The Kimberley Youth Alcohol and Other Drug Service

CO-DESIGN SUMMARY

Mental Health Commission (WA)

30 November 2020

nous

Nous Group is privileged to have supported this project on behalf of the Mental Health Commission (WA)

Nous would like to acknowledge and thank the many committed, passionate and skilled professionals, young people, community members and leaders in the Kimberley. We are humbled by your resilience and determination and inspired by your future goals. Thank you to those who travelled to participate in the co-design engagements, dedicated a substantial amount of time, and offered valuable perspectives.

Contents

1 Executive summary 3
2 Background and methodology 8
3 Purpose 12
4 Service delivery 26
5 Commissioning approach 42
6 Capability and capacity 46
7 Governance 51
8 Assets and infrastructure 54
Appendix A Stakeholder engagement 12

1 Executive summary

In 2018, Nous Group (Nous), on behalf of the Mental Health Commission (WA) (MHC), engaged with a range of stakeholders across the Kimberley, as part of the Western Australian (WA) Methamphetamine Action Plan (MAP). The aim of these consultations was to identify gaps in the alcohol and other drug (AOD) service system in the region. Nous' final report contained several recommendations aimed at addressing these gaps. The most pressing gap which emerged from consultations related to the lack of dedicated AOD and co-occurring mental health services for young people in the Kimberley.

Through the 2019-20 Budget Process, the WA Government allocated $9.2 million of 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. In late 2019, Nous was engaged by the MHC to support the co-design of the Kimberley Youth AOD Service (the Service).

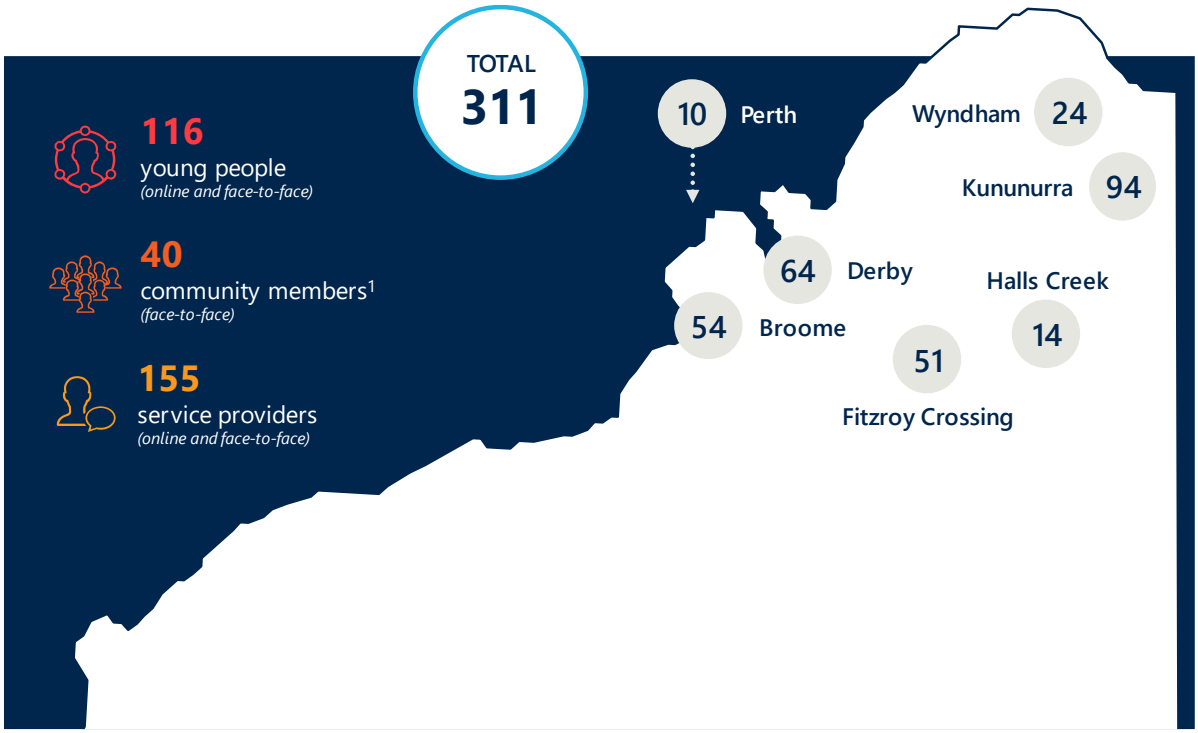
This report sets out the key findings from the co-design process

This report sets out the key findings of the 12-month co-design process for the Service. It has been informed by:

- ***A literature review*** into best practice service models for young people, particularly Aboriginal young people, with AOD and/or co-occurring mental health issues.
- ***Engagement*** with 311 individuals, including 116 young people, 40 families and community leaders, and 155 individuals working across a range of organisations across the Kimberley.

This report was developed to inform the final service model, which is outlined in a separate 'Service Model' report. These documents are intended to be used as a resource for the service provider(s) commissioned to deliver the Service and the MHC to inform future decision-making in the Kimberley.

Figure 1 | Summary of our co-design engagement



Notes: [1] Community members refers to family members and community leaders.

Nous adopted a principles-based approach to co-designing the Service

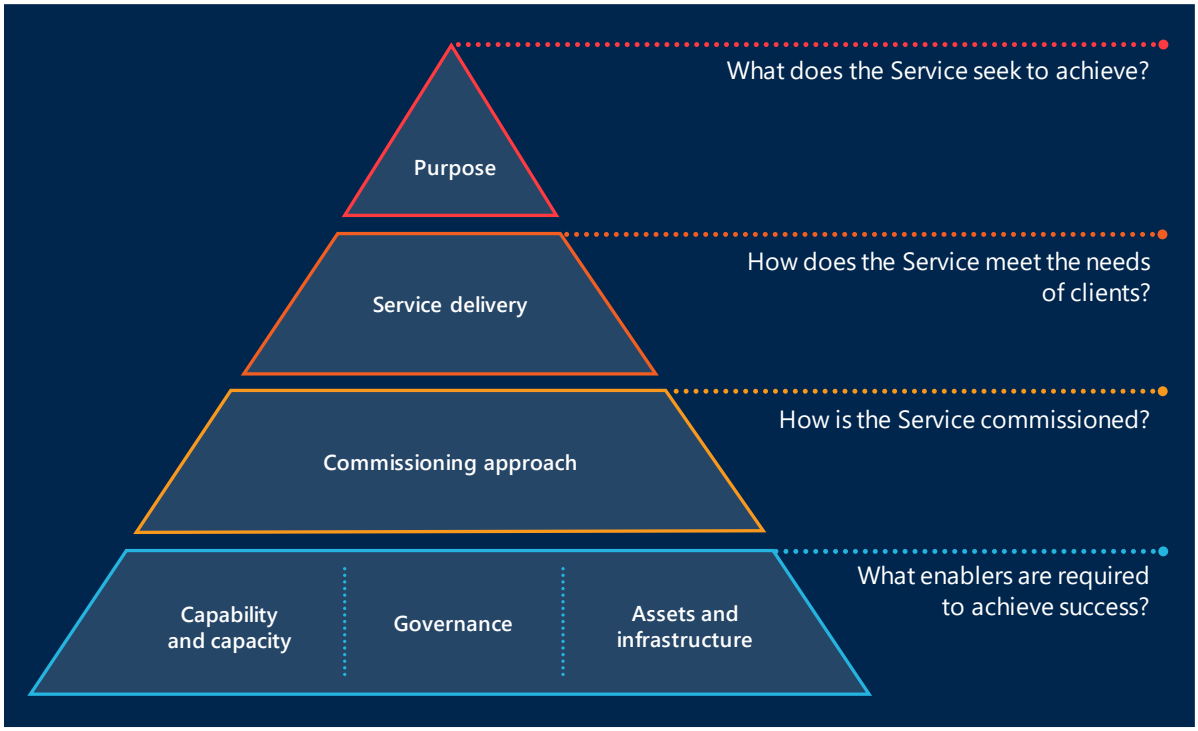
To guide the co-design of the Service, Nous' approach was guided by five core principles of co-design, and a tailored service model framework. The five core principles of co-design are underpinned by the findings of previous consultations, and years of advocacy by community and regional leaders for consumers to be involved as equal partners in the design and delivery of new programs and services. It is in this context that Nous sought to partner with young people, families, community and regional leaders, and service providers to co-design the Service. The five principles of co-design are set out in Table 1.

Table 1 | Five principles of co-design

Co-design is inclusive	The process was inclusive of, and provided equal weighting to, stakeholders' diverse ideas and views on what the Service could be.
Co-design is iterative	Our process involved developing an emerging service model for the Service based on stakeholders' ideas and insights, then testing and building on it with them, to ensure that the end-product genuinely meets their needs.
Co-design is outcomes-focused	The process was specifically designed to achieve the outcome of designing a Service to address a key gap in AOD and co-occurring mental health services for young people in the Kimberley.
Co-design is participatory	Nous sought the involvement and participation of a wide range of stakeholders in the co-design of the Service, including young people, families, community and regional leaders, and service providers.
Co-design is respectful	Nous sought to be respectful of cultural protocols and governance structures in the community and work through them, wherever possible. Nous also sought to work in partnership with other agencies and providers to minimise consultation fatigue and duplication.

The co-design process has been guided by a tailored service model framework, which details all the core components of a service model – from its 'purpose' through to the assets and infrastructure required to support delivery. The framework (set out in Figure 2) provided a clear and structured approach for the co-design process. The chapters of this report align with all six components of the framework.

Figure 2 | Service model framework



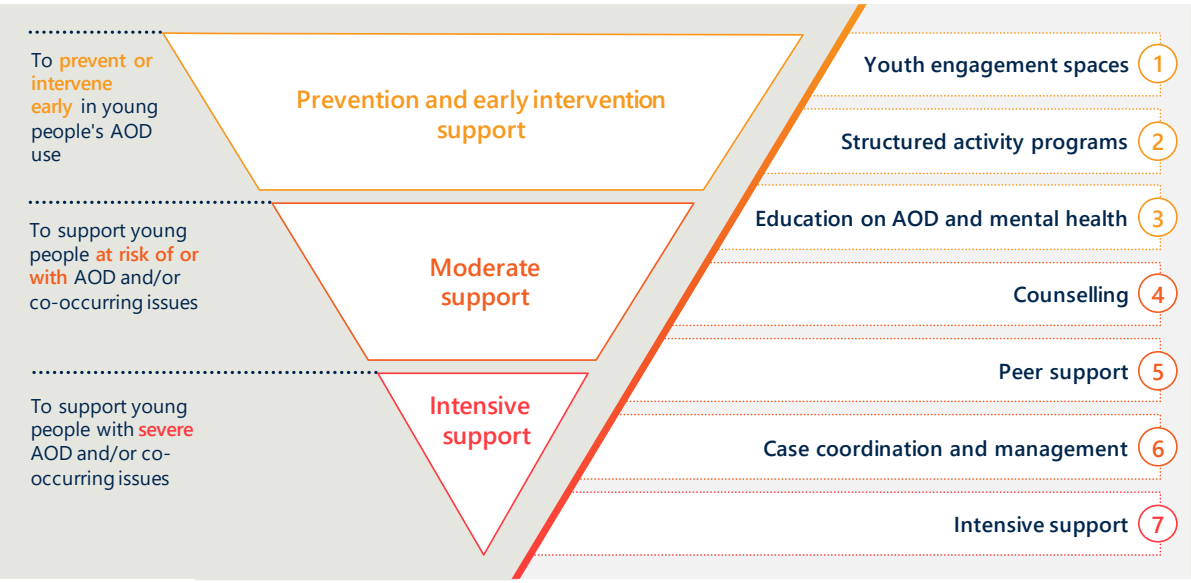
The co-design process informed a service model structured around three tiers of support

The co-design process has revealed that the purpose of the Service should be to prevent and intervene in young people's AOD use and support them to achieve meaningful and sustained improvements in their social and emotional wellbeing. When asked to reflect on the ideal cohort for the Service, young people, community members and service providers identified that AOD and mental health issues are starting at earlier ages in the Kimberley and consequently, felt that the Service should support young people aged 10-18 years and their families, where possible and appropriate.

