



East Kimberley Joint Consultation Summary Report of Findings

February 2021



Government of Western Australia
Mental Health Commission

nous

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Health Alliance
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Executive summary

There is significant work being undertaken in the Kimberley region by a range of government agencies. Through partnering with other agencies and organisations, we can achieve better system integration and can avoid repeating the same conversations with the same communities, particularly as in the Kimberley consultation fatigue is a real issue.

The Mental Health Commission (MHC) and WA Primary Health Alliance (WAPHA) were individually progressing the design and establishment of two funded services in the Kimberley:

- The co-design of an alcohol and other drug (AOD) and co-occurring mental health service for young people and their families in the Kimberley (the Kimberley Youth AOD Service). This service will be commissioned by the MHC, who have engaged Nous Group (Nous) to lead the co-design process for the service model; and
- The establishment of a new headspace Centre in Kununurra. The new headspace Centre aims to improve mental health outcomes for young people aged 12 to 25 years with (or at risk of) mild to moderate mental illness through an inclusive, accessible, youth-friendly integrated service offering. The service will provide young people support with their mental health, physical health, alcohol and other drugs issues, and work and study. headspace Kununurra is being commissioned by WAPHA, who have engaged Jane Forward to support the consultation process.

Given the synergies between the Kimberley Youth AOD Service and the proposed headspace centre in Kununurra, the MHC and WAPHA agreed to collaborate on a series of consultation activities in the East Kimberley during the second half of 2020. By coordinating the two processes, they not only helped achieve efficiencies and reduced the consultation burden on communities, they also provided a stronger foundation for integrated service delivery design.

The collaboration involved integrating, at short notice, two distinct approaches to consultation and service planning, with marked differences in scope. The Kimberley Youth AOD Service co-design project involved stakeholders from across the Kimberley; in contrast, headspace activity was focused on Kununurra and the nearby town of Wyndham. The constraints of the headspace consultation were due to the geographical location and potential reach of its service. Both projects commenced late 2019, and each process undertook additional consultation and engagement activities outside of the scope of the joint activity. The headspace Kununurra consultation project ended once the tender was advertised in October 2020. The co-design process for the Kimberley Youth AOD Service concluded in December 2020.

Joint consultation activity occurred between July and October 2020 and involved 158 young people, one traditional owner and 129 individuals from 22 organisations. Stakeholders gave generously of their time, reflection, and local insight.

Consultation found successful implementation of the headspace centre must respond to the following local needs:

- Trauma – exposure from early age to domestic and family violence and traumatic events is common across the East Kimberley. This, combined with deep-seated factors associated with intergenerational trauma and rural and remote living, requires a committed long-term community-level response that puts the young person at the centre;
- Alcohol – excessive use of alcohol is prevalent, both masking and causing deterioration in mental wellbeing of young people and adults. A change in community behaviour is required for sustainable change;
- Educational attainment – educational disengagement and participation in street present antisocial behaviour is well documented in local literature. There are few current alternative educational engagement paths;

- Safety – arising from excessive drinking and street presence (young and old), many young people hold concerns for their own and others' personal safety;
- Service gaps – resource provision for young people who are disabled, culturally and linguistically diverse or identify as LGBTIQ+ is lacking; and
- Strengths – locally designed service models are being overlooked. Opportunity exists to leverage from these insights and community strengths.

Opportunity exists for headspace to:

- Drive system integration
- Create an inclusive service through location, a consortium approach, opening hours, staff appointment
- Reducing stigma that deters/ prevents help seeking
- Drawing on principles of collective identity that see a young person in the context of family, community and culture
- Build a local workforce
- Offer activity-based engagement
- Integrate with the future Kimberley Youth AOD service
- Proactively support referral from Wyndham.

The co-design process found that the Kimberley Youth AOD Service should demonstrate the characteristics of being youth led, anchored in culture, family centred and community driven. It was apparent that community would benefit from a consistent and structured delivery. The types of services young people require include youth engagement spaces, structured activity programs, AOD education, counselling, peer support, case management/coordination and intensive support.

Should the MHC commission the Kimberley Youth AOD Service in Kununurra, joint consultation activity revealed a strong logic and desire for the service to be integrated with headspace Kununurra, and that focus should be on the development of a fully functioning headspace centre before outreach to neighbouring towns occurs. Ultimately, Kununurra stakeholders wished to see strong governance across the two services and that every opportunity for integration, coordination and collaboration be pursued. Stakeholders spoke of the bias towards larger and better resourced not-for-profits, as well as barriers that arose from competitive tendering processes.

The collaborative process saw the MHC and WAPHA pursuing the vision of local service integration, sending a clear message of their intent to work together for better health in the Kimberley and acknowledging that effective service solutions require strong partnerships. The agility and adaptivity of both agencies saw consultation activity flex to the COVID-19 pandemic and respond to community voices regarding consultation fatigue.

While it is acknowledged that the procurement cycles and parameters may not align, there exists a high level of community support and interest for the MHC to foster a strong partnership between headspace Kununurra and the future Kimberley Youth AOD Service, should this service be commissioned in Kununurra.

Context

Co-design of a new Kimberley Youth AOD Service model

In 2018, the Mental Health Commission (MHC) engaged across the Kimberley to identify gaps in alcohol and other drug (AOD) treatment services. Findings identified a lack of dedicated AOD or co-occurring AOD and mental health services for young people, as an urgent priority for the region.

In the 2019 - 20 Budget process, the Western Australian Government allocated \$9.2 million in funding for the design and commissioning of an AOD and co-occurring mental health service for young people with complex needs and their families in the Kimberley (Kimberley Youth AOD Service).

On behalf of the MHC, Nous Group (Nous) commenced the new service co-design process in late 2019. The process commenced with the development of a literature review on best practice service models for young people, particularly Aboriginal young people, with AOD and co-occurring mental health issues who live in regional and remote communities. Nous undertook early and consistent engagement with regional leadership bodies and youth networks in the Kimberley to build regional-level consensus and ownership. With the occurrence of the COVID-19 pandemic, the consultation and co-design element of the project was briefly paused, recommencing with a switch from scheduled face-to-face activity to a series of virtual workshops, supplemented by in-person consultation once travel restrictions ended.

headspace Kununurra

headspace is an enhanced primary care model that addresses the unique barriers that young people face accessing mental health support. With a focus on early intervention, headspace provides young people (aged 12 to 25 years old) and their families with support at a crucial time in their lives — to help get them back on track and strengthen their ability to manage their mental health in the future.

In mid-2019, the Australian Government announced plans to increase the number of headspace centres in Western Australia, including an allocation of \$3.5 million over four years to establish a new headspace centre in Kununurra. WAPHA is responsible for the commissioning and contract management of all headspace services in Western Australia.

To support the commissioning process of the new Kununurra centre, WAPHA engaged iyarn consulting to begin conversations with a range of local young people to hear their views about mental health and wellbeing services and particularly the future headspace centre in Kununurra. WAPHA then engaged independent consultant, Jane Forward, to lead a series of further consultations and engagement activities with a wide range of stakeholders. Due to COVID-19, face-to-face engagement was limited and virtual engagement took place until travel restrictions were lifted in August 2020.

Transitioning from the Suicide Prevention Trial

The Kimberley was chosen by the Australian Government as one of the twelve National Suicide Prevention Trial Sites due to the tragic over-representation of suicide in Aboriginal communities in the region. Commencing in mid-2017, the Kimberley Aboriginal Suicide Prevention Trial (KASPT) is helping to develop a model of suicide prevention that meets the unique cultural needs of the region's Aboriginal communities. The trial is scheduled to run until 30 June 2021 and planning is currently underway for transition of activities currently funded under the trial.

Given the overlapping timeframes for the transition, implementation of the new Kimberley Youth AOD Service and establishment of headspace Kununurra, KASPT activities and

recommendations should be considered in the broader piece of work for collaboration for integrated systemic change in the Kimberley to improve health outcomes for Aboriginal people.

Commitment to collaboration and system integration



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Mental Health Commission and WA Primary Health Alliance - Kimberley Collaboration

The Mental Health Commission and the WA Primary Health Alliance are committed to finding opportunities to work together in a coordinated and collaborative way to help progress system-wide improvements across mental health, alcohol and other drugs (AOD) and suicide prevention services and programs.

The Mental Health Commission and the WA Primary Health Alliance have been exploring ways to address the growing concern expressed by stakeholders across the Kimberley regarding consultation fatigue and the desire for increased collaboration across Government. An immediate opportunity has been identified to integrate the consultation processes for the co-design of the Kimberley Youth AOD Service and development of headspace Kununurra. This collaboration will also help inform the transition activities of the National suicide prevention trial sites.

The integration of this work allows the Mental Health Commission and the WA Primary Health Alliance to demonstrate their shared commitment to collaboration and integration where ever possible. Opportunities to work in partnership across projects within the Kimberley, and more broadly across Western Australia, will continue to be explored into the future. Both the Mental Health Commission and the WA Primary Health Alliance are committed to continuing to engage stakeholders to ensure voices are heard and considered to strengthen the mental health and AOD system across the State. Your continued support and commitment is vital to the role we all have, and the outcomes we aim to achieve collectively.

Thank you for your support.



