FOR PROFESSIONALS WORKING WITH YOUNG PEOPLE

DEFINING INTEGRATED CARE AND ITS CORE COMPONENTS IN YOUTH MENTAL HEALTH

PART 3: FINDINGS FROM CONSULTATIONS WITH KEY STAKEHOLDERS

Orygen has developed a suite of resources for clinicians and service providers interested in integrated health care for young people with mental health issues.

Part 1 focuses on:

- the complexities related to the concept of integrated care; and
- highlights the key values of integrated care.

Part 2 focuses on:

- the evidence for integrated care models;
- the barriers and facilitators of integrated care; and
- presents several real-world examples of integrated care models used in youth mental health.

Part 3 (this resource) focuses on:

- the findings from our workshops held with key stakeholders aimed at identifying a definition of integrated care and the core components of integrated care, in youth mental health.

PROJECT OVERVIEW

The aims of this project were to develop a definition of integrated care, and to identify the core components of integrated care for use in youth mental health settings. While comprehensive definitions on integrated care exist, they tend to lack specificity as to what constitutes integrated care and have not been targeted to youth mental health-specific settings – therefore, identifying the core components of integrated care was a particular focal point of this project. It is expected that a clear definition and understanding of essential components of integrated care, specifically within a youth mental health context, will support more consistent application and measurement of integrated care models in real-world settings.

This project was developed for the following reasons:

- While good models of integrated care exist, many young people still do not receive truly integrated care.
- There is a lack of consensus as to what integrated care is in the youth mental health space.
- There is a lack of consensus as to what the essential ingredients are for delivering integrated care to young people.

METHODOLOGY

This project was a joint initiative by Orygen and headspace National Youth Mental Health Foundation, and consisted of two phases: 1) reviewing the literature and extracting the common themes found within definitions of integrated care, and extracting the core components of integrated care identified in the literature, and 2) engaging stakeholders, including young people, family and friends, clinicians, policy makers, scientists and professionals employed at varying levels of the health system (for example, headspace centre managers, Primary Health Network representatives).

LITERATURE REVIEW

We conducted a search of the literature on the subject in August 2021 using the following scientific databases: Google Scholar, Pubmed and Cochrane Collaboration. The following grey literature sites were also searched: OpenGrey, The Grey Literature Report, Canadian Agency

for Drugs and Technology in Health (CADTH) and Electronic Theses Online Service (EThOS). The main search terms used were: integrated, integration, integrate, partnership, collaborate, collaborative, collaboration, coordinated, coordination, coordinate, continuing and mental.

While our search was not systematic, we did make efforts to collect a representative sample that included both scientific and grey literature, and literature from both the broad health system and mental health specific settings. Articles were initially screened based on title and abstract, and then the full text article, to determine whether there was a definition provided and/or reference to core components. The information was extracted into an Excel spreadsheet. Figures 5 and 6 outline the screening process. The list of included articles is available upon request from the first author.

STAKEHOLDER CONSULTATION

STAKEHOLDERS

There were three groups of stakeholders involved in this project: 1) Youth Enhanced Services Advisory Group, 2) people working in headspace-associated youth mental health services and Orygen policy and government relations staff, and 3) young people and family and friends. Each group of stakeholders were invited to attend two sessions each (for a total of six sessions); the first session was focused on developing a definition of integrated care for youth mental health and the second session aimed to identify the core components of integrated care in youth mental health. Due to the COVID-19 pandemic and widespread locations of attendees, the workshops were conducted online via Zoom. Workshop attendance ranged from five to 15 people with representatives from New South Wales, Victoria, Queensland, Tasmania and Western Australia. The same people were invited to participate in both workshops and many did, but others were unable to due to staff changes and other reasons, for example schedule conflicts.

Young people, family and friends were contacted via expression of interest using the headspace National Youth Reference Group (hY NRG) and Family and Friends Reference Group. hY NRG consists of a diverse group of young people of varying ages, genders and cultural backgrounds. The headspace Family and Friends Reference Group is comprised of members with lived experience of supporting a young person through headspace services.