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. Thus, co-design participants across all locations stressed the importance of adopting a 'genuinely place-based' approach.

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. Co-design participants raised a significant number of ideas as to what the Service should deliver to meet the needs of young people – these ideas have been synthesised into seven increasingly intensive components of the Service. These components sit across three 'tiers' of support: prevention and early intervention support; moderate support, and intensive support. Figure 3 provides a visual representation of the service model.

Figure 3 | The service model



Co-design participants stressed that the seven components should be delivered in a coordinated and integrated manner, and that existing community assets should be leveraged, where possible.

Co-design participants strongly supported a more innovative and place-based approach to commissioning

The co-design process re-affirmed the findings of previous reports and consultations in the Kimberley – that services are not sufficiently coordinated and integrated, which leads to inefficiency and duplicated approaches. In response to these findings, co-design participants suggested two major opportunities to use the commissioning process for the Service to drive improved service system integration and ensure a genuinely whole-of-community approach. These are:

- **Engage a 'consortium' of local organisations to work in partnership to deliver the service in each place.** Co-design participants strongly supported a multi-agency approach to service delivery that would see existing relationships and partnerships in each community leveraged to deliver a holistic, wraparound service in each place.
- **Empower community and service provider decision-making through the commissioning process.** Co-design participants emphasised that the commissioning approach adopted for the Service should be more collaborative and facilitate joint decision-making with community leaders in each location. Service providers stressed that the MHC should work collaboratively with potential service providers and community leaders to 'design' how the service model would be adapted in each place.

The co-design also revealed two core requirements for the organisations engaged as the lead agency (or agencies) and consortium partners. These are:

- **Be local Aboriginal Community Controlled Organisations (ACCOs):** Co-design participants stressed that the 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.
- **Have demonstrated experience in youth specific AOD and/or mental health service delivery***:* One of the core messages that 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, which should be evidenced by the service providers engaged to deliver the Service.

The co-design process revealed that the Service should prioritise the recruitment of local, Aboriginal staff, and be supported by existing governance structures

The co-design process revealed three core enablers for the effective delivery of the Service, to realise its purpose, and respond to the unique needs of young people, their families and the broader community in the Kimberley. These enablers are the right **staff,** supported by effective **governance arrangements**, and sufficient **assets and infrastructure**. Each of these are summarised below.

- **Service providers noted that there are a number of staff roles that would need to be established and filled to deliver on the vision for the Service**. Co-design participants noted that a number of staff roles will need to be filled to deliver the Service, including: a coordination and collaboration role; a clinical support and supervision role, a community navigation role, and various delivery roles, including dual-skilled counsellors, peer support workers, case managers and case support workers. Co-design participants stressed that local, Aboriginal staff should be prioritised for recruitment into these roles.
- **Community leaders and service providers emphasised the need for strong youth and community governance arrangements**. Co-design participants stressed that the Service should have mechanisms in place to ensure that it is accountable to young people, families and the broader community in each location. Participants suggested several governance arrangements that should be considered by the commissioned service provider(s), including leveraging existing regional or local governance bodies, establishing community steering or advisory groups, and collecting feedback from young people and community members through periodic and interactive surveys.
- **The Service will require targeted investment in assets and infrastructure to support service delivery**. Co-design participants noted that much of the assets and infrastructure required to support delivery of the Service in each of the priority locations will already be in place. However, to support the delivery of the Service in a coordinated and integrated manner, co-design participants raised four key areas for investment in each location. These include transport, youth engagement spaces, alternative housing arrangements for young people and their families receiving intensive support, and data recording and sharing infrastructure for all consortium partners.

2 Background and methodology

This chapter outlines the background and context of the Service and sets out the co-design process that was undertaken.

SUMMARY

- The Service aims to address a key gap in AOD and co-occurring mental health services for young people in the Kimberley
- Nous has adopted a principle-based approach to the co-design of the Service
- The model for the Service has been informed by a wide range of co-design activities involving young people, families, community and regional leaders, and service providers

2.1 Background

The Service aims to address a key gap in AOD and co-occurring mental health services for young people in the Kimberley

Addressing the prevalence of AOD and co-occurring mental health issues among young people in the Kimberley is a priority for families, community and regional leaders, service providers, and commissioners and funders. Recent consultations, including those led by Nous, have revealed that youth specific AOD and co-occurring mental health services are a priority gap in the Kimberley.

In response to this, the WA Government allocated $9.2 million to the MHC through the 2019-20 WA Budget Process for the design and commissioning of a Kimberley-wide AOD and co-occurring mental health service for young people and their families or carers. To ensure the Service meets the needs of the region, it has been co-designed with young people, families, community and regional leaders, and service providers across the Kimberley. In late 2019, Nous was engaged by the MHC to support the co-design process.

The co-design of the Service is part of a broader suite of investment in the region

The co-design of the Service is being run concurrent with several consultations, evaluations, reviews and commissioning processes in the Kimberley. These processes are being led by the MHC and other government agencies, including, but not limited to, the Department of Communities, Department of Justice, Department of the Premier and Cabinet and WA Primary Health Alliance (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 the Service and headspace Kununurra, the MHC and WAPHA coordinated and integrated the following two processes:

- the co-design process for the Service
- the consultation process for the headspace Kununurra centre.

By coordinating the two processes, the MHC and WAPHA have sought to reduce the consultation burden on communities and ensure that the two services are well-integrated, once established. See Section 2.3 for further detail on the integration of the Service and headspace Kununurra processes.

2.2 Methodology

Nous has adopted a principle-based approach to the co-design of the Service

To ensure that the Service is co-designed (within the parameters of the scope and time available), our approach was guided by five principles of co-design. These principles are underpinned by the findings of previous consultations, and years of advocacy by community groups and regional leaders for consumers to be involved as equal partners in the design and delivery of new programs and services. It is in this context that the Service has sought to partner with young people, families, and community and regional leaders in the co-design process. The five principles of co-design are set out in Table 2.

Table 2 | Five principles of co-design

Co-design is inclusive	The process was inclusive of, and provided equal weighting to, stakeholders' diverse ideas and views on what the Service could be.
Co-design is iterative	Our process involved developing an emerging service model for the Service based on stakeholders' ideas and insights, then testing and building on it with them, to ensure that the end-product genuinely meets their needs.
Co-design is outcomes-focussed	The process was specifically designed to achieve the outcome of designing a Service to address a key gap in AOD and co-occurring mental health services for young people in the Kimberley.
Co-design is participatory	Nous sought the involvement and participation of a wide range of stakeholders in the co-design of the Service, including young people, families, community and regional leaders, and service providers.
Co-design is respectful	Nous sought to be respectful of cultural protocols and governance structures in the community and work through them, wherever possible. Nous also sought to work in partnership with other agencies and providers to minimise consultation fatigue and duplication.

The model for the Service has been informed by a wide range of co-design activities

This report summarises the model for the Service that has emerged from our co-design engagement with young people, families, community and regional leaders, and service providers. It has been informed by a comprehensive co-design process, set out in Figure 4 and detailed below.

Figure 4 | Co-design process

- **Ongoing engagement with regional leaders and networks:** Nous has 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 our approach to community engagement and providing valuable insight into what the Service should look and feel like.
- **Literature review on best practice:** We 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 interjurisdictional service providers to learn from their experiences.
- **Virtual workshops with government and non-government service providers:** Nous delivered nine virtual workshops with government and non-government service providers across the Kimberley to confirm the needs that the Service must address, and design and prioritise ideas for components of the service.
- **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 young people in their town and what they believed the Service should look and feel like.
- **Engagement with family members and community leaders:** We 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 Service should look and feel like.
- **Emerging service model:** Nous developed a report articulating the emerging model for the Service and providing a consultation summary, consolidating insights from our co-design engagement with young people, families, community and regional leaders, and service providers. The emerging service model report was used to guide the next stage of co-design engagement in the Kimberley.
- **Virtual workshops with government and non-government service providers:** We facilitated a second round of three virtual workshops with government and non-government service providers across the Kimberley to test the emerging service model, identify which components are already being delivered and which need to be introduced in each location, discuss the characteristics desired and required of the commissioned service provider(s), and explore how the Service could be governed.
- **Engagement with young people and community leaders in Derby and Fitzroy Crossing:** Due to a range of circumstances, our engagement in Derby and Fitzroy Crossing during our first visit to the Kimberley was not as comprehensive as we had hoped. Consequently, we returned to Derby and Fitzroy Crossing to engage with young people and community leaders through a mixture of focus groups and interviews. Consultations were supported and co-facilitated by local community and cultural leaders. The purpose of these focus groups and interviews was to test the emerging service model, identify which components are already being delivered and which need to be introduced,

discuss the characteristics required of the commissioned service provider(s), and explore how the Service could be governed.

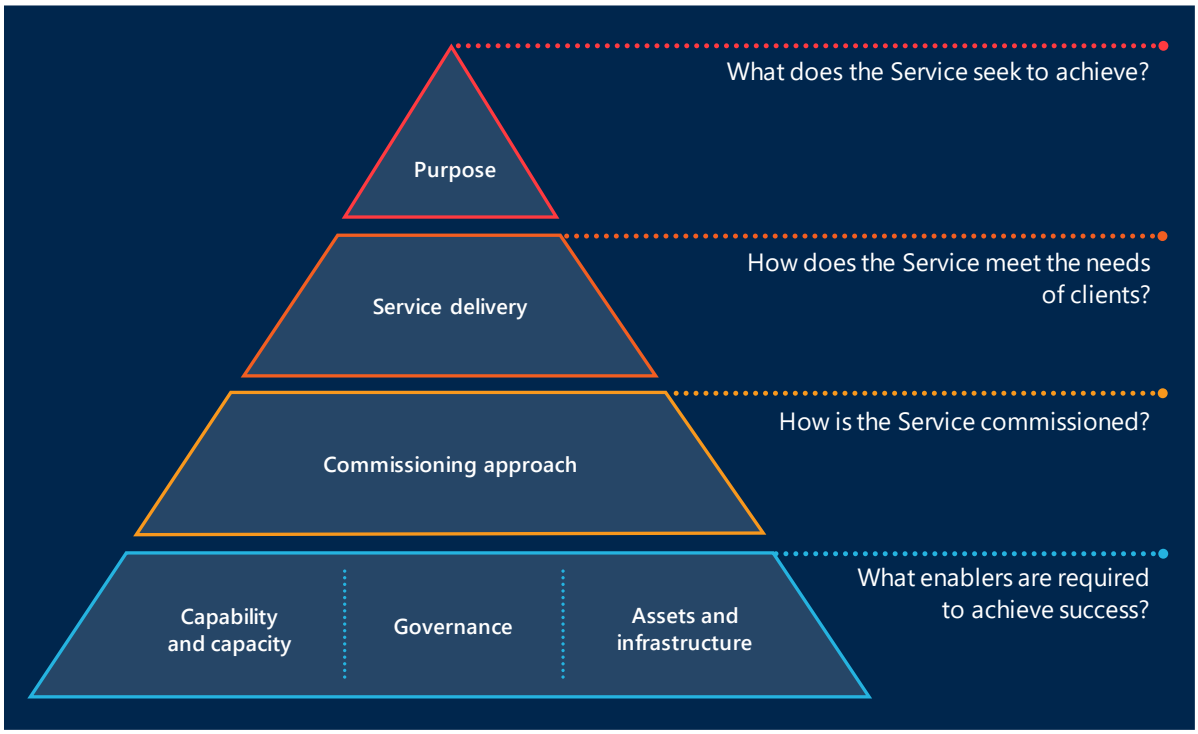
- **Final service model:** We have developed a report articulating the final service model for the Service, building on the emerging service model report and integrating new ideas and insights from our co-design engagement. This report consolidates insights shared by young people, families, community and regional leaders and service providers throughout the entire co-design process, and should be read in conjunction with the final service model report.

