

'Your Space' Wanneroo Project Stakeholder Engagement Summary

Stakeholder engagement with local General Practices, services, and community members or interested parties.

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1. Project Summary Proposal

wellrounded were engaged by the WA Primary Health Alliance (WAPHA) to conduct a range of stakeholder engagement activities with General Practice, peak body organisations, and community members or interested parties.

The deliverables for the project included:

- Support WAPHA to design, implement and facilitate an authentic and meaningful consultation process for the purpose and expected outcomes of the project.
- Attend ad-hoc consultation and planning meetings on a weekly basis until the consultation process has been complete.
- Prepare and set up for project engagement activities including communicating to and inviting identified stakeholders.
- Facilitate and host focus groups with write up and provide attendees with a summary sheet of what was discussed.
- Final recommendations report, including options for naming the service so that it is meaningful to patients, GP's, and other key local stakeholders.

Summary of Engagement

The engagement started positively with GP's, but it quickly became apparent that not many of the practices had the time to sit and discuss the project. The practices that agreed to meet or host a project board, all suggested they were interested to hear more, however, out of the thirteen practices identified there were seven practices engaged with.

Engagement with peak and representative bodies was successful and they were supportive.

Nurses were considered an important group to include in the engagement. Due to limited time and a focus on engaging GP, Practice staff, Peak body's and consumers, a decision was made for the successful provider to engage with nurses as part of the development of the service. While two GPs attended the community workshop, other practices identified there was no time to make anyone available. East Road Medical Centre did suggest they could engage GP's and practice staff in a discussion in future.

Table 1: Summary of Engagement

Target Group	Stakeholder Information	From of Engagement
General Practices	Brookfield Medical Centre	<ul style="list-style-type: none"> • Face to face meeting • Project board
	Wanneroo Total Health	<ul style="list-style-type: none"> • Face to face meeting • Project board
	Pearsall Medical Centre	<ul style="list-style-type: none"> • Project board
	Hocking Medical Centre	<ul style="list-style-type: none"> • Project board
	Connolly Drive Medical Centre	<ul style="list-style-type: none"> • Project board
	Butler Medical Centre	<ul style="list-style-type: none"> • Project board
	East Rd Surgery Wanneroo	<ul style="list-style-type: none"> • Face to face meeting • Project board
Peak and Representative Bodies	<ul style="list-style-type: none"> • Aboriginal Health Council WA (AHCWA) – Patricia Pearce, Gemma Daniels 	<ul style="list-style-type: none"> • Online meeting
	<ul style="list-style-type: none"> • Alcohol and other Drug Consumers Coordinating Council (AODCCC) – Alex Arpino 	<ul style="list-style-type: none"> • Face to face meeting

	<ul style="list-style-type: none"> • Consumers of Mental Health WA (CoMHWa) – Shaena Garbing, Susan, Lachlan Rodenburg 	<ul style="list-style-type: none"> • Online meetings x 2
	<ul style="list-style-type: none"> • Connect Groups WA – Antonella Segre 	<ul style="list-style-type: none"> • Online meeting
	<ul style="list-style-type: none"> • Mental Health Commission – Louise Howe, Sara Walshe, Claire Fenner 	<ul style="list-style-type: none"> • Online meeting
	<ul style="list-style-type: none"> • WA Association for Mental Health (WAAMH) – Taryn Hervey, Eimear Boland 	<ul style="list-style-type: none"> • Online meeting
	<ul style="list-style-type: none"> • WA Council of Social Services – Louise Giolitto 	<ul style="list-style-type: none"> • Online meeting
Community Members	<ul style="list-style-type: none"> • Twenty local community members attended a community workshop at Banksia Grove Community Centre 	<ul style="list-style-type: none"> • Workshop at the Banksia Grove Community Centre
Interested Parties	<ul style="list-style-type: none"> • Peer Based Harm Reduction WA – Paul Dessauer 	<ul style="list-style-type: none"> • Phone discussion
	<ul style="list-style-type: none"> • Wanslea - Rick Brooks 	<ul style="list-style-type: none"> • Phone discussion
	<ul style="list-style-type: none"> • Ngala - Cindy Davies 	<ul style="list-style-type: none"> • Phone discussion

2. General Practice Engagement

wellrounded worked with WAPHA to identify the best possible route to engage with practices in the target area.

Thirteen general practices were identified as potential partners to the commissioned service. The project team was aware these practices were constantly busy and found it hard to prioritize engagement activities such as this.

WAPHA led engagement with these practices due to the importance and level of their existing relationship. Unfortunately, only three practices were able to provide time for face-to-face connection. Four other practices agreed to accept static project boards in their offices to generate discussion on the service with staff.

Table 2: General Practice Engagement

Practice	Discussion
Brookside Medical Centre	<p>Strengths</p> <ul style="list-style-type: none"> • Frees up GP appointments. • Service is free. • Creates efficiency. • Faster appointment time. • Optimal treatment. • Leads to more patient contact, more support for patients. • Supports appropriate triage of services for patients. • Supports access to groups and community services with no gaps. • Supports services better able to meet patient need. <p>Challenges</p> <ul style="list-style-type: none"> • Why refer to this service when we have services in house? • We have just expanded and already have access to bulk-billed psychology services. • Why would I want to have someone else treat our patients? • What if we lose staff to this program? <p>Ideas</p> <ul style="list-style-type: none"> • WAPHA to facilitate tailored design with new service provider and practices. • Ensure learning from 'Urgent Health' model promotion, it seems a lot of dollars on promotion with limited return. • Potentially base the service here as co-located service.
Wanneroo Total Health	<p>Strengths</p> <ul style="list-style-type: none"> • Providing holistic care to patient need. • Involving the community. <p>Challenges</p> <ul style="list-style-type: none"> • Need to ensure quick response to referrals. • Currently there is a slow turnaround for bulk billed psychological services.