The Youth Enhanced Services Advisory Group consisted of Primary Health Network (PHN) staff that worked in roles relevant to youth mental health and Orygen Service Implementation and Quality Improvement (SIQI) staff. PHNs are independent organisations designed to streamline health services. They assess the health care needs of their community and commission health services to meet those needs, minimising gaps or duplication. PHNs fund headspace services. Youth Enhanced Services are services aimed at young people aged 12 to 25 who are at risk of, or experiencing, a serious mental illness. The role of the advisory group is to review progress of the national Youth Enhanced Services program; explore the enablers, barriers and requirements for commissioning youth enhanced mental health services; identify risks and opportunities; facilitate the sharing of information and knowledge and facilitate collaboration and coordination between PHNs, governments, peak bodies and other relevant organisations. The integrated care workshops occurred during the group's regularly scheduled meetings.

The third group comprised of people working in headspace-associated youth mental health services, namely, lead agencies who are responsible for providing oversight for the delivery of headspace services, and headspace service managers and clinical leaders who deliver the headspace model. A representative sample of stakeholders were identified across these roles that matched the diversity of headspace centres across Australia. This included sites whose lead agencies are Local Hospital Districts, sites that have an early psychosis platform connected, sites in regional areas, and sites in metropolitan areas. This third group also consisted of staff from the Orygen policy and government relations team.

CONSULTATION

The key themes and components derived from the literature review were listed in questionnaires (conducted as Menti surveys shared via a web link) which were presented to stakeholders during two sets of online workshops. Two workshops were conducted for each group. The first set of workshops, held during September and October 2021, focused on the definition of integrated care. Stakeholders were asked whether each definition theme should be included in a definition of integrated care for youth mental health services, by rating on a 5-point Likert scale (where 1= strongly disagree, 2= disagree, 3 = neither disagree or agree, 4 = agree and 5 = strongly agree). Definition themes that had an average rating of 4.0 and above, corresponding to agreeing or strongly agreeing that they should be included, were used for developing the proposed definition. The second set of workshops focused on the core components of integrated care and occurred in December 2021. Stakeholders in these sessions (many of whom had taken part in the first session) were asked to rate whether they agreed that a component was an essential component of integrated care, using the same 5-point Likert scale. Components that had an average rating of 4.0 and above were included. The ratings were able to be accessed and downloaded by the authors via Menti. These were entered into an Excel spreadsheet and mean scores were calculated for professionals (Youth Enhanced Services Advisory Group and the headspace-associated/Orygen policy and government

relations staff) and young people/family and friends separately, and as a whole group. The sessions were recorded, therefore key quotes were able to be captured verbatim.

