

Matt Dixon and Morgan Hadjialexiou

present a creative approach to engaging young people who are homeless in health promotion activities and planning. They share their findings from a pilot project in Melbourne involving young people taking photographs as a means of communication and self expression.



Photovoice >> Promising practice in engaging young people who are homeless

Successful health promotion with young people who are homeless calls for creative approaches and committed workers who are prepared to learn from mistakes. It also requires the resources that allow for long lead-in times so that comprehensive planning can take place. Although planning is very important, equally as crucial is the ability to be flexible to the needs of participants.

Young People’s Health Service has completed a pilot project involving giving young people disposable cameras to capture issues of importance to them.

Young People’s Health Service

The Young People’s Health Service is a unique primary health care service specifically for young people who are homeless in central Melbourne. The service was established in response to the recommendations made in The Burdekin Report of 1989, which for the first time named homelessness as a significant issue facing many young people in Australia (Montero, Keenon et al. 1993; Human Rights and Equal Opportunity Commission 1989). The service works across the spectrum from individual clinical consultation to population health. The main areas of work

for the service are clinical and health promotion.

The service runs a clinic from within ‘Frontyard’, a co-location of services in Melbourne for young people who are homeless. The clinic is available to young people aged 12 to 22 years and is free of cost. It is staffed by nurses, doctors and counsellors.

The health promotion work of the service has encompassed sexual health, problematic substance use, mental health and violence.

Young People’s Health Service has extensive links with other service providers, educational institutions,

professional networks and local and State government. It is involved in research and evaluation activities that aim to improve its service and assist others in the field to better meet the needs of young people who are homeless.

Young People's Health Service is a program of the Centre for Adolescent Health, which sits organisationally within Melbourne's Royal Children's Hospital. Funding for the service is received mainly through the Department of Human Services, Community Health and Drugs Policy and Services Branch, with specific funding for this Photo-voice work from the City of Melbourne Community Cultural Development Arts Grants.

Health promotion with young people who are homeless

Over the past few years, Young People's Health Service has been reorienting its health promotion approaches to enable more consistency with good health promotion principles, such as those in the Ottawa Charter (World Health Organisation 1986). We have particularly been concentrating on moving away from single health issue approaches to health promotion and towards those that recognise the interrelatedness of health and broader social aspects of our lives. This thinking has led us to the decision to include young people at the centre of our health promotion work.

Youth participation

Enthusiasm among health policy-makers and health care providers for including consumers in the planning, implementation and evaluation of health services and initiatives is increasing. Youth participation is one approach to this.

The Youth Affairs Council of Victoria and State Government of Victoria (2003) state that meaningful youth participation involves young people becoming active in making decisions and taking action, individually and collectively, around issues that affect them. They also acknowledge that young people have unique insights, a diversity of

experience, can gain valuable experience in decision-making through participation and bring considerable vibrancy and vitality to organisations and events with which they are involved. The Youth Affairs Council of Victoria and State Government of Victoria (2003) also recognise the value of the two-way benefits gained from young people's participation in organisations. That is, the young person may gain skills and social networks and the organisation may benefit from the new perspectives and skills that come with young participants.

Youth participation and young people who are marginalised

Particular consideration should be given to planning for youth participation when the population of interest includes young people who are marginalised. In 1999, The Australian Youth Foundation advised that "young people who are disadvantaged or marginalised will have been excluded from decision-making for most of their lives and will need a lot of encouragement and support" (p.5).

Young people who are marginalised are likely to have poorer health than their more "connected" counterparts, and are more difficult to engage in participatory processes (McNeish 1999). It is vital that those working with young people who are marginalised actively seek opportunities to promote pro-social engagement, particularly as many people in the community do not see these young people as having a contribution to make. However, the potential to improve one's life (which may take many forms) and contribute to the lives of others is always present in individuals. Accessing this potential can be a challenge requiring persistence and creativity, but as Stoneman (2002) states, the energy within young people that may be hidden by powerlessness can be liberated.

