

# Fremantle



Integrated Systems of Care to support people with mental health, alcohol and other drug issues (ISC)

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## **Community Engagement and Co-Design Workshop Report**

**2017**

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## Executive Summary: Fremantle Area

[Fremantle population: 36,605]

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 people with mental health, alcohol, and drug issues in the Perth South Primary Health Network region from April 2017 to June 2018. The purpose of this activity is to improve the health and wellbeing of 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 member's 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 and 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.

### FREMANTLE AREA:

CONSULTATION AND ENGAGEMENT	
Community Members	Service Providers
18	12
WORKSHOP ATTENDANCE	
Community Members	Service Providers
12	11 (13 people)

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# Co-design Workshop

## Workshop Themes:

- **Increase community awareness, education and support for AOD and MH issues.**  
Provide information on what services are available; create support groups to normalise asking and receiving help; and provide low-cost community activities to bring people together to build skills, connection and resilience, e.g., art groups.
- **Ensure local AOD and MH services are easy to access, easy to navigate, affordable and welcoming.**  
Have staff that are understanding and compassionate, have little red tape, and provide access to immediate support services while on a waiting lists.
- **Provide increased support to the homeless community to ensure they have adequate access to MH and AOD services and other community services they need.**
- **Provide volunteering and peer worker opportunities for those with lived experience to contribute to helping those with AOD and MH issues in their community.**

A co-design workshop was held in Fremantle on Nov 1<sup>st</sup> 2017 for community members and service providers. 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 workshop identified five key findings to be considered by the Project Management Group:

1. Provide education and support to young people and parents to teach skill development and increase awareness to prevent and better manage AOD and MH issues later in life.
2. Develop community activities such as family fun days to provide opportunities for people to connect with services in the local area to promote holistic wellbeing, including providing education and information workshops to specific groups to prevent and support the AOD and MH journey.
3. Change the way services are currently delivered to enhance access, improve integration, better meet community needs and increase accountability. Such as, providing care coordination services, addressing current restrictive inclusion criteria, and involving consumers and families in improving and designing meaningful services.
4. Bridge the gap in understanding between consumers and health professionals by employing Peer Street Engagement Workers with lived experience to provide mobile

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outreach services to homeless and vulnerable groups via a Street Mental Health and AOD Service.

5. Develop a pilot project that provides opportunities for those with lived experience to work in and alongside AOD and MH services as paid and volunteer peer support workers to enhance coordination and delivery of welcoming and appropriate services.

## **Solutions to Address Key Findings:**

- 1. Provide education and support to young people and parents to teach skill development and increase awareness to prevent and better manage AOD and MH issues later in life.**

### **Identified need:**

- ❖ Need to start providing education younger and make program compulsory for all children.
- ❖ Need to involve parents and schools.
- ❖ Need to provide more education to General Practitioners and involve local services.
- ❖ Need to provide support and awareness at young age to help decrease stigma, discrimination and shame around AOD and MH and help seeking behaviour.

### **How to do it:**

- ❖ Provide programs in primary school – from age 10 years.
- ❖ Simplify and not overcomplicate the information.
- ❖ Teaching components may include:
  - Self-values;
  - Expression of self;
  - Conflict resolution; and
  - Character building.
- ❖ Informing about consequences through stories of those with lived experience.
- ❖ Provide peers and mentor support from those with lived experience.
- ❖ Develop Culturally and Linguistically Diverse (CALD) and Indigenous programs for further tailored support.
- ❖ Support school communities to buy into the children of their community.
- ❖ Gain parents involvement in volunteering and participating in the school and activities.
- ❖ Educate parents in AOD and MH.
- ❖ Provide opportunities for more expression outside of the classroom environment.
- ❖ Support training and education for teachers with counselling backgrounds to teach sport and music so young people can feel more comfortable talking to them.
- ❖ Invite volunteers and parents to join in classroom activities and classes.
- ❖ Have a clear pathway for students to go to reach help and guidance.
- ❖ Provide a safe space for young people to go to and talk where they do not feel shame or judged (like they may by going to the counsellor's room).
- ❖ Develop an accompanying local area based website where all AOD and MH services are listed and can be accessed together.

