Appendix Two

Primary Research Summary

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INTRODUCTION

Purpose

The objective of this project is to develop an appropriate model for the delivery of a Koori Youth Drug and Alcohol Healing Service.

The project is being undertaken in four stages:

Stage One:
Project Commencement – confirming the objectives, deliverables, stakeholders and timeframe for delivery and completion of the project.

Stage Two:
Secondary Research - the objective of this process was to identify best practice models and key success factors for the delivery of Koori Youth Drug and Alcohol Residential Healing Models.

Stage Three:
Primary Research – the secondary research provided the framework for the development of an appropriate service model for Victoria. The essential elements of this research combined with the objectives outlined in the terms of reference formed the basis of a community consultation process under which communities and individuals could provide feedback regarding the appropriateness of these elements in forming the framework for the Victorian model.

Stage Four:
Analysis and Final Recommendations - The outcomes from Stages Two and Three will inform a framework for further analysis and development. The final outcome of this process will provide recommendations as to a framework for an appropriate model to deliver the Koori Youth Drug and Alcohol Residential Spiritual Healing Service.

This report will provide a summary of the community consultations undertaken in Stage Three.

Process

The project consultation team acknowledges the important role that Indigenous people play in developing appropriate solutions to meet needs of their communities.

A comprehensive consultation process was adopted and included representatives from the Koori community across Victoria. At least one consultation was offered in each of the DHS regions. Additional consultations were conducted at the special request of some communities.

Consultation locations included:

DHS Region	Location
Grampians:	Ballarat
Barwon South West:	Heywood
Loddon Mallee:	Bendigo and Mildura
Hume:	Shepparton
Gippsland:	Morwell
Melbourne:**	Dandenong (x 2)

Where time permitted, a number of discussions were also held with individual community members who were unable to attend group sessions and made a specific request to have input in to the process.

One-hundred and ten (140) individuals were consulted throughout the process. Participants provided a strong knowledge base of issues relevant to the project and were employed in various areas of Indigenous Affairs including, Substance Abuse, Juvenile Justice, Family Violence, Child Protection, Community Development and Youth Programs.

In most locations there was a fair representation of both males and females, Youth represented approximately 30% of persons consulted.

*** A discussion group was offered to Peak Indigenous Agencies in Melbourne. However, this was not required as many agencies had input into the project at different stages i.e. KDASAC and the Project Steering Group individual consultation.*

CONSULTATION FRAMEWORK

The consultation framework was primarily based on the Terms of Reference for the project with consideration to the key aspects represented in Figure One below:

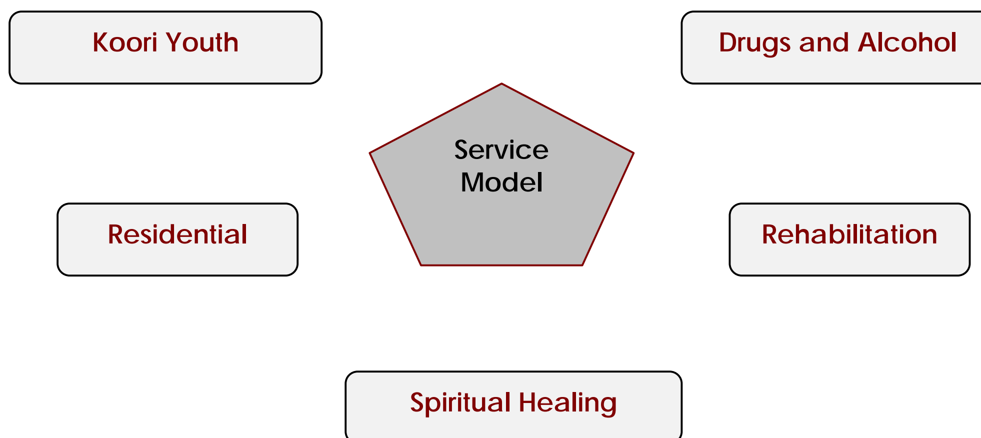


Figure 1

The Terms of Reference outlines the following key questions:

- What are the **entry requirements** and how will the service be accessed?
- What are the core components of an **appropriate service model** for youth?
- What are the **specific services and/or programs** that should be offered in order to address the five aspects in Figure 1?
- How will the facility **be linked** with a broad range of organisational and community services to ensure long-term outcomes?
- What are the **physical requirements** of the facility?

