**"Bring our community up and forwards": Mental health conversations among South Sudanese young people in the south east of Melbourne**

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### 1.0 Introduction

In late 2021, the Department of Families, Fairness and Housing funded the Burnet Institute to establish the Victorian Online Initiative for Community Engagement (VOICE). VOICE uses sector engagement and co-design to:

1. Connect community organisations with public health practitioners thereby bringing together multidisciplinary and community expertise to guide innovative and effective practice
2. Collect and clearly communicate information on multicultural community needs and the strengths and opportunities to address them via our digital platform and other channels
3. Create and share stories, tools and resources to grow good practice; showcasing, sustaining and building on the hard work of multicultural communities during the pandemic
4. Build stronger reciprocal relationships between service providers, policy makers, public health practitioners and communities so that multicultural community public health needs are understood and met, including through sustained funding and program evaluation and refinement
5. Strategise how what we do and learn can be applied to other communities facing social and structural disadvantage, and to broader public health and social issues and emergencies

Work on VOICE commenced in early 2022. The first stages of the program focused on developing relationships with community organisations and key stakeholders. A partnership was established between the Burnet Institute, the Centre for Multicultural Youth (CMY) and Monash ActionLab (MAL) to explore the public health needs of young people from multicultural backgrounds during pandemic recovery. A key component of the project was employing multicultural young people to engage with their own communities and build their skills in research and engagement. Partners identified that South Sudanese young people were a key population with unique needs.

In order to reach and engage with the South Sudanese community, Burnet Institute worked closely with the Community Support Group (CSG), a project funded by the Victorian Government and Auspiced by CMY to work with the local South Sudanese community. Key activities of CSG include developing activities to build individual and community resilience, strengthen families, engage young people in pathways to education, training and employment and support their social and civic participation. CMY’s CSG supports communities in Melton, Brimbank, Dandenong, Casey and Cardinia. Additionally, CSG works closely with other place based services to support individuals, families and the community.

This report focuses on the approach, key findings and recommendations for further action with young people from South Sudanese backgrounds in the south east of Melbourne.

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### 2.0 Methods

At the beginning of the project, public health-related policies and services were rapidly evolving due to changes in the COVID-19 pandemic. Consequently, we adopted an iterative approach to VOICE to account for changing needs and experiences within the community. The project was conducted using participatory methods, with significant engagement with young people from South Sudanese backgrounds. The initial aim of the project was to work with partners and the community to identify and explore their experiences, needs and priorities.

Early conversations between the partners led to the following key activities being identified as a framework for the project:

1. Team workshops to establish a focal point for the project (following recruitment and commencement of a South Sudanese young person into the role of project officer)
2. Training and mentoring of the project officer to build appropriate skills and capabilities
3. Broad engagement with South Sudanese young people to understand their experiences and needs (utilising a dialogical method, similar to a focus group)
4. Synthesis of data collected during the broad engagement
5. Identification of a focus for co-design activities where a smaller group of South Sudanese young people could come together and develop something (e.g. a program, a product, a service) which could be implemented in their community to respond to their identified needs
6. Deployment of co-design activities with young people
7. Further development of a co-designed program, product or service by the project team
8. Testing and iteration of the program, product or service

Throughout the project, the South Sudanese project officer worked closely with Burnet Institute and MAL staff to shape the project’s direction and develop project activities. Early discussions identified that mental health was a key area of concern for South Sudanese young people; thus, the project focused on this topic. Ethics for this project were approved by Alfred Health in October 2022 (Project number 150/22).

To understand the experiences of South Sudanese young people, the project officer worked with the research team to identify an appropriate format to elicit discussion. The format developed is based on a focus group approach, whereby people are invited to attend a group meeting and asked questions about their experiences, needs and ideas. In order to ensure this approach was culturally appropriate, the project officer consulted with other workers experienced in working with South Sudanese young people and their families. These consultations aimed to identify appropriate language and framing for the engagement and the sorts of activities and prompts that would work best to encourage open discussion and sharing on mental health; an obviously sensitive issue. The language of ‘open conversation sessions’ was landed upon as this terminology (and accompanying explanations in recruitment materials and by word of mouth) could indicate to potential participants that an iterative approach was being used in the research and their contributions would guide activities and approaches beyond the first engagement. The project officer was trained in inclusive facilitation approaches and extensively briefed on participant safety and confidentiality.