> ***The co-design process was adapted in response to the COVID-19 pandemic***
>
> Originally, the intention was for the co-design process to be completed between November 2019 and June 2020, with in-person trips to the East and West Kimberley to take place in March and April 2020. However, due to the COVID-19 pandemic and its impact on WA society, the co-design process was halted for four months between March and June 2020.
>
> In July 2020, it was determined that it would be safe and appropriate for the co-design process to re-commence. However, given that intra-state borders remaining closed, Nous adapted our approach to integrate virtual modes of engagement. Workshops with service providers were conducted virtually via Microsoft Teams in July 2020 and October 2020. This enabled Nous to prioritise engaging in-person with young people, families and community leaders during our two visits to the Kimberley in August and October 2020, recognising that engaging with these groups virtually can be highly challenging.

The co-design process has been guided by a tailored service model framework

To guide the co-design of the Service, Nous used a tailored service model framework (Figure 5), which outlines all the core components of a service model. It provided a clear and structured approach for the co-design process, and ensured we explored the right questions with young people, families, community leaders and service providers.

Figure 5 | Service model framework



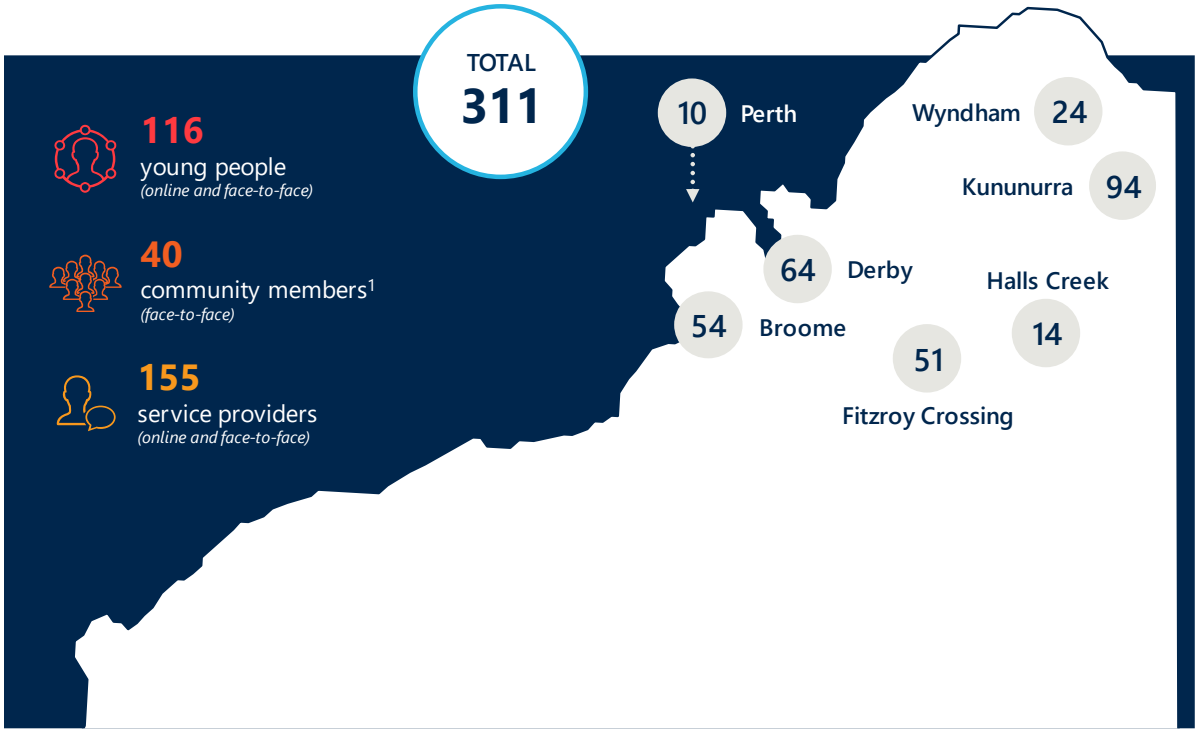
The findings in this report align with all components of the tailored service model framework. In relation to each component, this report provides a summary of insights shared by young people, families, community and regional leaders and service providers. It intends to provide the evidence base for the parameters and requirements of the Service outlined in the final service model report.

2.3 Stakeholder engagement

A significant number of stakeholders have been involved the co-design process to-date

Nous engaged with a broad range of stakeholders in Perth and across the Kimberley as shown in Figure 6 below, including through a range of regional networks such as the Drug, Alcohol and Mental Health Sub-Committee and Empowered Young Leaders. All stakeholders engaged provided valuable input into the Service. Nous would like to extend our gratitude to all individuals and organisations for their participation. Table 3 below, sets out the full list of organisations that have been involved in, and have supported the co-design process.

Figure 6 | Summary of our co-design engagement



Notes: [1] Community members refers to family members and community leaders.

Table 3 | Groups and organisations involved in the co-design process

ORGANISATIONS INVOLVED	
ALIVE & Kicking Goals!	Anglicare WA
Binarri-binyja yarrawoo Aboriginal Corporation	Bina-waji Nyurra-nga Aboriginal Corporation
Boab Health Services	Broome CIRCLE
Broome Regional Aboriginal Medical Service	Broome Youth and Families Hub

ORGANISATIONS INVOLVED	
Centacare	Cyrenian House
Drug, Alcohol and Mental Health Sub-Committee	Department of Communities (WA)
Department of Education (WA)	Department of Health (Australia)
Department of Health (WA)	Department of Justice (WA)
Derby Aboriginal Health Service	Derby District High School
East Kimberley College	East Kimberley Job Pathways
Emama Nguda Aboriginal Corporation	Empowered Young Leaders[2]
Fitzroy Valley District High School	Garl Walbu Alcohol Association Aboriginal Corporation
Garnduwa Amboorny Wirnan	Halls Creek District High School
headspace Broome	HelpingMinds
Hope Community Services	Jungarni Jutiya Indigenous Corporation
Kimberley Aboriginal Law and Cultural Centre	Kimberley Aboriginal Medical Services
Kimberley Land Council	Kimberley Mental Health and Drug Service
Kununurra Waringarri Aboriginal Corporation	Marninwarntikura Women's Resource Centre
Men's Outreach Service Aboriginal Corporation	Mental Health Commission (WA)
Milliya Rumurra Aboriginal Corporation	Mission Australia
National Indigenous Australians Agency	Ngnowar Aerwah Aboriginal Corporation
Ngunga Women's Aboriginal Corporation	Nindilingarri Cultural Health Services
North Regional TAFE	Nyamba Buru Yawuru
Police and Community Youth Centres	Royal Flying Doctors Service of Australia
Save the Children	Shire of Derby-West Kimberley
Shire of Halls Creek-East Kimberley	St. Mary's College (Broome)
WA Association for Mental Health	WA Country Health Service
WA Network of Alcohol and Other Drug Agencies	WA Police
WA Primary Health Alliance	Walalakoo Aboriginal Corporation
Winun Ngari Aboriginal Corporation	World Vision
Wyndham District High School	Wyndham Youth Aboriginal Corporation
Yura Yungi Medical Service	

Notes: [2] While Nous was unable to schedule a workshop with all the Empowered Young Leaders, we were privileged to speak to a number of young leaders through one-on-one interviews over the course of the project.

The Kimberley Youth AOD Service and headspace Kununurra processes were integrated

The MHC and the WAPHA are individually progressing the implementation of two funded youth services in the Kimberley region:

- **The co-design of the Service.** The Service will be funded by the MHC, who engaged Nous to lead the co-design process.
- **The establishment of headspace Kununurra.** The headspace centre intends to improve mental health outcomes for young people aged 12-25 years old at risk of or with mild to moderate mental illness, by providing a highly accessible, youth-friendly integrated service hub. The centre aims to provide a one-stop-shop for young people who require mental health, physical and sexual health, AOD or vocational support. headspace Kununurra is being commissioned by WAPHA, who have engaged Jane Forward to support the consultation process.

While there are several synergies between these two processes, both importantly involve engagement with community members and service providers, for the purposes of ensuring that future service delivery in Kununurra meets the needs of young people with AOD and co-occurring mental health issues.[1]

Given the synergies between the two services, the MHC and WAPHA have coordinated and integrated the two processes. By doing so, the agencies sought to reduce the consultation burden on communities and ensure the two services are well-integrated, once established.

The MHC and WAPHA integrated activities at four points as described in Table 4 below.

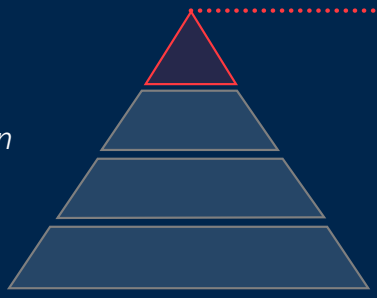
Table 4 | Points of integration in the two processes

ACTIVITY	APPROACH TO COORDINATION AND INTEGRATION
Virtual workshops with service providers facilitated by Nous in July 2020	Jane Forward attended virtual workshops with service providers from the East Kimberley to observe the ideas and insight being raised, and share an overview of work being done on headspace Kununurra
Face-to-face interviews and workshops with community members facilitated by Nous and Jane in 2020	Nous and Jane Forward coordinated our face-to-face engagement in the East Kimberley, so that we could speak to young people and families together, where possible and appropriate
Face-to-face workshop with service providers facilitated by Jane in August 2020	Nous attended the workshop with service providers in Kununurra to observe the ideas and insights being raised, and share an overview of work being done on the Service
Virtual workshops with service providers facilitated by Nous in October 2020	Jane Forward participated in a virtual workshop with service providers from Kununurra to observe the ideas and insight being raised, and represent headspace Kununurra

[1] The purpose of WA Primary Health Alliance's engagement in the region is to ensure that future service delivery meets the needs of young people with AOD and co-occurring mental health issues *within the parameters of the integrity model for the headspace centre.*

3 Purpose

This chapter consolidates co-design participant insights on what the aims and objectives of the Service should be.



SUMMARY

- Young people's AOD issues cannot be addressed without acknowledging the underlying drivers and should be addressed as early as possible
- Each location has unique needs and service gaps
- Having a permanent physical location is integral to building trusting relationships
- Priority locations for the Service should be smaller, more remote towns
- Five principles should underpin the delivery of the Service

3.1 Young people's AOD issues cannot be addressed without acknowledging the underlying drivers

The central theme which emerged from the co-design process is that there are a wide range of underlying drivers of AOD and mental health issues in Kimberley young people. Underlying drivers occupied much of our conversations with young people, community members[2] and service providers across all towns. While a broad range of underlying drivers were identified by co-design participants, the ones raised most often were intergenerational and other complex trauma, poverty, poor environmental and physical health, overcrowding and housing instability, disengagement from education, and a lack of employment and recreational opportunities. Similarly, the literature review identified a wide array of risk factors associated with AOD and co-occurring issues in young people, including – but not limited to – traumatic life events, homelessness and transience, a lack of recreational and social activities, and socioeconomic disadvantage.[3]

"Housing is the biggest issue I come across with my youth group. In some cases, I'll have a young person who identifies as having an AOD issue. In other cases, they don't have issues at all, but they are desperate to move to other housing… But once time has passed, they fall into these addictions and habits they didn't want."

- Service provider

"The issues are trauma, family and domestic violence, the breakdown of family structures and connections."

- Family member

"The roots of these issues are deep."

- Young person

"It's poor living conditions, overcrowding, education, no opportunities, poor environmental health, unsafe water issues. Housing is the biggest issue."

- Service provider

Co-design participants emphasised the importance of services addressing these determinants, rather than simply the AOD use itself, referring to it as the 'symptom' of broader and more systemic issues. However, some community members and service providers recognised that the Service – given its scope – cannot realistically address all the underlying drivers of young people's AOD use. These community members and service providers stressed that the Service must – at minimum – be grounded in an understanding of the

[2] Community members refers to family members and community leaders.
[3] 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. 37.

complex drivers of young people's AOD issues, and work towards addressing *some* of them, wherever possible (e.g. address the lack of recreational opportunities through structured activity programs).

"The AOD use is symptomatic of much broader issues."

- Family member

"[The Service] may not be able to do everything, nor be everyone."