Young people who are marginalised are often missing out on those influences that research says are health enhancing and health protecting.

Resnick (2000) promotes an approach to working with young people that seeks to enhance protective factors and minimise risk factors around individual and social health. This is a very useful way of thinking about health of young people who are homeless, because it allows workers and young people to pay attention to incremental gains and to celebrate these.

Further, including young people who are marginalised in participatory pursuits may decrease the levels of abuse to which they are often exposed. Burfoot (2003) claims that providing young people with meaningful opportunities to participate is important to their safety, welfare and well-being because they enable connection with peers and adults, which can enhance communication, self-efficacy and mastery. These benefits may be particularly important for young people who are marginalised, as their lack of connection to family and school can increase their vulnerability to abuse in many forms (and in fact, they may have experienced significant abuse at home and at school, resulting in their disconnection from these institutions).

The skill building that comes with participation is likely to increase a young person's ability to know what they want and do not want, and to effectively communicate those wishes to others, as well as act appropriately and effectively when their wishes are not respected.

Youth participation at Young People's Health Service

Young People's Health Service began a youth participation initiative in 2004. Two young people were recruited to the service as youth peer workers. After a period of orientation to the service and the sector, the youth peer workers and the rest of the team considered how health promotion needs assessment might be carried out in a way that engaged young people who are homeless. The youth peer workers preferred creative approaches rather than more traditional research methods, such as surveys and questionnaires, as

these were seen not to benefit young people (in any immediate way).

Photovoice was a method that was strongly supported by the youth peer workers.

Photovoice

Photovoice (Wang & Burris 1997; Wang et al. 1998; Harrison 2002) is a participatory health promotion and needs assessment strategy that does not rely on the written word or artistic skills. It involves group members taking photographs and then talking about those photographs. Wang and Redwood-Jones (2001) claim that it is an effective tool for carrying out participatory needs assessment, conducting participatory evaluation and reaching policy-makers, although it is not without risks related to privacy and control over how an indi-

vidual is visually represented. These risks could be particularly pertinent to young people who are marginalised and often suffer from negative representations in the media. However, a corollary of this strategy is the potential it provides for young people to challenge media stereotypes by exercising control over how their lives are portrayed.

More can be found on Photovoice at: <www.photovoice.com> and <www.photovoice.org>.

Our Photovoice pilot

Over a six-week period in September and October 2004, we conducted a Photovoice pilot workshop series with a group of 11 young people. Sessions were held weekly for two hours each in a study room at City Library, a new public library in Melbourne's central business district. Our youth peer

workers designed the publicity materials, which included a poster (Figure 1) and a business card sized information sheet that young people could easily keep with them. These publicity materials were distributed by the youth peer

workers to a number of service providers working with young people who are homeless. These service providers were asked to promote the opportunity to young people they thought might benefit. The youth peer workers received telephone calls from young people who wanted to be involved.

The Photovoice team comprised: Morgan Hadjialexiou, youth peer worker; Matt Dixon, health promotion coordinator; and Angela Bailey, photographer. As shown in Table 1, the workshops consisted of the group taking photographs, discussing photographs taken the previous week and planning for the production of a postcard featuring participants' work. Food was provided at each session. The Young People's Health Service provided disposable cameras and arranged for processing. Workers undertook not to look at participants' photographs before they did. This gave them a chance to remove any photographs that they were not comfortable sharing with the group. Two sets of prints were made of each film. This meant that we could keep a set with permission. We promised participants that we would always seek their permission if we wanted to use any images for other purposes.