These questions provided the basis for the consultation.

In addition, the secondary research (Stage Two) identified a number of elements from existing programs and models that may be adapted or incorporated into a Victorian model. These elements were provided as examples for community consideration and comment.

The research also identified a number issues for consideration in reference to the above questions. These issues were identified for community consideration and response.

In all consultations a brief introduction and background to the development of the project was provided. This included clarification of the purpose of the consultation to ensure discussion was directed towards a complete service model rather than a stand-alone facility

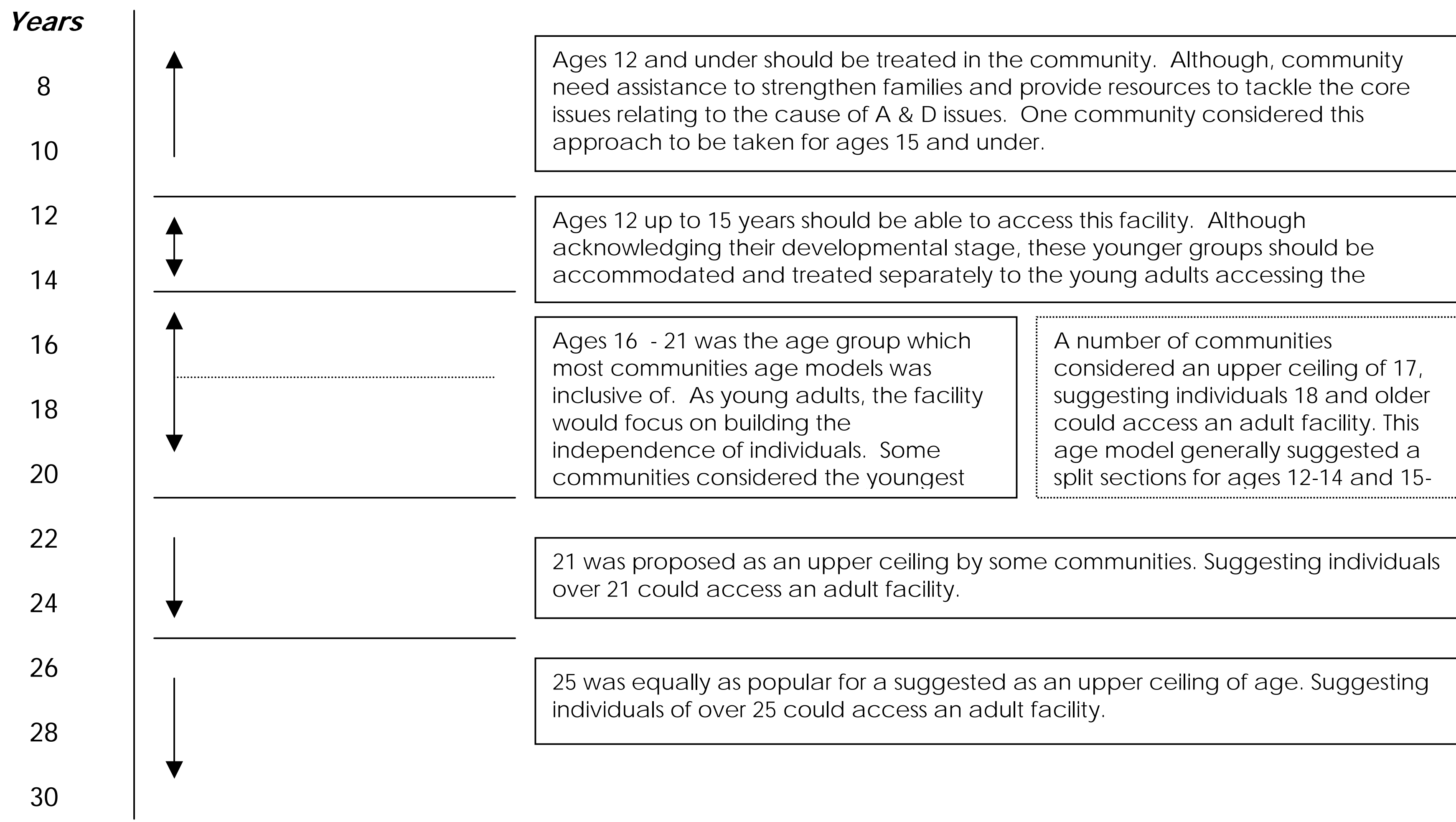
KEY FINDINGS

Throughout the consultations the discussion format and key discussion prompts were consistent for all consultations. Many communities had differing issues of focus or concern, although for the main part, the Key Findings were consistent across the state. The summary below outlines these themes and details the key findings that were identified by community that may require further consideration or investigation.

Entry Requirements

Discussion Topic and Response	Key Findings
Target Age Discussion regarding the age of the clientele for this service was initially focused on which age group (particularly within the youth bracket) has the greatest need to access a service of this type. General Discussion confirmed that there is a need for this type of service for all age levels. As this service is focused for Youth, the discussion then centered to what was the communities definition of youth. The ceiling of the age range varied from 21 years, to 25 years (most commonly), to 30 years (less commonly). The youngest categorisation of youth for the purpose of this project was 10 years (most commonly), with consistent reference made to 8 and also 12 year olds. In acknowledging that youth from ages 8 – 30 years have differing needs and are at differing stages of development i.e. child, adolescents, young adults it was agreed that this facility should have a target age group to focus its program. There was no consensus on the age. A number of proposals were forwarded with various levels of support. These include 12 – 17yrs(x 2), 13 –17yrs, 12- 21yrs(x 3), 12 – 25yrs, 16 – 21yrs, 16 –25yrs and 8 –25yrs. Although there was agreement that chronological age should not be the determinant of entry, entry should be determined on maturity level and assessed individually.	