- Service provider

"The Service needs to look at the circumstances of the young person. The Service needs to understand that social determinants are a key part of it."

- Service provider

IMPLICATIONS FOR THE SERVICE

The Service will adopt a holistic approach to addressing young people's AOD issues, which acknowledges that there are a range of complex drivers that underpin AOD and mental health issues in young people. ***See Section 2.1 of the Service Model.***

3.2 It is critical that young people's AOD issues are addressed as early as possible

When asked to reflect on the ideal cohort for the Service, young people, community members and service providers identified that AOD and mental health issues are starting at earlier ages in the Kimberley. Some stakeholders indicated that children as young as seven to eight years old have started to experiment with AOD and experience mental health issues. They felt that unless services put a greater focus on prevention and early intervention for younger children and young people in the Kimberley, AOD issues will increase in terms of prevalence and severity.

"At 7, 8, 9 years old, they're starting sniffing and smoking."

- Family member

"Kids are starting to smoke at 7 to 8 years old."

- Young person

"We need to get in earlier with kids."

- Family member

"Kids in the community smoke from really young ages."

- Service provider

Co-design participants agreed that the target cohort for the Service should be young people 10-18 years of age and, where appropriate, their families or carers. They indicated that while the Service should have the flexibility to support children as young as seven to eight years old who are engaging in AOD use, this would likely be uncommon. However, it was noted that many young people are responsible for caring for their younger siblings and, as such, the Service should have an 'open door' for those young people. In relation to older young people aged between 19-24 years old, service providers felt that they should be supported to access adult services, where possible. Stakeholders noted that extending the target cohort up to 25 years old would put too much pressure on the Service and limit its effectiveness. This is supported by the literature review, which found that young people 12-17 years of age are at very different developmental stages and have very different needs than 18-25 years of age, and therefore, require very different approaches. Services that try to target this entire cohort can risk treating younger young people

as more independent and autonomous than they are.[4] Consequently, co-design participants concluded that the Service should work with young people 10-18 years of age – with the flexibility to support older or younger young people on a case-by-case basis.

"It should be 9-18 years old."

- Young person

"There's the rec centre, but it's for little-little kids. It doesn't have anything for us (high-school aged kids)."

- Young person

"Go as young as six years old. You wouldn't get many six-year-olds, but you need to have the option. If it's needed, it's needed."

- Service provider

"18 to 24 years old is when they should transition to adult services … But there needs to be case-by-case judgements."

- Service provider

"12 to 24 years old is spread too broadly – it means that you're unable to target anyone. The capacity of a 12-year-old is very different than a 24-year-old."

- Service provider

IMPLICATIONS FOR THE SERVICE

The Service will support young people aged 10-18 years old. However, though this is the target cohort, the Service will be flexible and work with younger children (under 10 years) and older young people (aged 19-24 years) on a case-by-case basis. ***See Section 2.2 of the Service Model.***

3.3 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 Service 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.

"Drive-in-drive-out (DIDO), fly-in-fly-out (FIFO) services, they don't work. It must be place-based."

- Community leader

"There needs to be individual plans for each community."

"The Service needs to be community-centred. Each community needs to come up with their own idea. It's the young people in each community who need to come up with their own idea."

[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. 5.

- Service provider

- Service provider

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 Service will need to be on addressing service gaps, facilitating coordination and investing in the capability and capacity of existing service providers. A number of co-design participants noted that a consortium approach could enable the Service to make the best use of existing community assets. This is discussed in more detail in Chapter 5. 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. This is explored in more detail in Section 6.1.

"Derby is full of close organisations – a consortium approach would be great. We have seen a siloed approach for so long."

- Community leader

"Link in with – don't reproduce – other services."

- Service provider

"A local organisation would be accountable to the community, and have a longer-term – rather than short-term – presence."

- Community leader

IMPLICATIONS FOR THE SERVICE

The Service will be tailored in each town or community – according to the needs of young people and their families, and gaps in the local service system. Additionally, the Service will build on – rather than duplicate – what is already being delivered in each location, and will focus on addressing service gaps, facilitating coordination, and providing support to existing services. ***See Section 2.3 of the Service Model.***

3.4 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 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.

"You need to really be there for youth or they just won't listen. You need to build a relationship, build their confidence [in you]."

- Young person

"How do you access people online or by phone when there is limited connection?"

- Service provider

"It could be online or by phone – but not everyone is going to have internet or have a phone."

- Young person

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,"[5] and that as 'outsiders', they "often have little local knowledge and lack community trust."[6] The prevailing view from 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.

"Visiting services – DIDO services – just don't really work. It's very limited."

- Service provider

"The unreliability of services is a big issue. The kinds of issues [faced by young people] are not going to be fixed in two days."

- Young person

IMPLICATIONS FOR THE SERVICE

The Service will, to the extent possible, have a permanent physical presence in each town or community that it serves, and be delivered in-person. ***See Section 2.3 of the Service Model.***

3.5 Co-design participants identified that priority locations for the Service should be smaller, more remote towns

Our engagement with service providers, young people and community members revealed that there is a critical need for more investment in services for young people with AOD and mental health issues across the entire Kimberley region – from the larger towns, to the smaller and more remote towns, to the most remote communities.

In relation to Broome and Kununurra, service providers and community members identified that although there are more services available for young people which align with the seven components of the Service (see Section 4.2), there remains a need to build on these services in terms of strengthening their capacity, reducing duplication, and driving greater coordination and integration between these services.

[5] 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.

[6] 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.

"We have a lot of existing things we can add to – Broome is lucky, in that regard."

- Service provider

"In Kununurra, it's working with existing organisations who are already doing these things."

- Service provider

In relation to the smaller and more remote towns which include Derby, Fitzroy Crossing, Halls Creek and Wyndham, service providers and community members identified that there are too few services available for young people with AOD and mental health issues. For example, young people, families and community leaders in Fitzroy Crossing noted that there are no youth engagement spaces, youth specific counselling services, peer support services, case coordination and management services, nor are there services that provide intensive support to young people. Similar experiences were shared by community members and young people in Derby, Halls Creek and Wyndham. In Derby, although there is a youth engagement space, it is not open until late at night. In Halls Creek and Wyndham, community members and service providers noted that education on AOD and mental health is an additional service gap.

"From a service provider perspective in Wyndham, there's a gap in counselling, case management and intensive support. But from the young people, I know through discussions with young people, they see a need for structured activity programs."

- Service provider

"Are there existing services for young people with AOD issues [in Fitzroy Crossing]? Not really, besides the hospital and the [Kimberley Mental Health and Drug Service]."

- Community leader

"Derby, Fitzroy Crossing, Halls Creek are all dying."

- Community leader

"[In Derby], there are no real services for young people needing help."

- Young person

The absence of services for young people with AOD and mental health issues in remote communities was raised by many community members and service providers as a major concern. They identified that there is a limited number of services which are delivered to remote communities. These tend to be delivered on a DIDO basis, rather than based in the community. Of the services which are delivered to remote communities, very few, if any, are for young people. Service providers and community members in Derby, Fitzroy Crossing, Halls Creek and Wyndham identified very few youth specific AOD or mental health services which were based in or provided outreach to remote communities surrounding their towns.

"There's more here than in other places, particularly remote communities. What about them?"

- Young person

"You need to have someone in remote communities, on the ground. There's not enough at the moment.."

- Community leader

"Money has been ripped out of our communities. The Service needs to reach remote communities."

- Community leader

The co-design process has revealed that the most acute needs and service gaps in the region relating to young people with AOD and mental health issues are in the smaller and more remote towns, and remote communities. However, the Service should aim to find the right balance between addressing critical needs and service gaps and leveraging existing community assets and capacity. In line with this finding, a number of service providers and community members identified Derby, Fitzroy Crossing, Halls Creek and Wyndham as the priority locations for the Service. In these towns, there is a critical need for youth specific

AOD and mental health services, and there are community assets, existing service providers, and strong community leaders that can be supported, and leveraged by the Service.

"It is important to build on the work already being done."

- Young person

"The money should be used as enabling money – to enable existing programs and services."

- Community leader

It was also noted by stakeholders that establishing the Service in these towns would provide a base from which outreach could be provided to surrounding remote communities. They felt that though there is significant need in remote communities, the Service should not be based in these communities due to the lack of community assets to build upon. Furthermore, stakeholders in Derby, Fitzroy Crossing, Halls Creek and Wyndham strongly opposed the idea of "another DIDO service coming from Broome [or Kununurra]."

"It would be here [in Derby], but it would need to service Derby and the surrounding communities."

- Community leader

IMPLICATIONS FOR THE SERVICE

It is recommended that the smaller and more remote towns across the Kimberley – Derby, Fitzroy Crossing, Halls Creek and Wyndham – are priority locations for the Service. ***See Section 2.4 of the Service Model.***

3.6 Five underpinning principles emerged from the co-design process

The co-design activities – including the literature review, virtual workshops with service providers, and in-person engagement with community members – have revealed five cross-cutting themes which should act as the guiding principles for the delivery of the Service. The principles are shown in Figure 7 and detailed below.

Figure 7 | Five principles underpinning the Service

3.6.1 Youth-led

The co-design process revealed that the 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 Service, including in the delivery of components

of the Service (as peer support workers) (see Section 6.2), the design of physical spaces for the Service (see Section 4.2.1), the governance of the Service (see Chapter 7), and the design of future components of the Service. Further, they emphasised that young people should be empowered to drive their journey through the 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 Service was supported in the 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.[7]

"Young people need to be in the driver seat of their care … Give young people the choice of who is involved, and who they don't want involved."

- Service provider

"You need to plant the seed and go at the young person's pace … Let young people make their own decisions."

- Young person

"The young person needs to be the change – they need to have the support to do what is required."

- Family member

3.6.2 Family-centred

Stakeholders stressed that the 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 the 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.[8] 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 services, but also help to reduce the likelihood of relapse after treatment.[9] 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 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 Service working with families and carers to strengthen their capability and capacity to support young people.

"Adopting a family approach is really important. Something that comes through clearly is that family is the biggest protective factor for young people and the biggest cause of stress."

- Service provider

[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, p. 7.
[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. 40.
[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. 39.

"You need strong families to guide and mentor young people."

- Family member

"It's about the families – not just the young person … A family approach is needed."

- Community leader

"Families need help teaching kids to do differently."

- Young person

"We need to help the parents and families do better."

- Young person

Additionally, when co-design participants were asked to reflect on how a 'whole of family' approach could be embedded in practice, they noted that the Service should coordinate and integrate with other services that young people and their families or carers are engaged in. This would ensure young people and their families receive wraparound support, rather than fragmented and poorly integrated care.

"You need to understand what services the young person and their family are already engaged in – to coordinate in an ongoing way."

- Service provider

"Families get too overwhelmed if there's too many people … Have help all in one place to make it less stressful."

- Family member

3.6.3 Community-informed

A key theme which emerged from the co-design process was the need for the 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 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 (see Section 6.2). The need for community navigators is supported by the 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.[10] Additionally, co-design participants highlighted the need for community leaders and members to be part of the governance of the Service (see Chapter 7) and have input into the design of future components of the Service.

"The service needs to be community controlled and led."

- Service provider

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

- Service provider

3.6.4 Anchored in culture

Stakeholders engaged in the co-design process suggested that embedding culture in the 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

[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, pp. 31-32.

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.[11]

"Young people need access to cultural education and healing."

- Service provider

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

- Service provider

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 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.

"Involve Elders in the young person's healing."

- Family member

"Having yarns with Elders – share the struggles you had in your day and how you overcame them."

- Service provider

"Hand the Service over to local Elders."

- Service provider

"Get Elders to take them out bush – the community needs to come together."

- Family member

Additionally, co-design participants shared that it will be important for the 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.

3.6.5 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 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 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

[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. 25.

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.

"Counsellors need to build trust and spend time supporting them … You don't just see kids once a week."

- Young person

"It can take months. You need to spend time building trust, supporting them, doing house visits, going to places they already go."

- Young person

"You need to be consistent – kids get used to people leaving and think, why should I connect with you?"