Jennifer McGrath
A/Commissioner
Mental Health Commission



Leanne Durrington
Chief Executive Officer
WA Primary Health Alliance

1. Introduction

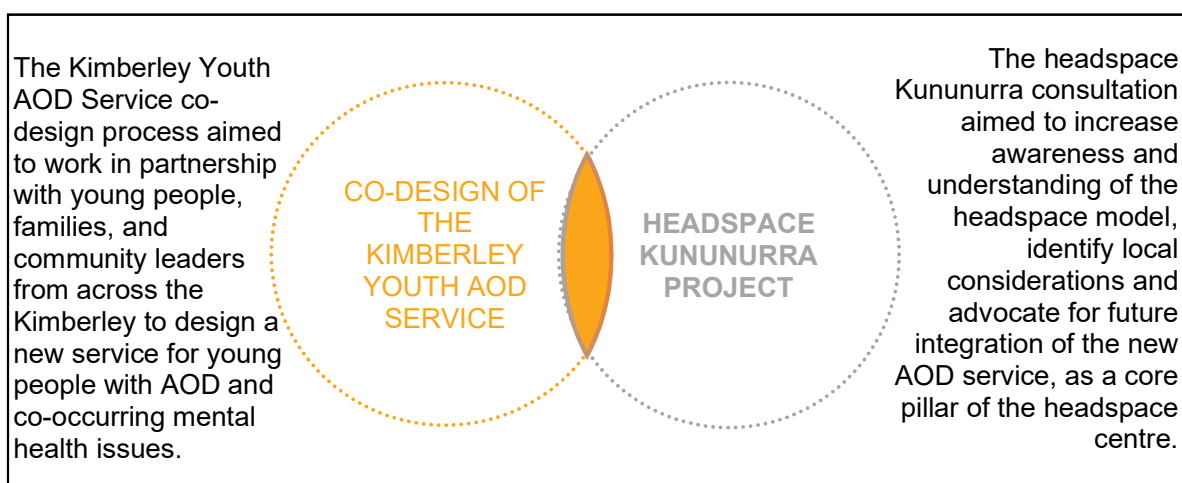
There is significant work being undertaken in the Kimberley by a range of government agencies, including the Mental Health Commission (MHC), WA Primary Health Alliance (WAPHA), the Department of Communities, and the Department of Justice. Through partnering with other agencies and organisations, we can achieve better system integration and can avoid repeating the same conversations with the same communities, particularly in regions such as the Kimberley where consultation fatigue is a real issue.

The MHC and WAPHA were individually progressing the design and establishment of two funded services in the Kimberley:

- The co-design of an alcohol and other drug (AOD) and co-occurring mental health service for young people with complex needs and their families in the Kimberley (the Kimberley Youth AOD Service). This service will be funded by the MHC, who have engaged Nous Group (Nous) to lead the co-design process; and
- The establishment of a new headspace centre in Kununurra. The new headspace centre aims to improve mental health outcomes for young people aged 12-25 years with or at risk of mild to moderate mental illness, through a highly accessible, youth-friendly integrated service hub that responds, at a minimum, to mental health, general health, AOD and vocational concerns of young people. The headspace centre is commissioned by WAPHA, who have engaged Jane Forward to support the consultation process for the Centre.

Given the synergies between the Kimberley Youth AOD Service and the proposed headspace centre in Kununurra, the MHC and WAPHA joined their consultation activity in the East Kimberley. By coordinating the two processes, they not only helped achieve efficiencies and reduce the consultation burden on communities but also provided a stronger foundation for integrated service delivery design.

Diagram 1: The collaborative process



This report presents a summary of the activity that occurred, as well as key themes and benefits of the approach.

2. Consultation activity

The Kimberley Youth AOD Service co-design project involved stakeholders from across the Kimberley. headspace Kununurra activity was focused on Kununurra and the nearby town of Wyndham. These different geographic areas reflected the reach of each service being commissioned and the associated communities impacted. Both projects commenced late 2019, with the headspace Kununurra consultation ending once the tender was advertised in October 2020. The co-design process for the Kimberley Youth AOD Service concluded in December 2020.

In order to plan joint consultation activities, the two organisations identified the overlap in geographic scope and stakeholder groups and developed joint messaging and collaborative branding. Each organisation also undertook additional consultation and engagement activity outside of the scope of overlapping interests (see appendix for details).

2.1 Activity touchpoints

The two organisations integrated their activities at the following three touchpoints:

1. Virtual design workshops

At the end of July 2020, Nous delivered three virtual workshops for East Kimberley government and non-government service providers to confirm the needs that the Kimberley Youth AOD Service should address and develop and prioritise ideas for components of the service. On behalf of WAPHA, consultant Jane Forward attended to observe the ideas and themes being discussed.

2. In-person interviews and information workshop

In mid-August 2020 the consultants travelled to Kununurra and Wyndham, meeting with young people, parents/carers and service providers to explore what worries they had for adolescents in their town, what they believed the Kimberley Youth AOD Service should look and feel like and how to ensure headspace Kununurra is accessible for all young people. A guest presentation from headspace National at the service provider workshop enabled service provider participants to further understand the headspace Model Integrity Framework and key service deliverables.

3. Virtual testing workshops

Originally promoted as an in-person workshop, the project team switched to an online format following feedback from local stakeholders.

On 27 October 2019, Nous delivered a virtual workshop with government and non-government service providers in the East Kimberley to test the emerging service model for the Kimberley Youth AOD Service, explore and prioritise components, and identify the characteristics required of the service provider(s) commissioned to deliver it. On behalf of WAPHA, consultant Jane Forward attended to identify future service integration opportunities.

2.2 Lines of inquiry

Consultation activities explored the following lines of inquiry:

- What do young people in the Kimberley need from services?
- What type of help should the new AOD service give young people?
- Who should work at the new AOD service and what types of activities should it run?
- Where should a Youth AOD service or the headspace centre be located and when should they be open?

- What opportunity exists to deliver outreach from the headspace centre and is this a priority focus?
- What type of things need to be met/included to make the headspace centre inclusive of all young people?
- What are the gaps in youth service provision, what are the opportunities to foster increased service integration and what is needed to make headspace work in Kununurra?

2.3 Participants

In total, 129 individuals from 22 organisations participated in the three touchpoint activities.

Table 1: Engagement numbers for Kununurra and Wyndham

	Young people	Service providers	Community members ¹
Kununurra	44	39	12
Wyndham	14	10	0
Sub-totals	58	49	12
Total			119

¹ Includes family members and community leaders.

Table 2 Organisations who participated in the joint consultation activities

ORGANISATIONS INVOLVED	
Anglicare WA	Binarri-binyja yarrowoo Aboriginal Corporation
Boab Health Services	Department of Communities (WA)
Department of Health (WA)	Department of Justice (WA)
East Kimberley College	East Kimberley Job Pathways
Garnduwa Amboorny Wirnan	HelpingMinds
Hope Community Services	Kimberley Mental Health and Drug Service
Kununurra Waringarri Aboriginal Corporation	Kununurra Medical Centre
Ngnowar Aerwah Aboriginal Corporation	Ord Valley Aboriginal Health Service
Police and Community Youth Centres	Royal Flying Doctors Service of Australia
Save the Children	WA Police
Wyndham District High School	Wyndham Youth Aboriginal Corporation

3. Consultation findings

The following sections presents key stakeholder perspective which emerged during the consultation.

3.1 headspace Kununurra consultation perspectives

The following needs and considerations emerged during the consultation process:

3.1.1 headspace Kununurra should address the following needs

Exposure to trauma

Family and domestic violence is prevalent in Australia but occurs at a higher rate in WA's Kimberley region. The higher rates of family and domestic violence in the Kimberley exist within a set of unique challenges specific to the region. This includes being exposed to climatic extremes; having an increased cost of living; physical and social isolation; reduced access to goods and services and opportunities for social interactions; reduced access to health services and increased barriers; having a high health workforce transiency; greater obstacles to reporting family violence; and higher rates of alcohol consumption.

The consultation process revealed that exposure to domestic and family violence and traumatic events is common across the East Kimberley. Stakeholders advised that from early in life, many Aboriginal children are exposed to a long list of sad events. They feel this creates a ripple effect impacting on the development of the child, their family, and the community. The ripple effect further compounds the deep-seated factors associated with intergenerational trauma and rural and remote living. Stakeholders advised of a frustration between policy response and 'quick fix' solutions; instead, they seek a committed long-term, community-level response that puts children at the centre of the need for change.

Selected quotes from Kununurra and Wyndham-based stakeholders:

"We are a small community, so everyone knows everyone.... the kids all know those that recently suicided... they can't escape the sadness and being constantly exposed to loss, grief and violence." - Police officer

"We see a lot of kids whose home is not safe— the kids try to look after each other, but they are constantly surrounded by trauma, drink, violence and death" - Service provider

Alcohol

Each consultation episode saw stakeholders speak of the negative impact of alcohol within their community. Stakeholders perceived problematic alcohol use as both a symptom and a cause of "what is wrong around here". In the context of young people, they felt that drinking starts due to boredom, a desire to fit in and is an accepted community norm or 'rite of passage'. It was further felt that 'the drink' then masked the 'real problem' but also acted as a catalyst, eroding resiliency, while fueling disadvantage and poor outcomes. Aboriginal young people consulted further advised of the correlation between loss of culture and 'drink', speaking of their desire to rebuild the 'old ways' and actively engage in cultural activity.

