Young People Charter of Practice Principles

Improving Learning, Health and Wellbeing Outcomes for Young People

Practice Manual: Young People's Charter of Practice Principles

A Youth Wellbeing Stakeholder Advisory Group Initiative

The Peninsula Model
for primary health planning

Acknowledgement of country

We acknowledge and pay respect to the traditional people of this region, known as the Myone Buluk of the Boon Wurrung language group of the greater Kulin Nation – and bestow the same courtesy to all other First Peoples, past and present, who now reside in the region. The Boon Wurrung people are the proud custodians and protectors of the lands on which we live, work and play.

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Frankston Mornington Peninsula

Young People's Charter of Practice Principles

Practice Principles

1. No wrong door

If we are not the right service we will help the young person find the right service.

2. Young person's voice

We will listen carefully so young people can tell us what they need.

3. Respect for relationships

We will find out what supports the young person currently has, including friends, family, community supports, services involved, the school and the GP.

4. Sharing information

We will talk with young people about

- what information we want to share,
- who we want to share it with and
- why we believe this is important.

We will help young people (and guardians where appropriate) decide whether to give us permission to share their information and to understand the consequences of their choice.

Staying connected

We will make sure that the young person has a contact person whilst waiting for a service. This might be us or another person in the young person's support network.

6. Feedback to school or service

We will give feedback to the initial service or school the young person contacted. We will confirm if the young person has engaged with our service or not.

7. Shared Care

We will work together to coordinate young people's care.

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1 Introduction

This resource highlights strategies and tools to assist managers and staff across health, education and community services to embed the Frankston Mornington Peninsula Young People's Charter of Practice Principles (the Charter) into practice.

1.1 Background

The Frankston Mornington Peninsula (FMP) has a population of approximately 50,000 young people between the ages of 10 – 25.[1] Of these, 10,000 - 11,000 young people are estimated to be at-risk or highly vulnerable.[2] These vulnerable young people are characterised by one or more of the following risk factors: left home/homelessness, disengaged from family, significant alcohol or other drug use, not working or enrolled in education, mental health issues, frequent truancy, family violence, and sexual abuse[3].

Early school leaving rates across the two catchments are higher than the state average. In 2014, the percentage of young people in the Frankston Mornington Peninsula aged 19 years who did not attain Year 12 or its equivalent was 14.7% in Frankston, and 14.2% in the Mornington Peninsula. These figures are higher than the Victorian average of 11.8%.[4] Early school-leavers generally have poorer health than non-early school-leavers, including lower life expectancy, higher rates of obesity, face increasing levels of unemployment and underemployment, are more likely to lose their jobs during an economic downturn, and are disproportionately represented within the criminal justice system. [5,6]

[1] ABS Census Data 2011
[2] School Focused Youth Service Guidelines 2013-2015
[3] Victorian Government 'Positive pathways for Victoria's vulnerable young people', Vulnerable youth framework
[4] Department of Education and Training (2016). VCAMS Portal, http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx
[5] Foundations for Young Australians, 2010
[6] Deloitte Access Economics, 2012

The Victorian Child and Adolescent Monitoring System (VCAMS) suggests that Frankston and Mornington Peninsula performed better than the Victorian average on numerous indicators[7], including:

- Lower proportion of children whose parents report one or more concerns with child speech or language on entry to primary school
- Lower proportion of children with parents concerned about their vision
- Lower average number of days absent in primary and secondary school
- Higher proportion of students who report feeling connected with their school
- Higher proportion of children in first year of primary school who have been assessed by the school nurse.

However, Frankston and Mornington Peninsula performed poorer than the Victorian average on several VCAMS indicators[8], including:

Frankston:

- Lower kindergarten participation rate
- Lower proportion of student perception of connectedness with peers
- Higher proportion of children with emotional or behavioural difficulties
- Higher teenage fertility rate
- Higher proportion of children who are bullied Years 5 & 6, and Years 7 to 10
- Higher proportion of crime where the offender was a child or young person.

[7] Department of Education and Training (2016). VCAMS Portal, http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx
[8] Department of Education and Training (2016). VCAMS Portal, http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx

Mornington Peninsula:

- Higher proportion of family violence incidents where children and young people are involved as other parties.

Frankston and Mornington Peninsula:

- Higher proportion of children whose parents are concerned with their behaviour
- Higher proportion of children with high levels of family stress
- Higher number of sexually transmissible infections in adolescents aged 12-17 years
- Higher percentage of early school leavers who are unemployed 6 months on after leaving school
- Higher proportion of young people experiencing cyber bullying.

Vulnerable young people need to be able to access education, health and community services when they need them, and to know that the services they receive are holistic, integrated and coordinated. Unfortunately these young people often fall through the cracks, becoming more vulnerable by not engaging with the services they need, and/or further disconnecting from education while addressing health and/or wellbeing needs.

Consultations with key local practitioners have identified a number of service system barriers contributing to young people falling through the cracks, including:

- ☐ Eligibility criteria of individual services and programs
- ☐ Limited access to case management
- ☐ Resources for coordination are only available for crisis, episodic, and/or high needs, rather than for those who are 'highly vulnerable'

- ☐ Resources for partnerships and service development initiatives are limited
- ☐ The service system is complex to navigate for young people, families, schools, and services
- ☐ Health, education, and community services do not have a common language
- ☐ The interpretation of sector-specific legislation, policies, and professional codes, e.g. sharing information in the context of privacy, confidentiality, informed, and parental involvement (mature minors)
- ☐ Gaps between the point of initial contact with the service system and engagement with an appropriate service
- ☐ Inflexible funding models and reporting requirements
- ☐ Varied skill level between staff and organisations in engaging and assessing young people
- ☐ Incompatible electronic communication and data systems
- ☐ Lack of clarity of roles amongst service providers.