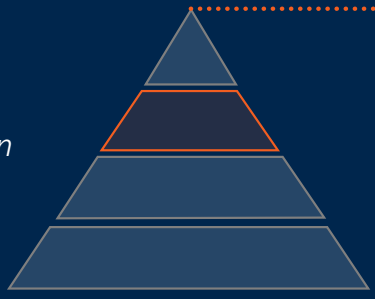
- Family member

IMPLICATIONS FOR THE SERVICE

These five principles will underpin the delivery of the Service. ***See Section 2.5 of the Service Model.***

4 Service delivery

This chapter consolidates co-design participant insights on what the Service should deliver to meet the needs of young people.



SUMMARY

- There is a need for youth specific services across the entire continuum of AOD services
- The co-design process revealed the need for seven types of services: youth engagement spaces, structured activity programs, education on AOD and mental health, counselling, peer support, case coordination and management, and intensive support
- Residential 'safe spaces' were raised frequently – however, these are not within the scope of the Service

4.1 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 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 (see Section 3.2). 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 Service, and other new services in the region.

"The earlier we intervene, the better chance we've got."

- Service provider

"You have to start early with kids."

- Community leader

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 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.

"Some young people have gone beyond early intervention – they need intensity."

- Service provider

"There's nowhere for kids struggling with meth."

- Family member

"Rehabilitation is a good idea. There's nothing like that for kids."

- Family member

"Intensive support is important – it's a major gap."

- Service provider

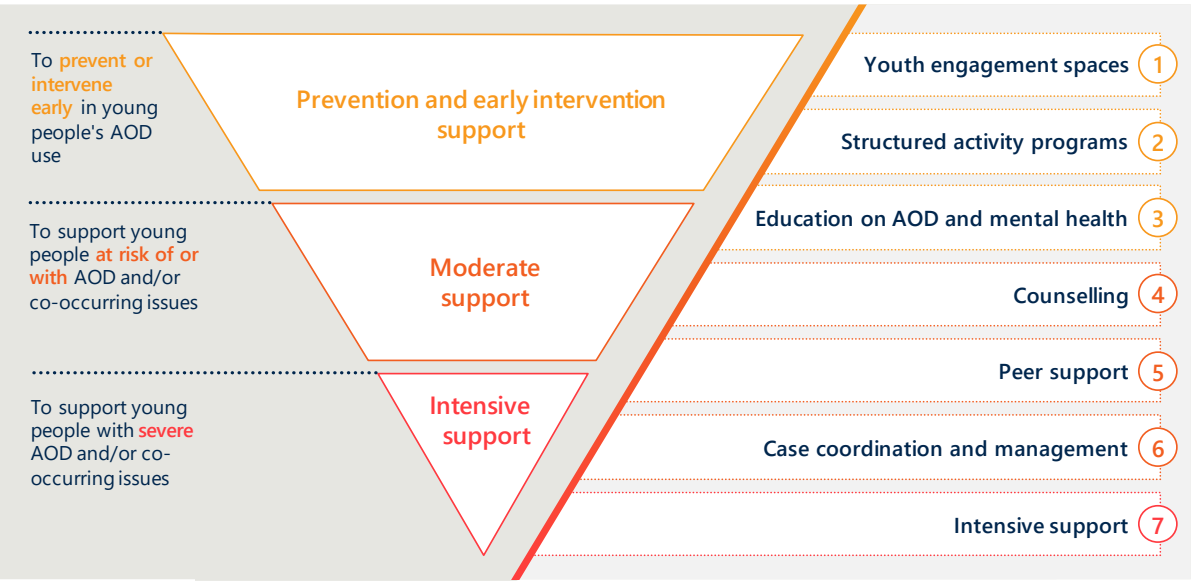
IMPLICATIONS FOR THE SERVICE

The Service will comprise of components that will address young people's AOD and co-occurring mental health issues at various stages of severity. These components will span three increasingly intensive tiers of support: prevention and early intervention support, moderate support and intensive support. ***See Section 3 of the Service Model.***

4.2 The co-design process revealed the need for seven types of services, delivered in a coordinated and integrated manner

Through the co-design process, seven types of services clearly emerged as priorities for young people with AOD and co-occurring mental health issues in the Kimberley. As the co-design process progressed, these seven types of services have been adapted into the seven service components presented in Figure 8 and detailed in the sections that follow.

Figure 8 | The service model



4.2.1 Youth engagement spaces

A key theme which emerged 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," "children having somewhere safe to go," and "a youth centre."

"There are lots of kids roaming the streets at night."

- Young person

"The disengaged ones tend to congregate somewhere. Give them a feed, give them access to computers."

- Community leader

"Overcrowding is a big problem. Kids go out on the streets because they feel safer."

- Family member

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 5 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 5 | Opening hours of youth engagement spaces

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

"In Fitzroy Crossing, there are no youth or recreation centres, no safe spaces."

- Community leader

"Anyone who has spent any time in Kununurra would have to prioritise [safe spaces] – open and available at the hours that young people need them."

- Service provider

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 safes 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.

"We need a wellness centre, open 24/7."

- Family member

"We need 24-hour safe spaces. Kids are roaming the streets."

- Family member

"Be open after school through to late. Until 10 to 11pm."

- Young person

"There needs to be different opening hours – not just 8:00am to 5:00pm. It needs to be after hours and weekends."

- Community member

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.

"Have a place where the kids are safe to go, then bring the services to them."

- Service provider

"You need to bring the services to the young person in a place they feel safe."

- Service provider

"Services come to [our station] to make them more accessible to young people."

- Family member

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.[12]

"There needs to be a space that young people can hang out, with another part of the space for counselling."

- Service provider

"Young people need to participate in designing the space."

- Service provider

"We had young people involved in the process of making it a youth-friendly site. That informed staff on how to create the space and support the ownership of young people."

- Service provider

Additionally, community members and service providers suggested that safe spaces need to provide fun activities (see *Structured activity programs*), free wi-fi, air-conditioning, a television, sports gear, bean bags

[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. 7.

and couches and dinner and snack foods. Additionally, they identified that there could be computer and gaming facilities, musical instruments and a foosball, pool or table tennis table.

"We need a safe space for kids to go – at night, especially … We need a late-night drop-in centre with wi-fi that runs all kinds of activities."

- Family member

"You should have a super relaxed youth space – take the pressure off. Young people can come, and they don't have to commit to anything."

- Young person

4.2.2 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.

"There is not enough activities so young people turn to drugs or breaking in."

- Young person

"Young people hang around town stealing because they are bored."

- Young person

"There is not much for teenagers to do. There is just the backstreets, there is nothing social for them. They are bored."

- Family member

"Structured activity programs are a starting point, where young people can come and get an alternative to stuff like AOD."

- Service provider

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.

"There is a lack of identity, no sense of belonging, a lack of connection to culture."

- Young person

"We do not teach young people about what you can do and study. Here [in Halls Creek], there is no interest. How do you grow interest when you can't even see it?"

- Family member

"A lot of kids don't see their future going any differently. They are comfortable. They need to change their mentality around their self-empowerment and self-worth. They need activities, hobbies."

- Young person

"If you're engaged in something that you are passionate about, that you have to turn up to, that gives you a reason to address your AOD behaviours and issues – but the challenge is getting at that purpose."

- Service provider

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 Yirrgeb 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.

"I'm worried that Wyndham will turn into a ghost town!"

- Young person

"In Halls Creek, there are no programs for good kids … Now, programs are about behaviour."

- Family member

"There's just not much for teenagers to do [in Derby]. There's the backstreets, nothing social for them, they're bored."

- Family member

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.

"We need to have a program with fun stuff for all kids. It needs to be structured."

- Family member

"Young people need structure."

- Family member

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.

"There's fun stuff versus real stuff, life stuff. You need to do both."

- Family member

"Do things on Country … Culture is slipping away."

- Family member

"Some kids still need to learn to read and write – balance this with the fun stuff."

- Service provider

4.2.3 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.

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

- Family member

"Parents don't know that their young person is on drugs. They don't know anything about it."

- Family member

"Help families to understand AOD … better, to know what to look for and where to go for help."

- Service provider

"It's hard for parents to say, I need help. You need to educate families and carers to reduce stigma around AOD and mental health, and raise their awareness."

- Service provider

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.

"We should focus on building community capability."

- Service provider

"AOD education is lacking across the community."

- Service provider

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 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.

"Be flexible about where you can target young people – going down to the leisure centre, their family home, or other places in the community."

- Service provider

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.

"Avoid it being an AOD or mental health service. It doesn't matter how easy it is to get to if people don't want to go."

- Service provider

"Mental health is not the right word. No one wants to admit that there's something wrong upstairs. Call it social and emotional wellbeing."

- Family member

4.2.4 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 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).

"Kids need to talk to someone."

- Family member

"Alcohol and drugs are the result of intergenerational trauma – we need to help young people and families to break the cycle."

- Family member

"We need counsellors … The wait time is five months for a counsellor, it was six months at one place."

- Young person

"Kids have a lot of trauma – they don't know how to deal with it, so they go and find other kids with the same trauma. We need counselling, so they have someone to talk to."

- Young person

As with education on AOD and mental health, community members and service providers emphasised the importance of focussing 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.

"Counselling needs to be repackaged to social and emotional wellbeing."

- Young person

"When we talk about counselling, I agree with labelling it differently."

- Service provider

"We talk a lot about counselling for young people – but we know that young people are not ready to engage with that stuff. When we talk about young people, it needs to look like something else."

- Service provider

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.[13] 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 Service employs dual-skilled counsellors who can help young people with their AOD and co-occurring mental health issues.

"AOD and mental health issues go hand-in-hand. You can't look at one without the other. Staff need to be skilled in both."

- Service provider

"You can't split mental health and AOD – it's all of it."

- Community leader

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.

[13] 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.

"Meet young people where they already go, or go to them. In a clinic or office, they just clam up."

- Young person

"It needs to be a place of comfort, somewhere that feels like home. Not just a white coat setting … It could be a beach or a football match."

- Service provider

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."[14] 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.

"Be ready for opportunistic appointments for young people."

- Service provider

"When you are just cruising in a car, talking to kids. That's when you can get the best."

- Service provider

4.2.5 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.[15] Community members and service providers highlighted the importance of having both formal and informal peer support as part of the 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.

"It's about young people supporting young people. That's where it should start."

- Service provider

"Young people will relate to other young people – they can be good role models."

- Young person

"There should be one person with the young person as a mentor throughout."

- Service provider

[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. 7.
[15] 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.

"Nurture natural mentoring."

- Young person

"Give young people perspective by bringing them together with other young people."

- Community leader

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 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.

"The service should have a mentor cycle."

- Young person

"Grow young people into mentors for other young people."

- Service provider

"You could have an option for young people to return to the Service as mentors for others using the Service. These should be a paid mentor."

- Service provider

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.

"You should have mentors – young people who have worked hard. You need to have lived experience. But peer mentors can get frustrated – you need to make sure they can handle it. It's a big job, a big ask. Remember that at 25, they're still growing up."

- Family member

"We've identified some 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

4.2.6 Case coordination and management

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 Service could play a key role as a case coordinator and manager, ensuring all services wraparound young people and families.

"The big thing is that Kimberley services do not work together."

- Young person

"The Service could be a coordination point."

- Service provider

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

- Service provider

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.

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

- Family member

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.[16] 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.[17]

"We need case coordination. It needs to youth or family-led."

- Family member

"Families want to know and be part of what services do with their young people – within appropriate bounds."

- Service provider

"A whole-of-family approach must be with the consent of the young person."

- Service provider

"Young people need to define and consent to family involvement."

- Service provider

When reflecting on what the case coordination and management component of 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

[16] Encompass Family and Community, Learning From Each Other: Working with Aboriginal and Torres Strait Islander Young People, Dovetail, 2014.
[17] 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.

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 Service, wraparound young person and their family, to provide them with seamless, well-integrated care that delivers optimal outcomes.

"We may not be able to do everything and be everyone, but we can act as a coordination point."

- Service provider

"Families get too overwhelmed if there are too many people – there needs to be one person managing it."