➢ A culturally appropriate spiritual healing service is required for all ages ➢ Entry should be determined on maturity not chronological age ➢ Acknowledgment of diverse needs for different age groups ➢ Suggestion of semi - separated age groups within the one facility ➢ The majority of Age models were inclusive of ages 16 – 21

Breakdown of the Suggested Target Age Group for the Service Model



Discussion Topic and Response	Key Findings
Gender Discussion suggested the model would need to service both male and female clients. There was the recommendation that living quarters be separated into male and female sections with common use facilities available to all participants in the program.	➢ Both male and female participants can access the service
Client Needs Many participants in the consultation process were workers within the Drug and Alcohol or related fields. Initial discussions confirmed that youth drug and alcohol problems exist in all communities. There was a consensus that the two substances causing the most harm were marijuana and alcohol. Prescription drugs and inhalants were common to varying degrees. Speed, XTC, heroin and ice were considered even less frequent due to the higher costs and/or less availability. Suggestion was made that most participants will have encountered or are currently using a combination of the above. There was no references made to access to the service for any specific substances. All communities expressed a need for this service to provide detox and withdrawal facilities so that clients could immediately participate in rehabilitation following completion of the detox program. Acknowledgement was made that some detox programs are very clinically based and may need to be treated off-site eg Moreland Hall.	➢ Alcohol and Marijuana as the two most common substances causing harm ➢ Need for a detox/ withdrawal program to be incorporated in the service model