1.2 What is the Charter and why do we need it?

In response to the high number of local young people deemed to be at-risk or highly vulnerable the Youth Wellbeing and Stakeholder Advisory Group (YWSAG) has established the Frankston Mornington Peninsula Young People's Charter of Practice Principles (the Charter). The aim of the Charter is to provide a common practice framework for health, education and community service workers. The Charter consists of seven principles to help build a shared practice culture between services and schools to help local young vulnerable people get their learning, health and wellbeing needs met.

The Charter principles are grounded in current legal, policy and practice frameworks in the health, community, and education sectors, including:

- The United Nations Convention on the Rights of the Child ensuring children and young people's rights to self-determination such as to give informed consent or refusal; protection from harm, neglect and discrimination; and access to the best available treatment, care or resources.
- The Youth Affairs Council of Victoria Inc. 2007 Code of Ethical Practice emphasising empowerment, participation, transparency, honesty and integrity.
- DHHS and DET Policy and Practice Frameworks emphasising client centred, values driven, outcome focused, collaborative strategies that engage young people in decisions about their care and ensure their care is integrated, inclusive and accessible.

1.3 Signing up to the Charter

Health, education and community services who believe in the Charter principles, and who are prepared to commit to its aim are invited to formally sign up. By being a signatory, we make a commitment to:

- Make sure the Charter principles are reflected in our internal policies and procedures
- Support staff to put these principles into practice
- Respect and acknowledge each other's contribution
- Share and learn from our experience
- Celebrate our successes.

To formally sign up to the Charter please visit http://www.fmpllen.com.au/no-wrong-door.html

2 Putting it into Practice

This resource highlights strategies and tools to assist managers and staff across health, education and community services to embed the Charter principles into practice. The seven principles do not exist in isolation; instead they are interconnected, and therefore some strategies may work across principles. Additionally, different services or schools may be at varying stages of the implementation, thus requiring simpler or more complex strategies.

When developing a plan to implement the Charter it is important to consider goals and objectives that are specific, measurable, attainable, relevant, and timely (SMART). SMART goal setting brings structure and trackability into your goals and objectives. The following questions are essential for guiding the implementation of the Charter:

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What changes can we make that will result in an improvement?

This resource contains a variety of tools which may assist with the implementation of the Charter (see appendices), including:

- **Charter Measurement Tool** - provides a subjective measure of how the Charter principles are embedded in practice, and allows the user to monitor improvements.
- **Plan on a Page** - provides a simple, yet effective way to develop an action plan. A plan on a page provides a single point of reference which describes the objectives that your service or school will focus on.
- **Stakeholder Analysis Tool** – assists services or schools to identify key partners or stakeholders in implementing the Charter.
- **Case Studies** - can be used in staff training and group discussions.

The follow section describes the Charter principles in more detail, and provides example strategies that may assist a service or school to implement the Charter in their workplace. Please note that the lists of strategies are a guide, and are not exhaustive.

2.1 No wrong door

If we are not the right service we will help the young person to find the right service.

The basic premise of 'No Wrong Door' is that wherever a young person presents within the service/school system, irrelevant of their identified need, they will be supported to find the help they require and will not need to retell their story to multiple practitioners.

Example implementation strategies:

- ☐ Initial needs identification includes the identification of the young person's risk, eligibility and priority for service. Initial needs identification involves a whole-of-person, client-centred approach.
- ☐ Set regular catch up meetings between service and school, e.g. quarterly. Frequent meetings may help keep the lines of communication open and build trust
- ☐ Build relationships with multiple people within the service or school – to ensure the two teams function more like one team when working with the same young person
- ☐ Referrals, reports and other information are sent using a Secure Message Delivery System
- ☐ Young people receive coordinated service pathways rather than navigating a confusing system by themselves
- ☐ Pamphlets of other services are displayed, and readily accessible by young people
- ☐ Provide an outreach presence at a service or school
- ☐ Utilise Map of Medicine, FMP Youth Pathways and the Mornington Peninsula Child and Youth Directory

- ☐ Invite a service or school to participate in joint training opportunities
- ☐ Conduct regular information forums with a range of presenters, including young people, across issues of relevance
- ☐ Hold a meeting with relevant schools and services to discuss internal processes, such as how referrals are prioritised
- ☐ Staff members undertake the Service Coordination Online Module (Department of Health & Human Services) < www2.health.vic.gov.au/primary-and-community-health/primary-care/workforce-development/service-coordination-online-learning-modules>.

2.2 Young person's voice

We will listen carefully so young people can tell us what they need.

We understand that it can be hard for young people to have a voice. We will listen carefully to empower young people to tell us their story, and communicate respect for their experience. Young people feel valued when you listen to them. Before you start finding solutions to their problems make sure you listen to what they have to say first.