Figure 1. Literature screening process - definitions of integrated care

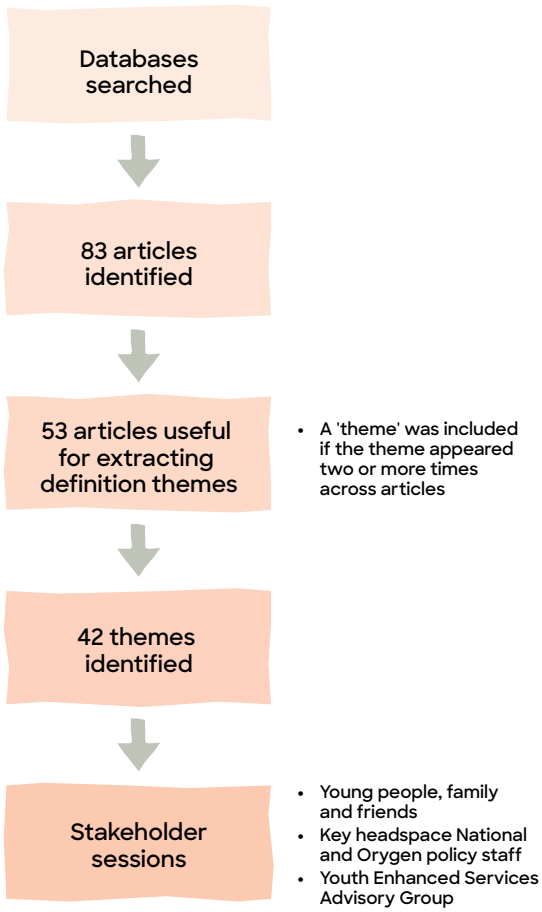
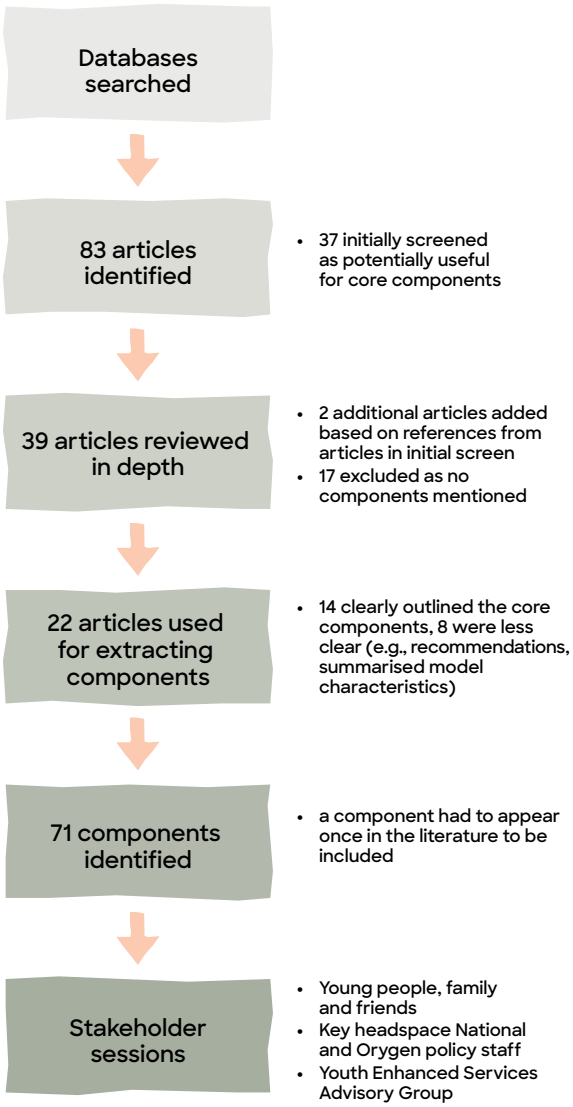


Figure 2. Literature screening process - components of integrated care



RESULTS

DEVELOPMENT OF A DEFINITION OF INTEGRATED CARE FOR USE IN A YOUTH MENTAL HEALTH SETTING

At the beginning of the stakeholder sessions, participants were invited to write what integrated care meant to them. Common themes that emerged focused on care that is seamless, holistic, connected, cohesive, and coordinated. It was also noted that integrated care looks different for every young person depending on their needs. Many stakeholders acknowledged that integrated care should be designed to address issues not only related to mental health but also other aspects of health and wellbeing. Several health professional stakeholders mentioned the model or level of integration in their perspective of integrated care, and while these differed at times, meeting the needs of the young person, friends, and family, was a common feature. Both health professionals and young people, friends and family, alluded to the task of evaluating whether care is, or is not, integrated, and most agreed that this depended largely on how the young person experiences the care provided to them.

A selection of quotes reflecting the range of the responses is presented in Box 1. Additional quotes are provided in Appendix 1. To maintain anonymity, quotes from the Youth Enhanced Services Advisory Group or stakeholders from the headspace-associated workshops are attributed to a 'health professional', and those from the sessions that were attended by young people and members of the family and friends reference group are attributed to a 'young person, family member or friend'.

Box 1. What does integrated care mean to you?

"Communication and collaboration between health professionals of different specialties, for example psychologists, GPs, social workers. Integrated care might also involve integrating a person's health on a whole and not just mental health."

(Young person, family or friend)

"A partnership approach where various service options are identified to address needs and are then planned and delivered in a way that complement each other."

(Young person, family or friend)

"Young people being able to access the care they need, from different service providers and services, and the structures and processes that support those services being able to ensure the young person's care is coordinated."

(Health professional)

During the workshops, stakeholders were presented with the definitions of integrated care that the WHO had developed/adapted. The response from stakeholders were fairly consistent; the WHO user-led definition appeared to resonate the most with stakeholders, many of whom found the process- and systems-based definitions to be too wordy and abstract.