Discussion Topic and Response0	Key Findings
Assessment & Referral Communities defined four methods of referral for a service of this type. These included: ➢ Court referral: as a treatment program for persons not sentenced to prison. ➢ Koori Community Organisation and/or Koori Workers who have a working relationship with a client and identify a need for this program. ➢ Family: a family member may refer a potential participant who they determine has a need and may benefit from this service. ➢ Self: the individual may identify that they have a need and may benefit from the this service; and ➢ Mainstream organisation – referral on basis of existing relationship or perceived benefit. Every consultation confirmed that individuals may be referred by any organisation or individual. Concerns were expressed about diversionary approaches and whether the focus should primarily be on individuals who have not yet made contact with the Justice system. There was consensus of community opinions that whilst referrals may come from anywhere, every referral must undertake an assessment. An assessment panel should have a majority of Koori persons and a sound understanding of the complex issues involved. These may include representative from the community organisation, the new service, and mainstream organisations and possibly family. The Prochaska & DiClemente's Stages of Change model was used as a discussion point to acknowledge when an individual may be ready to access and benefit from this type of service. Many communities used this premise to rationalise the age of individuals who may benefit from this program. It was also suggested that each assessment panel would need to meet in a timely manner once a potential client was identified. All assessment panel members would be required to undertake training to ensure a consistent method of acceptance to the service program.	➢ Individuals maybe referred from any individual or organisation ➢ Individuals must undertake an individual assessment to determine their suitability to the program ➢ An assessment panel should comprise a combination of Koori workers, representatives from the facility and possibly family

Appropriate Service Model

Discussion Topic and Response	Key Findings
Individualised Program The need for individuals to have an individualised program was strongly voiced in all groups. This would include a case management plan, individual program and an after-care plan. The plan would be monitored and assessed as appropriate. The individual would have a role in determining the plan and the service would need the flexibility to accommodate individual plans. The individual plan would commence prior to admission to the program and would extend far beyond the exit point i.e. encompassing the entire service model, not just the residential stay component.	➢ Individualised plan should be developed
Group Program A group intake was considered beneficial as it provided an opportunity to develop peer support with program participants who may share commonalities in challenges they face throughout the program and may provide a mutual support. A group intake model was suggested by one community group and presented as a suggested model to following community groups. The model was generally supported for its flexibility allowing for individualised programs, whilst providing a structured approach that benefited the group.	➢ Group intakes were considered a valuable component of the service model

Discussion Topic and Response	Key Findings
Length of Stay Discussion regarding the length of the program was diverse with ranging timeframes of one month to six months. The two major determinants of this discussion were; ➢ the content of the residential component of the program; and ➢ some reluctance for the length of stay to be too extensive as there were concern individuals may become institutionalized as a consequence. Consultations identified that program should be 'as long as it takes' to become rehabilitated, whilst acknowledging that youth may lose motivation for extensive stays. In considering this issue and acknowledging the suggested content of the program, 12 – 16 weeks was considered a reasonable time. A suggested staged approach offered 4 levels of completion each of 4 weeks duration. Persons may exit upon completion of any stage (and re -enter at a later stage), but would be encouraged to complete the entire program.	➢ Staged approach of graduation or completion for differing level of completion for the program ➢ 3-4 months stage was most commonly suggested
Role of Family The role of the family in the program was considered of high importance. A varied approach was taken regarding the level of involvement. Discussion considered monthly visits, weekend visits on occasions were sufficient , many considered formal family involvement in the program was also appropriate. All communities were in agreement that family should participate in the program and that resources would be provided to accommodate their involvement.	➢ Family involvement is essential within the program, although the extent of family involvement was variable.
Role of Elders In every community consultation the role of s was discussed. It was considered important for Elders to be involved in the program to assist in sharing cultural knowledge and facilitate (where appropriate) the spiritual healing aspects of the program. It was suggested that Elders from all regions be involved to encourage participants to develop a relationship with at least one individual from their own community. This would also be culturally appropriate for the passing on of local knowledge and history for each region.	➢ Elders from the community (country) relevant to each individual should participate in delivery of the program

Discussion Topic and Response	Key Findings
Role of Community Strong emphasis was placed on the role of community organisations and programs to be accessed by individuals on completion of the program. Re-connection by individuals upon exiting the program should be seamless - linkages, contacts and introductions would need to be made prior to exit to ensure a seamless on-going broad based support.	Community organisations, and program officers will make contact with each individual to assist in the exit program to ensure seamless re-connection with community