Example implementation strategies:

- ☐ Young people and their parents, extended families and supports (where appropriate) are active participants in planning, and decision-making processes
- ☐ Promote, encourage, and assist young people to be actively involved in the development and review of their care plan
- ☐ Initial needs identification includes the identification of the young person's risk, eligibility, and priority for service. Initial needs identification involves a whole-of-person, client-centred approach.
- ☐ Assist young people to make an informed choice

- ☐ Pamphlets of other services are displayed, and readily accessible by young people
- ☐ Information is presented to young people is in a friendly and understandable language
- ☐ Be self-aware of how your own experiences, beliefs, values etc. may influence your understanding of a situation. It is important to understand the young person's story from their perspective
- ☐ Encourage consumer participation (young people and their supports) at all levels of the service or school. Develop and implement a consumer participation policy. The policy should be written in plain language in order to be accessible to clients and should be publicised to staff, young people, and their support network.
- ☐ Conduct regular information forums with a range of presenters, including young people, across issues of relevance
- ☐ Ensure specific communication loops are in place for services, schools, and the young person. Make it easy for services and schools to communicate with you. Agree on the best communication method – are there potential barriers to the flow of communication? If so, what strategies can be implemented to limit these barriers?
- ☐ Ensure clients are fully aware of the programs and assistance your service or school provides
- ☐ Refer young people to the FMP Youth Pathways
- ☐ Encourage clients to voice their complaints, as well as their compliments
- ☐ Create a service or school suggestion box. Ensure it is checked regularly, and feedback is appropriately actioned.

2.3 Respect for relationships

We will find out what supports the young person currently has, including friends, family, community supports, services' involved, the school and the GP.

We will discuss with the client the benefits of sharing information with people in their support network, the benefits of family inclusion, and coordinated shared care.

Example implementation strategies:

- ☐ Information about the young person's support network, including contact details are obtained during Initial needs identification
- ☐ Consent to share young person's information is obtained during Initial needs identification
- ☐ Where consent to share information has not been given, the young person's file allows clear documentation of the decision, including confirmation that the young person is aware of any implications as a result of not providing consent
- ☐ Young people and their parents, extended families and supports (where appropriate) are active participants in planning, and decision-making processes
- ☐ Ensure specific communication loops are in place for services, schools, and the young person. Make it easy for services and schools to communicate with you. Agree on the best communication method – are there potential barriers to the flow of communication? If so, what strategies can be implemented to limit these barriers?
- ☐ Referrals, reports and other information are sent using a Secure Message Delivery System
- ☐ Where multiple services and/or schools are involved, discuss and define each other's roles - establishing accountability and agreeing on responsibility in shared care
- ☐ Shared care plans include relevant staff contact details and their role
- ☐ Regular joint shared care plan reviews, in person or via secure web based technology, such as BlueJeans

- ☐ Provide an outreach presence at the service or school
- ☐ Promote young people being connected to their family, supports, and community
- ☐ Staff members undertake the Service Coordination Online Module (Department of Health & Human Services) <www2.health.vic.gov.au/primary-and-community-health/primary-care/workforce-development/service-coordination-online-learning-modules>.

2.4 Sharing information

We will talk to young people about:

- **what information we want to share**
- **who we want to share it with**
- **why we believe this is important.**

We will help young people (and guardians where appropriate) decide whether to give us permission to share their information and to understand the consequences of their choice.

Privacy and confidentiality is important, and so is sharing information. Young people's privacy is very important to them, so is having a real say in decisions that affect them. Young people need us to share information about them so that they get the help they need, do not have to keep telling their story, and stay safe.

Example implementation strategies:

- ☐ Young people and their parents, extended families and supports (where appropriate) are active participants in planning, and decision-making processes
- ☐ Provide young people with information about their rights, including the option of sharing all, or some, information
- ☐ Set regular catch up meetings between services and schools, e.g. quarterly. Frequent meetings may help keep the lines of communication open and build trust

- ☐ Build relationships with multiple people within a service or school – to ensure the two teams function more like one team when working with the same young person
- ☐ Agree on terminology - communication requires the two parties to use a similar language and vocabulary, e.g. young person, student, learner, client, consumer, service user….
- ☐ Ensure specific communication loops are in place for services, schools and the young person - make it easy for services and schools to communicate with you.
- ☐ Be mindful to record case notes, and other client related data in a professional and objective manner. This ensures that information sharing does not lead to other professionals misinterpreting the young person's experience or behaviour
- ☐ Meet and greet with local schools and services
- ☐ Document agreed communication process between service and school, and ensure both service and school have a copy
- ☐ Referrals, reports and other information are sent using a Secure Message Delivery System
- ☐ Initial needs identification conducted with presenting young people and documented decisions about referrals and assessments
- ☐ Consent to share young person's information is obtained during Initial needs identification
- ☐ Where consent to share information has not been given, the young person's file allows clear documentation of the decision, including confirmation that the young person is aware of any implications as a result of not providing consent
- ☐ Ensure staff have a clear understanding of the benefits of information sharing
- ☐ Staff undertake privacy and confidentiality training, such as the Online Privacy Training module (The Office of the Commissioner for Privacy and Data Protection) < https://www.cpdp.vic.gov.au/menu-training/privacy-training>, or the Health Records Act Online Training (The Office of the Health Services Commissioner) < http://ohsc.e3learning.com.au/>

- ☐ Staff undertake the Service Coordination Online Module (Department of Health & Human Services) <www2.health.vic.gov.au/primary-and-community-health/primary-care/workforce-development/service-coordination-online-learning-modules>
- ☐ Visit Youthlaw for a range of legal information and resources for workers <http://youthlaw.asn.au/for-youth-workers/>.

2.5 Staying connected

We will make sure the young person has a contact person whilst waiting for a service. This might be us or another person in the young person's network.