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- ❖ Provide education and awareness also to schools and GPs to increase awareness and knowledge of local services and organisations in area.
  - ❖ Engage with school Parents and Citizens clubs (P&Cs) to discuss how to increase community information, awareness and education. Talk to staff members in schools to assess how they will achieve the goal. Approach local businesses to assist in fundraising for alternative activities and extra support staff. Provide opportunities for student placements – university, TAFE and other schools. Seek program development and funding support.
  - ❖ Engage with Non-Government Organisations (NGOs) and local services to present ideas and support program planning. Ask for funding support from government, services, councils. Keep federal politicians involved.

**2. Develop community activities such as family fun days to provide opportunities for people to connect with services in the local area to promote holistic wellbeing, including providing education and information workshops to specific groups to prevent and support the AOD and MH journey.**

**Identified need:**

- ❖ Need to provide opportunities for community to connect with services.
- ❖ Need to provide wide range of support for different groups.
- ❖ Need broad inclusive approaches to include all people and groups so everyone feels included.

**How to do it:**

- ❖ Provide community family fun days
  - holistic family health focus where families can network with the services in the local area where the aim is to have the opportunity to connect with multiple services and organisations, not just limited to AOD and MH but greater wellbeing.
- ❖ Provide support services for parents to support them to cope with and manage children's mental wellbeing.
- ❖ Provide workshops for young people and adults – combined and separately.
- ❖ Provide specialised workshops and networking days for specific community groups:
  - Men;
  - Women;
  - Youth; and
  - LGBTQI.
- ❖ Focus on making the recovery journey appealing and that it is okay to not be okay.
- ❖ Focus on message to promote earlier intervention – do not have to be at rock bottom to access.
- ❖ Wide community approach to also work with schools, religious leaders, local P&C, approaching CALD communities.

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- ❖ Provide information about out what services are already there and how people can access.
  - ❖ Work with the Community Development Officer at City of Fremantle to work together.
  - ❖ Organise a round table meeting with decision makers to determine:
    - Level of commitment;
    - Level of resources willing to commit to the cause of removing stigma and educating;
    - Current resources available; and
    - Contracts and connections with game changes, together with community with lived experiences and peer workers will to speak openly.

**3. Change the way services are currently delivered to enhance access, improve integration, better meet community needs and increase accountability, such as providing care coordination services, addressing current restrictive inclusion criteria, and involving consumers and families in improving and designing meaningful services.**

**Identified need:**

- ❖ Need to involve consumers and families in how services are designed and delivered.
- ❖ Need to change the way things work to prevent people falling through the gap.

**How to do it:**

- ❖ More use of Doctor of Philosophy (PhD) students to research what services say they provide and what they actually provide.
- ❖ Ensure policies and practices are used and look how these could be improved.
- ❖ Involve consumer feedback regarding their experiences of services to make change.
- ❖ Provide professional and ongoing development.
- ❖ Provide more training for all community services providers regarding AOD and MH.
- ❖ Provide one assessment.
- ❖ Ensure information from workshops provide improved quality of service delivery, including access and affordability.
- ❖ Provide education for consumers.
- ❖ Address criteria related to geographical service boundary restrictions that contribute to people falling through the gap and include more young people in criteria.
- ❖ Need to provide better continuity of care – services need to persist with people.
- ❖ Involve advocates who have the person's best interests at heart – based at Fremantle Family Support Network.
- ❖ Provide care and case coordination services.
- ❖ Shift contract model for funding to stay with the person not the service
  - person-centred;
  - person-assessed; and
  - work with families and individuals and what they need.

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- ❖ Provide assertive outreach.
  - ❖ Connect and work with housing associations.

**4. Bridge the gap in understanding between consumers and health professionals by employing Peer Street Engagement Workers with lived experience to provide mobile outreach services to homeless and vulnerable groups via a Street Mental Health and AOD Service.**

**Identified need:**

- ❖ Need to broach both worlds and connect them.
- ❖ Need to address how to reduce stigma that is connected to a service.
- ❖ Services need to go to the people on the street.
- ❖ Need to provide services that are more approachable and can be accessed easily.
- ❖ Need to employ peer support workers that are more approachable and understanding. This should be mandatory among homeless and welfare services – peer workers need to be valued and well paid.
- ❖ Need to consult, involve and collaborate with the ones receiving the service rather than top down approach.
- ❖ Need to provide accountability and evaluation measures attached to funding.
- ❖ Need to provide specialised support not just increased support.