Programs and Services Offered

Discussion Topic and Response	Key Findings
Entry Program – Induction Throughout all discussions communities felt it necessary to have an orientation or induction component to the program. This would commence as soon as the assessment is completed and will be comprised as the first stage of the program and may also include detox or withdrawal services. The induction program would be developed acknowledging the specific needs of youth commencing a residential program, potentially away from home for the first time. The individual case plan (also termed 'care plan') would be developed as part of the induction program. Information relevant to the program i.e. knowing what to expect and the commitment required would be provided and is considered critical to ensuring participants feel informed and supported. Many discussions recognised the need for a dual diagnosis process to be undertaken, acknowledging that there maybe some persons with extreme needs that may be better serviced in a psychiatric facility. Identification of a mental illness *would not* preclude individuals from participating in the program.	➢ An induction or orientation component to the residential program ➢ Dual diagnosis recommended
Exit Program A comprehensive exit program was strongly recommended by all communities to ensure that graduates of the program can be re-connected to communities with every opportunity of success. The exit program would ensure all linkages are made with the appropriate (Indigenous and mainstream) service providers. The exit program should be individualised and reviewed on a regular basis to ensure the support and service provision is maintained.	➢ Development of a comprehensive exit program

Discussion Topic and Response	Key Findings
Residential Program Discussions regarding programs or services to be offered in the facility were consistent in most locations particularly with regard to the basic elements of a program. However some communities added specific programs such as the inclusion of music therapy and made particular reference to the need for practical and interactive aspects to be core components of programs. A comprehensive list of the suggested programs was compiled during the consultation period including: ➢ Personal Development: Building self esteem, Motivation and anger management programs; ➢ Counseling (including domestic violence and sexual assault counseling programs for perpetrators and victims), dealing with trauma, grief and loss; ➢ Life skills Programs: Budgeting, personal presentation, cooking, housekeeping, personal hygiene, driving skills and general independent living skills; ➢ Drug and Alcohol programs – Individual and group counseling services. Also educational programs to assist understanding the affects of substance abuse. These programs may involve family members to enhance families' education of substance abuse issues; ➢ Practical, Vocational and Educational Programs: gaining employment, training and education, accessing services (e.g. Centrelink, housing); ➢ Physical activity and recreation; ➢ Mental health and well-being; ➢ Spiritual healing programs; and ➢ Cultural Programs: Aboriginal Australian history, local history, art & craft, basket weaving, dealing with racism, traditional customs in contemporary society, identity. Emphasis was placed on the opportunity to keep people active through structured programs, however it was considered critical to have flexibility to adapt program delivery to meet individual needs. A *hands on practical approach* (not classroom academic style) to learning was strongly recommended by the young people consulted.	➢ A structured program with flexibility to cater for individual needs. Programs should incorporate the following elements: - Personal development - Life Skills - Practical Programs that develop skills relevant to the workplace - Education programs - Drug and Alcohol Programs - Cultural emphasis - Mental Wellness - Spiritual Healing

Linkages Required

<table>
<tr><th>Discussion Topic and Response</th><th>Key Findings</th></tr>
<tr><td>Community Organisations

Indigenous community organisations would be an essential link for the service delivery agency in both the assessment panel/referral processes and the re-connection/exit program phases of the program.

Community organisations would be a first point of contact for the facility when dealing with regional communities.</td><td>➢ Linkages required with Indigenous organisations in each community</td></tr>
<tr><td>Service Agencies

With consideration given to the range of services and programs to be delivered within the residential component of the service model, good relationships with external service providers will be essential to the successful delivery of the program.

Potential providers would include:
➢ Education Providers: TAFE Institute or Registered Training Organisation
➢ Health Professionals: Local General Medical Practice and/or Hospital
➢ Psychiatric Services and counselors: this will include mental health and personal counseling programs
➢ Industry Employers:. employment may be provided within the facility by delivery of external contracts. A suggestion of self sustaining programs such as farming or horticulture was also discussed.
➢ Indigenous Communities: many communities have programs that are delivered within their community. These programs may be delivered within the residential program on a part-time basis in partnership with the local Indigenous Community Organisation.

Providers involved with delivering the residential component of the program would need to be within close geographical proximity of the location of the facility.</td><td>➢ Service providers required by the facility to deliver the residential component of the model include;
- Education
- Employment
- Health and Medical
- Psychiatric and Counseling
- Industry Employment
- Indigenous Services</td></tr>
</table>

<table>
<tr><th>Discussion Topic and Response</th><th>Key Findings</th></tr>
<tr><td> After Care/ Exit Program
A continuum of support would need to be provided prior to exit from the program to ensure, linkages with the following service providers within the individuals local community.

