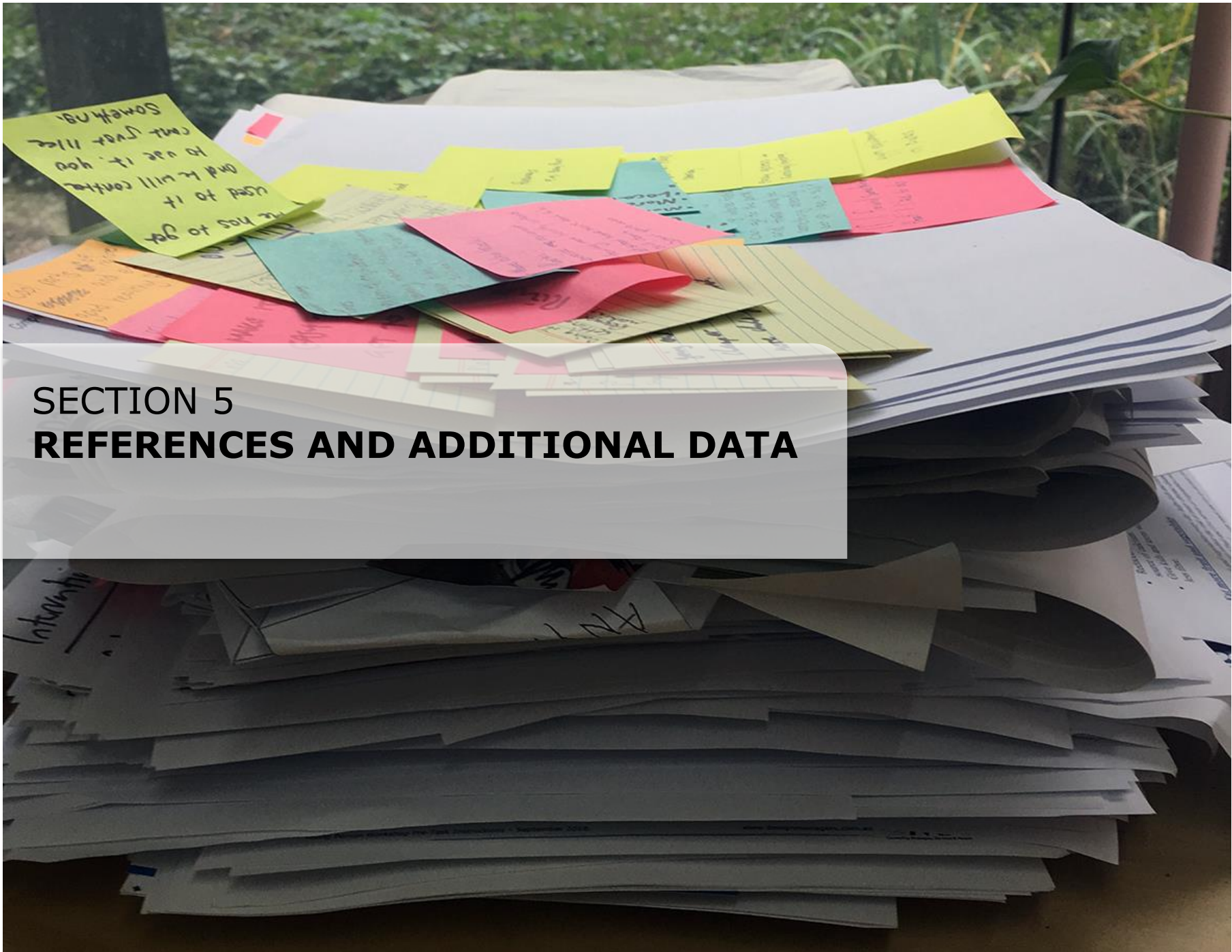
Enabled Self-Organising

<i>Solution Type:</i>	4. THE MATE GAMES
<i>What it is (features)</i>	The supply of space and equipment by a local provider for self-organised games and activities.
<i>Why it's important (benefits)</i>	<ul style="list-style-type: none"> • Allows the social aspect of activity - not competition-driven or sport-specific. • Supports and builds on existing social networks of young people. • Partnerships with existing providers helps them better utilise their space.
<i>How it might work</i>	<p>Local providers like Councils and PCYS's let SLHD know when their facilities are not being utilised and SLHD subsidises Mate Games Drop-Ins - advertised as spaces where you can do what you want, with who you want.</p> <ul style="list-style-type: none"> • Minimal supervision but deliberate access to equipment that means young people can play games. • Healthy eating compulsory for facility providers at the time of the session (as a way of influencing providers as well). • Points for attending and points for bringing someone which may be collated in a games passport that entitles young people to discounts on the healthy food available at the facility. • Strong emphasis on participation and the social aspect - facilitators at centres are given a guide that outlines the aims (i.e. not competitive). • Links provided by partners to next step - sport - if participants seek it. <p>An element of this solution is to also take advantage of existing activities in school and formal community groups (such as gala days, form-based fundraisers or activities and after-school opportunities on campus).</p>
<i>Differentiation Opportunities</i>	<ul style="list-style-type: none"> • The element of the solution focused on existing school and community groups is designed to engage younger groups (13-14) who are more likely to be allowed to participate if the activity is part of a known or existing school or community network.
<i>Effort required to progress</i>	<ul style="list-style-type: none"> • Connecting beneficial outcomes for potential Guides (<i>see Solution 3</i>) that may be sourced from groups such as PCYC may require negotiation to ensure the organisation benefits in some way, beyond the health and active intention of the program. • Organisation of providers to have healthy food options will require some work.



Enhanced Influencing

<i>Solution Type:</i>	5. BRINGING DOWN THE BARRIERS - OUR WAY	
<i>What it is (features)</i>	An SLHD-funded activist group that looks to influence and change the future. Topics and action decided by the group with a focus on ongoing bringing down of the barriers to a healthy and active lifestyle.	
<i>Why it's important (benefits)</i>	<ul style="list-style-type: none"> • Taps into generational requirement for activism. • Links interpersonal action with collective change. • Creates agency and voice for young people within the rule making structures. 	