If we are the not the right service to meet the young person's needs we agree to ensure that the young person has a holding contact until the appropriate service is engaged. This might be us or another person in the young person's support network.

Example implementation strategies:

- ☐ Information about the young person's support network, including contact details are obtained during initial needs identification
- ☐ Promote young people being connected to their family, supports, and community
- ☐ Consent to share a young person's information is obtained during initial needs identification
- ☐ Where consent to share information has not been given, the young person's file allows clear documentation of the decision, including confirmation that the young person is aware of any implications of not providing consent
- ☐ Prioritise referrals as urgent or non-urgent
- ☐ Explain waiting times and service limitations to services, schools, young people and their support network

- ☐ Invite services or schools to participate in joint training opportunities
- ☐ Develop partnerships and alliances with a wide range of services/groups in the community
- ☐ Young people and their parents, extended families and supports (where appropriate) are active participants in planning and decision-making processes
- ☐ Provide information to help young people navigate the service system
- ☐ Provide young people, and their families with relevant 24/7 contacts, such as Lifeline, Kids Helpline, SuicideLine, DirectLine, and Family Drug Help.
- ☐ Provide free internet access for young people, including a directory of on-line resources and e-therapy options, such as MoodGYM (https://moodgym.anu.edu.au/welcome), THISWAYUP (https://thiswayup.org.au), Youth Beyondblue (https://www.youthbeyondblue.com), and Black Dog Institute (http://www.blackdoginstitute.org.au/).

2.6 Feedback to school or service

We will provide feedback to the initial service or school the young person contacted. We will confirm whether the young person has engaged with our service or not.

The professional must ensure that referrals are received by the intended recipient, who must then update them as to whether the referral was accepted or denied. If denied, a combined effort should be made to find a suitable alternative.

Example implementation strategies:

- ☐ Set regular catch up meetings between services and schools, e.g. quarterly – frequent meetings may help keep the lines of communication open and build trust
- ☐ Build relationships with multiple people within a service or school – to ensure the two teams function more like one team when working with the same young person

- ☐ Provide an outreach presence at the service or school
- ☐ Agree on terminology - communication requires the two parties to use a similar language and vocabulary, e.g. young person, student, learner, youth, client, consumer ….
- ☐ Ensure specific communication loops are in place for services, schools and the young person - make it easy for services and schools to communicate with you. Agree on the best communication method – are there potential barriers to the flow of communication? If so, what strategies can be implemented to limit these barriers?
- ☐ Document agreed communication process between a service and school, and ensure both service and school have a copy
- ☐ Referrals, reports and other information are sent using a Secure Message Delivery System
- ☐ Initial needs identification conducted with presenting young people and documented decisions about referrals and assessments
- ☐ Consent to share a young person's information is obtained during Initial needs identification
- ☐ Where consent to share information has not been given, the young person's file allows clear documentation of the decision, including confirmation that the young person is aware of any implications as a result of not providing consent
- ☐ Process to acknowledge referrals and provide feedback to the initial service or school added to initial needs identification and assessment
- ☐ Hold a meeting with relevant schools and services to discuss internal processes, such as how referrals are prioritised
- ☐ Staff members undertake the Service Coordination Online Module (Department of Health & Human Services) <www2.health.vic.gov.au/primary-and-community-health/primary-care/workforce-development/service-coordination-online-learning-modules>.

2.7 Shared care

We will work together to coordinate young people's care.

Shared care is the joint participation of two or more services in the planned delivery of care for young people. Shared care places young people at the centre of service delivery to maximise their opportunities for meeting their needs. Shared care is informed by enhanced information exchange over and above routine discharge and referral letters.

Example implementation strategies:

- ☐ Young people and their parents, extended families and supports (where appropriate) are active participants in planning and decision-making processes
- ☐ Meet and greet with local schools and services
- ☐ Set regular catch up meetings between services and schools, e.g. quarterly – frequent meetings may help keep the lines of communication open and build trust
- ☐ Build relationships with multiple people within a service or school – to ensure the two teams function more like one team when working with the same young person
- ☐ Provide an outreach presence at a service or school
- ☐ Agree on terminology - communication requires the two parties to use a similar language and vocabulary, e.g. young person, student, learner, client, consumer, service user….
- ☐ Ensure specific communication loops are in place for services, schools and the young person - make it easy for services and schools to communicate with you. Agree on the best communication method – are there potential barriers to the flow of communication? If so, what strategies can be implemented to limit these barriers?
- ☐ Document agreed communication process between a service and school, and ensure both service and school have a copy
- ☐ Referrals, reports and other information are sent using a Secure Message Delivery System

- ☐ Initial needs identification conducted with presenting young people and documented decisions about referrals and assessments
- ☐ Consent to share a young person's information is obtained during Initial needs identification
- ☐ Where consent to share information has not been given, the young person's file allows clear documentation of the decision, including confirmation that the young person is aware of any implications as a result of not providing consent
- ☐ Where multiple services and/or schools are involved, discuss and define each other's roles - establishing accountability and agreeing on responsibility in shared care
- ☐ Shared care plans include relevant staff contact details and their role
- ☐ Regular joint shared care plan reviews, in person or secure web based technology, such as BlueJeans
- ☐ Discuss with GPs the opportunity to use the Medicare system (MBS), and other funding initiatives to participate in shared care
- ☐ Provide GPs or other relevant services with minutes/notes of shared care meetings even if they cannot attend
- ☐ Consider the needs, strengths and limitations of all your key partners
- ☐ Formalise partnerships through written agreements (e.g., MoUs, ToR etc.)
- ☐ Staff undertake the Service Coordination Online Module (Department of Health & Human Services) <www2.health.vic.gov.au/primary-and-community-health/primary-care/workforce-development/service-coordination-online-learning-modules>
- ☐ Visit Youthlaw for a range of legal information and resources for workers <http://youthlaw.asn.au/for-youth-workers/>.