The consultation process revealed that young people felt strongly that the solution is not AOD intervention but rather functional and psychoeducational support, targeting underlying causes of disadvantage. The preferred approach would work in partnership with young people and

their supports to strengthen existing resiliency to foster increased future optimism. Furthermore, they perceived that the issue of problematic AOD use is deep seated in local community culture and that a change in community behaviour is required for sustainable change.

Selected quotes from Kununurra and Wyndham-based stakeholders:

"We used to have culture, then came drink: now we just have the drink." - Young person, Wyndham

"Those kids on the streets don't have a drink problem, they have a life problem: no education, no job and no safety." – Young person, Kununurra

Educational attainment

The consultation process echoed the views expressed in locally produced reports and documentation¹ that there is a sizeable group of young people who are not attending school and instead participate in antisocial behaviour and are perceived to be roaming the streets. Stakeholders, including young people, shared a view that these young people had typically failed to transition from primary school to high school, are known to justice services and lack future optimism. Many stakeholders felt that situational distress relating to being 'street present' correlates to wellbeing decline and the use of AOD to self-medicate.

Stakeholders advised that there are little or no local alternative educational resource options to reengage this cohort of young people. Education providers advised of additional challenges of delivering education in the East Kimberley, citing a lack or limited access to timely clinical assessment and sustainable specialist resources. From their perspective they have experienced positive outcomes when community providers partner with them to collaboratively and comprehensively address students' wellbeing needs. The East Kimberley Community College advised that the school is perceived as a culturally safe and neutral place by many young people and as such it has worked well when community supports engaged with a young person on campus.

Selected quotes from Kununurra and Wyndham-based stakeholders:

"My younger brother thought it would be cool to go hang out on the streets with all his mates — now all he does is drink and drugs...he is really suicidal and doesn't see any point in living, but he won't come to school or speak to anyone." - Young person

"We try our best, but we don't have the resources like in Perth to offer alternative educational paths and as many supports." – School staff member

¹ binarri-binyja yarrowoo (2019) *Evidence Brief Kununurra Child and Youth Counselling*
<https://static1.squarespace.com/static/5a73dac1d0e62826b7a7521c/t/5c5a2d6be79c70f82ab7370c/1549413750191/CYP+Counselling+Brief+Final.pdf>

The Allen Consulting Group (2013), *An Evaluation of the East Kimberly Youth Services Network*. Department of Families, Housing, Community Services and indigenous Affairs

Waringarri Aboriginal Corporation (2017) *Street Present Children in Kununurra*

Waringarri Aboriginal Corporation (2019) *Reducing the Prevalence of Street Present Children, The Proposed Youth Model*

Empowered Young Leaders (2019) Forum Report

Nous Consulting (2020) *Service models for young people with alcohol and other drugs and/or co-occurring issues*, Literature Review.

Mental Health Commission

Safety

Workshop consultation with young people at Kununurra Community College and Wyndham District High School revealed that they held a high level of concern for personal safety, often witnessing violence in their community relating to alcohol. They stated that they would avoid certain parks or streets, as these areas are frequented by aggressive 'drinkers'. They further stated that due to concern for personal safety, their parents restricted their ability to go out unsupervised and that it will be critical for the headspace centre to be located in an area which parents/carers perceive as safe to enable a young person to access independently.

Selected quotes from Kununurra and Wyndham-based stakeholders:

"Personal safety is a big consideration here; violence from excess drinking pours out into the parks and streets, and there are some areas which are just not safe." -Service Provider

"There are some areas known as places to drink and then the fighting comes...it's not safe there." – Family Member

Priority group service gaps

The consultation process highlighted that in the East Kimberley there are no or limited resources for young people who identify as LGBTIQ+, CaLD (culturally and linguistic diverse) or are disabled.

Aboriginal young people make up approximately half of the Kununurra Community College population. Aboriginal students consulted advised of a resource emphasis towards themselves and lack of service/support for non-Aboriginal young people. The young people consulted were not advocating for a reduction in current Aboriginal targeted supports but rather acknowledging the wide range of difficulties which regional young people in the Kimberley experience, yet support is focused on recidivism or Aboriginality. From their perspective they perceive the opportunity for headspace is to be inclusive of all, which is achieved through youth leadership and across sector collaboration.

Selected quotes from Kununurra and Wyndham-based stakeholders:

"There is nothing here for LGBTIQ+, we don't celebrate pride, or I feel like I can't talk about it openly." -Young Person, Kununurra

"There is a real shame factor here, and it is not something which young people who are identifying as being same sex attracted can discuss openly." – Service Provider

3.1.2 headspace Kununurra model implementation considerations

The future headspace Centre will be contracted to comply with the headspace integrity framework with the consultation process revealing the following preferences for model implementation:

Vision

The consultation process reveals a stakeholder aspiration that headspace would lead existing providers, community leaders and broader stakeholders to develop a shared vision for the advancement of youth health and wellbeing outcomes. Young people, service providers and

the families consulted all felt that there was an absence of strategy and coordination within the youth service's sector. They advised that at a 'worker' level there may be good relationships, but at a system level it is siloed, characterized by limited interagency understanding of what is available and how to access it.

Consulted stakeholders perceived that the future headspace service brought with it the opportunity to not only develop a vision/strategy but also an ability to facilitate service integration and collaboration. At a systems level they would like to see headspace lead ongoing conversation around systemic harmonization, designing of clear care pathways and providing infrastructure to support wrap-around coordinated support. As one service provider commented: 'It's not that we don't have any services or supports here, but there is nothing gluing/ joining them together, so we are not making the best of what we've got'.

Selected quotes from Kununurra and Wyndham-based stakeholders:

"At one point, there was a family and domestic violence hub and this saw us all come and work together in a coordinated way, but the funding was pulled and so there was no resource to keep it going. We are beginning to see the same sort of thing in early years but there is nothing for youth; no one has the capacity to take this on so I am really hopeful that headspace will bring us together and get us connected." – Service provider, Kununurra

"Every provider is doing a great job, but no one binds us together and looks at the bigger picture." – Service provider

Inclusiveness

The consultation process revealed that for headspace to be inclusive the following factors need to be considered:

- *Location* – the young people advised that somewhere like the Coles arcade or the old Red Cross shop would be 'good' because everyone goes there, (including those from neighbouring communities), is perceived as safe, is in the centre of everything, everyone knows where it is and 'you could be going there for anything'.
- *Consortium approach* – the young people advised that 'not one person or organisation could run it', 'if you brought Aboriginal and non-Aboriginal services together that would make sure that us kids know it's for everyone plus you would get something for everyone'.
- *Opening hours* – the young people advised that opening at nights and on the weekend, would support broader access as those from out of town or employed/ attending school could still come.
- *Staff* – the young people advised that inclusivity relates to the type of staff you appoint. A staff team of varying ages, cultural background and interest is more appealing to a wider audience of young people.
- *Stigma* – the consultation process reveals a high concentration of youth support services linked to a recidivism agenda. Subsequently, it was felt that young people have developed a perception that support is only available if you are 'naughty' and as such a need exists for headspace to address this stigma and perception to support appropriate access.

Collective identity

Approximately 80 per cent of the young people consulted identified as being Aboriginal. These young people advocated for the future headspace Kununurra operation model to be centred on a framework of collective identity. These young people advised that often services which

are not Aboriginal controlled and managed operate from a world view that promotes independence and individual pursuit, absent of shared responsibility. Instead, a collective approach sees the young person in the context of family, community and culture and does not separate the physical wellbeing of an individual from the social, emotional, and cultural wellbeing of the whole community.

Selected quotes from Kununurra and Wyndham-based stakeholders:

" It's about us as a mob, all my brothers and sisters, not just me...I want to get help from somewhere that knows about this, the connections to my people, who my relatives are and doesn't want to only see me, but see us all and knows about living here" -Young Person, Wyndham

Build a local workforce

The consultation revealed a high level of frustration of the practice of 'importing staff from Perth'. Stakeholders advised that they felt that this approach was short-sighted and fails to build local capacity and leadership. They advised that the approach means that there is a continual 'revolving door' as typically staff recruited from Perth would come without cultural or local knowledge, looking for experience so they could accelerate their career and as such with 'Kimberley experience' would swiftly return to the 'city' and a promoted post.

Instead, stakeholders spoke at length of the opportunity to 'grow local'. They felt that there are 'many good local people' who are known and trusted, hold cultural and local knowledge and can engage with young people. These people may not 'have the pieces of paper' but if investment was made to address or overcome this, then the perceived outcome would be a more sustained workforce. They further advised that this approach would hold additional benefits including creating local career pathways for young people, increased local leadership capacity and increased ability to develop local strategies to local 'problems'.

Selected quotes from Kununurra and Wyndham-based stakeholders:

" There are some really good people here in town, they know the kids and can really engage, but they don't have the right pieces of paper, so instead they get someone from the City who doesn't have the cultural or local knowledge... There was a big wait before they got here and just as you have got them all cultured up, they leave and we have to wait again...by building local capability, we would have better employment pathways and could grow local leadership and a wider pool of staff who want to stay here" -Service Provider, Kununurra

Activity based

Young people and service providers alike spoke of heightened success when activity-based engagement is central to the delivery model. They highlighted that activity needs to not just be sports orientated but also arts and social – "you need to have something for everyone — not just the sporty types — so movies and painting etc. as well".