<i>How it might work</i>	<p>Option 1 - Create New</p> <p>A large group is formed and kick-off has representatives from health, education and council systems to show they are listening.</p> <p>Action groups are created which set a 'Bring Down the Barriers' agenda - topics might be from small scale to large:</p> <ul style="list-style-type: none"> • Food regulation. • School uniforms. • Use of a particular community space. • Urban design input. <p>Topic groups meet and self-define the action they want to take resulting in representation to decision makers. May be mentored in each group.</p>	<p>Option 2 - Integrate with Existing</p> <p>Same idea as Option 1 but delivered by deliberate connection with existing council youth advisory groups.</p> <p>SLHD interacts with the groups for co-design opportunities when seeking to answer complex health and activity related questions or refining program design.</p> <p>This solution involves the development of a co-design approach that SLHD could sponsor through Councils to ensure agency, not just consultation with young people. That approach could be based on the methodology utilised for this project.</p>
<i>Differentiation Opportunities</i>	<ul style="list-style-type: none"> • There may be younger people (13-14) who do not want to be engaged in activism, the co-design process has highlighted that this is more likely in the 15-17 group. The key element in this solution is not to attempt to make the groups 'representative'. They should be filled with people who have the passion to drive activism. These people will then engage with various YP through their co-design approach. Groups should be filled with YP who want to be on them, not YP who the sponsors think should be there. • There is also an opportunity for these groups to embark on further differentiation based on culture and socio-economic status - something this project didn't attempt in terms of scope. 	
<i>Effort required to progress</i>	<ul style="list-style-type: none"> • Relatively little effort to set up - recruitment and attraction of participation would require effort. 	



**SECTION 5
REFERENCES AND ADDITIONAL DATA**

i. WHERE WE STARTED: Design intent and scope – April 2018

PROJECT SPONSOR AND LEAD

Chris Rissel - Director of the NSW Office of Preventive Health and Professor of Public Health with the School of Public Health, University of Sydney
Renée Moreton - Acting General Manager, Population Health.

INVESTING IN INTENT DEVELOPMENT

The NSW Health Office of Preventative Health, Sydney Local Health District and The University of Sydney have combined efforts to focus on the potential for delivering a co-designed program with and for 13-16 year olds based on supporting healthy lifestyles.

As a pre-cursor to any formal co-design activity, the group engaged Design Managers Australia (DMA) to lead a rapid intent development process to ensure that before engaging with young people, the collective of health professionals involved had a firm, articulated and agreed intent, language and focus.

This is critical as even though co-design will ensure young people create a language and model and recommend outputs that will come from their lived experience, the Project Sponsor, Team and other Stakeholders must have a touchpoint that articulates and governs their desired outcome and agreed intent as funders and future deliverers of what the co-design process creates.