Fig. 1: Poster advertising Photovoice workshop

My view: Morgan Hadjialexiou, youth peer worker

In September 2004 the Health Promotion team for Young People's Health Service conducted a youth participation project using photography. The project was called Photovoice. I was fortunate enough to be involved in conducting the project. The project ran for six weeks and we meet once a week for two hours a week. Nine to 11 young people participated in the project. In all of the six weeks we had about six young people attend each Photovoice session. I found it to be very productive having this reoccurring rotation of young people as it gave me a better chance to be able to work one-on-one with each of the participants. This was important to me because I found it to be somewhat difficult getting across the initial idea of photo voice (having a voice). I felt that some of the participants were there for mostly the camera's sake. Not so much the chance to self-express. I think this may have been because of the way we promoted the project itself. We talked up the idea of getting the chance to take photos but not really about having a voice. Some young people did try to utilise the initial technique of photo voice but weren't really voicing issues as such, more so taking photos of what really looked good to them. This could just mean that these sorts of things are what young people find interesting, that these are the sort things that they're really up for.

Findings and discussion

What worked?

The Photovoice concept appealed strongly to young people in the population of interest. Participants were experiencing various forms of homelessness, substance use issues, mental health issues and family conflict. Although we did not formally seek information about the social histories of participants, a significant amount of information was revealed by young people as the project progressed.

The following is a selection of comments from our evaluation:

- *The best part was taking photos that other people liked.*
- *It was cool that the other participants were all nice to each other and me.*
- *Got to have a better look at Melbourne from a different perspective.*
- *It has made me more aware of my surroundings.*
- *I've found I love to take photos.*

The project appeared to engage participants successfully enough for them to return. Although half of the participants missed several sessions, they told us that this was due to circumstances such as being in a detoxification program or being in custody.

Some of the participants initiated new friendships, and making new friends was reported as an outcome by four participants.

Participants reported being very happy about the opportunity to have their work printed on a postcard (see Figure 2).

What didn't work?

Our initial expectation that participants would use the opportunity to make social commentary through their photographs was not realised to a significant extent. We deliberately began the workshops with an emphasis on the more technical aspects of photography to enable some level of comfort and trust to be established in the group before turning to more personal themes. However, as the weeks went by, we found that there seemed to be some resistance to discuss-

Week	Activities
1	<ul style="list-style-type: none"> • Group meet and greet; brief introductions (City Library) • Explanation of the concept of Photovoice • Photographer shows examples of work from similar past projects • Participants given disposable cameras, instructed on use • Walk through Melbourne laneways, Federation Square, banks of Yarra River. Basic photography workshop looking at technical aspects of photography such as light, composition, subject choice. • Return to City Library for food and a chat
2	<ul style="list-style-type: none"> • Look at photographs from last week, concentrating on technical aspects • Discussion about privacy and permission seeking when photographing people • Group members go out into the city (alone or in groups: their preference) to photograph what interests them • Return to City Library for food and sharing of experiences • Introductory discussion about what the groups outcome might be (exhibition, postcard, zine)
3	<ul style="list-style-type: none"> • Look at photographs from last week, discussing individual motivations and meanings attached to the work • Distribution of disposable cameras with return postpack for participants to use over several days in their chosen environment • Discussion over food about group preferences for celebration in week 6
4	<ul style="list-style-type: none"> • Look at photographs from last week, with participants sharing something about their home environment • Participants choose the photograph they want included in the final outcome (which the group has agreed will be a postcard)
5	<ul style="list-style-type: none"> • Brief evaluation completed • Participants provide feedback on postcard draft
6	<ul style="list-style-type: none"> • Visit to the National Gallery of Victoria (Ian Potter Gallery @ Federation Square) to be shown a contemporary exhibition by the Youth Ambassadors followed by a 'claymation' workshop. The workshop is videoed then viewed by the group in the gallery theatre • Distribution of certificates of achievement for participants

Table 1: Photovoice pilot project – weekly workshop activities

ing the photographic work in terms of thoughts, feelings and attitudes. We were faced with the challenge of wanting to provide an environment conducive to group discussion about the issues that participants see as important, but also wanting to avoid colonising interpretation of participants' work. We posited a number of explanations for the difficulty in achieving discussions that would aid in forming a health promotion needs assessment from the project. One explanation was that we failed to be clear with prospective participants that there would be an expectation that they would share their opinions with the group.