	<p>Ideas</p> <ul style="list-style-type: none"> • Provide promotional materials about the new service to the practice. • Will they be able to support people with Dementia? See section - Parking Sheet Questions number 19.
Pearsall Medical and Dental Centre	<ul style="list-style-type: none"> • No response on project board. • Interested in future updates. • High pressure time, constantly recruiting due to vaccination challenges.
Hocking Medical Centre	<p>Strengths</p> <ul style="list-style-type: none"> • Higher retention rate for staff. • Extra support during busy period.
Connolly Drive Medical Centre	<ul style="list-style-type: none"> • No response on project board.
Butler Boulevard Medical Centre	<ul style="list-style-type: none"> • No response on project board.
East Rd Surgery Wanneroo	<p>Strengths</p> <ul style="list-style-type: none"> • This service would be a good 'gap filler.' The gap does exist. • Saves GPs and other staff time that can be used to treat other service users. • Would reduce the exposure that GPs and other staff to repeated distress of people experiencing mental health challenges and AOD issues (this can then result in GPs and other staff experiencing compassion fatigue, burnout, vicarious trauma). • More time allocated to listening and to address the needs and service / support options available. • A more individualised approach to understanding what matters to a service user. Many service users share that they are lonely, isolated, and come along to the GP as a 'paid friend.' <p>Challenges</p> <ul style="list-style-type: none"> • 'We bulk bill.... there is not enough money as is, less people (appointments) = less money.' • Seeing services users is how we earn our money. • How will WAPHA ensure that we are not out of pocket here? • The better good of humanity won't pay my staff, we already desperately need another staff nurse here and cannot afford one. <p>Ideas</p> <ul style="list-style-type: none"> • WAPHA to facilitate a focus group for GPs and other staff to discuss the money and resources challenge that this project presents. • The generalist nurses to be paid by WAPHA and assigned to work in practices to address this need and the 'service users appointment fees of the nurse generalist time to still be paid directly to the practices'

3. Peak and Representative Body Engagement

Engagement with the Peak Bodies and the Mental Health Commission primarily took the form of an online meeting with nine attendees from these bodies. Additional discussions took place with AODCCC and CoMHWA via later meetings.

Table 3 highlights key discussion points from this engagement.

Organisation	Discussion	Suggested Solution
AHCWA – Patricia Pearce	<ul style="list-style-type: none"> • Need to consider multicultural needs, high population of Māori people in this area, and others. • AHCWA will also provide further feedback or recommend other Aboriginal services to add further input. 	<ul style="list-style-type: none"> • Multicultural Competency - Ensure service providers respond to this competency in the tender. • AHCWA Support – WAPHA may wish to consider discussing options to include Aboriginal services as a requirement of service.
AODCCC – Alex Arpino	<ul style="list-style-type: none"> • For AOD services to want to collaborate and form partnerships with this service, the service will need to be accredited and have contemporary training in MH / AOD and regular on-going professional development built into the staffing model. • AODCCC interested to discuss collaborating with Cyrenian, Palmerston, MHC Next step, Mission Australia on on-going training modules for this specific service. • It would be good for the nurse to generate warm referrals to AOD services. 	<ul style="list-style-type: none"> • Training for Staff – <ul style="list-style-type: none"> ○ Trauma informed training ○ De-escalation training ○ WANADA – Culturally Safe Practice accreditation ○ Rainbow Tick accreditation ○ On-going MH and AOD training. • Bridging Referrals - Bridging referrals: a ‘vouching’ system by Nurse generalist personally ringing up services goes a long way re: with AOD services / staff.
CoMHWA – Shaena Garbing, Susan, Lachlan Rodenburg.	<ul style="list-style-type: none"> • People experiencing MH or AOD challenges will benefit from more in-depth engagement when visiting their GP’s clinics. • Success will rely on the relationship between nurses, GPs, practice managers and community services. • Teams also need to be diverse to meet the needs of diverse demographics. 	<ul style="list-style-type: none"> • Self-managed – GP’s and Services may like to have an accountable point of contact, i.e. Coordinator. • Relationships – Build these relationships prior to engaging with service users. • Speak to MIFWA and Richmond Wellbeing about a similar service they run through WAPHA funding. • Diverse Teams - Ensure service providers respond to this competency in the tender.
Connect Groups WA – Antonella Segre	<ul style="list-style-type: none"> • The role of the nurse should be a connector or social prescriber. • The tender needs to promote family inclusive practice. 	<ul style="list-style-type: none"> • Nurse – Potential example for the service providers responding to the ‘Request for Tender.’ • Family Inclusive Practice – Ensure service providers respond to this competency in the tender.