Selected quotes from Kununurra and Wyndham-based stakeholders:

"The kids up here won't just come in an office and talk to you, instead it's better to yarn when you are kicking a footy or cooking, or something like that... They need to run off a bit of steam and have something in between just you and them, a sort of prop, which directs the attention from them." -Service Provider, Kununurra

Integration with the future Kimberley Youth AOD Service

The consultation process saw stakeholders' question why you would not integrate the new AOD service with the headspace Centre, should the MHC commission in Kununurra. The response was made in recognition of the size of the community and its limited number of providers and a desire to mitigate duplication and reduce access barriers. Stakeholders were keen to offer young people choice yet recognised that both services require a consortium approach and, given the likelihood of collaborators being the same, resources were better invested in one infrastructure with a broader service offering.

Selected quotes from Kununurra and Wyndham-based stakeholders:

"It a town size like ours it doesn't make sense to have two consortiums, because it's going to be the same people so you are just duplicating." – Service provider

"Rather than compete or have another parallel service... given that AOD is a headspace pillar, it just makes sense to align and integrate the two services." – Service provider

"It's so hard when things are not at the one place, and you have to tell the story twice... putting them together would work better for the kids." – Parent, Kununurra

"If everything is together, people don't really know why you are there, bit like the doctor, and then they don't call you a drugo or say bad stuff about going for help" – Young person

Wyndham outreach

Early investigation had identified a high perceived need for and limited access to local youth mental health and wellbeing support and intervention services in Wyndham. Given its proximity to Kununurra (one-hour drive), WAPHA requested that further exploration occur during this consultation period to understand community perspective of an opportunity to provide a headspace outreach service.

Young people consulted in Wyndham advised that outside of school there was little to do and no support services which they could access. They perceived that 'boredom leads to the "drink" which leads to a cycle of deteriorating health and wellbeing'. The young people consulted desired more youth engagement and support services to visit or operate in their community, both for themselves and 'the adults', yet at the same time acknowledged that they are a small community and as such 'are used to going to Kununurra for everything'.

The young people advised that the only current out-of-school service available is the weekly Police and Community Youth Centre's (PCYC) outreach service. They advised that prior to COVID-19 there had been a visiting youth worker who facilitated recreational activity at the 'rec hall' but this was now all locked up and they thought the worker had left the region. They further advised that there is nursing station and no local doctor. Instead, they stated that medical services would be accessed in Kununurra. Given that this is the norm, they advised that it was not problematic; however, they advocated a strong preference for local medical

access and increased activity and youth support provision.

Service providers at the in-person workshop endorsed the views of the Wyndham youth consulted, whilst acknowledging the 'enormity' or many challenges associated with the provision of a headspace outreach service. All providers advised that the ideal is to have services in every community, however resourcing is prohibitive. Service providers spoke of challenges in the delivery of a consistent and reliable outreach service, stating that too often service provision was infrequent and unreliable, which resulted in high 'no shows', negatively impacting on ongoing funding and the ongoing viability of service provision. Wyndham service providers advised of a perspective that 'no service is better than an infrequent service', as the latter causes high client frustration and resentment ultimately leading to service disengagement. Frustrated service providers spoke of a lack of understanding from funders to the costly complexities of outreach – long drive times, the need to develop local relationships to ensure clients turn up, and the need for a visiting worker to hold high proficiency in a wide range of clinical and functional intervention as typically there were no other services to partner with. With high complexity of client presentation and a lack of localised supports, this creates excess risk for the service provider, which funders are unwilling to resource.

Workshop stakeholders advised of a high level of need in Wyndham, a desire to provide outreach services but a high level of concern in regard to the financial and practical viability of asking the headspace lead organisation to simultaneously set up the new Kununurra based Centre, drive system level integration, change community access and help seek perception and develop/ deliver a Wyndham outreach. Stakeholders felt that this additional ask was 'too much' and would overload the agenda away from success. Instead, they felt that the focus should be on the establishment of an effective Kununurra Centre which accepts and proactively supports Wyndham referrals, while maintaining on the agenda the desire to offer a Wyndham outreach once that is adequately funded after the headspace Centre is established and running well.

Selected quotes from Kununurra and Wyndham-based stakeholders:

" Wyndham has very little community services and needs more, but it's only an hour's drive, so in the interim rather than overloading the set-up of headspace, transport and supported referral options should be explored. " -Service Provider, Kununurra

"It would be great if they could come here on a bus, with the PCYC or be here all the time but if not ...we have to go to Kununurra once a week for the shopping, so we get everything done then, so could visit the headspace at the same time" – Young Person, Wyndham

3.2 Design perspectives on the future Kimberley Youth AOD Service model

The following themes emerged from the Kimberley-wide co-design consultation process:

3.2.1 Each town or community has unique needs and service gaps which cannot be addressed with a 'one size fits all' approach

The Kimberley is an expansive region, encompassing over 400,000 square kilometres, more than 30 language groups, and approximately 221 remote Aboriginal communities – each with its own cultural beliefs, norms and values. The vast geographical area, paired with a dispersed and diverse population, means that designing and delivering a service 'for all Kimberley young people' is a complex task. Co-design participants across all locations stressed the importance of adopting a 'genuinely place-based' approach, emphasising that the Kimberley Youth AOD Service should be led by the young person – from design through to delivery – and should be tailored to address the unique needs of and service gaps in each town or community.

Community members reaffirmed the findings of previous consultation processes, highlighting that there is an uneven spread of services across the Kimberley, and therefore, a critical service gap in one town or community might not be a gap in another location.

Community members and service providers emphasised that a key component of a place-based approach is building on, rather than duplicating, what is already being delivered in each town or community. They identified that the focus of the Kimberley Youth AOD Service should be on addressing service gaps, facilitating coordination and investing in the capability and capacity of existing service providers. Young people should also be involved in leading the development of the service, from design through to delivery. A number of co-design participants noted that a consortium approach could enable the Kimberley Youth AOD Service to make the best use of existing community assets. Others asserted that a 'genuinely place-based' approach can only be delivered by a local community-controlled organisation – which understands first-hand the challenges faced by the community.

Selected quotes from Kununurra and Wyndham-based stakeholders:

"Needs to be community centred. Each community needs to come up with their idea. It's the young people in each community that needs to come up with their idea." – Service provider

"We need to be very place-based, rather than import traditional counselling models – that's a really important point going forward." – Service provider

3.2.2 Having a permanent physical location is integral to building trusting relationships with young people and their families

Young people, community members and service providers consistently noted that the Kimberley Youth AOD Service should have a permanent physical presence in each town or community, and the primary mode of delivery should be in-person. They suggested this would be critical to the service building trusting relationships with young people and their families. While some young people and service providers suggested that services could be provided online or by phone, others suggested it would be challenging for services to build trust with young people and their families through these means. Additionally, phone and internet connectivity issues would be a barrier to some young people, particularly those living in smaller, more remote towns and remote communities, accessing the service. Those who supported online or phone channels agreed that they could supplement, but not replace in-person supports.

Several co-design participants reaffirmed the findings of previous consultation processes in relation to the insufficiency of drive-in-drive-out (DIDO) services. They suggested that past and current DIDO services are unable to build trusting relationships with young people and their families, particularly in situations where they are only present one to two days per week. This is supported by the literature review, which identifies that "outreach workers are not usually considered with the same regard as community insiders,"² and that as 'outsiders', they "often have little local knowledge and lack community trust."³ The prevailing view from

² Wilson & K Ushner, Rural nurses: a convenient co-location strategy for the rural mental health care of young people, Journal of Clinical Nursing, 2015, cited in Nous Group, Service models for young people with alcohol and other drugs and/or co-occurring issues, Literature Review for the Mental Health Commission, 2020, p. 13.

³ L Roufeil & K Battye, Effective regional, rural and remote family relationships service delivery, Australian Institute of Family Studies, 2008, <https://aifs.gov.au/cfca/publications/effective-regional-rural-and-remote-family-and-relationship>, cited in Nous Group, Service models for young people with alcohol and other drugs and/or co-occurring issues, Literature Review for the Mental Health Commission, 2020, p. 13.

stakeholders across all locations is that the service should deliver supports face-to-face and that staff must be based in the towns or communities they serve.