The project officer facilitated two ‘open conversation sessions’ where participants were encouraged to speak with one another about mental health. 26 young people attended these sessions and shared what mental health meant to them, their coping mechanisms, barriers to accessing services and pillars of support in their community. Open conversation sessions were held at community centres in Narre Warren and went for approximately three hours. Support staff from Burnet Institute, MAL and CMY attended the sessions to assist with consent processes, take notes, and support participants as needed. Data collected during the sessions were entered into a Miro Board (an online whiteboard) and synthesised collaboratively by the team through discussion and grouping key ideas together. From these open conversations, the project officer wrote a short narrative of key findings.

Following this initial data collection, the team reviewed the data, held discussions with project partners and developed two co-design workshops which aimed to further explore young people’s mental health priorities and to develop a program which responded to their needs. Co-design workshops were held in December 2022 with 12 young people who had attended the open conversation sessions. Workshops took place at a community centre in Narre Warren and were facilitated by the project officer with support from Burnet Institute, CMY and MAL staff. The workshops involved interactive activities that encouraged young people to respond to prompts and generate ideas together. Participant data and staff notes taken during these sessions were entered into a Miro Board for collation and synthesis.

2.1 Participants

Participants aged 18 years and over were recruited through the social networks of the project officer and existing connections with CMY. Overall, 26 young people attended the open conversation sessions and 10 young people attended the co-design workshops. At the beginning of sessions, participants reviewed an explanatory statement and provided written informed consent. Those who took part were reimbursed via bank transfer or voucher to cover their time and travel expenses.

### 3.0 Key findings

This section summarises key findings from the open conversation sessions followed by the co-design workshops. Detailed findings from all activities (including research team meetings and workshops with CMY staff) have been synthesised to create a resource described in section 4.0 and 5.0.

#### 3.1 Open Conversations[[1]](#footnote-0)

Findings from the open conversations indicated that addressing mental health issues was a priority for young people from South Sudanese backgrounds. Throughout the sessions, young people demonstrated a nuanced understanding of mental health and articulated a range of different ways to be resilient. At the time of data collection, the South Sudanese community had recently lost multiple young people to suicide and agreed that changes are needed to prevent further mental health harms. Key themes identified from data synthesis are described below.

Identity and belonging

Most participants had arrived in Australia between the ages of 5-10 years. As members of this “1.5 generation”, young people described feeling stuck between two worlds. Although they identified with their South Sudanese culture through connections to family and community, they had also spent most of their lives in Australia. These multiple identities, combined with experiences of racism and discrimination, caused South Sudanese young people to feel like they did not fully belong in Australian society and this had a negative impact on their mental health and wellbeing. Despite these challenges to belonging, participants also identified themselves as leaders and expressed their hope for the future, where they saw themselves pursuing their passions and paving the way for younger generations to achieve their goals.

Intergenerational disconnect between parents and young people

Participants were conscious that their parents had faced numerous difficulties to bring their families to Australia. Consequently, young people did not wish to burden their parents with their negative experiences. Participants were also concerned that their parents would not understand their mental health challenges given they had grown up in different contexts. Despite this intergenerational disconnect, young people acknowledged that elders and parents appeared open to listening to young people’s voices to create change and prevent further harms in their community. Young people identified a need to create dialogue around mental health between generations in safe spaces as a way to build trust and strengthen bonds.

Community knowledge, skills and practices

The recent history of youth suicide in the South Sudanese community has highlighted the need for better understanding of suicidality and effective prevention responses. Young people believed that culturally-appropriate programs to improve mental health literacy and family and community support for people experiencing mental health challenges could complement service provision. The young people considered that concentrating efforts on describing symptoms (rather than focusing on technical language and diagnoses) was a good entry point for increasing community understanding of mental health and engagement with appropriate ways to respond when young people report mental health symptoms. Given high levels of participation in formal religion in the community, young people suggested that religious leaders could play a key role in mental health and may assist with addressing intergenerational disconnection and family and community engagement with mental health conversations.