	<ul style="list-style-type: none"> Consider including contingency in tender relating to funding outcomes with 'border opening' 	<ul style="list-style-type: none"> Contingency – Will the 'Request for Tender' describe how service continuity will occur in case of lockdown, etc.
Mental Health Commission – Louise Howe, Sara Walsh, Claire Fenner	<ul style="list-style-type: none"> Concerned about the clinical language in use, distinct absence of recovery-oriented language. How will the model capture people who do not go to GP's? 	<ul style="list-style-type: none"> Language – Consider the opportunities to promote recovery-oriented language in implementing the model. People who do not go to GP's will need to be supported by other services.
Mental Health Matters 2 – Margaret Doherty	<ul style="list-style-type: none"> What sort of training will the nurse generalist have? Training and development can disappear without accountability, management, and evaluation of the model. How is family inclusive practice embedded? Family is not in the picture (info pack), often the family is doing the unpaid coordination work. This is the context in which the person sits, when not with the GP. How will the service prevent drift from the service model? Is there potential to broaden the model if skilled staff are unavailable? 	<ul style="list-style-type: none"> Training – Consider; Cultural awareness training, how to engage and support engagement, addressing stigma and perception, holistic service approach. Training and Development – Ensure processes are in place to support training to translate to practice. Family Inclusive Practice - Engaging in a family inclusive way, keep in mind the main relationship is with family, not nurses, not GP's. Fidelity – Ensure services are accountable to the principles of the model and the training they receive, e.g., Family Inclusive Practice. Workforce Planning – Potentially, consider inclusion of Lived Experience Peer Workers if nursing staff are not available.
WAAMH – Taryn Harvey and Eimear Boland	<ul style="list-style-type: none"> People with more complex presentations are not necessarily connected to a GP, reservation on relying on GP referrals. How often are people using GPs at any rate? If this is a principle-based model, there needs to be established ways of checking alignment with principles. Greater consideration needs to be taken for the needs of the local Aboriginal community. Estimated shortage of workforce to peak in March. What is the timeframe? 	<ul style="list-style-type: none"> GP Engagement – As suggested by WAPHA, this is one resource, others, such as Silverchain, try to engage community members through different means. GP Usage – Data has been obtained from treatment plans in the area of need. Model Principles – A suggestion from WAAMH was to sit with them to discuss how their IPS program governance works. Aboriginal Community – Can the tender process ensure competence in this area is met. Workforce Planning – Risk assess and plan to mitigate shortage of workforce.

		<ul style="list-style-type: none"> • Timeframe – Communicate timeframe through FAQs on the website.
WACOSS – Louise Giolitto	<ul style="list-style-type: none"> • Community Skills WA has been working on a training package regarding mental health and trauma informed practice that I understand is now available. 	<ul style="list-style-type: none"> • Service providers can explore options to support service users.

4. Community Member Engagement

Community members invited to a workshop at Banksia Community Centre were asked to explore the following topics:

- General Nurse Role – Who is this person?
- Service Mapping – What are the community supports or services you engage with in the community?
- Name Suggestions?
- Parking Sheet Questions?

The information collected from participants is summarized below.

- General Nurse Role – Who is this person?

Participants were asked to describe the expectations of the nurses in the Wanneroo ‘Your Space’ Team. They were asked about the knowledge the person should have, the experience they bring, and the feeling they have for the role and their service users. Responses are summarized in Table 4.

Participants also provided some general comments about what they think of this role:

- ‘Someone I would feel comfortable crying in front of’
- ‘No uniforms please: just make it look like ...people helping people’
- ‘If my loved one turns up intoxicated: please do not turn them away: they are just coping the best they can right now with what they have access to.’
- ‘Sometimes just having some first aid for my cuts is all I need, when I need it. They could also help me to know how to treat them properly myself and to know the difference of when I may need to go to ED etc, I know my cuts are not always GP or ED stuff.’
- ‘What about some supports for families / carers when our loved ones will not come along to the GP or any services, providing us with some tips and tricks to recovery planning, other supports around, basic wound treatments, strategies, what to look out for etc...’
- ‘What about the health needs due to stress of the families and carers who are supporting others....it impacts on our mental and physical health too you know’

In reviewing the information, it would seem the team of nurses would need to reflect the needs of the cohorts, as a multi-skilled and diverse team. Knowledge of the challenges and opportunities in the local community is essential.

Table 4 Generalist Nurse Role – Who is this person?

This table summarises the responses of participants in terms of the knowledge they would like the nurse to have, the experience, and the feeling they would bring to the role.

Source	Knowledge	Experience	Feeling
Selected key skills and competencies	<ul style="list-style-type: none"> • Ability to establish and sustain service user engagement. • Ability to establish warm relationships with community services and groups. • Demonstrated commitment to Family Inclusive Practice. 	<ul style="list-style-type: none"> • Training, qualifications, and experience related to service user needs in this location. • Experienced practitioner who can inspire confidence in the general practices they engage with. 	<ul style="list-style-type: none"> • Values driven team, compassionate to the needs of the service user. • Driven to empower the voice of the service user. • Respect for the challenges experienced by

