

Perth



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: Perth Area

[Perth Aboriginal and/or Torres Strait Islander population: 168]

[Perth population: 21,797]

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.

Mental health services, AOD services 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.

PERTH AREA:

CONSULTATION AND ENGAGEMENT	
Community Members	Service Providers
17	27
WORKSHOP ATTENDANCE	
Community Members	Service Providers
3	8 (10 people)

Co-design Workshop

Workshop Themes:

- **Provide local culturally secure AOD and MH services that are appropriate for the Aboriginal community, ensuring they are affordable, easily accessed, address strict inclusion and exclusion criteria, provide immediate support in times of high need or emergency.**
 - A drop in centre in the inner city, address long waiting lists, provide ongoing follow-up support, have a 'no wrong door' approach, are non-judgmental, understand barriers of shame, reduce the need to tell story repeatedly, with workers that are friendly, approachable and good communicators.
- **Provide opportunities to build the local Aboriginal workforce, including providing employment opportunities for those with lived experience and peer workers to talk to people one-on-one in the community to help them access AOD and MH services that are culturally appropriate and meet their needs.**
- **Provide community education and activities to increase awareness of AOD and MH issues for individuals and families to bring people together to build connections, empower people, provide knowledge and skills, increase understanding, build resilience, and provide information on where to go for local culturally secure services and support with how to access them.**
- **Develop a youth program to keep youth occupied in positive activities and involved in the community, such as providing education and employment opportunities to help them develop skills to make a living, teaching them strategies to deal with difficult times and avoid AOD and MH struggles, and providing awareness programs in schools to intervene early and to address barriers such as shame and fear of judgement to normalise asking for help.**

A co-design workshop was held for community members and service providers in Perth on November 2nd 2017. This workshop provided an opportunity for service providers and local community to come together to co-design local service activity.

Workshop Findings:

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

1. Develop an Aboriginal Workforce Mentoring Program and employ those with lived experience to form Aboriginal Care Teams to ensure programs and services are integrated for Aboriginal people.
2. Provide cultural awareness training and expertise to ensure agencies adopt inclusive approaches to service design and delivery.
3. Develop collaborative ways for services to work together, such as having care coordination teams to support the client journey across AOD and MH services.
4. Provide integrated and flexible AOD and MH service options to respond to community need, such providing outreach services and after-hours services.
5. Develop a youth program to deliver culturally secure AOD and MH prevention, awareness and education initiatives across a range of environments (such as in the community, detention centres, schools, families) to reduce young people engaging in high-risk behaviours, in addition to providing skill and workforce development opportunities to support positive career pathways for young Aboriginal people.
6. Provide an independent Aboriginal Carer and Family Support Service that provides activities and events to support local carers and families, and also provides a safe space for people to go where they feel comfortable to discuss issues related to all aspects of health and wellbeing.

Solutions to Address Key Findings:

1. **Develop an Aboriginal Workforce Mentoring Program and employ those with lived experience to form Aboriginal Care Teams to ensure programs and services are integrated for Aboriginal people.**

Identified need:

- ❖ Need more Aboriginal staff in services.
- ❖ Need to recognise skills of Aboriginal workers and value ways of working.
- ❖ Need to build the capacity of current workforce.
- ❖ Need to have inclusive workforce and work in inclusive ways.
- ❖ Need to use the right language.
- ❖ Need to have knowledge about the community and where people come from.

How to do it:

- Use equal opportunity laws to recruit (50d).
- Ensure recruitment is gender, age and mob connections are balanced.
- Funding bodies to support the change by making funding available to build up the local Aboriginal workforce within organisations.
- Develop mentoring program that provide mentors for Aboriginal staff.
- Provide Aboriginal people that can mentor all staff (Aboriginal and non-Aboriginal).
- Elders.
- Co-workers.
- People in community.
- Mentors and supervisors to identify training requirements and then support access pathways.
- Provide information and support on where to get further study e.g., airfares, funding.
- Provide mentoring across organisations.
- Provide Aboriginal Care Teams across sectors so programs and services are integrated.
- Establish a culture where people are valued for their experience and what they bring to the table rather than what they do not have.
- Ensure clarity in job description to perform role - start with a Job Description Form but flexibility in role may be required in early stages.
- Mentors to create brief profiles and job descriptions. Develop a list of mentors to support Aboriginal workers.
- Ensure this list is shared across all AOD and MH agencies and other organisations.
- Ensure mentors are paid and secure funding to ensure their skills are valued.
- Develop evaluation templates for consumers to provide feedback and ongoing skill development.
- Create support groups for Aboriginal workers – one on ones and group sessions to share learnings.
- Provide someone to coordinate the network of mentors and link them between services.
- Provide leadership coaching.

2. Provide cultural awareness training and expertise to ensure agencies adopt inclusive approaches to service design and delivery.

Identified need:

- ❖ All staff need training in cultural awareness to increase skills and understanding.
- ❖ Need more understanding and non-judgmental staff.
- ❖ Services need to work in inclusive ways and have inclusive approaches.