WHERE ARE WE NOW

The three key groups involved in the stewardship of this project come from varied but interrelated areas of the NSW health landscape.

The Office of Preventative Health, Sydney Local Health District (SLHD) and The University of Sydney (the Project Team) represent the mix of academic, strategic development, service delivery and evaluation that will ensure the project outcomes are implementable across the local, NSW health system and potentially beyond.

Each of these groups has identified that a number of healthy weight and active lifestyle programs exist that:

- Are focused on building good food literacy and practice for children aged 0-12 directly with them and with their families/carers through structured programs in schools and through Health Promotion and Preventative Health service networks.
- Deliver ongoing awareness, maintenance goals and information for adults.

- Directly support those of all ages who have been diagnosed with health conditions related to an unhealthy weight through clinical facilities and settings.

However, while it is known that the data shows that there is rapid weight gain 'event' at a population health level around the age of 13, in terms of direct program delivery the 13-16 year old group has not been explicitly addressed*.

The project team recognises that adolescence (ages 13-16) is a crucial development age – physically, psychologically and emotionally. There is a vulnerability of adolescence that in all likelihood may be a key reason why there are few programs focused on them.

**Though the starting premise of the team was that there was a clear program gap, through the course of the intent process some related programs have been identified and will be incorporated into the projects ongoing knowledge of available services.*

WHERE DO WE WANT TO BE

The project team agree that in order to create something of meaning for the 13-16 year old age group a different approach from standard health 'program development' is required.

A number of strategies, studies and focused community service programs exist targeting those above a healthy weight in this age group. However, to summarise the desire of the project team, this work seeks the following outcome:

- *To explore, understand and create insights, directions and artefacts that would support an intentional strategic and practical intervention in the health decisions of young people; how these insights can influence the make-up of existing programs for young people; and how young people can co-create new programs.*

In order to arrive at this outcome *FOR* young people, the project team has decided to engage *WITH* young people through the method of co-design.

Co-design is the discipline of deliberately engaging with users within a system, service delivery groups and other experts to actively understand, explore and ultimately change a system together.

In this project the desire of applying a co-design approach is to:

- Create a meaningful and relevant **language** with and for young people to engage with the topic of health and active lifestyles.
- Identify the range of **motivations** and drivers defined by and relevant to young people in the current state in terms of responding to the topic.
- Understand what might help young people to build **Knowledge**-create **Action**-Lead to **Maintaining** the action from their perspective.

And collate all of this knowledge in a way that:

- Delivers an implementable co-designed 'solution' in the SLHD.
- Provide a scalable outcome in terms of not only approach but also of the potential deliverables of the work across NSW, and beyond.
- Respects the agency and voice of young people by utilising and creating a variety of approaches to engage and co-design with them for their self-defined outcomes.

The project team envisages that the 'where we want to be' state will be delivered through a structured co-design process currently called 'Module 2' in the project plan.

THE DESIGN INTENT

With the current and future state in mind, the intent for the project is two-fold:

1. Firstly, to understand and articulate the thoughts, motivations and drivers of people connected to the SLHD who are currently experiencing¹ have experienced² or are set to³ experience decision-making around what a healthy active lifestyle means and how it is enacted from a YP's point of view.
2. Secondly, to co-design with them a relevant and meaningful 'solution' or set of solutions (to be self-defined) to address the perceived gap in the service offering by Government with regard to obesity outcomes for the 13-16 year old age group in the SLHD.

¹ i.e. young people. ² i.e. those who have been young people in the SLHD. ³ i.e. children in the SLHD

This intent seeks to answer the following design question:

"What would a solution that supports knowledge about, action points and maintenance of, a healthy and active lifestyle for young people aged 13-16 look like?"

The intent will be delivered by taking into account the interpersonal (self-motivations), societal (influences) and environmental (geographic and social determinants) elements that go into the thought processes of young people.

KEY DEFINITIONS FOR THE CO-DESIGN ACTIVITY

As Project Sponsors and the recipients of the project outcomes, the project team's professional and experience language has set the key frameworks of definition required to appropriately structure a co-design process.

The process of definition has meant that some terms that are common in a medical or health promotion setting might not be used in the co-design process.