	<ul style="list-style-type: none"> • Understanding of how to navigate the service system with someone. • Strategies for respectful inclusion of cultural and spiritual beliefs that are important to the individual. • Excellent communication and critical thinking skills. • Awareness and understanding for systemic challenges faced by people in this service user group. 	<ul style="list-style-type: none"> • Demonstrated ability to work within the scope of the role and ensure the safety of themselves and others. • Demonstrated and validated ability to self-manage and work cooperatively as part of a community-based team. 	<p>Family or Carers of service users.</p> <ul style="list-style-type: none"> • Welcoming and customer service driven. • Committed to diversity and inclusion. • A reflective practitioner with awareness of how their values, attitudes and beliefs can impact service users.
Top answer selected by Group	<ul style="list-style-type: none"> • Establish relationships through liaising with other services. • Understand chronic pain, how it works, the emotional impact, frustration, disenfranchised grief, the opportunity cost (Grief for the things you can no longer do). • Knowledge of family history, abuse, neglect, trauma, grief, loss, addiction. 	<ul style="list-style-type: none"> • Awareness and reflection on how to be non-judgemental, allow people to have their experience heard. • Collaborate collaboratively, support wraparound support. • Creative, problem-solving approach, working outside of the box. 	<ul style="list-style-type: none"> • Being aware of diverse needs, e.g., if someone expresses a cultural or spiritual need. • Someone who makes you feel welcome, knows you, so you feel known, e.g., like a Barista that remembers how you take your coffee. • Build up clients to feel confident, to feel valued, and empowered.
Selection from Table 1	<ul style="list-style-type: none"> • Lived experience • De-escalation skills • Applied Suicide Intervention Skills Training • Safe Talk Training • Trauma Informed Practice • Mental Health Training • Good people skills • Deep listening skills • Good boundary awareness • Know their limits • Multi-lingual and AUSLAN in team • Good Telehealth skills • Awareness of NDIS • Alcohol and other Drug knowledge 	<ul style="list-style-type: none"> • Inclusive and aware of cultural, multi-cultural, and spiritual needs. • Retirement or mature aged person. • Experienced nurses attracted back to the system having retired or moved on. • Already working in the AOD and MH sector. • Ability to communicate with Family and/or Carer. • Acknowledge their own bias. • Validate people's experience. • Ability to talk to all age groups. 	<ul style="list-style-type: none"> • Ability to be present. • Express empathy and compassion. • Warm and open. • Sensitive to a person's environment. • Connected to community. • Lead from the front and perform under pressure.

<p>Selection from Table 2</p>	<ul style="list-style-type: none"> • Welcoming and personable. • Provide predictability, i.e., timeframe for session with service user. • Try to understand what is going on for someone, not just saying, 'I understand.' • Person-centred approaches. • Communication and listening skills. • Understand the importance of gender identity. Use the right pronouns. Do not 'Out me' to others without asking me. • Knowledge of community. • Trauma Brain - Understand when someone is not able to take in or understand information. • Counselling skills, e.g., ACT. • Break and challenge stigma. 	<ul style="list-style-type: none"> • Interest in me as a person, not a statistic or case. • Personalised and individualised approach, understand the expertise by experience. • Different cultural experiences. • Multi-lingual team. • Values my time too. 	<ul style="list-style-type: none"> • Belonging and acceptance. • Hope for change. • Understand diversity of thought and open to new ways of working. • Create a feeling safe to talk about things without fear of judgement or overreaction.
<p>Selection from Table 3</p>	<ul style="list-style-type: none"> • Experience and understanding of disability access and inclusion. • Knowledge of fully funded course and support groups. • Knowledge of crime, violence, abuse, prison, specific justice issues. • Trauma informed, preventive, and healing. • Respect people's reality. • Knowledge of homelessness challenges in the area. • Knowledge of ambiguous loss, grief of past self. • Understanding other options that work, e.g., peer work. • Knowledge of neurodiversity and working with Autism. • Family inclusion right from the start, including friends. • Understands the importance of being easy to communicate and have a good relationship with. • Understanding pronouns. • Translation and Interpreting Services. • Knows how to interact with 'hard to reach' communities, e.g., homeless, FDV, etc. • Knowledge of local services. 	<ul style="list-style-type: none"> • Experience of developmental trauma and different learning needs. • Including families support to support loved ones. • Realise it is a team effort, include family, friends, and supports. • Understand Adverse Childhood Experiences, attachment, trauma issues, relational trauma, opportunities. • Works with introverts and extroverts, working in diverse ways, in different environments. • Knowledge and experience of LGBTIQ+. 	<ul style="list-style-type: none"> • Want to help others and make a difference. • Safety – Makes you feel safe. • Safety through privacy and confidentiality. • Compassionate, empowering healing. • Firm and strong, and clear, as well as compassionate. • Empathy – care without judgement. • Build trust, do not expect instant trust and not to be discouraged by clients who may seem hesitant or take more time.

- Service Mapping – What are the community supports or services you engage with in the community?

Participants were asked to use their knowledge of the local community and the services that work for the people of this community.

Table 5 – Service Mapping

Who	To	Notes/Contact
Cultural Support		
Derbarl Yerrigan	Medical Supports	22 Chesterfield Rd. Mirrabooka WA 6061. Phone: (08) 9344 0444. Fax: (08) 6255 5893
ISHAR Mirrabooka	Multicultural Services for Women	Email: info@ishar.org.au Phone: (08) 9345 5335 Location: 21 Sudbury Road Mirrabooka, WA, 6061
Mental Health Support Centre	Mental health support for migrant and refugees.	08 9336 8282 ECU Allied Health, Level 2/30 Dundee Rd, Wanneroo WA 6065 https://multiculturalfutures.org.au/
Metropolitan Migrant Resource Centre	MMRC Case Coordinators deliver a monthly Women's Support Group at Hainsworth Centre in Girrawheen. The group is a wonderful way to build friendships, learn new skills and establish community links	Address: 9/24 Chesterfield Road, Mirrabooka WA 6061 Phone: 08 9345 5755 Email: admin@mmercwa.org.au
NYOONGAR OUTREACH SERVICES	Outreached homeless support services.	(08)9228 4211 operations@nyoongaroutreach.com.au
Disability		
Family Support WA	Supporting people living with disability.	Landsdale Farm 71 Evandale Road DARCH WA 6065
Autism And Educational Services	Applied Behavioural Analysis (ABA) services for children, with an Autism Spectrum Disorder.	Unit 1/8 Calabrese Avenue, Wanneroo, WA, 6065
Rebound WA	Disability supports, sports and recreation activities.	
Alcohol and Other Drugs		
Narcotics Anonymous – Carramar	A program of complete abstinence from all drugs. There is only one requirement for membership, the desire to stop using.	Address: 5 Rawlinna Pkwy, Carramar, WA, 6031
Next Step	Specialist Detox	https://www.mhc.wa.gov.au/about-us/our-services/next-step-drug-and-alcohol-services/outpatient-services-east-perth/
North Metro Drug And	Cyrennian House led Counselling, General Support Services	10 Clarke Cres, Joondalup, WA, 6027