2.8 Overarching Charter strategies

- ☐ Find and nurture a champion – a driver who can commit time and energy to implementing the Charter
- ☐ Celebrate and promote success. Take opportunities along the way to celebrate small achievements as well as the major milestones
- ☐ The Charter principles are reflected in internal policies and procedures
- ☐ Revise position descriptions and KPIs to reflect the Charter Principles
- ☐ The Charter principles are regular agenda items in team meetings, case reviews and/or supervision
- ☐ Discuss the Charter principles in program reporting
- ☐ Incorporate the Charter is organisational/school strategic plan
- ☐ Facilitate professional development activities related to the Charter principles
- ☐ A process is implemented to monitor the Charter principles and continuously improve services, programs and practice
- ☐ Ensure both top-down and bottom-up involvement
- ☐ Share the Charter with other staff in your service or school
- ☐ Make sure that information is shared across team members and documented within the organisation
- ☐ Document what has worked, what has not worked and why, and share this information.

2.9 Activity indicators

Activities related to the Charter principles may be found or promoted in:

- Annual report and quality of care report
- Code of conduct
- Communications strategy
- Community engagement strategy
- Continuous quality improvement, evaluation framework and reports
- Consultative and decision making mechanisms
- Feedback, stories and reflections
- Formal and informal recognition awards
- Individual development plans
- Information sheets, newsletters and program reports
- Key performance indicators
- Media, publicity profile, and social media
- Minutes of internal and external meetings
- Newsletters, information bulletins, posters and flyers
- Partnership agreements, memoranda of understanding and service agreements
- Policies and procedures
- Position descriptions
- Program guidelines, handbooks and activity materials
- Project planning and management
- Risk management approach and reports
- Staff education, training and development programs
- Staff induction program and materials
- Staff surveys
- Strategic, business, and operational plans
- Vision and mission statements
- Website information and resources
- Youth reference group.

3 Further Resources and Tools

The Charter supports, and is supported by, other strategies and tools that reinforce a shared practice culture. These include the Peninsula Model, referralNet, Map of Medicine, FMP Youth Pathways, Mornington Peninsula Child and Youth Directory, SafeMinds, School Transition and Resilience Training Toolkit, Youth and Teen Mental Health First Aid, Mind Matters, and Kids Matters.

3.1 The Peninsula Model

The Peninsula Model for Primary Health Planning (the Peninsula Model) is a catchment-based partnership between a range of health and community service organisations, key stakeholders, consumers, carers and communities. Working collaboratively, the partnership identifies the health needs of Frankston and Mornington Peninsula communities and develops effective service responses to meet those needs.

Based on a population health approach, the model wraps the collective effort of providers around agreed health priorities to address service gaps for the catchment. This collective effort maximises impact and makes efficient use of resources through integrated planning, reduced duplication of effort, and shared ownership of processes and outcomes. Further information can be found at http://www.peninsulamodel.org.au/

3.2 referralNet

referralNet provides a secure electronic message delivery service between services/schools ensuring privacy and confidentiality of referrals, reports and other information. Secure electronic messaging between community and healthcare providers has been identified as a core component of an effective eHealth environment. The growth of care coordination, as well as the complex health journeys experienced by many people requires timely, effective and secure exchange of information between healthcare and community service providers. For further information please contact David Hutcheson, Peninsula Secure Messaging Project Manager, at dhutcheson@phcn.vic.gov.au.

3.3 Map of Medicine – Care Pathways

Map of Medicine (MoM) provides a combination of guidelines and referral pathways that are designed to support local services and schools to improve access to best practice care. MoM provides a single hub to access information about assessment, management and local referral options. MoM will assist to redirect referrals to more appropriate services; reduce waiting lists for overburdened secondary and tertiary services; improve integration of care; and enhance communication between services and schools. Further information can be found at www.semphn.org.au/map-medicine

3.4 FMP Youth Pathways

Youth Pathways provides information about remaining engaged in learning to highly vulnerable young people at risk or who have disengaged from education, parents and services. This website has been developed in response to the need for a youth-friendly site that includes all of the information that young people need if they are considering their education options. There is also a map showing the location of service providers.

The website includes the Flexible Learning Resource which allows registered flexible learning providers to track consenting young people on their journey through alternative learning options, flagging any who appear to be disengaging from any education. Further information can be found at www.fmpyouthpathways.com.au/

3.5 Mornington Peninsula Child and Youth Directory

The Mornington Peninsula Child and Youth Directory (MPCYD) is an online resource developed in partnership between Mornington Peninsula Shire, Family Life and School Focused Youth Service (SFYS). This is a useful resource for young people, families, parents and carers, and service providers in the Mornington Peninsula area. MPCYD brings together free and low cost service information available locally, and includes state-wide and national hotlines.