Selected quotes from Kununurra and Wyndham-based stakeholders:

"Visiting services (DIDO) just doesn't work. It's very limited. Not only that but how do they access people online or by phone when there is a limited connection as well?" – Service provider

3.2.3 Services should demonstrate five characteristics

Youth-led

The co-design process revealed that the Kimberley Youth AOD Service should be led by the young person – from design through to delivery. Young people, community members and service providers stressed the importance of ensuring the voice of young people is reflected in all aspects of the Kimberley Youth AOD Service, including in the delivery of components of the service (as peer support workers), design of physical spaces for the service, governance of the service, and the design of future components of the service. Further, they emphasised that young people should be empowered to drive their journey through the Kimberley Youth AOD Service, to ensure their needs are met appropriately. When asked to reflect on what this could look like in practice, co-design participants suggested ideas such as young people setting their own goals, deciding how the service should support them to achieve those goals, and deciding who (e.g. family members or carers) will be involved in their journey through the service. The importance of young people driving their journey through the Kimberley Youth AOD Service was supported in Nous' literature review, with one interjurisdictional service provider interviewed re-iterating the importance of autonomy of the young person, and flexibility in how services are delivered around them.⁴

Selected quotes from Kununurra and Wyndham-based stakeholders:

"It needs to be strengths-based ... Young people leading as the 'experts.'" – Service provider

"Services need to be driven by the young person – they need to have a say in their care."
– Family

Family-centred

Stakeholders stressed that the Kimberley Youth AOD Service needs to be underpinned by a 'whole of family' approach. The importance of 'family' and 'community' were frequently raised in conversations on how the service could best enable and support young people's recovery. A 'whole of family' approach is strongly supported by Nous' literature review, which acknowledges the central role of family in young people's lives – in particular, Aboriginal young people, given the importance of Aboriginal family and kinship.⁵ Ultimately, the literature review concluded that families and carers should be engaged in young people's care, where possible and appropriate, as this can not only help to increase young people's engagement with

⁴ Nous Group, Service models for young people with alcohol and other drugs and/or co-occurring issues, Literature Review for the Mental Health Commission, 2020, p. 7.

⁵ Nous Group, Service models for young people with alcohol and other drugs and/or co-occurring issues, Literature Review for the Mental Health Commission, 2020, p. 40.

services, but also help to reduce the likelihood of relapse after treatment.⁶ A similar point was raised by a number of community members and service providers, who suggested that it will be challenging – if not impossible – for young people engaged in the Kimberley Youth AOD Service to achieve meaningful and sustained outcomes unless the family unit and home environment are able to support their recovery once they have left the service. These stakeholders stressed the importance of the Kimberley Youth AOD Service working with families and carers to strengthen their capability and capacity to support young people.

Selected quotes from Kununurra and Wyndham-based stakeholders:

"Support people with AOD issues, but also their close family and friends – it is really important for it to be open and fluid." – Service provider

"What do you want to see in your community? Families need help teaching kids to do differently." – Young person

"Needs to be the young person and the family." – Family

"The family involvement needs to be much stronger, to see how this service would connect and engage with the family of the young person." Service provider

Community-informed

A key theme which emerged from the co-design process was the need for the Kimberley Youth AOD Service to enable genuine community-level participation and establish partnerships with other services in the local service system. It was suggested by stakeholders that this would be critical to ensuring that the service is tailored to the needs and service gaps in the community and is reflective of local cultural beliefs, norms and values. In particular, co-design participants stressed the importance of community leaders and members being involved in the delivery of the service, as community navigators. Community navigators may be local, respected members of the community with strong cultural knowledge and network who may work with the service to identify and build relationships with young people and their families, strengthen the cultural safety and security of the service, and contribute to the delivery of components of the service, as needed. The need for community navigators is supported by Nous' literature review, which identified that employing local, Aboriginal staff is key to providing a cultural safe environment, and gaining consent and legitimacy in the community.⁷ Additionally, co-design participants highlighted the need for community leaders and members to be part of the governance of the Kimberley Youth AOD Service and have input into the design of future components of the service.

Selected quotes from Kununurra and Wyndham-based stakeholders:

"The service needs to be implemented by Aboriginal people and organisations ... Hand it over to the local Elders." – Service provider

"The service needs to be community-controlled and led." – Service provider

⁶ Nous Group, Service models for young people with alcohol and other drugs and/or co-occurring issues, Literature Review for the Mental Health Commission, 2020, p. 39.

⁷ Nous Group, Service models for young people with alcohol and other drugs and/or co-occurring issues, Literature Review for the Mental Health Commission, 2020, pp. 31-32.

Anchored in culture

Stakeholders engaged in the co-design process suggested that embedding culture in the Kimberley Youth AOD Service will be key to engaging the community and achieving positive outcomes for Aboriginal young people. They identified that to do this, the service should integrate cultural practices such as traditional healing, where safe and appropriate, with effective clinical practice – in particular, trauma-informed approaches to care. This was supported by the literature review, which noted that embedding culture is a key characteristic of effective services for Aboriginal young people. The literature revealed that embedding culture not only attracts Aboriginal young people to services, but also ensure they remain engaged and feel they belong.⁸

Community members and service providers asserted that the inclusion of cultural practices will need to be driven and supported by community and cultural leaders. They suggested that community leaders and Elders should, where appropriate, play a role in not only the design of this integration of cultural practices into the Kimberley Youth AOD Service, but also the delivery of these practices. This may involve community and cultural leaders providing guidance and mentoring to young people, particularly those who are more disconnected from their family and culture.

Additionally, co-design participants shared that it will be important for the Kimberley Youth AOD Service to explore, assess and implement existing cultural competency standards and frameworks, to ensure the service is delivered in a culturally safe and secure manner, and is respectful of and responsive to local cultural beliefs, norms and values.

Selected quotes from Kununurra and Wyndham-based stakeholders:

"Culture gives you a strong sense of self and strength." – Service provider

"When you're back in Country, your spirit starts to get strong." – Service provider

Consistent and structured

Co-design participants suggested that important characteristics of effective services for young people are consistency and structure. They felt that consistency is crucial to building relationships with young people. This means having, to the extent possible, the same staff available at the same place at the same times. This reflects the consensus among stakeholders that services must work around young people to be successful. For example, they identified that staff should meet with young people wherever they feel most comfortable and safe (e.g. at home, at school or at the park) or meet them outside of regular hours. Additionally, community members and service providers believed that critical to the success of the Kimberley Youth AOD Service would be an organisational culture that reflects a genuine commitment and determination to supporting young people. To many stakeholders, this means being persistent and making several attempts to engage with young people, acknowledging that "maybe the 10th or 11th time, they will open up and start talking to you." As well as to being consistent, community members and service providers indicated that the Kimberley Youth AOD Service must provide young people with structure. This means ensuring that young people, their families and the broader community clearly understand what types of supports are available, where and when. They believed that structure could help to enhance the young person's sense of safety and security, and create the conditions for trust to build between the service and young person and, where involved, their family.

⁸ Nous Group, Service models for young people with alcohol and other drugs and/or co-occurring issues, Literature Review for the Mental Health Commission, 2020, p. 25.

Selected quotes from Kununurra and Wyndham-based stakeholders:

" Young people need structure." – Family member

3.2.4 There is a need for services spanning the entire continuum of AOD services for young people in the Kimberley

Community members and service providers felt that there is profound need across the entire continuum of AOD services among young people in the Kimberley – from prevention and early intervention through to intensive treatment. The co-design process revealed a need for services spanning the entire continuum, rather than for any one type of support.

When asked to reflect on what the Kimberley Youth AOD Service should deliver, a majority of community members prioritised prevention and early intervention, noting that young people are engaging in AOD use at earlier ages in the Kimberley. They suggested that unless there is a greater focus on prevention and early intervention, AOD issues will increase among young people in the Kimberley in terms of prevalence and severity. In addition, several community members and service providers made a note of how crucial prevention and early intervention services can be in the recovery of young people with AOD issues. They pointed out that more intensive supports tend to be more episodic and time limited. Without prevention and early intervention supports in place to ensure young people are seamlessly supported, the likelihood of relapse increases. For these reasons, community members and service providers noted that prevention and early intervention should be a priority for the Kimberley Youth AOD Service, and other new services in the region.

Although there is a strong focus on prevention and early intervention, community members and service providers indicated that there are many young people in the Kimberley who have acute AOD and co-occurring mental health issues and require more intensive support. They identified that in most towns in the Kimberley, there are few, or no options for young people with AOD issues – in particular, those with severe AOD issues who would benefit from low-medical withdrawal, residential rehabilitation or a short-term 'break' from their AOD use and environment. As a consequence, community members and service providers suggested that a focus on prevention and early intervention is necessary, but not sufficient to address AOD issues among young people in the Kimberley. They stressed that the Kimberley Youth AOD Service should not only aim to prevent and intervene early in young people's AOD use, but also support those with severe AOD issues to heal and recover.

3.2.5 Kimberley young people require seven types of services

Youth engagement spaces

A key theme emerging from the co-design process was the need for safe and engaging spaces for young people. Community members identified that many young people in the Kimberley are exposed to impacts and stress relating to factors such as intergenerational and other complex trauma, poverty, poor environmental and physical health, and overcrowding and housing instability. Without a safe space to go, these young people tend to spend more time walking around town during the day and at night, in order to be away from these impacts and stresses. Community members suggested that young people in these circumstances can tend to engage in antisocial behaviours such as experimenting with AOD, breaking and entering, fighting and vandalism. They believed that introducing youth engagement spaces would help to reduce AOD use, along with other antisocial behaviours. This was echoed by young people involved in the co-design process – when asked what they would like to see in their community, they raised ideas such as "a safe place to go," and "a youth centre."

Our engagement revealed that youth engagement spaces for young people are perceived by community members to be a gap in every town in the Kimberley. While there are existing youth engagement spaces in most towns, they tend not to open every day, nor late at night. Table 3 shows the opening hours of youth engagement spaces in some towns across the Kimberley. It was not clear from our engagement what the opening hours were for drop-in services in Fitzroy Crossing, Halls Creek and Wyndham.