Employment Agencies e.g. Job Network Indigenous Employment Centers, Indigenous Employment Officers;
Housing and Accommodation agencies e.g. Aboriginal Housing Officers, Aboriginal Hostels, Ministry of Housing and / or Real Estate Agents
Education Providers: TAFE Institute or Registered Training Organisation
Health Professionals: Local General Medical Practice and/or Hospital
Psychiatric Services and counselors: this will include mental health and personal counseling programs
Employers: some employers may develop a working partnership with the facility
Indigenous Communities: many communities will have programs that are delivered within the community. Some of these programs may be suitable for individuals to access upon exiting the facility, e.g. men's and women's programs.
</td>
<td>
Linkages required within individuals local community may include the following service providers:

Employment
Housing
Education and training
Health and medical
Psychiatric and Counseling
Industry Employers
Indigenous Services

</td></tr>
<tr><td> Family and Community Support
Throughout the family and Elders were identified as important in assisting in the personal development and community re-connection for individuals. An additional support in the form of a mentor or buddy should also be assign to each participant. The mentor may be a person who has had similar experiences with substance abuse, a graduate of the program and someone from the participants' local area. The mentor will provide a more personal support and serve as a role model and was compared to the role of a 'Sponsor' from the 12-step program.
The mentor should be identified early in the residential component of the program. </td>
<td>
The service would provide a mentor or buddy for each participant and would provide support and encouragement to aid the individuals' personal development
</td></tr>
</table>

Physical Requirements

Discussion Topic and Response	Key Findings
Independent residences Discussion also focused on the residential facility. Specific requirements were discussed and are summarised below: ➢ Establishment of individual sleeping quarters with communal cooking, living and laundry facilities or alternately the establishment of a number 3-4 bedroom houses, each with their own cooking, living and laundry facilities ➢ Separation of sleeping quarters for male and females, communal living space ➢ Counseling facility and medical quarters for consultations ➢ Education and Training facilities, such as a training room ➢ Outdoor education spaces e.g. farming and horticultural facilities ➢ Physical exercise facilities, i.e. gymnasium, basketball courts, bush land for recreation	➢ A combination of Independent and communal facilities should be provided. ➢ Facilities to deliver service programs should be provided on site
Residence for Live-In Manager Specific reference was not always made to *physical spaces* in community discussions, although some discussion regarding staffing requirements and service programs was indicative of the physical requirements. It was considered important that the service model made provision for a live in manager. The manager should be an Indigenous person, possibly an Elder or a couple. Acknowledging that managing the facility would be a 24 hour - day 7 days per week role (some components on-call), and would require specific skills relevant to management and operation of a facility such as the one proposed. Therefore it was considered that there would need to be a separate residential house for the manger(s) of the facility.	➢ An independent and self-contained residence is provided for the Live in Manager

Discussion Topic and Response	Key Findings
Number of Beds Discussion acknowledged that this service would be required to meet the needs of the young people from across Victoria and that 70% of the Indigenous population is under 30 years of age Determining the appropriate bed numbers reflected this aspect of the consultation. The minimum number of beds that was proposed was 16 beds; the maximum suggestion was 70 beds. .	➢ A minimum number of 16 beds are provided in the facility
Space for visiting families. Following the discussion of the important role that the individuals' family has within the program, it was commonly suggested that on-site, although separated (from the main facility) residential accommodation be provided for the families of the program participants. This may facilitate weekend visits or family components of the program that may be require overnight stays.	➢ Facilities to provide accommodation facilities for visiting family members of the program participants