For the purposes of the work the following definitions are relevant:

Young People - our focus	Creating agency, inclusive of all genders, gender diverse and non-binary people who are connected to the SLHD and are between 13-16 years old. A general population is the focus but building a principle base that allows deeper investigation into priority groups and scalability within and outside of the SLHD is key.
People - our range of input	Inclusive of all genders, gender diverse and non-binary people who are connected to the SLHD and have a perspective on what being 13-16 years old is like from an experience point of view.
Healthy active lifestyle	An intentionally broad, aspirational phrase that takes into account medical and social aspects of the outcomes the Team is seeking. For this project this means the combination of <ul style="list-style-type: none"> • Healthy eating. • Being physically active. • Achieving and maintaining a healthy weight and wellbeing.
Solution	<ul style="list-style-type: none"> • An as yet undefined suite of approaches that supports, informs and promotes decisions and attitude to action that young people might have and make. While unknown at this stage: <ul style="list-style-type: none"> • May be a stand-alone program or share with other programs directly delivered to and reaching adolescents. • May be insights, directions and artefacts that support the decisions of other programs and triggers a population health intervention in this space. • Might include various related topics outside of 'weight' as determined by the co-designers. • May be tangible, virtual or digital.
Obesity outcomes	The project is not intended to address existing and known obesity outcomes in terms of the services available to and accessed by those who are already considered obese. Any solution is intended to contribute to the holistic health outcomes for NSW.

THEMES / AREAS TO BE EXPLORED

A visualisation of where the themes occur in the world of the Young Person is represented in the Service System.

Key Theme	Key design questions
Self-Identity	<ul style="list-style-type: none"> • What does the world and their individual journey within it look like to young people? • How do young people describe themselves (and the types of themselves) in relation to healthy active lifestyles? • What does 'success' look like in relation to themselves and being healthy and active? • Does being healthy and active matter and what do those words mean to them - what language would they use?
Influence	<ul style="list-style-type: none"> • How and from where is the life journey of a young person influenced from their perspective? • What distinction is made between negative and positive influence? • What spheres (digital, virtual, physical, societal) are important to them? • What motivates them to action (in general, in areas they have in interest, in areas where they are disconnected) • What distinguishes influence and experience from knowledge and expertise (and how do they become expert)?
Navigation	<ul style="list-style-type: none"> • What is actually out there in terms of healthy and active lifestyles from their perspective? • What do young people use (frameworks, touchpoints, products, advice) to gain knowledge and create action in their own lives? • What environments are crucial and what part do they play in decision making (geographic, physical, cultural, familial, societal)? • What might work to increase knowledge, drive action and help other young people maintain a healthy and active lifestyle?
Environment	<ul style="list-style-type: none"> • Where is health literacy developed? • When does health literacy lose its currency? • What does food insecurity mean to choices? • How do young people negotiate their way through relationships and spaces?

THE WAY FORWARD FOR THE CO-DESIGN ACTIVITY

The Project has received an indicative approach and scope for Module 2 from DMA, having moved through the intent phase, the following are key inputs to what might occur in that module.

Recommended Tasks	What that means in terms of Module 2 activity
Phase 1: Understand the System <i>(one week)</i>	<ul style="list-style-type: none"> • Continue background reading of newly identified sources (Federal, State and Local Council strategic frameworks and studies). • Interview a number of Service Subject Matter Experts – those identified in the intent phase who are currently involved in the delivery of direct health and wellbeing services to young people in the SLHD (at a Council and youth program level). • Engage with Councils as appropriate to structure the co-design activities.
Phase 2: Understanding Young People <i>(three to four weeks)</i>	<ul style="list-style-type: none"> • A series of targeted activities to explore the key themes of self-identity, influence, navigation and environment (young people and former young people). • Ethnographically-based observation of key physical spaces (physical and virtual) that young navigate within.
Phase 3: Describe, Test and Design the Solution Options <i>(three to four weeks)</i>	<ul style="list-style-type: none"> • Exploratory prototyping workshops with groups of young people. • Testing prototypes in the delivery environment. • Documenting the solution elements.