Supports and services

Participants agreed that more culturally safe and accessible services and spaces are needed for members of the South Sudanese community. Accessible and appropriate services were regarded as those with well-supported bicultural workers that were geographically available and free or low cost. Young people recognised that there may not be enough bicultural workers to meet existing community needs; however, they considered that any service provider that made them feel acknowledged, heard and understood could provide a safe and appropriate service. Good service provision would be holistic and put mental health in context with family, community, economic and social conditions and understand the impact of structural racism. Services like these could improve community trust of service providers and enable young people to be empowered to engage in better self-care and support for others.

Summary of issues identified in open conversations

Findings generated from the open conversation sessions suggest that young people want to see change in their communities and families in how mental health issues are understood and responded to. They wanted to be a driving force behind this dialogue and change. They saw opportunities for programs which support the passion, talents and aspirations of young people as they have many strengths and abilities, but need some infrastructure to support them to collaborate, organise and grow their capability.

#### 3.2 Transitioning from open conversations to co-design

Following the open conversation sessions, partners reflected on the key issues described by young people and identified an opportunity to co-design a mental health focused program that would enable young people to lead and support healthy dialogue in their community, both amongst young people and with older generations. The program would allow young people to be mentored, trained and supported in leadership, facilitation, community engagement and event management. Co-designed modules could also build on existing materials and activities within CMY.

#### 3.3 Co-design

The co-design workplan was developed with the intention of exploring the knowledge, experiences, and expertise of the participants with a focus on leadership and social, community and family support for mental health.

Co-design was delivered over two sessions with activities which could allow the young people to ideate and create content and an approach for the future program. Activities focused on:

* Understanding the qualities and skills of good leaders in the South Sudanese community and the kind of leaders the young people wanted to be
* Exploring how to make young people feel safe and supported
* Identifying how the energy and passion of young people can be harnessed and supported to create positive change in their communities
* How to safely and meaningfully engage the community on mental health

**Good leaders**

Participants discussed how effective leadership requires community engagement, taking action and self-reflection. At an interpersonal level, young people believed that leaders should understand and consider the diverse perspectives and experiences within the community. Additionally, participants valued leaders who were able to collaborate and build strong relationships with communities and other stakeholders in safe environments. Importantly, young people appreciated leaders who could draw on the lived experiences, skills and strengths of their communities to effectively uplift and support them. Actively engaging with people, listening to their concerns and promoting their ideas was frequently identified as a key component of leadership, as highlighted in the quote below.

“[A good leader is] Someone who listens attentively and takes the time to understand people’s concerns”

Young people also believed that leadership involved going beyond listening by taking action and advocating for community needs. For example, participants wanted leaders to translate community concerns into plans and visions for a better future to create social change. To have an impact, young people perceived that leaders needed to be caring, vulnerable, passionate and able to approach problems in creative and analytical ways. They also needed to be bold and have the ability to make difficult decisions in the face of challenges. Among the group, there was a strong sense of collectivism where young people had a desire to take action and create better futures for others. For example, one participant shared:

“It’s all about making sure the people around me, my community, my family, my friends are in a better position than before”

Participants also recognised that self-reflection was an important leadership quality. For example, leaders should draw on their own lived experiences, seek guidance from their community, be accountable for their actions and have the flexibility to grow and change in response to community needs. Furthermore, humility and being able to sit with complexity and discomfort were important individual leadership qualities. Finally, young people believed that it was essential for leaders to establish boundaries and recognise when they needed to rest and recharge. Overall, young people recognised many of these leadership skills in themselves and had diverse experiences they could draw on to achieve their goals. However, they identified key capabilities that they would like to further develop to help them take action and create social change. They also described the structures and frameworks that would enable them to collaborate meaningfully with one another and have an impact on the mental health challenges being experienced by their community.

**Helping young people to feel safe and supported to create social change**

Young people identified they needed a range of systems and structures around them to create social change. Firstly, participants acknowledged the importance of having interpersonal support from friends and family, including extended family members like aunties, uncles and cousins. Parents were seen as an important source of support however, young people also felt they could not always relate to mental health challenges. Spending time with community and religious groups was also key for wellbeing, providing spaces where young people felt safe and could relate to others.

