

Armada



Integrated Systems of Care to support Aboriginal and Torres Strait Islander People with mental health, alcohol and other drug issues (AISC)

Community Engagement and Co-Design Workshop Report

2017

Executive Summary: Armadale Area

[Armadale Aboriginal and/or Torres Strait Islander population: 2,029]

[Armadale population: 79,602]

Richmond Wellbeing, in collaboration with consortium partners, has been commissioned by WA Primary Health Alliance (WAPHA) to develop an integrated system of care program to support Aboriginal and/or Torres Strait Islander people with mental health, alcohol, and other drug issues in the Perth South Primary Health Network region from April 2017 to June 2018. The purpose of this activity is to focus and improve the health and wellbeing of Aboriginal and/or Torres Strait Islander people who are living with co-occurring AOD (alcohol and other drugs) and MH (mental health) conditions.

The Richmond Wellbeing (RW) ISC engagement team conducted outreach into communities in this location to listen to community members' experiences, concerns, issues and ideas regarding problematic mental health and AOD use in the community. The RW team heard from community members who experienced these issues themselves, and from people who are carers, families, friends and supporters of people experiencing problematic AOD/MH issues.

AOD/MH and other service providers in the area were also contacted by the RW team to gather information on issues and concerns of the organisations. Ideas on ways to provide better access to services for vulnerable and disadvantaged community members and better integrate AOD and MH services were discussed in this engagement process.

Feedback from the local community was collated to provide themes for place-based co-design workshops attended by local community members and service providers working together on solutions to address these issues.

ARMADALE AREA:

Workshop 1 (Service providers only) –

CONSULTATION AND ENGAGEMENT	
Community Members	Service Providers
N/A*	N/A*
WORKSHOP ATTENDANCE	
Community Members	Service Providers
0	8

* Pre-workshop engagement did not take place in pilot.

Workshop 2 (Community Members & Service Providers) –

CONSULTATION AND ENGAGEMENT	
Community Members	Service Providers
N/A*	N/A*
WORKSHOP ATTENDANCE	
Community Members	Service Providers
7	5

* Pre-workshop engagement did not take place in pilot.

Co-design Pilot Workshops

Workshop One Themes:

- **Lack of culturally appropriate local services – services should address community need.**
- **Lack of cultural understanding – understand local community, build trust, talk to people.**
- **Services to meet combined drug and mental health needs – one person, many needs.**
- **Cultural healing within community – involve Aboriginal people and their families to provide services and support.**

Workshop one for service providers was held on August 14th 2017 to identify issues related to service design, service delivery, key barriers to access and community feedback.

Workshop One Findings:

The workshop identified 6 key findings to be considered by the Project Management Group:

1. Reduce barriers within a complex system by simplifying entry pathways and referral processes.
2. Increase outreach services to provide appropriate and flexible services in the right place at the right time based on community needs.
3. Show authenticity in every part of service delivery to develop genuine trust and respect within the community.

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4. Develop cultural understanding and awareness to increase trust and connection with the Aboriginal community.
 5. Provide patient centred care by addressing needs of the whole individual across the continuum of care.
 6. Support networking opportunities to share knowledge and information to increase awareness of local services available across agencies.

Overall, services need to be person-centred, culturally appropriate, integrated, governed by simple processes, and address unmet needs of the local community.

Solutions to Address Key Findings from Workshop One:

1. Reduce barriers within a complex system by simplifying entry pathways and referral processes.

Identified need:

- ❖ Simplify entry pathways and referral processes.

How to do it:

- Simplify entry paperwork so that process is assisted, earlier, and streamlined to reduce repetition and duplication.
- Address service duplication across organisations.
- Improve information sharing across primary care and AOD and MH services.
- Develop one-stop-shop hub model for assessment and referral.

2. Increase outreach services to provide appropriate and flexible services in the right place at the right time based on community needs.

Identified need:

- ❖ Adapt to client needs and provide outreach services in locations and times suitable for the community.
- ❖ Need to be flexible in types of services available to meet individual needs.

How to do it:

- Important to build trust between community and local providers.
- Need to connect with individuals who may be untrusting or alienated.
- Directly connect individual to a service rather than waiting for them to access.
- Increased attention on marginalised individuals that do not have a General Practitioner (GP).

3. Show authenticity in every part of service delivery to develop genuine trust and respect within the community.

Identified need:

- ❖ Address the current gap in power between organisations and individuals.

How to do it:

- Ensure services and employees are real and genuine.
- Acknowledge trust and respect are not mutually exclusive and both need to be built.
- Invest in the right frontline staff to build trust and confidence from the first interaction.
- Share lived experiences to build trust and connection within the community.
- Acknowledge short funding cycles break or destroy community trust.