You can view a list of A-Z services and see a short description about what the service provides, and useful information like who the service is for, and how, when and where the service can be accessed. The online directory has many search features, such as by age, level of need (just curious to crisis/ urgent help), by keyword, service type, area or name of organisation. Further information can be found at http://mpchildandyouthdirectory.com.au/

3.6 SAFEMinds

SAFEMinds is a professional learning, and resource package for schools and families that aims to:

- Enhance early intervention mental health support for children and young people in schools, specifically regarding mild mood disorders (anxiety and depression) and self-harm
- Increase engagement of parents and carers with schools to more effectively support their child's mental health
- Develop clear and effective referral pathways between schools and community youth and mental health services.

Further information can be found at
http://www.education.vic.gov.au/school/teachers/health/Pages/safeminds.aspx

3.7 START (School Transition and Resilience Training Toolkit)

The START program has been designed to assist schools to plan and implement primary prevention strategies to build belonging and promote wellbeing in all students as they reach a stage of potential vulnerability transitioning from primary school to secondary school.

The START program materials support schools to address the needs of students at this point in their development by:

- Making connections between curriculum and student welfare agendas

- Encouraging the use of local primary and secondary school networks to jointly develop approaches to student transition
- Promoting strategies for whole school and classroom organisation that contribute to a safe and supportive school environment
- Providing curriculum materials to strengthen student resilience
- Exploring approaches to improve family and local community involvement
- Enabling teacher team work, mutual support and ongoing professional development across primary and secondary schools.

This resource is well grounded in middle years of schooling theory and practice, and provides teachers with many innovative teaching and learning ideas. Further information can be found at www.education.vic.gov.au/Documents/school/teachers/health/start.pdf

3.8 Youth and Teen Mental Health First Aid

Mental health first aid is the help provided to a person who is developing a mental health problem, or who is in a mental health crisis, until appropriate professional treatment is received or the crisis resolves. Mental health first aid strategies are taught in evidence-based training programs authored by Mental Health First Aid (MHFA) Australia and conducted by accredited MHFA Instructors across Australia.

The Youth Mental Health First Aid Course is for adults working or living with adolescents (those aged between 12 and 18 years), however, the course can be relevant for those helping people who are a little younger or older. This course is particularly suitable for parents, teachers, sports coaches, and youth workers. Further information can be found at https://mhfa.com.au/cms/youth-course-information

3.9 Mind Matters

MindMatters is a mental health initiative for secondary schools that aims to improve the mental health and wellbeing of young people. It is called a 'framework', in that it provides structure, guidance and support while enabling schools to build their own mental health strategy to suit their unique circumstances. MindMatters provides school staff with blended professional learning that includes online resources, spotlights on topics relevant to schools, face-to-face events, webinars and support. All content has been informed by strong evidence in the area of school mental health and wellbeing. The use of MindMatters' comprehensive resources has mental health benefits for the entire school community – including students, families and school staff. Further information can be found at http://www.mindmatters.edu.au/

3.10 Kids Matters

KidsMatter is an Australian mental health and well-being initiative set in primary schools and early childhood education and care services (like preschools, kindergartens and day care centres).It's a framework that helps these places take care of children's mental health needs by:

- Creating positive school and early childhood communities
- Teaching children skills for good social and emotional development
- Working together with families
- Recognising and getting help for children with mental health problems.

KidsMatter was developed by mental health professionals and education and childcare staff in response to the high rates of school-age children with mental health difficulties and the problems they face getting help. Further information can be found at https://www.kidsmatter.edu.au/

4 Appendices

4.1 Charter Measurement Tool

The below table provides a subjective measure of how the Charter principles are embedded in practice. The template allows the user to complete the tool over three separate time points (T1, T2, and T3) to measure improvements. Please rate the following statements on a scale of 1 to 5, where 1 = Poor, and 5 = Excellent.

Questions	Poor (1)			Fair (2)			Good (3)			Very good (4)			Excellent (5)		
	T1	T2	T3	T1	T2	T3	T1	T2	T3	T1	T2	T3	T1	T2	T3
1. *The Charter principles are reflected in my workplace policy and procedures*															
2. *My knowledge of services or programs offered by the service or school*															
3. *My knowledge of the eligibility requirements for the service or school*															
4. *My knowledge of the referral process to the service or school*															
5. *Overall quality of feedback regarding referrals to the service or school*															
6. *Extent to which important information*															

