

Balga



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: Balga Area

[Balga Aboriginal and/or Torres Strait Islander population: 324]

[Balga population: 12,685]

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.

BALGA AREA:

CONSULTATION AND ENGAGEMENT	
Community Members	Service Providers
28	11
WORKSHOP ATTENDANCE	
Community Members	Service Providers
11	2

Co-design Workshop

Workshop Themes:

- **Increase appropriate local AOD and MH services available for Aboriginal adults, youth and families.**
 - Services need to be culturally appropriate, welcoming, address high demand and long waiting lists, address system complexity and referral issues, overcome transport barriers, be targeted for adults/youth/families, employ Aboriginal workers and people with lived experience.
- **Need to address significant transport issues.**
 - Provide mobile outreach service/van in the local area for home/street visits to provide support to individuals and families; provide emergency outreach service/a call back service/a drop in service to provide support in time of need; transport service to take people to appointments.
- **Increase opportunities for education and communication between service providers and the community about local AOD and MH issues.**
 - Provide workshops for adult, youth and families to support the prevention of AOD and MH issues and to provide support for those living with/affected by AOD and MH; increase advertising and sharing of information about what services are available and how to access them.
- **Increase the support and services available for local youth.**
 - Provide prevention and awareness workshops to educate and prevent AOD and MH issues; provide early intervention for young people needing AOD or MH help; provide a safe place for young people to go to get support and be in a positive environment; and provide fun activities for youth outside of the community.

A co-design workshop was held for community members and service providers in Balga on October 11th 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 workshop identified 6 key findings to be considered by the Project Management Group:

1. Pilot a family support program that is based at Aboriginal Evangelical Fellowship and is community led and driven.

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2. Build local Aboriginal workforce by employing Aboriginal Mentors to provide culturally safe services to the community.
 3. Provide a free 24/7 community bus service for Aboriginal families to attend health appointments and meet everyday needs.
 4. Provide a mobile outreach service that is aligned with a free call centre staffed with Aboriginal workers.
 5. Develop a community hub that provides holistic service provision for people with AOD and MH issues, including training, education, peer support, promotion and prevention.
 6. Create a Youth Diversion Program to break the cycle of negative normalised behaviour in the community.

Solutions to Address Key Findings:

1. Pilot a family support program that is based at Aboriginal Evangelical Fellowship and is community led and driven.

Identified need:

- ❖ Need to provide more support for youth and families at Aboriginal Evangelical Fellowship.
- ❖ Need to increase male and female Aboriginal support workers/local Aboriginal workforce.
- ❖ Need to re-introduce community to a more culturally appropriate rehabilitation/healing program.

How to do it:

- Run activities, education programs, and workshop for local community:
 - Back to Country camps;
 - Visit sites of significance;
 - Bush camping;
 - Carnarvon mob reconnecting;
 - Set up men's and women's healing groups;
 - Yarning;
 - Aboriginal Mental Health First Aid; and
 - AOD and MH.
- Link service back to Aboriginal Evangelical Fellowship (AEF):
 - Housing;
 - Education;
 - Department of Child Protection;
 - Outreach services;
 - Prisons;
 - AOD and MH services;
 - Counselling;
 - Respite;

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- Youth services;
 - Elders;
 - Clinical nurses;
 - Health workers; and
 - Address youth suicide.
 - Set up transition accommodation for mob being released from prison.
 - Provide funding to assist youth and families re-build their lives.
 - Provide transport to and from programs.
 - Strengthen families.
 - Support the 'strong families' who are opening their homes to the community (e.g., link services directly to 'Strong Family' who are supporting high needs family/community people).
 - Ensure program is community led and driven.
 - Set up advisory group together with AEF.
 - Meet to discuss possible funding for two local staff.
 - Role of staff:
 - Support youth and families;
 - Mentoring;
 - Counselling;
 - Engagement;
 - Liaising;
 - Networking;
 - Understanding of local Aboriginal terms of reference;
 - Coordinate community events (e.g., family fun days, healing, NAIDOC, Sorry Day, Men's Healing etc.);
 - Link clients to services and services to clients; and
 - Cultural knowledge.

2. Build local Aboriginal workforce by employing Aboriginal Mentors to provide culturally safe services to the community.