4. Develop cultural understanding and awareness to increase trust and connection with the Aboriginal community.

Identified need:

- ❖ Acknowledge and respect history.
- ❖ Acknowledge it is not about being 'multi-cultural' and that Aboriginal people are the 'original' people.
- ❖ Acknowledge lack of cultural understanding and awareness is a systemic problem that has formed a barrier of distrust and resistance.
- ❖ Acknowledge too many failed policies have lost confidence within the community.

How to do it:

- Ensure grass roots history is taught throughout education and into the workplace.
- Ensure cultural awareness training is part of mandatory induction in the workplace.
- Need to start within organisations with top-down modelling from CEO level.
- Need to move beyond tokenism to address real needs and wants of Aboriginal communities, instead of doing thing 'to' them and 'for' them.
- Need to do something differently to make any kind of change or difference.
- Understand Aboriginal clients engage with the person, not the organisation.
- Involve Elders to teach about local culture, respect, and traditions to improve awareness and understanding of local community.
- Invest in Aboriginal Community Controlled health organisations to share AOD and MH services.

5. Provide patient centred care by addressing needs of the whole individual across the continuum of care.

Identified need:

- ❖ Holistic and coordinated care is needed.

How to do it:

- Need co-ordinated entry of care point to address the whole needs of the person across GP and AOD and MH services.
- Ensure continuity of service to meet needs of the individual, not the needs of system or organisational processes.

6. Support networking opportunities to share knowledge and information to increase awareness of local services available across agencies.

Identified need:

- ❖ Sharing information about services.

How to do it:

- Organisations meet with local GPs to share information about services.
- Organisations meet with each other to share information on services and identify duplication or gaps in services to encourage collaboration.
- Run networking events with primary care providers to share information and provide opportunities for communication and collaboration.

Workshop Two Themes:

- **Lack of culturally appropriate local services – services should address community need.**
- **Lack of cultural understanding – understand local community, build trust, talk to people.**
- **Services to meet combined drug and mental health needs – one person, many needs.**
- **Cultural healing within community – involve Aboriginal people and their families to provide services and support.**

A co-designed Workshop Two for community members and service providers in Armadale was held on August 28th. This workshop provided an opportunity for service providers and local community to come together to co-design local service activity.

Workshop Two Findings:

The co-design workshop identified 6 key findings to be considered by the Project Management Group:

1. Reduce barriers within a complex system by simplifying entry pathways and referral processes.

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2. Increase outreach services to provide appropriate and flexible services in the right place at the right time based on community needs.
 3. Show authenticity in every part of service delivery to develop genuine trust and respect within the community.
 4. Develop cultural understanding and awareness to increase trust and connection with the Aboriginal community.
 5. Provide patient centred care by addressing needs of the whole individual across the continuum of care.
 6. Support networking opportunities to share knowledge and information to increase awareness of local services available across agencies.

Solutions to Address Key Findings from Workshop Two:

1. Build the local Aboriginal workforce to provide support services to their community.

1a. Employ local Noongars who specialise in mental health, suicide prevention and AOD to deliver local services.

Identified need:

- ❖ Agencies need to have an Aboriginal workforce that meet the needs of Aboriginal clients.
- ❖ Need an Aboriginal team in each agency, not just one worker.
- ❖ Needs to be a coordinated approach by team of Aboriginal leaders in partnership with service providers.

How to do it:

- Build on existing local Aboriginal programs and resources that already exist and are already delivering.
- Identify skilled people in the community and give them training rather than training people and then trying to embed them into community.
- Certify and employ family members who are already providing support to their families.
- Employ people who are well known in the community and will get out and be active in the community.
- Facilitate local Aboriginal people to gain Certificate IV in MH/AOD.
- Approach Mental Health Commission to bring Certificate IV in MH/AOD out into local communities.
- Approach City of Armadale to provide traineeships for local Aboriginal people – link with appropriate mentoring and support.
- Approach leadership in all agencies in Armadale to discuss opportunities for employment pathways.

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- Develop a Community Action Group to host a meeting and invite leaders to attend a community forum with the City of Armadale.
 - Involve Universities and provide them with community link and opportunities for supervision – include Aboriginal studies and allied health.

1b. Address current barriers to employment of Aboriginal staff.

Identified need:

- ❖ Agencies need to be more flexible with their Human Resources employment criteria – especially related to criminal records.

How to do it:

- Give people a chance – provide a three-month probation period if they have a criminal record instead of not hiring at all.
- Support people to get Working with Children check to prove integrity – especially if they have a criminal record.
- Value cultural knowledge and life experience – look beyond qualifications.
- Empower agencies to support the delivery of work requirement in alternative ways to typical reading and writing structure.
- Support local people to get Driver's Licence.
- Understand different communication styles and do not just expect the Aboriginal person to change and adapt.

2. Employ Cultural Advisors to educate agencies and their staff on how to work safely and effectively with local Aboriginal Community.

Identified need:

- ❖ Need increased understanding and education of Aboriginal history, culture and engagement.