**How to do it:**

- ❖ Use advocates.
- ❖ Find out what people need and want, e.g., use survey.
- ❖ Do not assume you know what people want but continue to offer help to those who want help.
- ❖ Collaborate with services.
- ❖ Ask individuals about their own needs rather than providing a one size fits all approach.
- ❖ Use Street Doctor models – appointments are not always easy to keep when you are homeless or in active addiction.
- ❖ Provide drop-in services for MH and AOD counselling.
- ❖ Include street psychologists and psychiatrists.
- ❖ Find community spaces that could host and support the service.
- ❖ Provide services where public transport is a problem.
- ❖ Provide services across Fremantle
  - homeless services should not just be limited to the city.
- ❖ Employ peer support workers with trauma awareness and training and street smarts.
- ❖ Ensure peer workers are valued, paid and employed as per any other employee.
- ❖ Peer workers can provide links and warm referrals to other services such as accommodation.

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- ❖ Self-management and recovery techniques and access to counselling opposite King's Square in Fremantle run by peer support with small groups and provide small, management, realistic goals – SMART groups.
    - Provide information and a list of crisis accommodation to people (Crisis Care).
    - Provide emergency relief – food, transport, dental, medical.
  - ❖ Provide open access to people under the influence of alcohol or drugs.
  - ❖ Need AOD management approach.
  - ❖ Could join and collaborate with Street Doctor and be wider Street Health Services.
  - ❖ Provide one-stop-shop with no wrong door approach.
  - ❖ Collaborate to meet all needs, such as collaborating with:
    - Orange Sky to provide mobile clothes washing;
    - Fremantle Community Safety Team; and
    - Residential support by the Davis Park units that are empty now.
  - ❖ Consult with people experiencing homelessness about what services they need and evaluate whether their needs are being met and whether services are treating them well.
  - ❖ Attach Key Performance Indicators (KPIs) with a reporting framework – ensure outcomes are focused on the client.
  - ❖ Include consumer assessment attached and linking to existing services.

**5. Develop a pilot project that provides opportunities for those with lived experience to work in and alongside AOD and MH services as paid and volunteer peer support workers to enhance coordination and delivery of welcoming and appropriate services.**

**Identified need:**

- ❖ Need to provide paid and volunteer opportunities for peer workers to work alongside service providers to provide better care.

**How to do it:**

- ❖ Peer workers to provide:
  - Adequate ongoing and follow-up support;
  - Support for carers to see how they can work with people who have AOD and MH issues rather than against them;
  - Support those leaving institutions such as by going for a coffee or bike ride after care;
  - Support while clients on a waitlist (or pre-waitlist support);
  - Listening and just touching base;
  - Non-judgmental;
  - Greeting role and buddy system;
  - Explaining the process and how the system works;
  - Weekly and regular contact;
  - More personable and tailored support;
  - Drop-in coffee chats;



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- Provide options and flexibility for support;
  - Consistency with transition housing post rehab;
  - De-briefing and social contact; and
  - Linking and warm referrals into other services e.g., Ellen Street services.
  - ❖ Peer workers to run regular group events and different activities such as trips to Hyde Park, emotional management, outpatient support.
  - ❖ Peer workers to provide follow-up on practical help and an opportunity to discuss options without bias.
  - ❖ Provide training to peer support workers to train on the job.
  - ❖ Higher pay rates for peer workers depending on their skills and experience.
  - ❖ Educate services on the value of having peer support workers in their organisations “Union of peer support workers”.
  - ❖ Provide training for people who have exited rehab to become peer workers.
  - ❖ Provide ongoing support and training for peer workers such as regular de-briefings.
  - ❖ Provide flexible way of working for peer workers.
  - ❖ Peer support workers could coordinate volunteers.
  - ❖ Ensure organisations have good infrastructure and policies to support peer workers.
  - ❖ Ensure Job Description Forms (JDFs) and KPIs are developed to support the development of peer support roles.