“Community is always something you want to stay connected to because it’s where you feel the most sense of belonging”

Having access to education, employment and training opportunities was also essential to support young people to achieve their goals. Participants felt like young people within their community had innovative ideas but needed practical support and resources to translate these ideas into action. Mentorship programs were also identified as a source of support that could help young people to pursue their purpose. Importantly, participants also felt responsible to mentor other young people to provide them with opportunities to learn and grow. Finally, external services were perceived as a key support system that helped to take the pressure off young people’s parents. However, participants acknowledged that services needed to work in collaboration with community to effectively meet their needs. For example, one participant reflected on the work of external service providers:

“Sometimes they have the best intentions to do great work in communities like ours but sometimes they don’t go to the right places and they don’t connect and collaborate with us, like If you’re trying to help us, talk to us and figure out what we need so we can spread information to our family members or our cousins or people who we know need it”

**Positive change for mental health**

Across the open conversations and co-design workshops, young people emphasised the need to take action on mental health to prevent further youth suicides in the South Sudanese community. Priority action areas for young people included:

* Engaging the community to participate in conversations about mental health (e.g. via social media)
* Planning and resourcing community events focused on mental health
* Facilitation of youth-led community dialogue in workshop settings
* Capturing the key themes of dialogue and sharing with people with influence and access to resources
* Evaluating the impact of community-led action on mental health and adjusting their approach based on findings

This list demonstrates the scope of the young people’s vision and their plans for capability and capacity development. Realising these goals in the mental health space will also require specialist knowledge on mental illness, the service system and evidence-based community responses. Placing these in a culturally appropriate framework will also be necessary to ensure that any activities are safe and accessible for members of the South Sudanese community.

### 4.0 Opportunity space

Following the open conversations and co-design workshops, young people’s experiences and ideas for action were presented back to CMY and CSG staff who run programs for South Sudanese young people and their families. Working collaboratively, we identified an opportunity to translate young people’s recommendations into a program that could be delivered by the existing CSG program working with South Sudanese people. Based on the data from young people, we developed a program that would support young people to lead open conversations about mental health within their communities. The program will consist of a series of modules delivered by CMY, Burnet and MAL that cover the following areas:

1. Mental health content knowledge, talking about mental health, getting help (CMY)
2. Collaboration and planning, facilitation, community engagement / citizenship (CMY)
3. Data collection, synthesis, sharing, advocacy, evaluation, iteration (Burnet)
4. Storytelling (CMY), content creation, producing youth-commissioned media (MAL)

In the first instance, the program will target the existing South Sudanese young people who attended the open conversations and co-design workshops, to test the content and approach. The modules will be delivered through a combination of formal didactic skills development training, informal guest speaker or mentor presentations and discussions and youth-led skill sharing sessions.

Once training has been delivered, the young people will move into a planning phase where they identify the frequency and duration of open conversations, how to promote the events and attract people to participate, where they will be held and who will facilitate and support each event, a program of focus topics and a framework for how they will record experiences and needs shared at the event and communicate these to the appropriate channels.

**Supportive infrastructure provided by CMY**

As the program progresses beyond the skills development phase, the young people will require support from CMY across a range of areas:

Supervision, reflective practice and debriefing

CMY staff will need to consistently support young people to facilitate open conversations by providing direct supervision. This approach will involve staff attending workshop modules alongside young people and supporting them through activities. Staff will also need to hold regular planning sessions/meetings to check in on the progress of the open conversations and provide support and advice where needed. Supervision will also involve CMY staff attending open conversation sessions to observe and provide constructive feedback and encouragement to build young people’s capacity as facilitators. Designated staff members will also need to be available to debrief after workshops and open conversations to check in on how the young people are feeling, address any questions they have and provide additional support. CMY staff will also need to lead reflective practice by providing opportunities for discussion, asking critical questions to encourage young people to consider how workshops/open conversations went and plan changes for future sessions.

Safe environments

Young people will require access to youth-friendly, culturally-safe and inclusive environments to hold open conversations about mental health. For example, they may require access to private rooms at local youth hubs or CMY headquarters potentially outside of operating hours. All staff will be required to have a valid working with children’s check and to adhere to child-safe standards and practices. Sessions will begin with an acknowledgement of country and establishing a code of care to promote respectful interactions. To uphold safety, CMY staff should assess the potential risks that could impact young people through their participation in workshops and open conversations and develop appropriate risk management plans. Appropriate referral pathways must be in place for anyone who experiences distress as a result of their participation in the program (e.g. linkage to free counseling). If young people wish to connect online between sessions or hold meetings online, they will also need access to a Zoom or Teams account and be supported to use this technology. Planning templates?