Table 3: Opening hours of youth engagement spaces

Venue	Opening hours
Broome Youth and Families Hub	Tuesday to Thursday from 2.30pm-5.00pm Friday and Saturday from 6.00-10.00pm
Derby Youth Centre	Monday to Wednesday from 2.00pm-6.00pm Thursday from 2.00pm-8.00pm Friday from 2.00pm-10.00pm Saturday from 6.00pm-10.00pm
Kununurra Youth Centre	Wednesday until 8.00pm Thursday until 10.00pm Friday until 12.00am Saturday until 10.00pm

Community members emphasised the need for safe spaces for young people to be open every day, after school until late, to give them a consistent alternative to walking around town and engaging in antisocial behaviour. While some community members identified that safe spaces should be open 24-7, others felt that this may encourage young people to stay out all night and negatively impact school attendance. The dominant view which emerged from our engagement was that safe spaces should be open until 10.00pm-12.00am, depending on the night of the week.

In addition to providing young people with a safe and engaging place to go, some community members and service providers suggested that the space could be open to DIDO service providers to drop-in and provide in-reach support to young people. By providing a one-stop-service-hub, the youth engagement space could help to ensure young people, particularly those who are at risk of or have AOD issues, have ready access to the wraparound support they need.

When reflecting on what a safe space for young people would look and feel like, community members and service providers suggested that existing recreation and youth centres are ideal venues as they are familiar and safe to young people. However, they noted that many of these centres may require varying degrees of investment in the physical infrastructure to better meet the needs of young people. Community members and service providers identified that the venues should have multiple spaces dedicated to various activities (e.g. an open space for hanging out and a private space for private conversations). It was also emphasised that these spaces should be designed with the young people who will be using it to ensure that it is safe and welcoming, and that they have a sense of ownership over it. The importance of spaces being safe and welcoming to young people was emphasised in the literature review, which found that the way in which a space is designed and set up can have a significant impact on how it is experienced.⁹

⁹ Nous Group, Service models for young people with alcohol and other drugs and/or co-occurring issues, Literature Review for the Mental Health Commission, 2020, p. 7.

Selected quotes from Kununurra and Wyndham-based stakeholders:

"Create a space where young people feel 'safe'." – Service provider

"What do you want to see in your community? A safe place to go. A place for a free feed. People/children having somewhere safe to go." – Young person

"What do you want to see in your community? Rec centre with air-con. Skate park. Youth centre open until 5 pm." – Young person

"The thing that jumps out the most is safe spaces. Anyone who has spent any time in Kununurra would have to prioritise that as the key need for young people – open and available at the hours that young people need it." – Service provider

Structured activity programs

Community members and service providers indicated that a key driver of AOD use among young people in the Kimberley is boredom and a lack of opportunities. They believed that there are not enough activities targeting young people, which has led to young people spending more time in public spaces and walking around town and engaging in antisocial behaviours. For example, community members in Derby thought that young people are committing crimes such as damaging cars and houses and breaking and entering because they are bored. Similarly, young people in Wyndham believed that their peers are experimenting with AOD and stealing because there is not enough for them to do. They felt that providing young people with fun and engaging activities would be critical in supporting young people to change their behaviour, including their AOD use.

In addition to supporting young people to change their AOD use, co-design participants suggested that structured activity programs could help to increase their resilience in three critical ways. Firstly, structured activities can help to create a sense of belonging for young people and provide them with opportunities to meet and form strong bonds with other young people with similar experiences. Secondly, activities can support young people to develop their sense of purpose by enabling them to identify their interests and strengths and providing them with the tools (e.g. job and life skills) to pursue them. Thirdly, by helping young people to connect to culture, activities can help them to foster sense of identity. By helping young people to build their resilience, structured activity programs can help to prevent AOD use and other risky behaviours.

The community identified that there are more structured activity programs available in some towns in the Kimberley than in others. For example, in Broome, the Broome Youth and Families Hub and Nyamba Buru Yaruwu, among others, provide a range of activities targeting young people, including life skills programs, sports nights and camps. Similarly, in Kununurra, community members shared that Kununurra Waringarri Aboriginal Corporation (Waringarri), Yawoorrong Miriuwung Gajerrong Yirrgab Noong Dawang Aboriginal Corporation (MG Corp), Save the Children, Police and Community Youth Centres (PCYC), and other service providers organise various activities for young people. Conversely, activities appear to be more limited in Derby, Fitzroy Crossing, Halls Creek and Wyndham. Activities available in these towns tend to target young people who are engaged or at-risk of engaging in the youth justice system, or those primary school-aged or younger. Consequently, young people and community members in these towns raised boredom as an issue more frequently than those in Broome and Kununurra.

Community members and service providers highlighted that activities for young people must be delivered in a structured manner. Providing young people with stability through a structured activity program could help to enhance their sense of safety and security and create the conditions for trust to build between the service provider and young person and, where they are involved, the young person's family.

When asked to reflect on what activities should be delivered, families emphasised the need to

blend fun activities such as movie and sports nights, with 'real' activities such as job and life skills, or education on AOD and mental health. They suggested that fun activities could be used as a vehicle for teaching young people essential skills for their future, or for critical conversations about AOD and mental health. Families frequently cited the importance of "getting young people in the door," by engaging with their interests. Further, families emphasised the need for activities to enhance young people's connection to Country and culture – trips on Country was the most common idea for activities engaging young people. When young people were asked what activities they would like to do, they shared similar ideas. Popular ideas raised by young people were on Country trips, life skills training, job skills training, movie nights, spending time with animals, horse riding and sports. Based on these reflections, it is critical that young people have access to a broad array of activities – with 'fun' activities being used as a vehicle for skills-building and education on AOD and mental health.

Selected quotes from Kununurra and Wyndham-based stakeholders:

"Have a variety of activities to help young people figure out what they are interested in." – Service provider

"Run activities and events (unrelated to AOD) open to all young people in the community, whether they are involved in the service or not." – Service provider

"What are you worried about? Kids get bored. Not enough sporting opportunities. Bored. Rocking houses. Not enough activities and kids turn to drugs or breaking in. Young people breaking into houses." – Young person

"What do you want to see in your community? Go bush for fun. Community events. Make community events. Keeping kids out of the street." – Young person

Education on AOD and mental health

Many community members and service providers shared a belief that young people do not know enough about AOD and mental health and what services are available to help. Though schools provide education on AOD, many young people – in particular, those who are at-risk of or have AOD issues – are unlikely to attend school regularly and therefore, may not receive this information. Similarly, many stakeholders felt that families do not know enough about AOD and mental health – in particular, about the warning signs of AOD use and mental health issues, and how to intervene. Co-design participants suggested that better education on AOD and mental health for young people could help to prevent AOD use and encourage those with AOD and mental health issues to seek support. Further, better education on AOD and mental health for young people's families could empower them to intervene early and redirect their young people or support their young people to seek help.

In addition to better educating young people and families, community members identified a need to build awareness of AOD in the broader community. There are some people in the community who are well-placed to identify and support young people at risk of or with AOD issues, including extended family, community Elders, sports coaches, police officers, religious guides, and teachers and other school staff. Community members believed that it is critical these people understand the effects of AOD use, how to identify when a young person is affected by AOD, and what services are available to help. Equipped with this information, these members of the community can help to prevent AOD use among young people, and to encourage those with AOD issues to seek help.

Co-design participants identified that education on AOD and mental health should be delivered through a blend of formal sessions and brief interventions. In relation to formal sessions, service providers suggested that they could be delivered at venues that young people and families already go, including recreation and youth centres and schools, among others. In relation to brief interventions, community members proposed that the Kimberley Youth AOD Service meet young people where they are and take advantage of opportunities to provide

them with advice and information on AOD and mental health and what services are available to help. This could include venues such as recreation and youth centres, schools, skate parks, and other youth-friendly spaces in the community.

A common theme raised by community members and service providers in relation to education on AOD and mental health was the need to adapt the materials used in formal sessions and brief interventions to be culturally appropriate and sensitive. This would involve ensuring that materials align with local cultural beliefs, norms and values and acknowledge complex cultural histories through, for example, the inclusion of culturally based anecdotes and metaphors. A key change recommended by community members and service providers was a shift in the focus of the educational materials away from 'mental health' to social and emotional wellbeing – given the ongoing stigma associated with the term 'mental health' for young people in most Kimberley communities.

Selected quotes from Kununurra and Wyndham-based stakeholders:

"Help families to understand AOD better – to know what to look for and where to go for help." – Service provider

"Parents need education about AOD, same with young people. Schools do some but these kids don't go to school." – Family

"[In Wyndham], AOD education is lacking across the community." – Service provider

Counselling

When young people were asked to identify what types of services they wanted, they frequently identified "someone to talk to" as a priority. This was echoed by several community members and service providers. Although community members did not tend to identify counselling by name, they indicated that there is a need for a service that can support young people and families to overcome the underlying causes of their AOD use such as intergenerational and other complex trauma. It emerged from the co-design process that counselling remains a critical gap in the AOD service system in the Kimberley. In the context of the Kimberley Youth AOD Service, co-design participants supported the idea of delivering counselling as a component to complement other supports, such as peer support, case management and intensive supports (which are explored below).