- Family member

"Discharge planning is critical – understand what young people want to do and start linking them in … Help set them up with appointments. Link them into other services that are right for them."

- Service provider

4.2.7 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. As a consequence, community members and service providers identified that there is an urgent gap for young people with severe AOD issues. When asked what supports these young people need, most community members did not identify low-medical withdrawal or rehabilitation by name. Rather, they indicated a need for short-to-medium-term intensive support that takes young people with 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 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 important that the 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.

"It is ideal for young people to have some respite, but they need to return to their environments."

- Service provider

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. Each is described in turn below.

In the young person's home

Service providers identified that if the young person's home environment is safe and suitable, the young person and their family could receive intensive support in their home. For this option to be effective, it is

critical that the young person's home environment does not contribute to their AOD issues, and that the young person's family is well-positioned to participate in, and support their recovery. Service providers who supported this option felt that it is critical to the success of the young person's treatment that their family is empowered throughout the process. They believed this option presents a critical opportunity to build the capability and capacity of their family to support the young person long-term. For this reason, service providers felt that this was a sustainable option.

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

- Family member

"Support for kids and support for families needs to be done together."

- Service provider

In an alternative housing arrangement with the young person's family

Community members suggested that another option would be for the young person and their family to be moved into an alternative housing arrangement for a time limited period of time, to enable and support them to break out of harmful cycles and build routines and structure. Intensive support would be delivered to the young person in this alternative housing arrangement. This would be an appropriate option where young people want their family to be involved in their journey, but their home environment is neither safe nor suitable due to factors such as overcrowding or housing instability and environmental health, among others. It is important to recognise, however, that this option does not intend to 'solve' these factors, but rather, give young people and their families an opportunity to heal and recover, away from the stressors in their usual environment. A critical consideration for the Service will be how it can support young people and their family can manage their cultural obligations, in a way that is conducive to healing and recovery, while they are staying in the alternative housing arrangement. For this option to be successful, it is crucial that the young person's family is well-positioned to participate in, and support their recovery.

"You could have a safe house where you move the family for some time to break cycles."

- Family member

"If you could get a house, and the family could be transitioned to that house and support for a period of time … Overcrowding is significant in many communities."

- Service provider

On Country

Community members and service providers suggested that intensive support could be delivered to young people on Country. They identified that the Service could deliver on Country camps throughout the year in various locations in the Kimberley for young people with severe AOD issues. Community members flagged that young people could be accompanied by their families, if they would like to be. They felt that this may provide young people and their families with a key opportunity to strengthen not only their bond, but also their connection to Country and culture.

This option also proved to be popular among community members and service providers. The importance of taking young people on Country – whether on day trips or for longer periods of time – was a key theme which emerged from the co-design process. For example, when young people were asked to identify what types of activities they want to do, trips on Country was the most popular. Similarly, when family members were asked what they believed the Service should do for young people, taking them out on Country was the most frequently raised idea. Family members noted that taking young people with severe AOD issues out on Country would contribute to their recovery by not only taking them out of their environment, but also by building their resilience by connecting, or re-connecting them to culture. Based on these insights, there is substantial support for the notion of intensive support being delivered on Country for young people with severe AOD issues.

"It would be ideal to have youth camps on Country for some respite, away from their dysfunctional environments."

- Service provider

"Take the kids out for a while to go fishing, camping and bushwalking. When you're back in Country, your spirit starts to get strong."

- Service provider

"Take young kids out on Country – could be for a weekend, could be a lot longer. Get them out of town."

- Family member

IMPLICATIONS FOR THE SERVICE

The Service will comprise of these seven components. ***See Chapter 3 of the Service Model.***

4.3 Residential 'safe spaces' were raised frequently – however, these are not within the scope of the Service

A key theme raised by young people, community members and service providers was an urgent need for residential 'safe spaces' for young people to stay overnight or for longer periods, when they cannot or do not want to stay at home. For example, when young people were asked what types of services they want the Service to deliver, a popular option across all locations was "somewhere I can stay for a while." During discussions, they raised ideas such as "safe houses for kids" and "hostels for kids who don't want to be home." Similar ideas were raised by family members and service providers involved in the co-design process.

"We need somewhere to stay overnight or longer for kids."

- Young person

"We need a hostel. A safe place for young people to go and get an education. A safe house with a counsellor to talk to the kids."

- Service provider

"Longer-term accommodation is a big need."

- Community leader

As detailed in Section 4.2, 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. Due to these impacts and stress, young people's home environments can become dysfunctional or unsafe. Dysfunctional or unsafe home environments can have a significant impact on young people's wellbeing, and lead them to engage in antisocial behaviours such as AOD use. Co-design participants stressed that there is a priority need for a residential service for these young people that is an alternative to statutory removal.

"In a lot of cases, the home can be the issue."

- Young person

"Some kids need somewhere to stay because home isn't safe."

- Young person

"We need hostels for youth, for when parents are struggling. Give them three meals."

- Family member

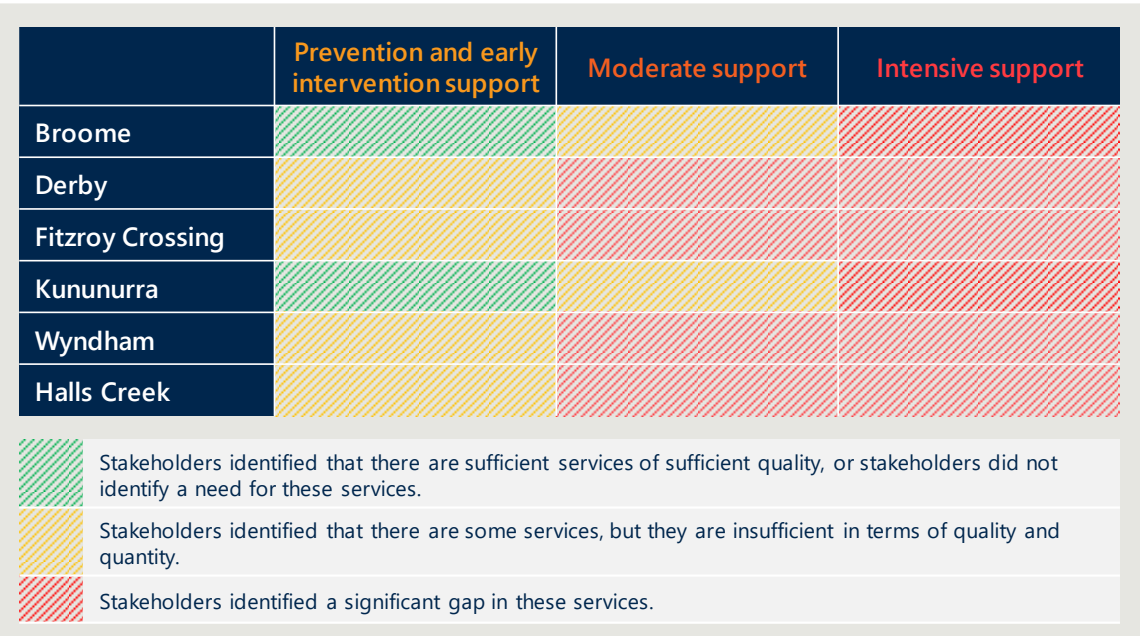
However, despite the substantial support for this idea across all locations, residential 'safe spaces' remain outside of the scope of the Service, which is focussed on supporting young people to address their AOD issues and strengthen their social and emotional wellbeing. Residential 'safe spaces' tended to be spoken about by young people, community members and service providers as an alternative to out-of-home care rather than as a service to support young people with AOD issues. Reflecting the frequency with which co-design participants advocated for a 'hostel' or residential 'safe space' for young people, the MHC should work with adjacent WA Government agencies and communities in the Kimberley to explore and address this need.

4.4 The components of the Service emerged from conversations around where the most acute service gaps are in each town

While the co-design process did not involve a detailed or rigorous service mapping process, each co-design engagement was framed in part by a question on where the individual or group sees the most critical and largest gaps in their town or community. The process revealed a clear contrast in the services available in larger towns as compared with smaller, more remote towns and remote communities for young people with AOD and co-occurring mental health issues.

In general, co-design participants in Broome and Kununurra reflected that there were many services in each town across the AOD and mental health service continuum – from prevention and early intervention through to moderate support. However, stakeholders stressed that the primary gap in both towns remains the absence of intensive support for young people. In contrast, co-design participants in the smaller, more remote towns and more remote communities stressed that there were gaps across the entire AOD and mental health service continuum – with significant gaps for young people with moderate to severe needs. Figure 9 below provides a visual representation of stakeholder views in relation to service gaps in each town.

Figure 9 | Stakeholder feedback on service gaps in each town



5 Commissioning approach

This chapter consolidates co-design participant insights on how the Service should be commissioned.

SUMMARY

- Co-design participants emphasised that the commissioning process should facilitate strong coordination and integration between services
- The co-design process revealed that a consortium approach should be adopted to the delivery of the Service
- Stakeholders stressed that the commissioning process should involve early engagement and joint decision-making with community leaders and service providers

5.1 Co-design participants emphasised that the commissioning process should facilitate strong coordination and integration between services

The co-design process re-affirmed the findings of previous reports and consultations in the Kimberley – that services are not sufficiently coordinated and integrated, which leads to inefficiency and duplicated approaches. Service providers and community leaders, in particular, lamented that too often, services in the Kimberley do not collaborate enough, and that the lack of communication and awareness in each community around what each service delivers can often lead to duplication, and young people 'falling through the gaps' of the service system.

It was noted by many co-design participants that there are opportunities to adapt the current contracting and procurement processes for AOD and mental health services to better incentivise service system integration and coordination. Service providers stressed that current processes are more likely to spur competition amongst service providers, rather than collaboration. It was also raised that the 'activity-based' focus of contracts meant that some service providers may be less likely to encourage referrals to other services. Ultimately, stakeholders felt there was a significant role for MHC and other government agencies as funders and commissioners to encourage better integration and collaboration through their respective commissioning processes.

"There are long-standing programs that need support. We don't need new programs. We need to work together with other agencies."

- Young person

"It is about facilitating strong partnerships with existing services to really address those needs."

- Service provider

In the context of the Service, service providers and community leaders emphasised that what is needed is not something new. Rather, they stressed that new investment in the Kimberley should be targeted at increasing the capacity and scale of already-existing services and programs that work well. It was further suggested that the Service could be a vehicle for driving a holistic, whole-of-community approach and bringing together service providers to leverage their respective strengths in response to the needs of their young people.

Service providers spoke often of the need to support the 'whole young person', reflecting that AOD and mental health issues tend to be symptomatic of much more profound, deep-rooted social and emotional issues. However, they stressed that doing so requires more than one service provider working in isolation – a coordinated, multi-agency and multi-organisation approach is needed. This approach reflects findings of the literature review, which highlighted that service models targeting AOD and/or co-occurring issues in

young people tend to fail if they do not meet the needs of the young person 'as a whole'[18]. This means services need to address not only young people's AOD and/or co-occurring issues, but also their cultural and social support needs. However, few service models have the resources required to be comprehensive enough to do so.[19]

"It's about facilitating strong partnerships with existing services to really address those needs"

- Community leader

"In a simple sense, everything is here, it's just building the capacity of what's in place."

- Community leader

"You can't look at AOD issues in isolation with other issues in a young person's life. So the only way to tackle it, and create a wraparound service to tackle all the issues, is to bring several service providers together. Because no one organisation can be an expert in all the things"

- Service provider

5.2 The co-design process revealed that a more collaborative commissioning approach is needed to realise the aim of the Service

In follow-up to discussions about service system integration and coordination, co-design participants provided several ideas and opportunities around how the Service could realise its aims – particularly, supporting the 'whole young person', delivering whole-of-family approaches, and being community-informed. The co-design process revealed two major opportunities to use the commissioning process for the Service to drive improved service system integration and ensure a genuinely whole-of-community approach. These are:

- Engage a **'consortium' of local organisations** to work in partnership to deliver the service in each place.
- Empower community and service provider **decision-making through the commissioning process.**

Each of these opportunities is detailed below.