Communication and advocacy support

Young people will require support to promote their open conversation events and share their youth-commissioned media through existing CMY channels (e.g. Instagram, newsletters, website). Support from the CMY comms team will be required to refine content so it fits with broader CMY branding and to share messages with stakeholders who are already linked in with CMY to ensure there are pathways for young people to advocate for their needs

**Resourcing**

Successful delivery of this program will require a person within CMY to coordinate the program, liaise with Burnet and MAL and recruit and support young people to participate. It’s likely that this position would require around 0.6-0.8 EFT, however it’s understood that some of this capacity already exists within CMY and within CSG specifically.

Much of the content for the program also already exists within CMY (both in the Leadership program and in Le Mana Pasifika), ready for adaptation to this program by a coordinator. Other content has been developed by Burnet and MAL and is poised for delivery, however would require some customisation for the presenter, dependent upon availability at the requested time. It is suggested that 4-6 weeks notice is given in this event.

Further resourcing will be required to support the young participants with honorariums for their contributions and expenses, as well as funds to support venue hire and catering. Participants in open conversation sessions may also need to be paid honorariums, dependent upon CMY policy.

**Intended outcomes**

General:

* Co-designed solutions to emerging community needs involving community members, community organisations, service providers, policy makers and researchers
* Prototyping, piloting and evaluation of co-designed solutions in local Pasifika and South Sudanese communities, with leadership from young people

Communities / Young People:

* Increased access to and uptake of peer, family and community support
* Improved self-efficacy, literacy and agency / autonomy to know how to manage/regulate/implement effective strategies to address mental health concerns and support social and personal wellbeing
* Increased capacity to co-regulate within families, social groups and intimate partner relationships
* Increased family, social and community cohesion
* Increased capacity for self-care
* Decreased risk behaviours in relation to alcohol and other drug use
* Decreased interaction with police in public spaces

Service Providers:

* Identify ways in which their services can better support social and personal wellbeing within these communities, as well as provision of culturally appropriate referral and care pathways for those needing clinical intervention
* Understand value of co-design with communities / consumers / clients
* Increased capability in conducting research, co-design, prototyping and evaluation
* Identify opportunities to address and support scale up of solutions piloted

Policy-makers:

* Identification of emerging solutions/approaches that could be embedded in other programs

**Impacts**

* Improved self-efficacy, mental health literacy and shared culturally relevant understandings of social and personal wellbeing
* Increased co-design, research and evaluation capability and capacity within community organisations and service providers enabling ongoing quality improvements to address emerging community needs
* Opportunities to identify strategic partnerships across health, housing, community development and education sectors to support the scale up of successful solutions
* Earlier intervention in mental health and wellbeing leading to decreased demand for clinical care

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### 5.0 Program outline

**Module 1: Mental health content knowledge, talking about mental health, getting help (CMY)**

Module 1 aims to build young people’s knowledge on mental health including common mental illnesses, barriers to obtaining support, communication skills and mental wellness. Young people will also complete mental health first aid training and learn about how the mental health system operates in Victoria.

| **Topic** | **Focus** | **Learning outcomes** | **Activities** |
| --- | --- | --- | --- |
| **Mental health content knowledge** |  |  | Mental Health First Aid training  CMY Reverb facilitator training  CMY Mental Health Literacy training / resources |
| **Talking about mental health** |  |  | Reverb ‘Young Person to Young Person’ workshop / Community Conversation Session workshop |
| **Getting help** | Overview of support, treatment, care - Informal and formal |  | Session where local MH service providers come and share what support is available/practical information about eligibility and referrals.  -headspace  -Afri Aus Care: https://afri-auscare.org/  -Foundation House  -YSAS (AOD)  Session to cover peer support, self care, early intervention, primary care (e.g. GP MH care plans), acute care, suicide prevention services and supports. |

**Module 2: Collaboration and planning, facilitation, community engagement / citizenship (CMY)**

Module 2 aims to support young people to organise and facilitate open conversations about mental health with their communities with support from CMY staff. Young people will be supported to work together to develop a plan for open conversation sessions including what they would like to cover, who should attend and strategies to bring the community together.