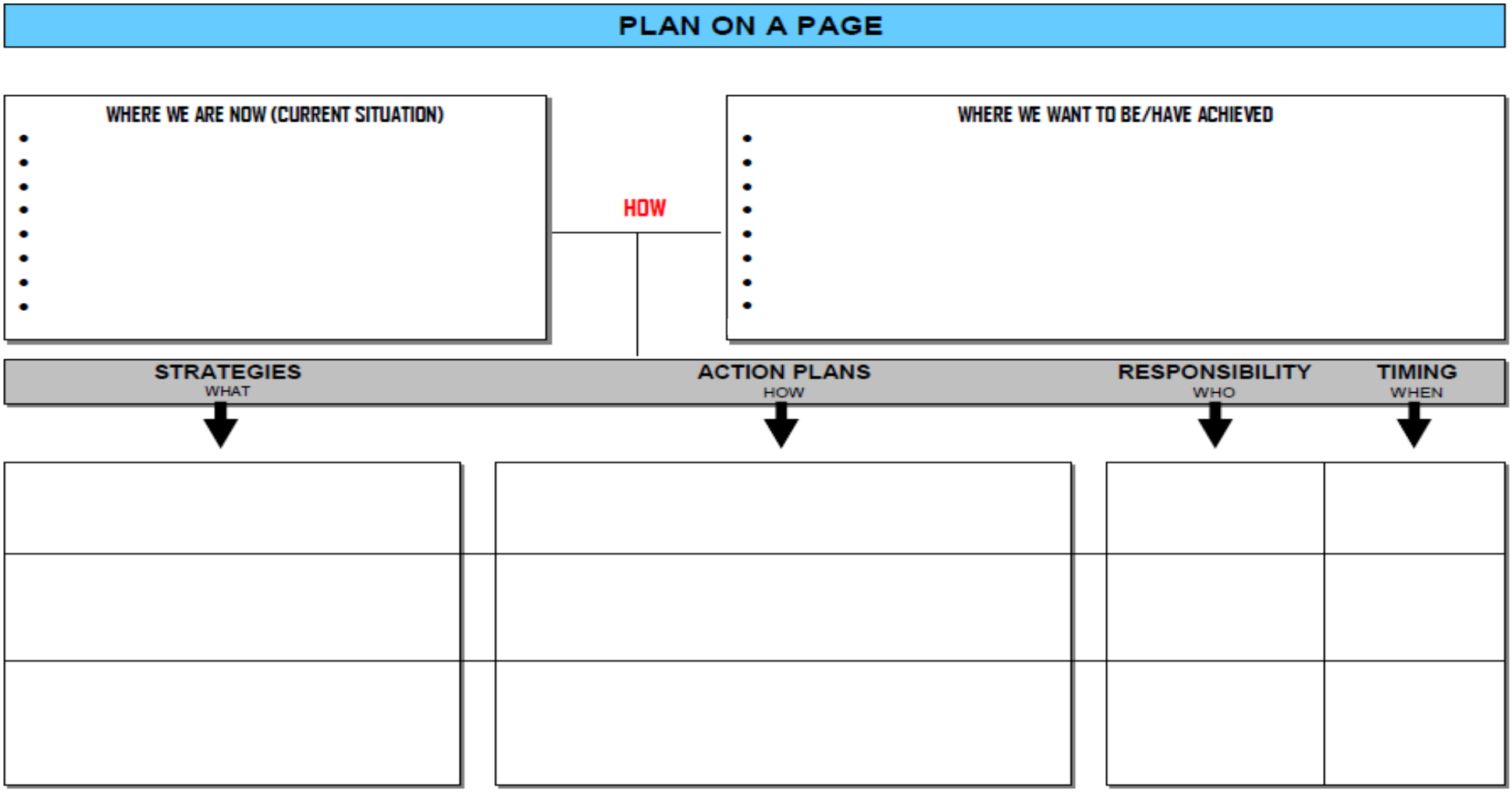
about a young person is shared between the service or school															
7. Shared information is received in a timely manner															
8. Overall effectiveness of the service and school to work in collaboration to assist a young person															
9. Overall, how satisfied are you with the communication between the service and school															
Total															

Note. Each statement is allocated a score, i.e. Excellent = 5, Very good = 4, Good = 3, Fair = 2, and Poor = 1. To obtain the average score for a time point, add together the allocated scores for each statement within a specific time point (T1, T2 or T3), then divide the aggregated score for the time point by 9.

T1 average score = _____, Date: ____ /____ /____ T2 average score = _____, Date: ____ /____ /____ T3 average score = _____, Date: ____ /____ /____

4.2 Plan On A Page

The below template provides a simple, yet effective way to develop an action plan. A plan on a page provides a single point of reference which describes the objectives that your service or school will focus on.



4.3 Stakeholder Analysis

Using the Stakeholder Analysis Tool[9] will help you to identify your key partners or stakeholders in implementing the Charter.

NAME OF INDIVIDUAL OR GROUP	NEED FOR SUPPORT	LIKELIHOOD OF SUPPORT

- In the first column, list all the major individuals and groups that need to go along with this idea.
- In the second column, rate the level of support you need from each individual or group on a scale of 1 to 5.

  5 = they must take an active part in the development and be vocal champions for the change.

  4 = they must take part in the development.

  3 = they need to go along with whatever is decided.

  2 = It's OK if they have some objections.

  1 = It's OK if they resist strongly.

[9] Adapted from: Carter, M. (2012). Capacity Building and Change Management. VAADA: Melbourne.

- In the third column, list the level of support you can expect from them today.

  5 = they will fully support and champion the change.

  4 = they will help some.

  3 = they will go along with whatever is decided.

  2 = they are likely to complain.

  1 = they are likely to resist this change openly and strongly.

- Examine the scores. For effective change, you need matching scores such as 5/5, 4/4 and 3/3. These scores indicate that the support you need matches the support you are likely to receive. Mismatches are dangerous, especially 5/1, 5/2, 4/1, 4/2. All of these indicate that you need strong support but you are likely to get resistance. This tells you that these relationships need work.

4.4 Case Studies

The following case studies can be used in staff training, and group discussions.

Case Study 1

A girl of 14 is admitted to the emergency department following a suicide attempt. She is discharged from hospital after a couple of hours, and the family are advised to seek help from a service provider or school counsellor. The family are given the numbers of local counselling agencies. The hospital staff are very concerned about the young woman's state of mind.

Should information be disclosed?

If yes, what information, to whom, and for what purpose?