"I like this one (user-led definition) because it has the least jargon. The whole field is populated with jargon, which is a barrier. Simple, clear cut and brings it all together"

(Young person, family or friend)

"I sit in a space around 'who are we integrating for?' and for me it's for the client experience, their goals, and their outcomes."

(Health professional)

Taking into account stakeholders' feedback, a definition was formulated based on both the WHO user-led definition and the key themes that were rated in the surveys as important by the young people, friends and family, who participated in the stakeholder workshops (see Figure 3). This figure also provides a summary of what systems, services and providers can learn from our integrated care definition. This part of the figure was informed by the professionals who took part in the stakeholder workshops and what they rated in the surveys as important themes of integrated care.

Figure 3. Proposed definition for use in a youth mental health context

Integrated care definition

My care is planned with people who work together to understand me and my carer(s) and put me in control. Multiple service providers, trained in different disciplines, coordinate and deliver their services in a way that provides me with integrated person-centred care. This will enhance the quality of care that I receive, to achieve my best possible outcomes.

What this means for health systems/ services/providers

Health professionals work together to improve clients' experience of care, by removing barriers, creating seamless referral pathways, tailoring care to the needs of the individual and their families, and offering continuity of care. The care provided is integrated and holistic, focused on the whole person.

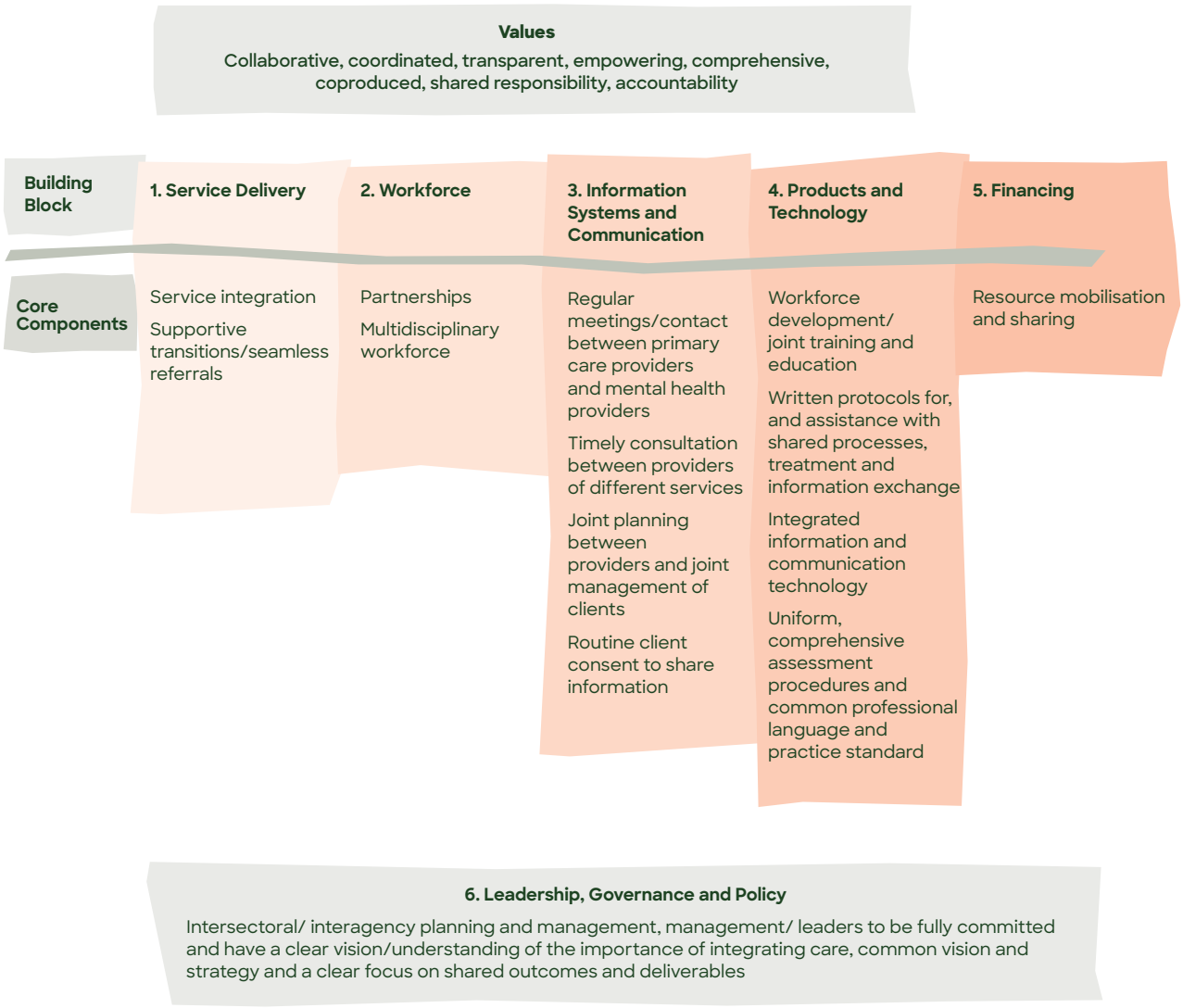
CORE COMPONENTS OF INTEGRATED CARE

The core components of integrated care derived from the overall ratings of all the stakeholders are listed in Figure 4. After discussion with members of the headspace National steering group, to facilitate a system-wide perspective, the core components of integrated care have been categorised using a framework adapted from Hodgins et al.(1) who used the WHO health system building blocks to consider health systems change.(2) Figure 4 presents a framework for integrated care. It shows the overarching values of integrated care, the six building blocks for integrated care, and the core components comprising each building block. The building blocks of any health system are: service delivery, workforce, information systems and communication, products and technology, financing, and leadership, governance and policy.

In addition to the core components presented in figure 4, a number of other components identified in the integrated care literature and rated as important by stakeholders, were core components of 'good clinical care', and can be applied to any model of care, not just

integrated care models. It is important to note that, during the surveys stakeholders were asked to think about what is 'essential' for doing specifically integrated care. Therefore, because stakeholders were not asked explicitly to also identify core components of standard or 'good clinical care' (and the literature sourced for this project was specific to integrated care), Figure 4 only includes the core components for integrated care. The 'good clinical care' components rated as important by stakeholder were: clear governance structure; young people, family and friends' involvement in co-design at all levels; monitoring and evaluation; clear role definitions; youth participation; family and friends' participation; appropriate care, where care is individualised to the young person's specific needs and strengths; and easy access and enhanced access to services.