| **Topic** | **Focus** | **Learning outcomes** | **Activities** |
| --- | --- | --- | --- |
| **Collaboration and planning** |  |  | Team building activity (positive change makers activity) - a full day session  Covers: Trust and vulnerability, strengths recognition, culture, values, dream work  -Icebreaker where young people share the strengths they bring - and their strengths as a group  -YP defining what good team work looks like and what their values are as a unit  -Defining and assigning key roles/responsibilities for the open-conversation sessions  -Throughout sessions - > Everyone having an opportunity to share an update and request feedback/support  Event planning and management activity - PCM Intro to Project Management |
| **Facilitation** |  |  | Youth Facilitation Session from PCM (adapted) - 3 hr session  -Facilitation as a leadership tool  -What is facilitation?  -Open, explore, close  -Creating a safe space  -Experiential learning: Practice facilitation  Informal presentation by Burnet here to describe how we facilitate sessions |
| **Community engagement / citizenship** |  |  | PCM Community-based Active Citizenship  -Mapping out who the relevant stakeholders are who should be at open conversations  -How to generate community buy in to attend open conversation sessions |

**Module 3: Data collection, findings and insights (Burnet)**

| **Topic** | **Focus** | **Learning outcomes** | **Activities** |
| --- | --- | --- | --- |
| **Data collection** | Active listening | Participants can listen to a dialogue and isolate individual ideas or experiences | Use a video and ask people to note 6-10 key ideas.  Ask people to share one idea that they noted - and people can’t repeat what someone else said. Any further ideas not reported can be shared at the end.  Facilitator scribes all of the ideas. Facilitator debriefs the activity by getting participants to reflect on their strengths and areas for development. |
| Scribing / whiteboarding | Participants can identify broad themes under which to scribe  Participants can effectively record individual ideas or experiences under themes  Participants can check meaning of recorded ideas or experiences with those who raised them | Participants break into small groups. Participants use ideas from previous activity to work in groups to create a list of 3-5 key themes. Participants share back their themes and their process to narrow down to them.  Groups critique the themes identified by other groups based on criteria of clarity, meaningfulness and completeness.  Groups are then each given a focus topic. Facilitator will lead a conversation about a topic with one of the small groups, while the other group scribes, after having identified some key thematic headings. Scribes are encouraged to check meaning with a speaker after they have recorded an idea if they are unsure about their interpretation. Group members who are scribing are asked to summarise what they have scribed at the end.  Groups debrief about whether they think the theme selection, scribing, checking and summary was effective.  Groups then change roles and a second conversation is facilitated on a different topic as per the above.  Facilitator records tips and suggestions throughout and sums up by providing these to participants. Participants discuss their take-away messages. |
| **Findings and insights** | Collating data and analysing data | Participants can summarise ideas effectively without losing meaning  Participants can bring summaries together to create meaningful insights | Participants are coached by facilitator to group ideas that they think are related and belong best together. Groups are encouraged to discuss their rationale and settle on a consensus about how to organise the ideas.  Participants are provided with a worksheet which gives them a format to summarise meaning, then to synthesise findings into insights.  Groups report back on their process, agreements and disagreements, how they reached consensus, and present their logic of ideas. Groups are given the opportunity to question or challenge a decision made by the other group.  Activity is debriefed by facilitator with a discussion of some key principles to utilise in synthesis activities. |

Suggested evaluation format:

1. Participants have experienced x and this is [an issue, challenge, positive, strength] because x

2. Participants feel x

3. Participants want x

4. Participants need x so that x

**Module 4: Storytelling (CMY), content creation and advocating for change, youth-commissioned media (MAL)**

| **Topic** | **Focus** | **Learning outcomes** | **Activities** |
| --- | --- | --- | --- |
| Storytelling |  |  | PCM Storytelling  -Sample story  -The power of storytelling  -Developing a story for change  -Providing feedback on each others stories in small groups  -Changing story based on feedback |
| Content creation and advocating for change |  |  | PCM Social media and advocacy session - 3 hour session  -Covers advocacy, elevator pitch, why social media, campaign outline, platform, branding, goals and milestones, presenting back to group |
| Youth commissioned media |  |  | Turning stories and social media campaigns into a reality with MAL |

1. Summarised findings from open conversations are reported here; the full results can be found in a separate paper available on request from CMY [↑](#footnote-ref-0)