Identified need:

- ❖ Need to involve local Elders and workers with expertise and respect in the community to provide advice to services and individuals.
- ❖ Value the skills and lived experiences of Aboriginal people and how they can help their community.

How to do it:

- Identify local mentors by approaching Elders and families to help recognise the most appropriate people.
- Pay them well, the same as everyone else.
- Recognise mentoring as a skill and qualification that not everyone has.
- Role to be based in community setting to work in culturally safe ways with other families.
- Local people, local knowledge, connection to community.
- Employ three Aboriginal mentors (1FTE/1.5 FTE/3 part-time workers).
- Employ men and women.
- Three part-time workers would work 2.5 days a week each and on different days so someone is available every day.
- Role operates seven days a week and after-hours/on call.
- Mentors need to be seen out in the community and in community organisations – need to be floating in local area.
- Need their own office but also need to be out in community.

3. Provide a free 24/7 community bus service for Aboriginal families to attend health appointments and meet every day needs.**Identified need:**

- ❖ Need to address lack of public transport and taxi options to meet everyday health and living needs.

How to do it:

- Provide a mini-bus (at least a 12 seater).
- Needs to be free.
- Provides all-day public transport.
- Based at the local community centre (Sudbury House or Wadjak Northside).
- Secure funds for bus.
- 24/7 service.
- Have somewhere to ring to find out about availability and bookings.
- Maybe other organisations with a bus could help meet demand.
- Provide this transport for:
 - Attending health and other appointments;
 - Shopping;
 - Everyday needs;
 - Funerals;
 - Family reunions;
 - Trips back to Country;
 - Picking kids up from school; and
 - Outings for Elders.

4. Provide a mobile outreach service that is aligned with a free call centre staff with Aboriginal workers.

Identified need:

- ❖ Need to provide a number people can call when they need help.
- ❖ Need to provide a coordinated approach to asking and receiving assistance in real time.

How to do it:

- Provide a mini-bus (at least a 12 seater).
- Free call centre to link mob up with services and family – staffed by Aboriginal workers.
- Resources link consumers up with other services or the mobile outreach service.
- Late night outreach service in hot spots to provide after-hours assistance to avoid crime.
- Bus/outreach transport that goes to different zones.
- Free call line – Noongar patrol or similar transport support.
- Unemployed people to volunteer transport assistance.
- Aboriginal staffed and managed.
- Bus drivers are Aboriginal people with lived experience.
- Work in partnership with an existing service to provide training, employment and maintenance of vehicles – create jobs locally.
- Have a yarn with community about the service and ask for their support.
- Promote the service in community, face-to-face, home visits etc. and leave contacts at community safe places.

5. Develop a community hub that provides holistic service provision for people with AOD and MNH issues, including training, education, peer support, promotion and prevention.

Identified need:

- ❖ Need more promotion of services in local community (e.g., shopping centre, library).
- ❖ Need a central place people can go to get information and support.
- ❖ Need more education and training in local community areas.
- ❖ Need services that fit the community (e.g., walk-in services).

How to do it:

- Provide an open door AOD and MH service that provides:
 - Walk-ins;
 - Triage;
 - Sobering up shelter;
 - Counselling;
 - Wadjak Northside Community Centre – mentoring programs;
 - Hub for AOD and MH drop in services – mobile drop in AOD/MH;

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- Increase number of mentors for young people; and
 - Free mentoring service.
 - Employ peer support workers and provide training and salary.
 - Promotion and prevention – open days.
 - Provide free community training for families (e.g. MH First Aid).
 - Each major AOD and MH service to be invited as well as community.
 - Plan with group what roles and training is needed and provide workshops on the local services available through the hub.

6. Create a Youth Diversion Program to break the cycle of negative normalised behaviour in the community.

Identified need:

- ❖ Need to empower and educate youth to make good decisions.
- ❖ Need to break the cycle of negative normalised behaviour by providing preventative measures and awareness for youth.

How to do it:

- Develop a diversion program with mentors for youth.
- Provide after school programs to capture youth after school.
- Provide regular workshops – yarning sessions with ex-offenders to go to the young people.
- Full time workshops rotating from each community on a roster.
- Link up local leaders with each other to work together.
- Link in with Nollamara Football club – key place for young men.
- Target 16-21 years old age bracket.
- Provide stories of lived experience through AOD prison ex-offenders/users to engage with youth to break the cycle.
- Have the right Aboriginal peer workers.