Figure 4. Framework for core components of integrated care (adapted from 1).



The following section discusses the core components of integrated care identified within the overarching building blocks.

SERVICE DELIVERY

Service delivery is the first building block in the framework and comprises two core components: service integration and supported transitions/seamless referrals. Service integration in this context refers to multiple services that are managed and provided within one organisation/ health service. For example, providing mental health, alcohol and other drugs (AOD), vocational and physical health services at a youth mental health service. Supported transitions/seamless referrals means proactively linking young people with external services when required, including organising appropriate discharge and transfer agreements and ensuring the young person is engaged with the external service.

> "Care that involves someone receiving more than one type of care, via multiple care givers, that is experienced by the individual as one collaborative and seamless process."
>
> **(Health professional)**

HEALTH WORKFORCE

The second building block – health workforce – comprises two core components: partnerships and a multidisciplinary workforce. Partnerships are with external organisations, including other mental health services, primary health, AOD services, as well as workforce training organisations such as academia and professional colleges. Partnerships with research entities can also serve the health workforce by facilitating and promoting evaluation, continuous improvement and evidence-based practice. Partnerships could also be across other sectors relevant to young people such as welfare, education and justice. Partnerships could be fostered organically via meetings, shared forums and workshops involving managers and team leaders from different agencies. Such partnerships could be formalised via service level agreements/partnership agreements, memorandums of understanding, letters of commitment and contracts, to ensure commitment and accountability.(3)

A multidisciplinary workforce refers to providers working together who are trained and skilled in different professions, such as psychology, occupational therapy, general practice, psychiatry and AOD. The importance of professional credibility and mutual respect between different vocations was emphasised during the open discussions:

> "Trust and professional respect. If someone referred a client and said, 'this is the need', then you accept it as it is. There's a shared understanding of what these things mean, but you trust and respect the other person/professional within this model or in your team that you accept it, and you're not doing another assessment, or you're not saying 'no, they don't know what they are talking about', that creates that seamless service as well."
>
> **(Health professional)**

It was also suggested during the workshops that a way to foster a workforce capable of delivering integrated care is by recruiting staff that have demonstrated experience working in an integrated way; future employee position descriptions could include a commitment to integrated care as essential.