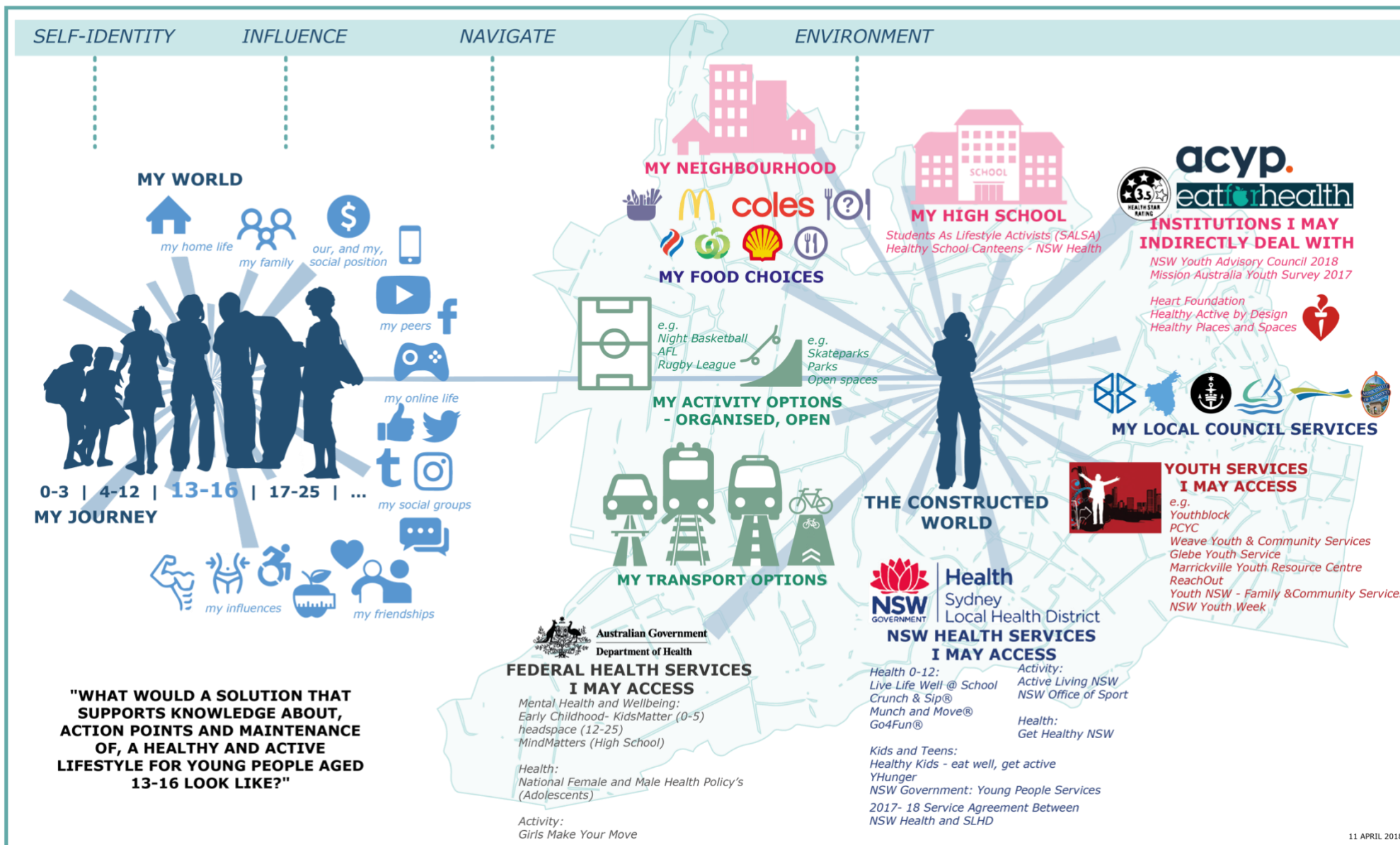
Timing indicates level of logistics required as well as space for refining approach with Project Team. Start and end date to be determined by the Project Sponsor.

ii. SERVICE SYSTEM VIEW – Hypothesis as at April 2018

SERVICE SYSTEM CO-DESIGN WITH YOUNG PEOPLE FOR HEALTHY & ACTIVE LIFESTYLE OUTCOMES

This is a visual representation of the system within which co-design activity will occur - *it is not a visual representation of every single element of the SLHD or health system.*