In a brief evaluation questionnaire that participants completed, one

comment in response to the invitation to tell us how we could improve the project was, "tell them [prospective participants] from the start the emphasis is on what we think and feel – sharing that – not on learning photography skills".

Evaluation

The process evaluation that was performed (via reflective project team meetings, journaling, discussions with participants and a participant questionnaire) gave us rich findings from which to plan for future Photovoice activities. However, we do not have sufficient evidence to claim that the project has had sustainable positive health implications for participants.



Figure 2: The postcard that resulted from the pilot Photovoice project

This issue was discussed at a critical friendship group that was convened following the pilot in order to gain the perspectives of people with a variety of skills, including community cultural development, community arts, health promotion, youth mental health and adolescent health research. The general feeling was that a program such as Photovoice would be hard pressed to demonstrate clear outcomes, such as improvements in health or health behaviours, because of the complexity of the lives in which it was involved.

Future directions

At the time of writing, Young People's Health Service is planning another set of Photovoice workshops with young people who are homeless. Financial support has been provided by the City of Melbourne through a Community Cultural Development Arts Grant. The sessions for this workshop series will take place over a nine-week period (compared to six weeks for the pilot). Also, instead

of workshops being held only one afternoon each week, we plan to run the workshops twice each week. This means that we will provide 18 sessions rather than the six sessions involved in the pilot. We hope that the greater number of sessions and the twice-weekly meetings will help engender a stronger sense of group belonging as well as allow more time to discuss photographs and develop concepts. We plan to produce a more substantial outcome from this second set of Photovoice workshops, such as an exhibition or 'zine' (magazine-style small booklet).

References

- Burfoot, D. 2003, 'Children and young people's participation: Arguing for a better future', *Youth Studies Australia*, v.22, n.3, pp.44-51.
- Harrison, B. 2002, 'Photographic visions and narrative inquiry', *Narrative Inquiry*, v.12, n.1, pp.87-111.
- Human Rights and Equal Opportunity Commission 1989, *Our homeless children*, APGS, Canberra.

- McNeish 1999, *From rhetoric to reality: Participatory approaches to health promotion with young people*, Health Education Authority, London.
- Montero, K., Keenon, M. et al. 1993, *Young People's Health Service 1993 evaluation*, Centre for Adolescent Health, Melbourne.
- Resnick, M.D. 2000, 'Resilience and protective factors in the lives of adolescents', *Journal of Adolescent Health*, v.27, n.1, pp.1-2.
- Stoneman, D. 2002, 'The role of youth programming in the development of civic engagement', *Applied Developmental Science*, v.6, n.4, pp.221-26.
- The Australian Youth Foundation 1999, *Youth partnership and participation*, viewed 19 May 2005, <www.youngaustralians.org/resources/downloads/youthpart.pdf>.
- Wang, C. & Burris, M.A. 1997, 'Photovoice: Concept, methodology, and use for participatory needs assessment', *Health Education & Behavior*, v.24, n.3, pp.369-87.
- Wang, C.C. & Redwood-Jones, Y.A. 2001, 'Photovoice ethics: Perspectives from Flint Photovoice', *Health Education & Behavior*, v.28, n.5, pp.560-72.
- Wang, C.C., Yi, W.K., Tao, Z.W. & Carovano, K. 1998, 'Photovoice as a participatory health promotion strategy', *Health Promotion International*, v.13, n.1, pp.75-86.
- World Health Organisation 1986, *Ottawa charter for health promotion*, First International Conference on Health Promotion, Ottawa, viewed 1 February 2005, <http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf>.
- Youth Affairs Council of Victoria and State Government of Victoria 2003, *Taking young people seriously: The importance of youth participation*, Melbourne.

Matt Dixon is health promotion coordinator at Young People's Health Service, Centre for Adolescent Health, Royal Children's Hospital, Melbourne.

Morgan Hadjialexiou is youth peer worker at Young People's Health Service.

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