How to do it:

- Provide training for all staff:
 - Privacy;
 - Self-disclosure;
 - Regular frequency;
 - Communication;
 - Language; and
 - Understanding cultural language.
- Connect with local elders to inform practices and policies.
- Increase display of Aboriginal artefacts, paintings, maps and flags at entrance to buildings.
- Provide relevant training and upskills for peer workers.
- Provide cultural supervision training.
- Provide Aboriginal people that can mentor and educate all staff (Aboriginal and non-Aboriginal):
 - Elders;
 - Co-workers; and
 - People in community.

3. Develop collaborative ways for services to work together, such as having care coordination teams to support the client journey across AOD and MH services.

Identified need:

- ❖ Services need to work better together.
- ❖ Service providers need to share information with client consent.
- ❖ Need a one stop shop for consumers.

How to do it:

- Provide coordination and triage to access services to coordinate clients through their journey.
- Team of care coordinators to link people up, support them, and build relationships with General Practitioners (GPs).
- Care coordinators based across multiple organisations.
- Care coordinators to be region-focused.
- Care coordinators to have network meetings face-to-face.
- Agencies to have an open-door policy to share information with other services (current barrier).
- Develop policies and procedures in partnership to support sharing of clients and client handovers (and such as when staff leave etc.).
- Mental health care plans to include team care arrangements.

4. Provide integrated and flexible AOD and MH service options to respond to community need, such providing outreach services and after-hours services.

Identified need:

- ❖ Need to provide services out of standard business hours.
- ❖ Need to provide immediate support to people while on waitlists.
- ❖ Need to provide services where the people are.

How to do it:

- Provide services out of hours and on call.
- Provide interim services while people are on a waitlist.
- Provide outreach services to support access to:
 - Emergency Department;
 - Food;
 - Showers;
 - Short- and long-term help;
 - Housing (Aboriginal Housing Services);
 - Domestic Violence; and
 - Financial counselling.
- Increase types of different options available e.g., counselling, traditional healing.
- Educate the individual about their diagnosis.
- Develop a Project Reference Group:
 - Led by an Aboriginal AOD and MH organisation;
 - Invite stakeholders;
 - Develop agendas and Terms of Reference;
 - Program logic and governance; and
 - Goals, aims, mission, values.
- Plan and implement a pilot for six months.
- Provide weekly stakeholder meetings.
- Develop outcome framework including KPIs for staff, consumers, stakeholders.

5. Develop a youth program to deliver culturally secure AOD and MH prevention, awareness and education initiatives across a range of environments (such as in the community, detention centres, schools, families) to reduce young people engaging in high-risk behaviours, in addition to providing skill and workforce development opportunities to support positive career pathways for young Aboriginal people.

Identified need:

- ❖ Need to find solutions to keep young people in school and prevent disengagement.
- ❖ Need to provide prevention awareness for youth to decrease risk of going to prison.

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- ❖ Need to provide young people with life skills to get into the workplace.
 - ❖ This needs to be a long-term sustainable project for years to come – years not months.
 - ❖ Everyone needs to get involved – our youth is everyone's business.
 - ❖ Need to engage and work with youth to help youth.

How to do it:

- Hope Community Services program.
- Fairbridge-Binjareb project in place to assist employment for Aboriginal men coming out of prison.
- Prevent youth from being stigmatised and judged and provide education in detention centres.
- Deliver programs in culturally appropriate environments e.g., river, fishing, out bush, in touch with nature.
- Deliver specific topics to specific high-risk groups e.g., at risk of going to prison.
- Have language taught in schools by Aboriginal people in a non-mainstream way rather than other languages like Japanese and Indonesian.
- Provide support for carers and families for those connected to detention centres.
- Provide support in community for other families.
- Provide mentoring support for youth one-to-one as not one size will fit all.
- Provide a confidential hotline for Aboriginal youth.
- Have older youth who have been through the system to become mentors and supports for others.
- Provide training and study opportunities to become youth workers.
- Provide training for life skills (e.g., forms, financial, agreements, savings, mortgage, salary sacrifice).
- Provide cultural uniforms.
- Break the barrier of police clearance issues for those who have been through the system.
- Provide 50d equal opportunity traineeship positions.
- Engage with youth in the community and take on board long-term – need consistency.
- Involve organisations and collaborate to do some strategic planning for funding.
- Provide mentoring support positions for those aged 16-26 years – need to have right skills in communication, life experience and specific to Aboriginal youth (50D).
- Set up traineeships for young Aboriginal people to have hands on opportunities (e.g., Gen One).
- Advertise to get information out into the community.

6. Provide an independent Aboriginal Carer and Family Support Service that provides activities and events to support local carers and families, and also provides a safe space for people to go where they feel comfortable to discuss issues related to all aspects of health and wellbeing.

Identified need:

- ❖ Need to provide more support for carers and families.
- ❖ Need a safe place for people to come to talk.
- ❖ Need localised support.

How to do it:

- Access current carer and family advisory services and programs to improve and develop own.
- Carers Australia to establish a program to assist carers with support related to AOD, MH, physical health and wellbeing.
- Can be connected with other health programs for chronic disease, disability, aged care etc.
- Provide events and activities each month for carer and family groups:
 - Adventure world;
 - Morning teas;
 - Retreats; and
 - Weekend respite for carers.
- Share promotion and advertisement of groups across services.
- Locate service within Perth area.
- To be independently run, no partnerships.
- Staff need to be non-judgmental.
- In the future, the service could extend to include a youth centre where youth and carers can come to relax and feel safe.