Service providers felt a 'consortium' approach would best achieve the aim of the Service

Co-design participants acknowledged both the challenge and urgency of implementing a new service for young people in the Kimberley that provides seamless, wraparound supports to improve their social and emotional wellbeing. Service providers and community leaders stressed that one service, delivered by one organisation would be insufficient, and would not address concerns around service system integration and coordination.

As the service model emerged, co-design participants noted that it would be inefficient and impractical for the Service to be delivered by only one service provider, particularly given the breadth of components the Service may include. They emphasised that the Service provides a timely opportunity to explore alternative models of commissioning which could not only leverage existing community groups or partnerships, but also facilitate the creation of new ones. In particular, service providers repeatedly raised the opportunity to consider a 'consortium-like' approach for the Service. It was suggested that a consortium approach, with

[18] 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.
[19] 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. 33.

one organisation leading the coordination of the Service, would be the most effective way of bringing together organisations in place to deliver the Service.

Co-design participants suggested that a consortium approach would be beneficial for a range of reasons, including:

- ***Facilitating collaboration and coordination between service providers***. A consortium approach would, by definition, bring together a group of organisations for the purposes of delivering a coordinated, wraparound service. As part of the consortium approach, coordination is a core requirement of the service model, and consortium partners would be accountable to funders, consortium partners, and the community for meeting this requirement.
- ***Leveraging the experience and capability of multiple organisations.*** Adopting a consortium approach acknowledges that there are many services in the Kimberley that deliver youth specific services. Many of these organisations deliver one or more of the components recommended as part of the Service. A consortium approach would enable organisations to continue delivering these services – with added capacity, and greater opportunity for alignment and integration with other services. Additionally, some communities have existing formal and informal governance structures in place that could be leveraged through a consortium approach. For example, the Derby Leadership Group in Derby, and the strong relationships between providers in Wyndham, set a foundation for future commissioning approaches that leverage existing relationships.
- ***Allowing gaps to be addressed in a targeted way.*** A consortium approach would limit the likelihood of duplication and allow investment in the Service to be targeted primarily at where there are gaps in the service system. However, this approach should be complemented by efforts to connect new and existing services to form part of one, seamless journey for the young person.

Ultimately, participants agreed that a consortium would require one organisation or 'lead agency' to be responsible for service integration and provide oversight over service delivery. For many service providers, consortium-like approaches to service delivery are already in place; but exist as informal partnerships and referral pathways and rely on the goodwill of individuals and organisations.

"Derby is full of close organisations – a consortium approach would be great. We have seen a siloed approach for so long. Together, we can push government, we can address underlying issues."

- Community leader

"Accountability of organisations is important. We should bring organisations together and hold them accountable for working together."

- Service provider

"You need an organisation that pulls things together and oversees everything. We've already got most of it, how do we strengthen it, and oversee it is actually happening on the ground. Like a consortium approach with a lead agency"

- Service provider

"You can't look at AOD issues in isolation with other issues in a young person's life. The only way to tackle it and create a wraparound service is a consortium model. Because no one organisation can be an expert in all the things"

- Service provider

Service providers and community leaders highlighted that a more collaborative commissioning approach is needed across government

Through the co-design process, service providers and community leaders expressed some dissatisfaction with the 'traditional' procurement model, which sees opportunities advertised on the Tenders WA website through a competitive tender process. There is a perception by many stakeholders that this process can be exclusionary to many organisations, which may not become aware of opportunities until they have been

commissioned and a service commences. Some shared frustration about seeing this process lead to non-local, non-Aboriginal organisations being commissioned to deliver services in predominantly Aboriginal communities.

Reflecting on this, several service providers and community leaders emphasised that the commissioning approach adopted for the Service should be more collaborative and facilitate joint decision-making with community leaders in each location. A recurring example raised by participants was the opportunity for MHC to work collaboratively with potential service providers and community leaders to 'design' how the service model would be adapted in each place. This process would see the MHC work with the potential lead agency (or agencies) and consortium partners to identify which components of the Service already exist and are in place, and should be enhanced. It would also see them work together to determine how gaps should be addressed, where they exist.

Co-design participants emphasised that a more collaborative commissioning process is a necessary pre-condition for joint decision-making about the Service, and future services in the Kimberley. Stakeholders stressed that joint decision-making does not stop at the end of the co-design process, but rather, should continue through the commissioning process, and during service delivery.

"There is some place-based joint work with Aboriginal Elders and community leaders that can be done to discuss existing strengths in town, and see what can be bolted on to existing assets."

- Service provider

"There should be shared decision-making in the procurement phase. Community can inform service design and selection of service providers."

- Service provider

IMPLICATIONS FOR THE SERVICE

The MHC should adapt the commissioning approach for the Service in two key ways. Firstly, the MHC should adopt a consortium approach to the delivery of the Service. Secondly, the MHC should progress a collaborative commissioning process, which includes early engagement and shared decision-making with the prospective lead agency (or agencies) and consortium partners. ***See Chapter 4 of the Service Model.***

6 Capability and capacity

This chapter consolidates co-design participant insights on the capability and capacity required to deliver the Service.

SUMMARY

- The commissioned service provider(s) should be local ACCOs with experience in youth specific AOD and/or mental health service delivery
- Service providers noted that there are several staff roles that would need to be established and filled to deliver on the vision for the Service
- Co-design participants emphasised the importance and value of local Aboriginal employment
- Recruiting and retaining qualified staff remains an ongoing challenge in the Kimberley

6.1 The co-design process revealed two requirements that the service providers contracted to deliver the Service should meet

Co-design participants identified that there are two key requirements that the service providers contracted to deliver the Service should meet. These are:

- ***Be local ACCOs:*** Co-design participants stressed that the 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.

  Additionally, it was identified that commissioning local ACCOs to deliver the Service would align government procurement policy, which places renewed focus on Aboriginal community-controlled service design and delivery. In particular, service providers stressed that this approach would align with initiatives such as Empowered Communities, that have explicit approach to community led governance, planning and joint decision making to enable community leaders to have greater decision-making authority, influence and control over decisions which impact their community.

  Service providers and community members involved in the co-design process believed strongly that there are several local ACCOs with the capability and capacity needed to deliver the Service in each town. However, they noted that if local organisations do not have the capability and/or capacity to deliver the 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. However, they emphasised the importance of these other organisations committing to building the capability and/or capacity of the local ACCOs – with the view of fully transitioning the Service within a specified period of time.

"The organisation needs to be place-based, ACCO and local."

- Service provider

"The main thing is that it should be an Indigenous-run service."

- Family member

"If it needs to be another organisation [not an Aboriginal community-controlled organisation], it needs to be short-term. There needs to be succession planning, there needs to be a timeline for that organisation to leave and be replaced with an Aboriginal community-controlled organisation."

- Community leader

"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. The preference would be for local."

- Service provider

- ***Have demonstrated 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 Service are able to demonstrate these skills.

"It should be a service provider that has demonstrated experience delivering an AOD service to young people, particularly in a regional and remote context."

- Service provider

"The organisation commissioned needs experience with youth."

- Service provider

"They need to have AOD knowledge and experience."

- Service provider

"Staff that work with youth have to have specific youth training to be able to communicate appropriately, and to understand issues around youth health. It's important to make sure our staff have the appropriate training to be able to work with young people."

- Service provider

IMPLICATIONS FOR THE SERVICE

The lead agency (or agencies) and consortium partners should be local ACCOs with demonstrated experience in delivering youth specific AOD and/or mental health services, and a track record of partnering with other services. ***See Section 5.1 of the Service Model.***

6.2 Service providers noted that there are a number of staff roles that would need to be established and filled to deliver on the vision for the Service

Service providers involved in the co-design process noted that there are a number of staff roles that must be established and filled to deliver the Service. These include:

- ***A coordinator role:*** As identified in Section 4.2.6, coordination and collaboration between services in the Kimberley remains a critical area of focus. To facilitate the 'consortium' approach to the delivery of the Service set out in Section 5.1, service providers stressed that there is a need for a role focussed on overseeing the Service to ensure it is delivered in an integrated manner, and coordinating consortium partners. This would involve, for example, organising and chairing regular meetings bringing together representatives from the lead agency and consortium partners, and ensuring that each component of the Service is being delivered in an integrated manner.

"What we need is almost an organisation that oversees this stuff being done by other organisations. An organisation that pulls things together."

- Service provider

"To coordinate these seven services, there needs to be a deliberate role that has responsibility for managing and linking all those areas."

- Service provider

- ***A clinical role:*** Clinical support for young people with AOD and mental health issues was flagged by co-design participants as a significant gap in the existing workforce – in particular, in the smaller and more remote towns and remote communities. Though it was acknowledged that not all young people with AOD and mental health issues require it, service providers noted that clinical support is critical to the recovery of young people with severe AOD issues.

"We see that gap of kids having clinical support."

- Service provider

"We need a place-based clinical psychologist or psychiatrist."

- Service provider

"We need clinical case management for the most at-risk kids … There is limited AOD and psychiatric support at the pointy end."

- Service provider

- ***A community navigator role:*** As flagged in Section 3.6, co-design participants stressed the importance of community leaders and members being involved in delivering the Service, as community navigators. They asserted that community navigators would play a key role in to identifying and supporting young people and their families, and ensuring the cultural safety and security of the Service. In addition, they would play a role in delivering components of the Service, as required. The importance of community navigators is supported by the literature review, which identified that employing local, Aboriginal staff is key to providing a cultural safe and secure environment, and gaining consent and legitimacy in the community.[20]

"The service should have a mixed staff of community navigators and clinicians. This will help with cultural safety."

- Service provider

"You need to have local people in the community – like navigators."

- Service provider

"Let the community navigators do the community, the grassroots stuff. They need to be genuine jobs."

- Service provider

- ***Various delivery roles:*** Service providers noted that there is no need to create new positions for each component of the Service – for some components such as youth engagement spaces and structured activity programs, there are staff in place in most locations that deliver these components to some degree. However, they indicated that in relation to other components – in particular, counselling, peer support and case coordination and management – there are major gaps in the existing workforce in the Kimberley. The roles that service providers highlighted as gaps included AOD counsellors, peer support workers and case managers.

[20] 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.

"What we know is that getting people qualified at a counselling level is really difficult – positions sit vacant for a long time."

- Service provider

Case management is done informally – there is an opportunity to do it formally."

- Service provider

"AOD workers here [in Derby] are focussed on health promotion – but we need therapeutic counselling."

- Community leader

"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 they don't have the skills to lead them in a positive way. We're missing their voices a lot."

- Service provider

IMPLICATIONS FOR THE SERVICE

A range of staff roles will need to be filled to enable the delivery of the Service in each location, including regional coordinators, clinical leads, community leads, case managers, case support workers, AOD counsellors, community navigators, and peer support workers. ***See Section 5.2 of the Service Model.***

6.3 Co-design participants emphasised the importance and value of local Aboriginal employment

A key theme which emerged from the co-design process was the need for staff employed by the Service to be from the community. Community members emphasised that local people would be best placed to understand the local context and would be already familiar to and trusted by young people, which may help them to feel more comfortable to access the Service. Additionally, it was stressed that employing local Aboriginal people, who are respected and trusted in the community, would increase the credibility and legitimacy of the Service, and improve the cultural safety and security of the Service. An additional benefit of employing local people is increased sustainability, given that they are permanently located in the community. Service providers suggested that low staff turnover would be key to the success of the Service, noting that in therapeutic service delivery, the strength of rapport and trust between staff and clients is critical to outcomes.

"There needs to be local jobs, local people are here … Teach our own people."

- Family member

"Local employment is key … You need local people who the young people know in the community."

- Service provider

"Local people should work at the service. They know the town and its issues."

- Young person

"Upskill Aboriginal people to empower them so that in future – there is no need for white Western people to come up to the Kimberley to deliver services."

- Service provider

"We should be empowering and training Aboriginal people to run the services and programs."