As with education on AOD and mental health, community members and service providers emphasised the importance of focusing counselling on social and emotional wellbeing, rather than solely on AOD and mental health. They suggested that this would increase the likelihood of young people engaging with the service.

A frequent idea raised by some community members and service providers in the co-design process is that counselling needs to support young people with both their AOD and mental health issues, where they are co-occurring. This is supported by the literature review, which found that young people's AOD use and mental health issues tend to be interlinked, and the benefits of treating one issue are diminished when the other goes untreated.¹⁰ Community members shared that there are few mental health services which cater to young people in some towns. For example, some community members in Derby could think of only two services in town that could support young people with mental health issues. Similarly, young people in Wyndham did not believe there were any services based in town that could help them with mental health issues. Consequently, community members and service providers believed it is crucial the Kimberley Youth AOD Service employs dual-skilled counsellors who

¹⁰ Nous Group, Service models for young people with alcohol and other drugs and/or co-occurring issues, Literature Review for the Mental Health Commission, 2020, p. 38.

can help young people with their AOD and co-occurring mental health issues.

In addition, community members and service providers asserted that counsellors must meet young people wherever they feel safe and comfortable. When young people were asked where they want the Service to be located, "wherever young people want to meet" was one of the most common ideas. Similarly, service providers shared that in their experience, young people do not open up when they are in a confined and unfamiliar space. They suggested that counsellors (and other service staff) should be flexible about where they will meet young people – this may include their home, their school, a sports match, the recreation or youth centre, or the local skate park, among others. To build trust with the young person, counsellors will need to be willing to meet them where they are, and when they want to meet.

Similar to education on AOD and mental health, co-design participants identified that counselling could be delivered through formal sessions or brief interventions. The use of brief interventions is supported in the literature, with the literature review identifying that "young people with complex needs are more likely to attend services intermittently and in brief bursts."¹¹ Additionally, brief interventions provide counsellors with an opportunity to build trust with the young person and encourage them to engage in the service on an ongoing basis. Community members and service providers emphasised the importance of flexibility – both in *where* counselling is delivered, and *how* it is delivered.

Selected quotes from Kununurra and Wyndham-based stakeholders:

"The importance of counselling, and reducing the stigmas associated with counselling." – Service provider

"We need to let counselling happen in family environments, family group environments." – Service provider

Peer support

A critical need which emerged from the co-design process is the need for young people to be supported by other young people, particularly those with lived experience. This is supported by the literature review, which identified the importance of employing staff who understand the needs of young people and how to address them.¹² Community members and service providers highlighted the importance of having both formal and informal peer support as part of the Kimberley Youth AOD Service. Even though informal peer support tends to occur naturally, co-design participants noted that the Service could help to enable it by providing young people opportunities to engage with one another through group activities and group counselling. They identified that in these situations, natural leaders or mentors would likely emerge with support from service staff. In addition to encouraging informal peer support, co-design participants emphasised that the service should employ peer mentors to provide young people with formal peer support. Young people tend to perceive peer mentors, over other staff, as relatable and safe. Peer mentors are also positive role models for young people with AOD issues, by showing them that people can and do recover. For these reasons, community members and service providers suggested that young people at risk of or with AOD issues would benefit from being supported by peer mentors through their journey.

In relation to formal peer support, community members and service providers suggested that the role of the peer mentor must be tailored to meet the needs of the young person. For example, a young person may want their peer mentor to act as a confidant, while another may

¹¹ Nous Group, Service models for young people with alcohol and other drugs and/or co-occurring issues, Literature Review for the Mental Health Commission, 2020, p. 7.

¹² Nous Group, Service models for young people with alcohol and other drugs and/or co-occurring issues, Literature Review for the Mental Health Commission, 2020, p. 30.

want their peer mentor to act as an advocate who supports them to make and communicate decisions. The role of the peer mentor needs to be a decision made by the young person, with support from the peer mentor and other staff.

Additionally, young people, community members and service providers suggested that a peer mentoring cycle should be established in which some young people who exit the service are invited to become peer mentors for other young people entering the service. They felt this may help to reduce the likelihood of young people exiting the service from relapsing. Further, a peer mentoring cycle could provide young people leaving the service with a pathway into employment. Should this approach be adopted, peer support would benefit not only young people engaged in the service, but also those who have exited.

A critical point raised by community members and service providers was the need to provide peer mentors with appropriate training and support. They stressed that working with young people with complex issues such as AOD and mental health issues can be highly challenging and stressful, particularly for other young people. They identified that peer mentors should be equipped with the confidence, knowledge and skills to support young people in a culturally safe, trauma-informed manner, and manage crisis situations, if they occur. They must also be provided with ongoing supervision and support.

Selected quotes from Kununurra and Wyndham-based stakeholders:

"Having a network of youth workers that are embedded in each community that can provide a link between the community, and the services. Has to come with a lot of support." – Service provider

"What do you want to see in your community? Young people to relate to." – Young person

"That peer support is instrumental in possibly helping a young person at different points in their life when they are struggling ... We've identified some key people, but it takes time to build their confidence, there are also a lot of family and cultural considerations to be aware of, in encouraging people to step into those roles. That's a journey in itself." – Service provider

"With the peer support, we have this cohort of 18 to 23 year-olds who have gone through what these kids have gone through, and are worried about the younger kids. They want to see change but don't have the skills to lead them in a positive way. We're missing their voices a lot." – Service provider

Case management and coordination

The co-design process revealed that coordination and collaboration between services in the Kimberley remains a critical area of focus. Many young people and families in the Kimberley are engaged in a wide range of services at the same time. Without proper coordination and collaboration, these young people and families tend to experience fragmented and poorly integrated care. Given this, community members and service providers identified that the Kimberley Youth AOD Service could play a key role as a case coordinator and manager, ensuring all services wraparound young people and families.

It was emphasised by co-design participants that case coordination and management should be driven by the young person. Empowering the young person to make decisions about their care is key to ensuring their needs are met appropriately, and promoting buy-in. Beyond this, young people have a fundamental right to participate in making decisions which affect them.

In addition to empowering the young person, their family should be involved in decision-making, where possible and appropriate. This recognises the central role of family in young

people's lives – in particular, Aboriginal young people.¹³ This also acknowledges that young people need to return to their home environment once they are no longer supported intensively by the service. It is critical that services work closely with families to ensure that the home environment the young person returns to is supportive of their recovery. However, the decision on whether the young person's family is involved in their decision-making – and their overall journey – must ultimately sit with the young person. Community members and service providers identified a range of reasons why young people may not want their family to be involved, including AOD issues, family conflict or violence and shame. It is important that the young person's decision about whether to involve their family – and who family is to them – is respected. If they would like their family being involved, case management should be family driven. However, if the young person does not want their family to be involved, case coordination and management should be driven by the young person solely. This approach is supported by the literature review, which identified that not all young people can have or want their family to be involved in their care. It noted that in these situations, family involvement can be difficult or stressful for the young person, and work can occur with the young person individually.¹⁴

When reflecting on what the case coordination and management component of the Kimberley Youth AOD Service should look like and involve, co-design participants suggested that each young person would be assigned a case manager, who would stay with them through their journey through the service, and for a period of time afterwards. They emphasised that the role of the case manager should be broader than simply coordinating the young person's journey through the service. The case manager should support the young person and their family to set goals and develop a plan that extends beyond their time in the service, acknowledging that this will be an iterative, ongoing process. Co-design participants identified that the case manager should act as a coordination point for all the services that young people and their families are engaged with. The purpose would be to ensure that all services, including the Kimberley Youth AOD Service, wraparound young person and their family, to provide them with seamless, well-integrated care that delivers optimal outcomes.

Selected quotes from Kununurra and Wyndham-based stakeholders:

"Explore the services the families are already engaged in – to not overwhelm them in another service." – Service provider

"Need case coordination. Needs to be youth or family-led." – Family

Intensive support

Currently, there are no services in the Kimberley that provide young people with low-medical withdrawal, residential rehabilitation, or a short-term 'break' from their AOD use and environment. Consequently, community members and service providers identified that there is an urgent gap for young people with moderate to severe AOD issues. When asked what supports these young people need, most community members did not identify low-medical withdrawal, respite or rehabilitation by name. Rather, they indicated a need for short-term to medium-term intensive support that takes young people with moderate to severe AOD issues out of their environment.

However, some service providers noted that for some young people, their AOD issues are not attributable to their environment. They suggested that for young people with AOD issues, with safe and suitable home environments that are conducive to recovery, intensive support could be delivered in their home. They felt this would benefit the young person by giving them the opportunity to remain in a familiar environment. It would also benefit the young person's family

¹³ Encompass Family and Community, Learning From Each Other: Working with Aboriginal and Torres Strait Islander Young People, Dovetail, 2014.

¹⁴ Nous Group, Service models for young people with alcohol and other drugs and/or co-occurring issues, Literature Review for the Mental Health Commission, 2020, p. 41.

by providing a key opportunity to build their capability and capacity to support the young person in the long term.

Community members and service providers identified that as with case management, the young person's family should be involved in intensive support, where appropriate. They identified that this is critical given that young people need to return to their home environment once they complete the intensive support. It is therefore critical that the Kimberley Youth AOD Service works closely with their families while the young person is receiving intensive support to ensure that the home environment the young person returns to is conducive to their recovery.