How to do it:

- Aim for every organisation to employ a local Aboriginal people as Cultural Advisors.
- This is an advisory role and does not involve case management.
- Train and employ advisors that already live and understand the local community – there is already so much knowledge and potential.
- Develop cultural awareness initiatives to educate staff on Aboriginal history, culture, and engagement.
- Train the trainer programs to share knowledge and provide more employment opportunities.
- Follow through and continually assess every 3-6 months.
- Ensure learnings are practically embedded into organisational culture and processes.

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- Move beyond cultural training being 'feel good' – need to communicate impact of history.
 - Focus on impact of cultural loss and trauma.
 - Involve Elders and grandparents to share learnings.
 - Include formal assessments beyond reading about history (e.g., verbal assessments).
 - Assess workers in terms of how they are practicing to implement and embed cultural learnings.
 - Educate on family structures and community dynamics.
 - Develop cultural awareness standards for organisations.
 - Establish Aboriginal-specific community engagement principles.
 - Develop workplace processes to embed learnings into organisational culture.
 - Introduce Elders with connections to the CEOs of agencies.

3. Develop one team with one service to support the many needs of the individual.

3a. Develop a consortium of service providers with Aboriginal workers, specifically for the purposes of supporting Aboriginal clients.

Identified need:

- ❖ AOD and MH services need to work together.
- ❖ Need a holistic approach to focus on the whole of the person in partnership with other agencies.

How to do it:

- Follow the Department of Child Protection Armadale Family Support Network consortium model – meet to discuss client needs and allocate agencies to provide services.
- Work according to culturally appropriate Aboriginal framework.
- Develop a centralised database.
- Share information.
- One referral intake.
- One integrated team, with one file, one clinical review.
- The file follows the client and does not belong to any one agency.
- Reduces the need for client to tell story more than once.

3b. Provide outreach services for dual diagnosis.

Identified need:

- ❖ Need to develop a different service model – go where the people are and do not expect them to come to you.

How to do it:

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- Provide upskilling across sectors.
 - Send pairs to provide outreach services, with shared skills across AOD and MH.
 - Enable team to respond there and then in time of need.
 - Support for individuals to provide information verbally, without the need to read or write.
 - Provide flexible appointment times (e.g. anytime Thursday morning).
 - Provide education for mental health around community and individual needs.

3c. Develop solutions for current referral issues.

Identified need:

- ❖ Need simple referral processes so people do not get lost in the system.

How to do it:

- Develop database of Aboriginal-specific services available.
- Process of where and how to refer to Aboriginal services.
- Build relationships across agencies to drive warm referrals.
- Provide follow-up with each client to avoid getting lost in the system.
- Elders can be used as support person in community to share knowledge and provide information on where services exist and who to go to.

4. Create a safe space and services for youth to build social and emotional wellness.

Identified need:

- ❖ Need a safe, secure, supervised place for youth to go.
- ❖ Need to increase services that reach youth out in their community.

How to do it:

- Give positive outlet and somewhere safe to go to.
- Focus on social and emotional wellbeing.
- Run by local Aboriginal people.
- Employ Aboriginal youth peer workers.
- Embed buddy system.
- Provide opportunities for positive role modelling.
- Provide activities that build self-esteem and confidence.
- Provide cultural and spiritual healing.
- Develop self-care tools and initiatives to support wellbeing.
- Develop community education, arts, culture, resilience.
- Develop cultural activities to re-build identity.
- Create yarning circle.
- Identify Elders to nurture and share experiences and learnings.
- Challenge cultural perceptions related to shame and weakness.

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- Have the right educators to connect with the community to build trust and rapport amongst families and youth.
 - Provide opportunities for trips onto Country and provide skill development beyond traditional education to develop skilled workers.
 - Approach City of Armadale for support.

5. Create a safe space for whole of community to come together to yarn and heal.

Identified need:

- ❖ Need to provide cultural healing within the community.

How to do it:

- Provide space for talking and opening up.
- Provide comfortable space for natural yarnning.
- Address underlying trauma and issues.
- Get back to culture and identify.
- Open to everyone without having to ask to be let in.
- Cannot be seen as counselling or it will not work.
- Elders from each family group to bring everyone together.
- Take people out onto Country to help re-establish their identity.
- Provide development of skills beyond traditional education (e.g. skills with hands).
- Provide a bus with a driver and child care to attend community meetings and events.
- Elders, families, youth, different family groups – united we stand for our local area and our people.

6. Develop support and empowerment programs for children, families, and parents.

6a. Expand mental health programs for children under 12 years of age.

Identified need:

- ❖ Need to address gaps in services and support for primary school aged children.

How to do it:

- Provide school age early intervention in primary schools.
- Provide onsite counselling at school during school hours.
- Many schools have free rooms to provide counselling services.

6b. Develop programs to empower and support parents and families.

Identified need:

- ❖ Need to increase support for parents and families.

How to do it:

- Deliver programs in the home.
- Support for people coming out of jail to empower them to make good decisions and take responsibility.