Alcohol Services		
St John of God - Drug and Alcohol Withdrawal Network	Drug and Alcohol withdrawal support in the community.	Email: dawn@sjog.org.au Fax: (08) 9380 9793 Tel: (08) 9388 5000
Tenacious House	Tenacious House delivers a holistic, evidence and trauma informed program which offers a 'connection focused recovery' approach. We understand that there are underlying issues that drive addiction which also need to be addressed for recovery to be achieved and maintained.	Po Box Address 1501 Joondalup Dc WA 6919 Email: Admin@Tenacioushouse.Com https://tenacioushouse.com/ 412456335
Mental Health		
Activate Mental Health	Free social meet ups and activities.	https://www.activatemh.com.au/about
Adult Community Mental Health Service – Butler	Community mental health.	Address: 81 Exmouth Drive, Butler, WA, 6036
Aligned Equine Therapy	Bowen Therapy.	alignedequine@outlook.com Phone: 0422 502 542
Anglicare WA	Counselling, Financial Management Health Support, Mental Health Services Welfare, General Welfare & Support Services.	Address: Sanori House, Suite 4, First Floor, 126 Grand Boulevard, Joondalup, WA, 6027
Brookside Medical Centre	Bulk-billed psychology services.	981 Wanneroo Road, Wanneroo, WA, 6065
Cusp – Wanslea	An early intervention mental health support service for children and young people aged 5-18 years.	Phone: 92452441 Email: mentalhealth@wanslea.asn.au
ECU Psychological Services Centre	Individual and group psychological services for a broad range of mental health concerns, Pregnancy to Parenthood clinic.	Address: Level 2 ECU Health Centre, 30 Dundobar Rd, Wanneroo, WA, 6065 Phone: (08) 9303 7801 Email: psychologicalservices@ecu.edu.au
Equine Assisted Learning – Wanneroo	Aligned Living offers equine therapy for all ages in Wanneroo.	Address: Townsend Rd, Mariginiup, WA, 6078
Grow WA	Peer support and mutual-aid organization for recovery from, and prevention of, serious mental illness.	Meerilinga Community Centre 48 Peregrine Drive Kingsley WA 6026 Australia
Headspace Early Psychosis	16-25yrs Peer Support Family/Carer support Family counselling support.	Entrance on Reid Promenade - Suite G8, 126 Grand Boulevard, Joondalup, Western Australia 6027 Phone (08) 9301 8900

		Fax (08) 9301 0859 info@headspacejoondalup.com.au
Healing Psychotherapy	Trauma counselling.	Level 3, 30 Dundobar Road, Wanneroo, WA, Australia 6065 0481335622
Human Excellence Project	Reconnecting people to themselves, each other, and nature.	THE HUB Hillary's Boat Harbour, WA info@thehumanexcellenceproject.com
Men's Shed Northern Suburbs	Providing the opportunity for men to meet together in a workshop environment, to participate in practical activities, undertake projects, learn new skills, and socialise with other likeminded men.	Northern Suburbs Men's Shed Inc, Unit1/288 Gnangara Road, Landsdale WA 6065 Postal address: PO Box 1938, Wangara DC 6947 Mobile: 0474 484 758 & E-mail: northshed@gmail.com https://northshed.org.au/who-we-are/
Menstrual Cycle Awareness Support	Support to manage a safe and healthy menstrual cycle.	https://www.redschool.net/blog/how-to-practice-menstrual-cycle-awareness
Neami National	Sub-acute mental health care.	Unit 1 / 20 Mercer Lane, Joondalup WA 6027 08 9301 1227
Seniorocity	Over 55's activities in Wanneroo.	https://seniorocity.com.au/wanneroo-library-wanneroo/
The Kindness Project	Equine assisted therapy and self-healing.	Call Jen 0404050628
Wanneroo Arts Society	Alternative support and connection.	City of Wanneroo Library
Wellbeing Evolution Community Services		No information provided.
Whispering Sands	Equine therapy, counselling, psychotherapy, addiction programs.	0895712575
Women's Health and Family Services	Access to counselling, Smart Recovery Groups, Art Therapy, FDV Groups, CaLD Supports, Career Services, Eating Disorders, Medical, Aboriginal supports.	Suite 6 Joondalup Lotteries House 70 Davidson Terrace Joondalup WA P: (08) 6330 5400 Fax: (08) 9300 1699 E: infojoondalup@whfs.org.au
Women's Shed	Women's group Merriwa.	Meets up Mondays and Thursday, sometimes for yoga or just a coffee.
Housing and Homelessness		
No Limits Perth	Providing practical help by means of food hampers, furniture, toiletries & basic essentials.	Postal Address: PO Box 260 Kingsway WA 6065 Email: info@nolimitsperth.org.au 0490 676 979 https://www.nolimitsperth.org.au/contact
Rainbow Community	Food Vans and Kitchens.	Address: Hainsworth Community Centre, 29 Hainsworth Avenue, Girrawheen, WA, 6064