Case Study 2

Jani is 15 years old and is a recently arrived asylum seeker. Jani enrolled in a school at the beginning of the year. Two weeks into the school year, something is discussed in class that leads Jani to have an uncontrollable reaction in which she appeared to re-experience in her own mind past traumas. During the course of the experience, Jani was not a risk to any other student, only herself. This experience came as a complete shock to Jani's teacher, other students and school staff. Prior to enrolment at the school, Jani had been enrolled in a non-government intensive English Language Centre to prepare her for school education in Australia. Jani is currently in receipt of out-of-home care services from a large NGO, and has a case worker from the Department of Immigration.

Should information be disclosed?

If yes, what information, to whom, and for what purpose?

Case Study 3

A school is concerned about the behaviour of one of the parents of the children in the school. There are no child protection concerns but the mother is looking more and more depressed each day, and she complains that she is finding life very difficult since she has split from her partner. She tells another parent that she is going off her medication and has told her psychiatrist that she does not want any further treatment.

Should information be disclosed?

If yes, what information, to whom, and for what purpose?

Case Study 4

An early childhood nurse sees Angela after she has given birth to her first child. Angela is a single mother aged 19 living on her own. Angela's mum lives around 20km away but does not have a car and can only visit occasionally. The father of the baby is in prison, and Angela tells you he will be released soon and she is worried about what will happen if he comes back as he is a drug misuser. Angela seems to be managing quite well but complains of lack of sleep. The child is slightly underweight, and Angela complains that her child isn't interested in eating or sleeping. You give her information about a local support service and she says she will think about it. Two days later, Angela calls to tell the nurse that her mum didn't come yesterday as planned because she has been admitted to hospital. Angela says that she is OK and she thinks the baby is beginning to feed better, but she still cries all night. Angela tells the nurse that she might go to the local mum's group that she has found on the internet. She thanks the nurse for her help and says she no longer needs the service because she is feeling better. Her tone is depressed and tearful.

Should information be disclosed?

If yes, what information, to whom, and for what purpose?

Case Study 5

David is 16 years old and arrived at the school during the term from the local non-government school. On his first day at school, David physically assaults an older student, Mikey. On investigating the matter, the Principal finds that there is an ongoing dispute between David's family and Mikey's family and that this dispute was also evident at the previous non-government school where Mikey had also previously been a student. The Principal finds that both Mikey and David had been suspended from that school for related violence. More recently, David was expelled from his previous school for violence directed at another member of Mikey's family. At the time of their enrolments at the school, neither David nor Mikey's families indicated any prior suspensions or expulsions and no information was provided by the non-government school.

Should information be disclosed?

If yes, what information, to whom, and for what purpose?

Case Study 6

Jean is 17-year-old and attends a local high school. Jean's younger brother died from leukaemia one year ago. Jean has become noticeably withdrawn from both family and friends in the past several months, had become less interested in her appearance, and her grades dropped at school. She was moody and had become pessimistic in her outlook toward life. Jean developed a short fuse and complained of feeling worthless. Recently, friends reported to her teacher that they had seen Jean drinking with a group of older students after school. Jean had been very close to her younger brother and appeared to have been the most affected by and least accepting of his death.

Should information be disclosed?

If yes, what information, to whom, and for what purpose?

Case Study 7

Hello my name is Jamie. I am 14 years old and need your help. I am vulnerable and at risk of falling through the cracks. I live in Somerbud with my cousin Tash. She is 30 I think. I moved in with her ages ago after the welfare (DHHS) took me away from my mum and dad (neglect, physical abuse, alcohol fuelled – DHHS not now involved.) I am in Year 8. I get anxious at school and it's getting worse but I hide it well. I don't have many friends. I feel picked on and sometimes I get so frustrated I pick on other kids. Mostly I try to keep a low profile. Sometimes I miss school cos Tash hasn't helped me get there (transport / lunch / money / homework / clean clothes etc.). Sometimes, I skip classes and hide in the toilets. I'm struggling with the work, my grades are getting worse, hard to concentrate in class when I've got so much on my mind. I can't be bothered even trying anymore (poor self-esteem/motivation/grades dropping).

Sometimes I think about killing myself. My teachers really nice but she's always in a hurry. Anyways she does notice and looks out for me. She got me to talk to Mr Smith (school chaplain). He was kind and listened to me. He asked if I would act on these thoughts and I said no, but I don't really know. He told me I could talk to him any time but I haven't. I'm embarrassed and don't want kids to see me go in. Actually one time I did go to talk to him but he was away on camp. I don't do stuff outside of school either. I've seen someone at headspace a couple of times which was ok but not much has changed. I know Tash cares about me but she drinks a lot, often goes out a lot and leaves me to it (sometimes substance affected, not able to provide consistent care, neglectful. Not assisting with recreational or social activities, low income).

Case Study 7 (Cont.)

Current/Recent Service System Responses:

- ☐ No family support service involved; relative/carer was inconsistent so family service agency closed the case.
- ☐ Alcohol and other drugs (AOD) service previously involved for carer/relative; carer dropped away, so AOD closed the case.
- ☐ School welfare team tried to access mental health care for Jamie and to prompt improved physical and emotional care by relative. Jamie presented to emergency department more than once but not considered acute/urgent enough for Early in life Mental Health Service (ELMHS) input.
- ☐ Some follow up with local GP and headspace psychologist, however erratic attendance.
- ☐ Currently there is a psychologist, a GP and the School Wellbeing Team involved.

Discussion Questions:

- ☐ Who has the primary relationship?
- ☐ What is the evidence that Jamie might be falling through the cracks?
- ☐ Whose job is it to make a referral?
- ☐ How can services and the school work together to share care planning?