Location

Discussion Topic and Response	Key Findings
Regional Rural All consultation discussions suggested that the facility should be based in a regional or preferably rural setting. There was a consistent concern that the facility would be based in Melbourne which was considered highly inappropriate. No support was provided to place the facility in a city location. Although half the Indigenous population of Victoria resides within the greater Melbourne Metropolitan area, it was considered imperative that the facility have appropriate access to expansive lands and bush settings to provide a sense of '*going out bush.*' Open natural settings were emphasised as important providing a setting that would enable spiritual and cultural re-connection. Some reference was made to locating the facility '*outside of temptations reach*', where access to substances was limited and prompted the suggestion that the facility should be in a rural location outside a regional centre.	➢ The facility should be established in a regional or preferably a rural setting
Local Indigenous Community A strong community network and cohesive base was considered essential in the selection of a location for this establishment of the facility. Whilst the local community would not own the facility, strong relationships would be important in service delivery of joint initiatives within the program. The local region may also be seen as a alternative option for graduates of the program to re-locate to. Many consultations suggested that individuals might not immediately return to their home communities after graduating from the program.	➢ The facility would need to be in close proximity to a well-developed, cohesive and accepting community. (Indigenous and non-Indigenous)

Discussion Topic and Response	Key Findings
Community Ownership I*ndigenous owned and managed* was a common term used in discussing ownership and staffing of the facility, and there was strong consensus that this facility should be owned by the Indigenous community. The discussion extended to include an emphasis on ensuring that staffs employed within the facility are appropriately trained and that persons with strong skills and experience provided were involved in governance of the facility. The consultation confirmed that the ownership and governance of the facility should be reflective of the whole state and not of one region or one community.	➢ The service should be Indigenous owned and managed ➢ Ownership and management of the facility should be representative of the whole state
Service linkages An important characteristic of location was the willingness of the local mainstream community to support the establishment of the facility and also to provide service linkages, as discussed previously. This maybe reflective of the local communities existing partnerships with relevant agencies and government departments.	➢ Linkages with local service agencies are a valuable strength that needs to be provided by the local community
Suggested Sites All communities agreed that the service should provide reasonable support for all indigenous people across the state. This was emphasised in relation to the participation of families within the program. Difficulty arose when trying to define the interpretation of *central location*. Opinions were not consistent although suggestions included Shepparton, Echuca, Swan Hill, Halls Gap, Geelong, Ballarat, Portsea, Yea, Seymour and Bendigo. In all suggested locations it was not intended for the facility to be built within the regional centre, but in a more rural setting within the area. Many communities believed their local region or communities provided an ideal site for the facility and were enthusiastic about tendering for the delivery of this service model within their region. Some communities have already established models for the delivery of a similar service and co-ordinated local service providers to support their service model. These groups only require government funding for their commencement.	➢ The facility should be established in a central location to ensure access for the whole state ➢ Many communities have already developed similar service models and were enthusiastic to tender for delivery of this service

ISSUES FOR CONSIDERATION

The following issues were raised and discussed although no resolution or direction was provided.

Young Parents within the facility

This issue of young parents being admitted into the facility was briefly discussed in some (not all) communities. Individual views included:

- Parents need to learn to cope with their children, not in isolation from them.
- 'Babies in Arms' should be accommodated with the parent in the facility, but not toddlers or young children.
- Young mothers will not access the facility if they cannot take their children with them.
- Individuals need to focus on making themselves well in the first instance and then they can focus on their children and their family. Visitation should be allowed.

This issue may require further investigation and consideration in determining the level of need by young people in this situation.

Indigenous community and the tendering process

Community involvement is imperative with the tendering and selection process of the service provider (s). If the agency selected to deliver the service is a non-Indigenous organisation, Indigenous community involvement with the service provider in the delivery of the service, the management of the service and the ownership of the service is of high priority.