The co-design process revealed that intensive support could be delivered to young people in three distinct locations: in their home, in an alternative housing arrangement with their families, and on Country.

Selected quotes from Kununurra and Wyndham-based stakeholders:

"An idea is on-Country rehabilitation. You choose a location, you want it in locations close to towns and communities, local options. Camp on bush, bring in Elders and other service providers. It shouldn't be a building in one place." – Service provider

"The issue is that families are disorganised – help them to set up a routine, create structure, learn life skills." – Family

"The on-Country work. The opportunity to get out of town for periods for young people to naturally detox, so they can get into different patterns and routines." – Service provider

3.2.6 Organisations procured to deliver AOD services for young people in the Kimberley should meet two key requirements

1. **Be local Aboriginal Controlled Community Organisations (ACCOs):** Co-design participants stressed that the Kimberley Youth AOD Service should be delivered by local ACCOs in each location. They identified that this would ensure the Service is genuinely reflective of the needs and aspirations of each location, is acceptable to the community, and is culturally safe and secure. However, they noted that if local organisations do not have the capability and/or capacity to deliver the Kimberley Youth AOD Service, strategies to build their capability and/or capacity should be explored. Service providers and community members suggested that under these circumstances, other organisations could be commissioned to deliver the service with local ACCOs in a joint venture.

Selected quotes from Kununurra and Wyndham-based stakeholders:

"Being community-controlled and led." – Service provider

"The ideal would be local services delivering if they have the capacity ... If they don't have the AOD capacity, that needs to be looked at and supported." – Service provider

2. **Have demonstrated understanding of and experience in youth specific AOD and/or mental health service delivery:** One of the core messages which emerged from the co-design process was the importance of commissioning service providers with demonstrated experience in relevant areas – in particular, in working with youth and in delivering AOD and/or mental health services. Service providers shared that delivering services to young people with complex issues such as AOD and mental health issues requires a highly specific skill set. They felt that it is critical that the service providers selected to deliver the Kimberley Youth AOD Service are able to demonstrate these skills.

Selected quotes from Kununurra and Wyndham-based stakeholders:

"One thing that jumps out is demonstrated experience in delivering the service in a remote region. Understanding of context and environment." – Service provider

"It should be a service that has demonstrated experience delivering an AOD service to young people in a remote setting." – Service provider

3.2.7 A blend of formal and informal mechanisms for youth and community governance should be built into services

To ensure services are youth-led and community-driven, co-design participants raised several examples of formal and informal youth and community governance mechanisms that services could adopt. These included, but were not limited to:

Formal community and youth governance mechanisms

- Integrating with existing regional or local governance bodies. Key examples identified by co-design participants included Gawooleng Yawoodeng, the Empowered Young Leaders, the Derby Leadership Group, and the Wyndham Youth Aboriginal Corporation.
- Establishing community steering or advisory groups consisting of community and cultural leaders to provide advice and guidance and inform decision-making around the service.
- Establishing youth steering or advisory groups to provide advice and guidance and inform decision-making around the service.

Informal community and youth governance mechanisms

- Using a periodic and interactive survey (e.g. via an iPad) to collect feedback from young people and community members about what they like about the service and what they would want to change.
- Facilitating ongoing focus groups and panels with community and cultural leaders to provide advice, guidance and oversight over the service.

Selected quotes from Kununurra and Wyndham-based stakeholders:

"Use a survey to collect information from young people about what they want to do. The survey should be done every two to three weeks. We do it up at the rec centre in Wyndham, and at the town oval, when we're having programs. You can generate a lot from that, and it comes from the young folk themselves." – Service provider

"Maybe like a youth board. Someone to represent different communities, outstations, etc. Like I said before, maybe having an overarching body, to make its accountable, and that the young people are looked after." – Service provider

"Waringarri have been trying in this space for a long-time. But it comes down to capacity and support to be able to do this. Jawun did a report a few years ago, where they spoke to kids about what they needed. They attempted 12-18 months ago to start a youth council to feed into their board. But for several reasons, it didn't happen. There is an appetite there, but it just needs support. These are things that have been spoken about for so long." – Service provider

"There is a great need to hard-wire this into existing governance structures. But it is not that useful to have a committee of young people, where those young people are the only young people the service talks with." – Service provider

"[In Wyndham], we have a strong YAC at the moment, but having a mixture of workshops

in different areas; you can always find young people who want to speak. The more kids do it, the more it builds their confidence, the more some want to do it." – Service provider

"The service will need investment to support the service to be able to do this. A lot of capacity and support is needed for an organisation to facilitate this type of thing." – Service provider

4. Benefits of a collaborative process

The procurement of headspace Kununurra and the co-design of the Kimberley Youth AOD Service were run concurrently, parallel to several other consultations, evaluations, reviews and commissioning processes in the Kimberley region. These processes were led by several government agencies, including, but not limited to: the Department of Communities, Department of Justice, Department of the Premier and Cabinet, the MHC and WAPHA.

To reduce the burden of engagement on communities, and ensure that outcomes are coherent and cohesive, it is important that opportunities for greater coordination and integration between various agencies' processes are capitalised on. Given the synergies between headspace Kununurra and the Kimberley Youth AOD Service, WAPHA and the MHC recognised the opportunity to enact their commitment to whenever possible working in partnership to offer support for localised, integrated and collaborative service delivery.

The MHC and WAPHA collaboration saw two processes already underway come together at significant touchpoints, reducing the consultation burden on communities while fostering conditions for future integration. It has also been a working example of how the agencies can demonstrate their shared commitment to integration and collaboration wherever possible.

It is obvious that going forward, additional benefit can be achieved by joining the processes before commencement and developing shared and streamlined methodology. The involvement of two sets of consultants preserved the integrity of strength for each process, while offering additional rigour and mutually re-enforcing benefit to each other's process.

5. Conclusion

This collaboration displayed high agility in its response to community voice of consultation fatigue and a desire for increased service integration of new commissioning. Delivered in the middle of a pandemic, it highlights the many benefits of collaboration. Both the MHC and WAPHA have used consultation findings to inform their co-design and/or commissioning processes with a recognition that the Kununurra community has requested that if commissioned in Kununurra, the Kimberley Youth AOD Service integrates with headspace Kununurra.

It is important to note that the consultation process focused on the identification of need and by design overlooked the abounding strengths present in the East Kimberley community. Stakeholders gave generously of their time, demonstrating a high level of commitment and support to the future services. In addition, it revealed a community that is steeped in pride, tenacious persistence, and resiliency. Service providers and young people spoke of a frustration that decision makers often overlooked these strengths, subsequently procuring from a deficit mentality in which response is given rather than harvested from community. The consultation process revealed extensive investment by community to develop local solutions which they are eager to implement.

Appendix

Exclusive headspace Kununurra consultation

Prior to the joint consultation activity, WAPHA undertook the following consultation events:

- **Dialogue with 150 young people aged 13 to 25 years**

WAPHA engaged Lockie Cooke and Dwesmond Wiggan to conduct consultation with young people in Kununurra using their innovative app, iyarn. The purpose was to begin conversations with a range of local young people and hear their views on mental health and wellbeing services, particularly a headspace Centre in Kununurra. *December 2019*
- **Identifying procurement considerations / engagement with government and non-government service providers**

Independent consultant, Jane Forward, interviewed 27 service providers to investigate local considerations for the procurement process. *March 2020*
- **Virtual information sharing with government and non-government service providers**

Jane Forward delivered two virtual information exchange workshops to educate and inform on the headspace model and capture local service provider perspectives of the opportunity for the effective establishment of the collaborative headspace Centre. *June – July 2020*

Broader Kimberley Youth AOD Service consultation

In addition to the joint consultation activity, Nous delivered the following:

- **Literature review on best practice**

Nous conducted a literature review to identify best practice service models for young people, particularly Aboriginal young people, with AOD and co-occurring issues in regional and remote areas. To support the literature review, Nous interviewed five inter-jurisdictional service providers to learn from their experiences. *November 2019 – February 2020*
- **Ongoing engagement with regional leaders and networks**

Nous engaged with various regional leaders and networks at key points throughout the project. They have played a critical role in the co-design process, informing the approach to community engagement and providing valuable insight into what the Kimberley Youth AOD Service should look and feel like. *November 2019 – Present*
- **Virtual design workshops with government and non-government service providers**

Nous delivered nine virtual workshops with government and non-government service providers across the Kimberley, including from Kununurra and Wyndham, to confirm the needs that the Kimberley Youth AOD Service should address, and develop and prioritise ideas for components of the service. *July 2020*
- **Design engagement with young people**

Nous engaged with young people across the Kimberley through a combination of interviews and workshops to explore what worries they had for themselves and other young people in their town and what they believed the Kimberley Youth AOD Service should look and feel like. *August 2020*
- **Design engagement with families and community leaders**

Nous engaged with family members and community leaders across the Kimberley, through a mixture of focus groups and interviews. The aim was to understand what worries they had for young people in their town and what they thought the Kimberley Youth AOD Service should look and feel like. *August 2020*

- **Virtual testing workshops with government and non-government service providers**

Nous delivered three virtual workshops with government and non-government service providers across the Kimberley, to test the emerging service model for the Kimberley Youth AOD Service, explore and prioritise components, and identify the characteristics required of the service provider(s) commissioned to deliver it. *October 2020*