> "...choosing staff that have a commitment to integration, and also consumers choosing staff (as in – they are on the recruitment panel for new staff). My thinking was that integrated care is about collaborating with young people about their own care – and a key component of this is young people having a 'say' in who works at the service."
>
> **(Health professional)**

HEALTH INFORMATION SYSTEMS AND COMMUNICATION

The health information systems and communication building block comprises four core components: 1) regular meetings/contact between primary care providers and mental health providers; 2) timely consultation between providers of different services; 3) joint planning between providers and joint management of clients; and 4) routine client consent to share information.

Regular meetings/contact between primary care providers and mental health providers means that providers communicate effectively to share information about clients and develop shared treatment goals. Timely consultation between providers of different services would see providers making it a priority to consult and collaborate with experts outside their profession as needed. The component of joint planning between providers and joint management of clients would encompass, for example, joint team meetings, case conferences and individual consultation/supervision. Finally, routine client consent to share information entails asking clients regularly for permission to share information, when appropriate, between services as part of standard integrated care practice. Information would include verbal information, for example through joint care coordination meetings and secondary consultation, and sharing client documentation and records.

> "I like the inclusion of empowerment and transparency in terms of having autonomy and access to the information that might be shared between care providers about me."
>
> **(Young person/friend or family)**

PRODUCTS AND TECHNOLOGY

The fourth building block – products and technology – has four core components: 1) workforce development/joint training and education; 2) written protocols for, and assistance with shared processes, treatment and information exchange; 3) integrated information and communication technology; and 4) uniform, comprehensive assessment procedures and a common professional language and practice standard.

Workforce development/joint training and education refers to providing comprehensive training, supervision and mentoring, and continuous professional development to providers from all disciplines, with opportunities for cross-discipline upskilling. This also includes staff training related to integrated working and implementation strategies that the service has adopted for achieving a higher level of integration. Written protocols for, and assistance with shared processes, treatment and information exchange includes treatment guidelines and algorithms, for example to guide medication titration, or to formalise information exchange among providers. This will facilitate

accountability and monitoring and promote sustainability. The core component of integrated information and communication technology describes technology that is compatible between services to support information sharing. Finally, uniform, comprehensive assessment procedures and a common professional language and practice standard includes things such as standard diagnostic criteria, adherence to code of conduct etc., to ensure consistency and common understanding of young people's needs.

> "To me the shared records and that sort of thing implies a seamless communication between providers that might alleviate the need for constant communication. If you are sharing information and intake forms etc., then it will be an automatic sharing of information rather than constant direct communication."
>
> **(Health professional)**

HEALTH FINANCING

The fifth building block, health financing, has one component considered essential for integrated care: resource mobilisation and sharing. This means that resources, including money, infrastructure, time and skills, are coordinated and balanced across the whole service. Activities involved in securing new and additional resources should be a joint responsibility across services/organisations. From a systems level perspective, secure long-term government funding, allocated equitably within and across services/organisations is needed to overcome fragmented financing of health, including mental health, and social care.

The degree to which the previously outlined components (within the building blocks service delivery, workforce, information systems and communication, and products and technology) could be actualised, is heavily dependent on funding and infrastructure. Restricted budgeting would lead to more reliance on lower-level integration. For example, there would be greater reliance on supported transitions/seamless referrals and less capacity for delivering a truly integrated service.

> "You do have to start somewhere, and you can't just say 'now every health provider in the country is now doing integrated care', because you have to build understanding and create resources and abilities for people to be able to do that."
>
> **(Young person/friend or family)**

LEADERSHIP, GOVERNANCE AND POLICY

Finally, appropriate leadership, governance and policy underpins all building blocks and core components of integrated care. This has four core components: 1) intersectoral/interagency planning and management; 2) management/leaders that are fully committed and have a clear vision of the importance of integrated care; 3) a common vision and strategy; and 4) a clear focus on shared outcomes and deliverables.