Church – Girrawheen		Phone: (08) 6102 1526 Email: judy@rainbowchurch.org.au
Red Cross	Homelessness & Hardship Support.	Phone: 1800 733 276 Email: sgair@redcross.org.au
Salvation Army – Merriwa	Crisis Accommodation Services, Counselling, Financial Management, Drug & Alcohol Services, Food Vans and Kitchens, General Welfare & Support Services.	26 Jenolan Way, Merriwa, WA, 6030
St John of God Horizon House Wanneroo	Homeless support services for people aged 16-22 years of age.	Phone: (08) 9276 6948 Email: Horizonhouse@sjog.org.au
The Pantry Door Wangara	Food support. It is the combination of FOOD, GRACE & HOPE that is making a huge difference to thousands of men, women & children in our city.	5/25 Dellamarta Road WANGARA Phone: 0492 955 712 Email: info@thepantrywa.com.au
Vinnies Wanneroo	Food and welfare support.	8/969 Wanneroo Rd, Wanneroo, WA, 6065 1300 794 054
Suicide Prevention		
Roses in the Ocean	Suicide support and recovery.	https://rosesintheocean.com.au
Wanneroo and Communities Suicide Prevention Network	The Wanneroo and Communities Suicide Prevention Network is a group of community members and service providers whose focus is to promote positive mental health and the prevention of suicide through encouraging conversations, awareness raising, events, community training, support groups and community presentations.	0407 382 643 Address: Wanneroo, WA, 6065
Family Domestic Violence		
Centrecare Joondalup	Counselling, Crisis Accommodation, Financial Management, Abuse & Assault Services, Crisis & Emergency Accommodation, General Welfare & Support Services.	85 Boas Avenue, Joondalup, WA, 6027
Pat Giles Centre	Patricia Giles Centre for Non-Violence delivers a range of quality services and programs that respond to family violence and homelessness.	587 Newcastle Street, West Perth WA 6005 patgilescentre.org.au
LGBTQI+		
Freedom Centre	LGBTQI+ Support, a safe space run by peers for peers, support under and over 18's.	https://www.freedom.org.au/
Other		
Achievers Club WA	The Achievers Club WA Inc. mentor's children and youth from low socio-economic backgrounds on a voluntary basis, to enable the children to be the best they can.	Phone: 0408937792 Email: admin@achieversclubwa.org.au
Akwaaba	African drumming and arts.	0422 251 031 (Kofi Osei) 0422 455 650 (Sally Osei) https://www.akwaaba.com.au/
All that jazz dance studio	Community dance studio.	Level 1, 949 Wanneroo Road Wanneroo 6065

		Ph: 9404 7400 Fiona Mobile: 0417 962 520 Fiona Email: atjdancestudio@bigpond.com Web: www.allthatjazzdancestudio.com.au
Alta1	Alternative schools.	Perth Metro admin@alta-1.wa.edu.au 12 Winton Road, Joondalup PO Box 301, Joondalup DC WA 6919 (08) 9403 8200
Authentic Men Wangara	Men's connection and empowerment.	EQ Centre – 1/51 Lancaster Road, Wangara WA 6065 team@authentic-men.com.au
Chirpy Plus	Friendship group for over-55s.	Australia-wide https://chirpyplus.com.au/
H.A.N.D	Homeless support services.	Tanya Cairns – No other details available.
Libraries (City of Wanneroo and others)	Provide safe places for people to go.	
Ngaala	Child, family, and parent support.	271, Lakeside Drive, Joondalup Western Australia 6027 08 9367 0932 ngaala.com.au
Organisation of African Communities	A not-for-profit organization that provides support, services, and representation for all Africans in Western Australia at a state and national level.	Girrawheen Hub, 11 Patrick Court, GIRRAWHEEN, WA 6064. https://oacwa.com.au/
The Fathering Project	The Fathering Project is an evidence-based organization that aims to promote positive fathering behaviours and fathers' engagement with their infants, preschool, primary school, and adolescent-aged children.	1300 328 437 https://thefatheringproject.org/
WANNEROO PG ASSOC INC	Playgroup WA offers support to a range of community, parent-led playgroups across WA, as well as facilitating funded, supported playgroups, and manages projects for the benefit of the playgroup community.	61 Wanjina Crescent, Wanneroo https://playgroupwa.com.au/ 1800171882
Schools		Most of the schools are the best point of contact for people in distress and often provide formal and informal supports.
Youth Futures	Alternative to high school and accommodation support.	Address: 1/70, Davidson Terrace, Joondalup, 6027, Western Australia Phone: (08) 9300 2677

- Name Suggestions

While there were many suggestions of how the service should be named from the participants, this is a reduced list of names. The reduction was through a voting process with the group and also a secondary cull by wellrounded. This secondary process was simply a removal of names that in no way could fit the service model, for example, Paws Place.