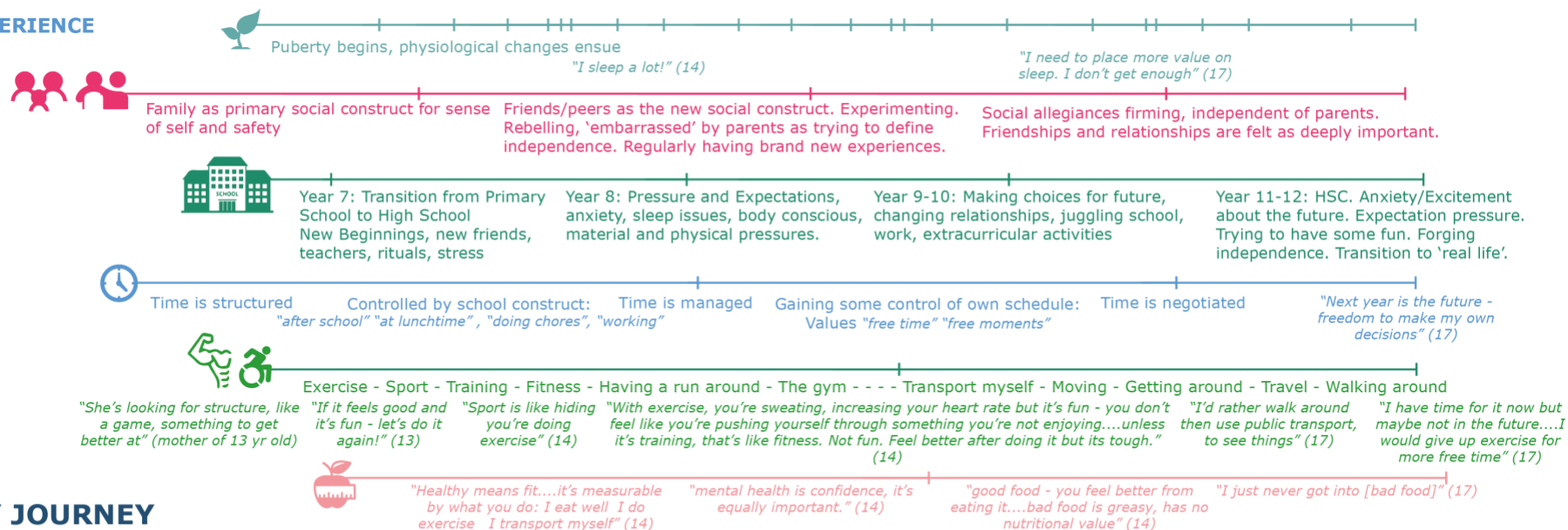
- To the left - My Journey and My World, draws out the key themes of Self-identity and Influence in order for us to consider how that might motivate navigation of the constructed world.
- To the right - the 'constructed world' where services are created and delivered based on geographic locations, according to strategic aims.



iii. BEING AN ADOLESCENT: THE AGES AND STAGES AROUND 13 – 16 YEARS OLD - Learning as at September 2018

While there are gradients of experience in real life the following visual represents an overview of what was discovered as we explored the experiences and constructed interventions connected to health and active lifestyle of the 13-16 year old age group

EXPERIENCE



MY JOURNEY



THE CONSTRUCTED JOURNEY

PROGRAM
 (Application of Strategy)

FEDERAL STATE DISTRICT



STRATEGY



The Wellbeing Framework for Schools - Connect Succeed Thrive in NSW Public Schools
 "In very broad terms, wellbeing can be described as the quality of a person's life....The Wellbeing Framework for NSW public schools contextualises wellbeing to individual students, school settings and local school communities. The concept that wellbeing is dynamic and is integral to learning is vital to embedding it in the complex multi-dimensional work of schools."



NSW Education Standards Authority (K to 10) Personal Development, Health and Physical Education
 While the PDHPE syllabus may contribute to a range of goals that sit beyond its educative purpose, the prime role of PDHPE is to provide: ongoing, developmentally appropriate and explicit learning about health, safety, wellbeing and participation in physical activity, learning opportunities to create, practise, apply and evaluate the knowledge, understanding, skills, values and attitudes needed to live healthy, safe and active lives.

iv. OUR CO-DESIGNERS RAW INPUT

The input from experts (including the lived experience experts such as parents, educators and others) and YP throughout the process led to the generation of a large number of solution ideas (see Section 4). The co-design approach outlined was iterative and generative, meaning no single idea was judged as being correct or not, but ideas built on each other to lead to recommended solution types.

The following list highlights the breadth of ideas the approach generated, either through desk research, interviews or collaborative workshops which included individual pre-work.