Intersectoral/interagency planning and management is driven by leaders and managers from respective services/organisations, and should include discussions with participating staff about provider expectations, program scope and preferred methods of communication, which can be fed back at the governance and policy level. The core component of management and leaders being fully committed and having a clear vision of the importance of integrated care includes strong leadership, fostering a culture supportive of integrated care, and staff holding a high trust in management. A common vision and strategy means having clear aspirations, measurable goals and defined timelines for organisational/service change, which are decided on collaboratively, across services and organisations. A clear focus on shared outcomes and deliverables means that cross-disciplinary and interagency professionals collectively working together to deliver specific integrated treatment goals are evaluated at the group level, as opposed to outcomes being assessed at the individual provider level.

Of note, no clear preference emerged in the ratings regarding the type of governance structure, for example lead agency governance versus interagency governance, in terms of what would be more suited to an integrated care model. However, it was emphasised during the discussions that the governance structure should be one that is most efficient and least bureaucratic, which in some people's experience was a lead agency.

> "I'm more of the view around a lead agency governance, I think it's really crippling with having layers of governance that you need to manage with involved agencies, it's really difficult to operationalise an efficient, high performing service if everyone's got their own separate governance accountabilities. I've seen a lead agency work really well in that (youth mental health) space."
>
> **(Health professional)**

CONSIDERATIONS FOR ACHIEVING INTEGRATED CARE IN YOUTH MENTAL HEALTH

Implementing integrated care systems in youth mental health is challenging but critical to improve outcomes for young people, their families and communities. To successfully implement the model, it is essential to be clear about the purpose of integration, and to understand what needs to be integrated. This supports appropriate integrated care strategies, models, processes and structures. These points were concluded by an umbrella review (review of reviews), commissioned by Queensland Health, Australia, that critiqued 17 publications, mostly from the UK, USA and Australia, all focused on health service integration, some of which

focused on care models for mental ill-health. (4) After noting the diversity in integrated care strategies, from collaborative care models to integration of different health services, the review concluded that there is no 'one-size fits all' approach, but that a clear purpose for integration was required.

CO-DESIGN AND ECONOMIC COST EVALUATION

To create fully client-centred integrated health care systems, it is important that a greater emphasis be given to involving end-users in genuine co-design.(4) This reflects the increasing uptake of participatory methods, including co-design, for healthcare reform.(5) Co-design involves engaging people with lived experience and their family and friends in the creation, redesign and improvement processes of health services. In mental health specifically, co-design is expected to promote trust, empowerment, autonomy, self-determination and choice for clients who access the service, as well as staff who work within the service.(5)

Notably, the umbrella review, commissioned by Queensland Health, mentioned above, reported mixed findings in relation to cost-effectiveness of integrated care, but argued that the ability to integrate financial and clinical information, across health and social care, was appraised as an important factor for monitoring cost-effectiveness. However, there was a clear lack of economic cost evaluation research,(4) which should be considered as an important focus of future integrated care research, as it has wide-ranging implications for implementation of these models into real-world settings.

MEASURING THE EFFECTIVENESS OF INTEGRATED CARE MODELS

Evaluation of integrated care models is compromised by its conceptual ambiguity and difficulty in measuring the effectiveness of care integration.(6, 7) The definition and identification of core components of integrated care in the context of youth mental health outlined in this project, will help inform the development of measurement and evaluation tools. To our knowledge there are currently no standardised validated instruments that cover all aspects of integrated care for youth mental health.

Future projects should determine measurable indicators of each of the core components of integrated care in youth mental health identified by this project and develop and validate tools to measure and evaluate these indicators. A comprehensive measurement approach must consider the multiple dimensions, components and perspectives of integrated care.(8) Measurement approaches should triangulate data from mixed data sources, including questionnaires, registry data, and qualitative methods such as interviews, observations and workshops. Although there are currently no measures of perceptions of care integration for youth mental health, or any that have been validated among young people, measures of patient perspectives of integrated care exist and could be adapted.(9-12) For example, the Patient Perceptions of Integrated Care Survey (9) measures the integration of care as experienced by the patient/client across six dimensions. Dimensions include information flow to the health professional, post-visit information flow to the patient, and coordination between the care team and community resources. To date, it has only been validated among adults with multiple chronic health conditions.