Table 6 – Service Names

Noongar Words	Popular Names	Other Names
<ul style="list-style-type: none"> • Consult with Noongar Elders to have the name gifted rather than taken. • ‘Kaya’ Nurses • Goollelal – ‘Swampy’ Supporters/Services • Doondalup Community Centre • Woonan (Home) Support Centre • Wala (Earth) Support Centre • Wandjoo Healing and Wellbeing • Koort (Heart) • Kurulbrang (Kangaroo Paw) • Moort (Family) Healing Hub 	<ul style="list-style-type: none"> • Dig and Grow – Wanneroo is Noongar for digging stick. • S.H.I.N.E. – Supporting Health for Individuals in our Neighbourhood with Empathy • Eunoia – Greek word for well mind or beautiful thinking. • 6065 Home – Healing – Support • Eucalyptus Healing and Wellbeing Hub 	<ul style="list-style-type: none"> • The Banksia Base • Project Personality • Wanneroo Together Today for Tomorrow • Step by Step • Wanneroo Centre for Hope and Healing • Healthy Minds • Helping Hands • Healing Heart • Healing Roots • Safe Zone • Sanctuary Hub • Wellbeing Hub • Wellness Together • Wanneroo ‘Your Space’

- Parking Sheet Questions

1. Have local schools been consulted?

I know a lot of teachers who would have value to add, working day to day with families facing AOD and MH challenges, often teachers are the only point or first point of contact.

WAPHA - We have consulted the community and there may have been representation from the education sector. We would not necessarily go directly to teachers because we do not want to raise expectations that this service will not be set up to address.

2. Who will be the governing body of the group (NDIS, Local Government)?

WAPHA - A procurement plan is being developed. The intent will be to go out to tender for an organisation that will be best placed to provide the service. The successful organisation will be contracted to provide the service under contract management by the WA Primary health Alliance and that organisation will be responsible for the governance of the service.

3. What ages will these services apply to?

WAPHA - The service will support people 18 years and over.

4. Can we be invited or included to be part of a meeting with Aboriginal Elders in the Wanneroo area?

WAPHA - No

5. How do we stay up to date and invited to be part of the next process for this journey?

WAPHA - A stakeholder engagement and communications plan has been developed. Updates will be available on the WA Primary health website.

6. What is the expected timeline and location?

WAPHA - The service was to be funded for three years however we will request an extension because the start date will be later than originally planned. Ideally three years from the establishment.

7. What has been the input of relevant Consumers in the design process?

WAPHA – An external facilitator, wellrounded, has been contracted to engage with community members to gain insights into their perspective on the service. Twenty community members attended a stakeholder engagement workshop in December 2021.

8. How will the project be announced and advertised?

WAPHA - Updates on progress to establishment as above (item 5). When ready for service provision a communication plan will be put into action and the operating organisation will promote the service to relevant stakeholders.

9. Going forward, will the options for referral (and self-referral) be changing in any way?

WAPHA - The intention is that this service takes its referrals from general practice. In the context of continuous improvement changes may occur over time but I cannot comment on this at this point.

10. Will the service be easily accessible via public transport?

WAPHA - The intent is that the service would go to where the clients are to best support accessibility.

11. Will the service be connected with MHERL or WA Police Co-response Team?
WAPHA - The expectation is the service will have in place protocols for referral pathways with relevant services and safety protocols for example Connection into the routine system of specialist community mental health services out of Joondalup will be required.
12. Could they be the first contact for people in distress, e.g., instead of MHERL?
WAPHA - This will not be an emergency or crisis service. For existing clients, it would be likely that the relevant nurse would work with clients to develop management, crisis, and emergency contact plans.
13. What will be the connection or links be between the nurse and child protection?
WAPHA – Expectation, as above, the nurse will make appropriate referrals as per their professional responsibility.
14. Will they have a role in crisis when person is in distress, e.g., self-harm, suicide, ED turning them away, etc.
WAPHA - As mentioned in the above three items protocols and management plan will be developed to meet the needs of each individual client.
15. Can they work at the Safe Haven Café instead of having people going to ED?
WAPHA - This may be something that the nurse and the client would establish as part of the management plan ensuring accessibility.
16. Please talk to the Mental Health Commission re: changes that are considered in WA, important to have an integrated State and Federal response.
WAPHA - The WA Primary Health Alliance is in regular discussions with the Mental health Commission for this purpose.
17. Suggest consortia models are acceptable in the 'Request for Tender'
WAPHA – It is expected the successful provider will develop shared care arrangements and partnerships with relevant community and state-based service providers.
18. Will they be able to support people with Dementia?
Dementia care is not in scope for PHN's as a principal focus of care.

5. Interested Parties

Several service providers expressed an interest in discussing the project, mostly through engagement with community members who had attended the workshop. Table 7 summarizes discussion with these service providers.

Table 7 – Summary of discussions with interested parties

Organisation	Discussion	Suggested Solution
Peer Based Harm Reduction WA – Paul Dessauer	<ul style="list-style-type: none"> • Though believing the project out of scope for their current service delivery, suggested a partnership model to include successful place-based models, like their own mobile outreach bus. 	<ul style="list-style-type: none"> • Suggest consortia models are acceptable in the 'Request for Tender'. See section -Parking Sheet Questions number 18.
Wanslea - Rick Brooks	<ul style="list-style-type: none"> • Need to consider care for parents who are cared for by their children. • Nurse generalist will need to have a holistic view on individuals who are parents or caregivers. • Ensure to offer some male nurse generalist staff too, some males may not feel comfortable speaking or sharing with a female. 	<ul style="list-style-type: none"> • Needs to be some awareness of the needs of families to meet their needs. Before offering a solution, explore the preparation that needs to take place to get there with the family. • The team needs to reflect the needs of the community they are working in, i.e. ensure diversity in recruitment.
Ngala - Cindy Davies	<ul style="list-style-type: none"> • Parents getting the help they needed to address their challenges, improves the lives of children. • Would like the service to include young people, not just adults. • Needs to be family friendly, listen to the parents and care givers, give them some strategies and resources. • Needs to be an early intervention approach to MH and AOD challenges of young parents. • Nurses could be based in the community services with no uniforms or formality. • Aboriginal workers on the team to bridge the trust needed to work effectively with community. 	<ul style="list-style-type: none"> • Family inclusive practices and perspectives are a key component of service delivery in this area. • The team needs to reflect the needs of the community they are working in, i.e., recruit Aboriginal staff to bridge the gap to community.