Creating knowledge	Providing access to or supporting activity	Using existing spaces or networks	Tracking and engaging
<ul style="list-style-type: none"> • Role models – relatable to age, celebrities with a story to tell. • Advertising through Soundcloud, Spotify. • Case Study/Shared Experience in our voice. • Posters in schools. • Govt website backing up options for trust. • Menus of options, boosts, tweaks and tips. • YouTube influencer vlog with themes interwoven around food, activity, location, 'lifestyle'. • Suggestion box. • Tips and Hints <ul style="list-style-type: none"> ○ first person ○ success language ○ short bits of information • 4 rules for a healthy and active lifestyle (article / blog) <ul style="list-style-type: none"> ○ eat ○ sport • Video report / reviews • Suggestion box 	<ul style="list-style-type: none"> • Clubs for regular activity <ul style="list-style-type: none"> ○ at a place (Yaralla House Perry Park) ○ fun and social ○ experts to show ○ snacks provided ○ don't call it sport, make it games • Points system, redeemable prizes of value to age and interest. • Commercial Sponsorship to make options affordable, 'cool'. • Equipment bank for friend activities. • Poster for advertising <ul style="list-style-type: none"> ○ Knowing the space ○ Council connection ○ making new friends ○ free and fed • Fit box, Health box • Alternative ways of getting activity <ul style="list-style-type: none"> ○ RSPCA dog walking 	<ul style="list-style-type: none"> • Health and activity trusted guide – a person, content, a source • Ways of Exploring SLHD greenspace. • Age appropriate activity in existing parks • Age-appropriate style and access to gym. • Increased range of activities made available (beyond soccer and netball). • Ways to navigate good food options • Physical support kit. • Community space as activity hub (garden, compost etc). • Science Clubs at school. • After school activities on campus. • Young person blog - area review and facts • Community sports program out of school • Rewards for activity in schools 	<ul style="list-style-type: none"> • Use of current issues like single use plastics to motivate young people. • Looking at changing school uniforms to make them active friendly • Ambassadors for fitness <ul style="list-style-type: none"> ○ Wests Tigers • Posters with basic advice <ul style="list-style-type: none"> ○ stress free ○ be kind ○ not elite athlete • Sharing experiences blog • Talking about 'I've finally become the person I want to become' • Directive blog with goals <ul style="list-style-type: none"> ○ share an experience ○ build up slowly • Effort tracking app • Sleep routine app • Vlog • YouTube channel

v. ADDITIONAL KEY DATA

INTERVENTIONS

A range of data on intervention types was collected. It is placed here as a reminder during the co-design phase about what is known about interventions when designed and delivered by health professionals, not young people themselves. It will be used to ensure the process balances 'what is known' with 'what new things might be created' through co-design.

Intervention types that are globally recognised	Service descriptors in the SLHD for support services
<ul style="list-style-type: none"> • Active Transport - encouraging walking cycling and using public transport • Health Care payors - incentives or support for healthy behaviours • Healthy meals - improving quality in controlled settings • High Calorie food and drink availability - in controlled settings • Labelling - consumers understanding content of food • Media restrictions - on advertising that promotes consumption • Parental education - empowering parents • Pharmaceuticals - intervening with drugs to reverse obesity • Portion control - designing packaging to better delineate portion size • Price promotions - restricting promotional activity • Public health campaigns - on healthy eating and physical habits • Reformulation - incrementally reducing calories in food products • School Curriculum - additional hours of physical education • Subsidies and taxes - changing regulatory policy to adjust consumer prices • Surgery - scaling up bariatric surgery • Urban environment - making changes to physical activity and food choices in urban spaces • Weight management programs - education and empowering individuals through counselling, education and other programs • Workplace wellness - offering programs and engaging employees in the workplace 	<ul style="list-style-type: none"> • School-based services School-based services—such as counsellors, welfare officers and support resources—provide support for young people as they negotiate challenges in their school-based social environment. • Youth Services Services that deliver a range of whole-of-person supports to identified young people. • Health services Services that are most commonly clinical in nature. • Activity Services Those groups who offer participation and organised activities. • Mental Health specific services like Headspace Headspace is an early intervention service model aimed at providing mental health services to 12–25-year-olds. • The online environment The range of services available for self-navigation online.
<p>Health equity through action on the social determinants of health and the Solar and Irwin Conceptual Model - WHO</p>	
<p><i>WHY PLACE MATTERS FOR HEALTH EQUITY</i> - Where people live affects their health and chances of leading flourishing lives. Communities and neighbourhoods that ensure access to basic goods, that are socially cohesive, that are designed to promote good physical and psychological wellbeing, and that are protective of the natural environment are essential for health equity.</p> <p>This framework suggests that interventions can be aimed at taking action on:</p> <p>The circumstances of daily life:</p> <ul style="list-style-type: none"> • Differential exposures to disease-causing influences in early life, the social and physical environments, and work, associated with social stratification. Depending on the nature of these influences, different groups will have different experiences of material conditions, psychosocial support, and behavioural options, which make them more or less vulnerable to poor health; • health-care responses to health promotion, disease prevention, and treatment of illness; <p>And the structural drivers:</p> <ul style="list-style-type: none"> • The nature and degree of social stratification in society – the magnitude of inequity along the dimensions listed; • Biases, norms, and values within society; • Global and national economic and social policy; • Processes of governance at the global, national, and local level. 	