- Service provider

While local employment is a priority, community members and service providers recognised that recruiting suitably qualified staff, particularly in remote towns and communities, can be a key challenge. Stakeholders recognised that it is essential to have the right experience knowledge and skills, and thus, employing non-local people with the right skills and capabilities will be important. However, they stressed that if non-local people are hired to fill gaps in the workforce, upskilling and transferring capability to local people should be a key part of their role. Some young people and service providers noted that there may be benefits to having both local and non-local staff, flagging that many young people might prefer to speak to staff who are not from the community to maintain their privacy and confidentiality.

"It would be good if it was someone who isn't local, so there's no confidentiality concerns."

- Young person

"Have a mixture of locals and out-of-towners."

- Young person

IMPLICATIONS FOR THE SERVICE

Local, Aboriginal people should be prioritised for recruitment to staff roles. Where there are constraints, non-local staff should be recruited, and play a key part in upskilling and transferring capability to local people. ***See Section 5.3 of the Service Model.***

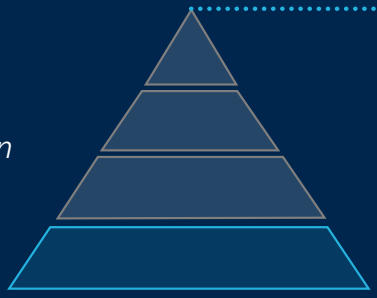
6.4 Recruiting and retaining qualified staff is a challenge that the MHC and consortium(s) should work together to address

Co-design participants stressed throughout the design process that recruiting and retaining staff in the Kimberley remains an ongoing challenge. In particular, service providers raised a clear distinction between the remuneration and incentives provided to non-local government staff, and local ACCO staff. Non-local staff recruited for government roles fall under several legislated awards and government policies which prescribe incentives that may include, but are not limited to, regional loading, government housing and travel allowances. Conversely, for local staff, particularly local staff in ACCOs and local non-government organisations, there is a significant disparity in benefits and incentives.

These challenges are diverse and systemic, which means they cannot be addressed solely through this Service but should be an area of focus for the engaged service provider(s) and MHC. In this context, a key area of focus should be staff housing. Quality, vacant housing is extremely scarce across the Kimberley. Local people are often likely to live in houses that are overcrowded, and often not provided with the same opportunity to access alternative housing as their non-local counterparts. While funding dedicated to the delivery of the Service should not be directed toward addressing this disparity, this issue receives considerable attention by service providers, particularly in smaller and more remote towns, and as such should be separately addressed.

7 Governance

This chapter consolidates co-design participant insights on how the Service should be governed.



SUMMARY

- Effective governance is critical to the ongoing accountability and improvement of the Service
- There are a wide range of formal and informal youth and community governance mechanisms that the Service could adopt: leveraging existing governance bodies, establishing new steering or advisory groups, conducting surveys, and running focus groups and panels
- The Service should aim to leverage existing local and regional governance bodies, where possible

7.1 Effective governance is critical to the ongoing accountability and improvement of the Service

Throughout the co-design process, service providers and community leaders emphasised that the Service should have mechanisms in place to ensure it is accountable to young people, families and the broader community in each location. Participants noted that the co-design process is the start, rather than the end, of the involvement of young people and the community in informing and shaping what the Service does and how it does it. Ultimately, co-design participants stressed that the Service will need to be underpinned by strong youth and community governance, to deliver on the principles of being youth-led, community-informed and anchored in culture.

Co-design participants raised several examples of formal and informal youth and community governance mechanisms that the Service 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.

Broadly, co-design participants suggested that there should be a blend of formal and informal governance arrangements – noting that ongoing informal means of engaging young people and community members can often be more effective than formal arrangements. Additionally, co-design participants identified that engaging one or more ACCOs to deliver the Service would, by nature, provide a strong cultural grounding for the Service as well as community oversight through their Boards.

"Have a review every few months, talk to people, to see what the Service could improve."

- Young person

"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."

- Service provider

"Informal methods of engagement have been more successful. Our youth advisory councils have really struggled."

- Service provider

"Maybe like a youth board. Someone to represent different communities, outstations. Like I said before, maybe having an overarching body, to make the Service accountable."

- Service provider

"You could have young people as part of the governance and Board arrangements, involved at all different levels."

- Service provider

7.2 The Service should leverage pre-existing regional and local governance bodies

Though co-design participants stressed the importance of embedding strong governance arrangements, they equally cautioned against over-complicating the ways in which the Service will be informed by, and held accountable to, young people and the broader community. The two key risks raised by participants were:

- ***The risk of putting too much pressure on young people to inform, and lead decision-making for the Service***. Many young people across the Kimberley are increasingly relied upon as leaders to support organisations to work with young people. Participants cautioned against putting too much pressure and responsibility on the same group of young people through establishing new groups and bodies, noting that it can lead to those young people 'burning out'.
- ***The difficulty of establishing new governance bodies or groups***. Participants emphasised that several organisations across the Kimberley have made various attempts to establish youth and community governance bodies. These processes have been ongoing for an extended period of time, and many of them have not eventuated. The primary reason for this is that these bodies – particularly, youth bodies – require a significant amount of dedicated resources to support these young people to develop and grow as leaders. These processes are long-term and require genuine investment by organisations to empower the young people, and in time, support them to emerge as a key decision-making voice in their community and the broader region.

"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. They attempted 12-18 months ago to start a youth council to feed into their board. There is an appetite there, but it just needs support."

- Service provider

"You need to be careful to not put too much pressure on young people, don't want to be burning out young people in this area."

- Service provider

"The service will need investment to actually 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

Ultimately, co-design participants agreed that the Service should first seek to leverage the experience of existing regional and local governance bodies. Notable examples of these groups include the Empowered Young Leaders and Wyndham Youth Aboriginal Corporation (WYAC). Additionally, co-design participants stressed that while there is a great need to 'hard-wire' governance structures into the Service, young people and community members involved via formal mechanisms should not be the *only* young people and community members engaged by the Service in decision-making. The Service should ultimately aim to balance formal (e.g. advisory groups), with informal (e.g. consultation) mechanisms.

"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

"Governance should strengthen the existing Aboriginal youth governance arrangements; for example, the Empowered Young Leaders, WYAC."

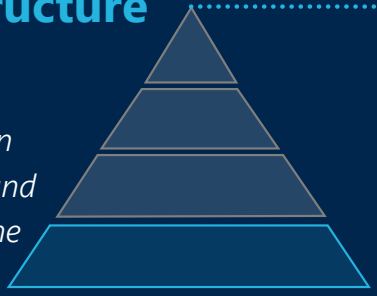
- Service provider

IMPLICATIONS FOR THE SERVICE

The lead agency and consortium partners should implement a blend of formal and informal governance mechanisms to ensure they can be held accountable to young people, the broader community and other organisations for the delivery of the Service in line with the five underpinning principles set out in Section 3.6 of this consultation summary. ***See Chapter 6 of the Service Model.***

8 Assets and infrastructure

This chapter consolidates co-design participant insights on the assets and infrastructure required to deliver the Service.



SUMMARY

- Much of the assets and infrastructure required to support delivery in each of the priority locations will already be in place
- However, to enable the delivery of all components of the Service, investment is required in:
  - Transport, including buses and cars
  - Recreation or youth centres
  - Alternative housing arrangements
  - Secure data recording and sharing infrastructure

The way in which the Service is designed means that much of the assets and infrastructure required to support delivery in each of the priority locations will already be in place – in particular, for less intensive supports and supports that will be provided in places in the community that young people already go (rather than being provided in a set location such as an office). However, to support the delivery of all components of the Service in a coordinated and integrated manner, co-design participants raised four key areas where investment will be required in each location. These are:

- ***Transport*** to take young people from place to place.
- ***Recreation or youth centres*** that can provide young people with a safe and engaging space to drop-in and spend time.
- ***Alternative housing arrangements*** that young people and their families can be moved into to receive intensive support.
- ***Secure data recording and sharing infrastructure*** to enable seamless coordination and integration.

Each of these are detailed below.

8.1 Flexible transport options are a critical enabler of the Service

Transport remains a major challenge for service providers in the Kimberley. Transport assets, particularly four-wheel-drives (4WDs) and buses are scarce, expensive to purchase and maintain, and typically in high demand. There is a need for a set of buses and carers to support the delivery of the Service. This need will vary from location to location – to some extent – based on whether and to what extent the Service delivers services to surrounding remote communities.

Co-design participants stressed that investment in transport will be required to enable the Service to take young people to and from their homes, appointments at other service locations, remote communities, and on Country.

Some community members and service providers noted that the Patient Assisted Transport Scheme (PATS) would not meet the needs of the Service, given the frequency of travel that may be required to remote communities. Ultimately, co-design participants stressed that the Service would be unable to solely rely on existing transport assets and programs – additional investment will be required to meet the needs of the Service.

"We need a bus to take young people to and from communities."

- Service provider

"Kids can't get to the youth hub and back."

- Service provider

8.2 Existing facilities can be used as youth engagement spaces, however, investment may be required to make them fit-for-purpose

In each of the priority locations, the service provider(s) will need to access a physical space to deliver many of the components of the Service. Although the service model is characterised by flexibility, and staff will meet young people where they want to meet in relation to many components, there is a requirement for a space that fulfils several requirements.

As detailed in Section 4.2.1, a core component of the Service is youth engagement spaces, where young people can drop-in and spend time, participate in activities and programs, and be supported by service providers, including the Service. Co-design participants highlighted two key requirements for the physical space for the Service:

- ***The space should have multiple spaces*** dedicated to various activities. There should be private spaces that can be used by the Service and other service providers for counselling and meetings, indoor and outdoor areas for various activities (e.g. basketball courts), and if possible and practical, a large kitchen for meal preparation.
- ***The space should be fitted out*** with – at a minimum – free wi-fi, air-conditioning, a television, sports gear, bean bags and couches, and dinner and snack foods. Additionally, there could be computer and gaming facilities, musical instruments and a foosball, pool or table tennis table.

Although there is at least one space in each town which meets some of these requirements, stakeholders noted that most – if not all – would likely require refurbishment to meet all of them. Additionally, it was stressed that if a re-design process is undertaken, local young people should play a key role in it.

8.3 The intensive support component requires the Service to source alternative housing arrangements for young people and their families

A key element of the 'intensive support' component of the Service, is the provision of alternative housing. As detailed in Section 4.2.7, the Service may provide a young person with severe AOD issues, and their family, with intensive support in an alternative housing arrangement for a period of up to six weeks. It is acknowledged that doing so in the Kimberley will be extremely challenging – if not impossible – without partnerships with the Department of Communities (WA) and other housing service providers.

Co-design participants were strongly encouraged by the opportunity for a young person and their family to be supported in a safe alternative housing arrangement, where the young person would be supported in their recovery, whilst concurrently building the strength and capability of the family unit. However, they recognised that accessing sufficient quality housing in the Kimberley is extremely challenging. Co-design participants suggested that to enable this component of the Service, the commissioned service provider(s) and the MHC would need to develop formal partnerships with the Department of Communities (WA) and other housing service providers. They noted that this may require the MHC – as the commissioner and funder of the Service – to broker memorandum of understandings (MOUs) with various government and non-government bodies, and underwrite any debt, property damage or unforeseen costs which occur.

8.4 Systems to enable secure data recording and sharing are necessary to enable seamless, wraparound support

During the co-design process, stakeholders emphasised that improved service system integration in each location would need to be enabled by secure data recording and sharing infrastructure. It was noted that to ensure a seamless, wraparound support for young people, the commissioned service provider(s) would need to develop appropriate referral pathways. These pathways would need to be supported by robust systems that enable client data to be securely recorded and shared between service providers.

The importance of this requirement is magnified by the proposed consortium approach outlined in Chapter 5. Realising the benefits of this approach will require each consortium partner to implement and use the same client management systems. These systems should enable each consortium partner to record client data (with appropriate privacy and confidentiality restrictions), and seamlessly share this with consortium partners that are involved in the care of that young person.

IMPLICATIONS FOR THE SERVICE

The Service should be supported by sufficient investment in transport, recreation or youth centres, housing, and secure data recording and sharing infrastructure. ***See Section 7 of the Service Model.***