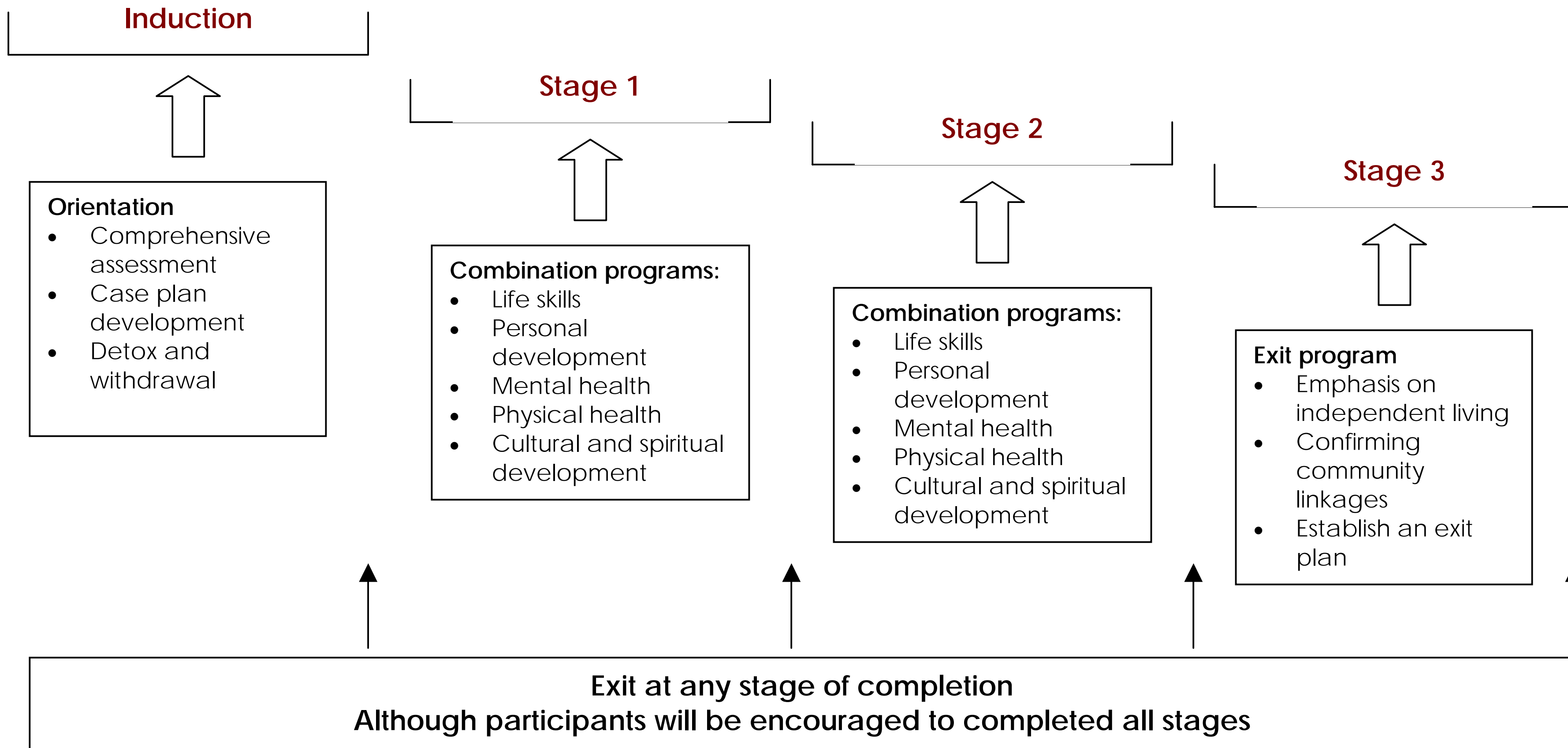
As previously mentioned many communities have already established a model and formal proposal that would provide for the delivery of this service. Some communities expressed their frustration with the 'silo' approach directed by government that does not work across, or provide an integrated approach to, meeting the needs of Indigenous communities i.e. Justice, Drug and alcohol, Family Violence and Mental Health working in isolation from each other.

THE NEXT STEP

The final stage of the project, stage four provides for the delivery of a detailed Final Report that will build on the findings of the secondary and primary research, conducting further analysis in order to provide relevant and realistic recommendations.

The further analysis to be conducted will incorporate a series of site visits to existing facilities and service agencies of which components of their existing models may be adapted for the Victorian Koori Youth Drug and Alcohol Spiritual Healing Service.

Community Devised Model



- Suggested four beds available for each stage
- Short term goals, considered more appealing to youth age group
- Four weeks at each stage – therefore four month complete program
- Maximum waiting period 3-4 weeks/pending wait list