Young people and their family and friends must be able to report their experiences of the care they receive across providers and whether their care is integrated in ways that meet their needs and preferences.(13) Despite their priority, client perspectives give limited insight into the many specific clinical activities coordinated into their care, and are unlikely to have insights into both system- and organisational-level integration activities.(14) Established surveys and measurement tools might inform the best ways to measure integration from a health professional or health services perspective, for example centre managers.(15, 16) These tools could also address multiple levels, dimensions or types of integrated care (for example clinical, service, functional and organisational integration).

In addition to measuring the implementation and extent of integration, it is also imperative to examine its effectiveness. Future research must determine the relationship between client/professional perspectives of integrated care and outcomes, such as clinical health outcomes, for example symptomology, health service use, quality of life, health care quality, education and vocational outcomes, cost savings and cost effectiveness.(17) Research must also investigate which components identified in this project improve integration and patient outcomes. Measurement and evaluation of integrated care can inform change management and continuous improvement strategies.(7) Rigorous evaluation supports accountability to funders, advancement of integrated care knowledge base, enhancement of patient care, identification of areas of poor performance, and improvement of managerial and professional behaviour changes. (18) Only through appropriately integrated care systems will the mental health care outcomes for young people be optimised.

TAKE-HOME MESSAGES

- Integrated care in youth mental health was defined from the existing literature and a range of stakeholder perspectives as: “my care is planned with people who work together to understand me and my carer(s) and put me in control. Multiple service providers, trained in different disciplines, coordinate and deliver their services in a way that provides me with integrated person-centred care. This will enhance the quality of care that I receive, to achieve my best possible outcomes.”
- What this definition means for health systems, services and providers, as determined by the literature and stakeholders is: health professionals work together to improve clients’ experience of care, by removing barriers, creating seamless referral pathways, tailoring care to the needs of the individual and their families, and offering continuity of care. The care provided is integrated and holistic, focused on the whole person.
- The building blocks of any health system are: service delivery, workforce, information systems and communication, products and technology, financing, and leadership, governance and policy. Seventeen core components were rated overall as essential for integrated care.
- Future work should consider the importance of co-design and economic cost evaluation. The development of specific tools for the measurement of integrated care in youth mental health, and evaluation of efficacy for a range of outcomes, is also needed.

APPENDIX 1

Stakeholder quotes on the definiton of integrated care

“The provision of care that responds to someone’s broadest physical, emotional, social, spiritual needs.”

(Young person/family and friends)

“Services integrated around the needs of the young person - vertically and horizontally.”

(Health professional)

“A model of care inclusive of family and supportive friends where the care continues even after the young person has disengaged from your service.”

(Young person/family and friends)

“One stop shop/hub and spoke.”

(Health professional)

“Recognises outcomes are produced by the whole system rather than individual organisations or programmes.”

(Health professional)

“Different services, for example psychology, hospital, GP and different domains, for example psych, social, physical health set up to work together -communicate/collaborate – reducing obsolete overlap and increasing the efficacy of each service/domain.”

(Young person/family and friends)

“Services can be co-located or convene at points in time to share information.”

(Health professional)

“Shared care plan across service streams with shared understanding of risk and safety, an agreed method for sharing info and engagement of family/others. Care team process common understandings/formulation services backing each other.”

(Health professional)

“Care that meets needs of the individual, their family and community regardless of who delivers that care.”

(Health professional)

“Holistic care that takes into account a young person’s diverse needs and brings together a range of professionals and disciplines in a coordinated way.”

(Health professional)

> "I like the (WHO) definition that more focuses on the user experience. Because ultimately that's the measure of integrated care, regardless of how many different types of care are being provided by numerous workers or organisations, the measure to me of integrated care is that the user experiences it as one seamless process, that's not fragmented and contradicting each other, and limited by each other and all of the things that currently get in the way of integrated care."
>
> **(Health professional)**

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Orygen acknowledges the Traditional Owners of the lands we are on and pays respect to their Elders past and present. Orygen recognises and respects their cultural heritage, beliefs and relationships to Country, which continue to be important to First Nations people living today.

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