6. Recommendations

The below recommendations by wellrounded consider the information received throughout the stakeholder engagement. They intend to inform the procurement process and future implementation of the service.

Table 8 – Recommendations

Topic	Discussion	Recommended Strategy
1. General Practice – Concern	<ul style="list-style-type: none"> • ‘We bulk bill.... there is not enough money as is, less people (appointments) = less money.’ 	<ul style="list-style-type: none"> • Identify this challenge in the ‘Request for Tender’ and ask respondents to strategize how to mitigate this concern.
2. Further Consultation	<ul style="list-style-type: none"> • Some practices have asked for further consultation on the model. • East Road Medical Centre has suggested they would be able to arrange a group of GPs to discuss the model in future. 	<ul style="list-style-type: none"> • Consider future engagement strategy upon the award of the contract. • Consider including practices on the panel to decide on the successful provider.
3. Establishing a ‘Value-add relationship’	<ul style="list-style-type: none"> • Service providers need to ensure they develop a strong relationship with practices, they need to add value, not take it away, or create challenges. 	<ul style="list-style-type: none"> • WAPHA to facilitate initial engagements between successful service provider and practices.
4. Role Definition – GP and Service Provider	<ul style="list-style-type: none"> • Further work needs to be undertaken to clarify the role of the service provider and the role of the GP. 	<ul style="list-style-type: none"> • Include this as a piece of work to consider as part of the implementation plan of the new service
5. Role Definition – Nurse Generalist	<ul style="list-style-type: none"> • As the members of the community identified, these roles need to cover a broad spectrum of people and needs and will need to bring a unique quality in order to self-manage and sustain engagement with services users, family-carers, general practices, and community services. • Additionally, the peak and representative bodies identified a potential for a recruitment shortfall due to the border opening. 	<ul style="list-style-type: none"> • Consider future consultation with practices and nursing service providers to ensure recruitment can be achieved.
6. Referral	<ul style="list-style-type: none"> • Practices identified the need for a responsive referral partners, i.e., when they refer, they get a quick, and friendly, response. 	<ul style="list-style-type: none"> • Note this as a critical success factor for the successful service provider.
7. Partnership Model	<ul style="list-style-type: none"> • ACHWA suggested a percentage of the response to the ‘Request for Tender’ ask the respondent to highlight how it will 	<ul style="list-style-type: none"> • Work to ‘Closing the Gap’ targets by allocating a percentage

	<p>partner with the Aboriginal Community and the Aboriginal Community Controlled Organisations.</p> <ul style="list-style-type: none"> Peer Based Harm Reduction WA suggested the successful provider could work with them and other services who know the community and the challenges of the community in terms, substance use, sexual health, and blood borne viruses. Community members continually identified the need to include Lived Experience Peer Workers in the model, though this is out of scope, it may be useful to ask the successful provider to demonstrate how it intends to engage service users in line with the Sustainable Health Review, etc. 	<p>of the RFT to this area of need.</p> <ul style="list-style-type: none"> Allocate a percentage of the RFT to partnership-based models, or a partnering approach. Ask respondents to demonstrate its engagement strategy for the take up of the service.
8. Cultural Competence	<ul style="list-style-type: none"> Wanneroo has been identified as a region with a large population of Aboriginal people, Māori people, and Culturally and Linguistically Diverse people. 	<ul style="list-style-type: none"> AHCWA and WAAMH identified the need to: Ensure service providers demonstrate organisational capability to respond to diverse needs in the community as a competency in the tender. AHCWA suggested to consider options to include Aboriginal services as a requirement of the service.
9. Organisational Capacity – AOD Capability	<ul style="list-style-type: none"> Alcohol and other Drug use was identified as an area GP’s can struggle to find an appropriate service response in the location. 	<ul style="list-style-type: none"> Note this as potential desirable capability of a successful service provider.
10. Organisational Capacity – Psychological Services	<ul style="list-style-type: none"> It was identified that there is a significant wait time for GP service users to access bulk-billed psychological services. 	<ul style="list-style-type: none"> Note this as potential desirable capability of a successful service provider.
11. Comparisons with ‘Buurtzorg’	<ul style="list-style-type: none"> The peak body group latched on to a suggestion from the group that it is like ‘Buurtzorg’ and then started to explore the principles of that model. 	<ul style="list-style-type: none"> Further communication on the model
12. Language	<ul style="list-style-type: none"> The Mental Health Commission raised the issue of clinical language within the model. 	<ul style="list-style-type: none"> Consider the opportunities to promote recovery-oriented language in implementing the model.

13. Service Diagram	<ul style="list-style-type: none"> • Mental Health Matters 2 (MHM2) identified the failure to include Family Carer in the person-centric model in the service model briefing. • Family Carers are the most significant relationship for the service user. 	<ul style="list-style-type: none"> • Include Family Carer as a domain in the person-centric diagram.
14. Name	<ul style="list-style-type: none"> • There seemed to be a lot of interest in engaging the local Aboriginal community in the naming of the service. • Aboriginal people are an identified need in the business case for the region. 	<ul style="list-style-type: none"> • It is an opportunity for the successful provider to engage with the local community. • Work with the successful provider to engage with the City of Wanneroo Elders Group.