vi. REFERENCES

SECTION	REFERENCE
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Literacy and learning models	<p>A range of models were introduced by SMEs as they were interviewed for consideration:</p> <ul style="list-style-type: none"> • The Australian Curriculum • Education for All Global Monitoring Report 2006 UNESCO - Understandings of Literacy • Glasser Choice Theory • The Health Literacy Model • Higher Order Thinking Model (Bloom's Taxonomy) • NSW Education Standards Authority • Paulo Freire Praxis Theory
Adolescent specific information	<ul style="list-style-type: none"> • Access 3: young people's healthcare journeys Preliminary Report. The University of Sydney and UTS February 2017 • Australia's health 2016. Australia's health series no. 15. Australian Institute of Health and Welfare May 2016 • Community-based approaches to adolescent obesity: An Evidence Check rapid review brokered by the Sax Institute (www.saxinstitute.org.au) for the NSW Office of Preventive Health. L. Miller M, Damarell R, Bell L, Moores C, Miller J, Matwiejczyk August 2017 • 'Key Issues Experienced By Students' – framework developed to understand experiences of NSW 12-16 year olds as they navigate high school, Redrollers Research • Mission Australia's 2017 Youth Survey Report. Bullot A., Cave, L., Fildes, J., Hall, S. and Plummer, J. Mission Australia. 2017 • Motivations for Adolescent Physical Activity, Dana M Litt, Ronald J Ianotti and Jing Wang (2011) • NSW Health - Youth and young adults sexual health segmentation. GfK Australia Becky Silverside, Kylie Miller, Natalie Ellis, Jo Grogan March 2017 • Overcoming obesity: An initial economic analysis Discussion paper. Mckinsey Global Institute November 2014 • Article: 'How Teens Today Are Different from Past Generations - Jean Twenge' - https://greatergood.berkeley.edu/ 2017 • Article: "Teens get a bad rap": the neuroscientist championing moody adolescents - ' The Guardian, 18 August 2018 • Article: 'The 7 Secrets of Motivating Teenagers' - http://understandingteenagers.com.au 2016
Services and service system strategies	<ul style="list-style-type: none"> • Australia's Physical Activity and Sedentary Behaviour Guidelines for 13-17 Year Olds. Department of Health. • The Dundee Project Speakers' Slides October 2017 • The Health of Children and Young People in NSW: Report of the Chief Health Officer NSW Ministry of Health 2014 • NSW Healthy Eating and Active Living Strategy: Preventing overweight and obesity in New South Wales 2013-2018 NSW Health 2013 • NSW Get Healthy Information and Coaching Service®: The first five years 2009 - 2013 NSW Health June 2014 • Sydney Local Health District Strategic Plan 2018 – 2022, NSW Ministry of Health 2018 • Sydney South West Area Health Service Overweight and Obesity Prevention and Management Plan 2008 - 2012 NSW Health 2008 • NSW Office Of Preventive Health The Fifth Year (2016-2017) in Review: NSW Health 2017 • NSW Office of Preventative Health - Mission. • Recreation Needs Study – A healthier Inner West, Inner West Council, May 2018 • Young people, health and wellbeing strategy 2017–19. VICHEALTH December 2017

vii. ACKNOWLEDGEMENTS

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Subject Matter Experts	<ul style="list-style-type: none">• Rosie Taranto, YouthBlock• Olivia Hu, Corey Anderson, Administration Youthblock Youth Health Services• Natalie Rowland, Quantitative Specialist, Redrollers Research• Amelia Navascues, Cultural Researcher, Redrollers Research• Maria Serafim, Director, Educational Leadership, Strathfield Principals Network• Jess Mileusnic, Administration Officer for John Kennedy – Auburn Principals Network, Strathfield Office• Carolyn Murray, Manager, NSW STI Programs Unit• Nicky Sloss, Student Wellbeing, The Association of Independent Schools of NSW• Matthew Balane, Community Projects Officer, Inner West Council• Charlie Coorey, Coordinator Children and Youth Programs, Inner West Council• Dr Kyra Sim, Manager Childhood Obesity Prevention and Management, Sydney Local Health District• Kim Eisler, School-Link Coordinator – Sydney Local Health District• Daniela Monasterio - Youth Programs Officer, Canterbury Bankstown Council