Service Geography

Telehealth

Data Integrity

Expanded data platform and group

Collection of cultural background

Clients and Community

Engagement with South Sudanese communities

Cultural Guide for clinicians

Cross Sector Collaboration

Cross sector directory

Represntation on AIC/SMA FV

Health Promotion and Role of Local Government

Easy English resource development

Alcohol cultural change

LDATs

enliven
ENHANCING SOCIAL HEALTH

**South East AOD Catchment Based Plan
Year 2 Implementation**

Background

enliven commenced activity for Year 2 implementation in January 2020. With a contract agreed to the end of June 2020, Year 2 implementation was divided into 2 distinct 6-month phases - Jan - Jun 2020 (Phase 1) and Jul to Dec (Phase 2). As the COVID-19 pandemic impacted the workforce from early March 2020, it was necessary to review planned activity for Phase 1 and adapt to the new circumstances and restrictions. A COVID-19 plan was submitted to Windana in March 2020, detailing the impacts on planned implementation and workarounds required during this period and requesting authorisation for the reviewed activity. The state-wide Catchment Planners Network was also impacted and there was uncertainty regarding the role and funding of catchment planners during the restrictions period. DHHS were to confirm any collective action required or changes needed. As one of the few planners with an active plan and ongoing implementation, **enliven** and Windana pressed the importance of continued implementation for the foreseeable future. To date, DHHS have not announced any changes required and the implementation of the plan continued.

Agreed activity and working group status reports for Year 2: Phase 1 (Jan - Jun 2020)

The planned activity for each for the working groups, incorporating COVID-19 modifications is detailed below with status reports for each working group included.

Working Group	Planned activity	Status report
Service Geography	• Continue to seek opportunities for Telehealth • Propose governance structure for Telehealth across SECADA and SURe • Telehealth Easy English resources	• We are awaiting to hear the outcome of the SOCOM Telehealth initiative for interface councils. In addition to Telehealth, it was considered that potential satellite services via co-locations may also provide a means for service delivery to the Cardinia Shire catchment. It was noted at the April meeting that opportunities for co-location could not be fully scoped at this time, particularly due to current pressure on services and impacts of COVID-19 response. Co-locations and shared care models however, are part of the remit of the cross-sector group (see below). • A governance structure for Telehealth was proposed at the May meeting and forwarded to the Governance Group for endorsement (endorsed via email 25/05/2020) pending decision by both SECADA and SURe consortia on Telehealth platform. • Telehealth Easy English resource was developed for SECADA, for customisation and use once Telehealth (video) is implemented, presuming use of HealthDirect but this can also be amended for whichever platform is selected. At present, during COVID-19, most Telehealth counselling sessions are undertaken via telephone. In the interim a generic resource is available here. **Appendix 1:** Telehealth Proposal

Working Group	Planned activity	Status report	
Data Integrity	• Review data requirements and make recommendations / scope opportunities for ongoing data collection and reporting • Ensure processes are in place to collect cultural background of clients during screening and assessment	• **enliven**, in consultation with Windana, will take a leadership role in data collection and reporting, utilising key methods deployed to date (Client Information management systems, census data, life complexity factors, ambulance and hospital data, consultation) and extending to new data sources. A proposal was tabled to this group for approval and escalated to governance group for endorsement in May 2020. This proposal outlined a new data framework including wider representation on the data working group such as councils, Monash Health and GIS experts (and potentially VicPol). **enliven** is continuing to scope feasibility of this group with a view to have buy-in agreed from organisational representatives by 30 June 2020, and a commencement date of August - September 2020. Scoping includes feasibility, remit and membership of an integrated group moving forward. At the data integrity meeting it was agreed that the level of data sophistication this could generate would be of value to SECADA and SURe and enable us to be able to identify, and thereby respond to, service gaps more readily. The data working group were pleased to recommend the proposal for endorsement to the governance group, which was endorsed in early May 2020. • Systems have been put in place to ensure collection and reporting of cultural background which will result in more accurate client demographic reports in future and ability to monitor effectiveness of any cultural engagement work undertaken. **Appendix 2:** Data Proposal to Governance Group	
Clients and Community	• Continue to explore engagement strategies with South Sudanese communities • Develop cultural guide for clinicians	• The group discussed what consultation with community can look like now (during COVID-19) and into the future. Discussions took place regarding reaching the community and not losing the traction gained via the Pop-Up. Possibilities included using community radio to communicate AOD service-related messages. **enliven** drafted and updated a proposal to capture the actions discussed in two workshops. The proposal is divided into distinct initiatives: 1. Interim slot on RealDrugTalk Community Radio (planning an AOD discussion to include AOD providers, South Sudanese leaders, DHHS and SEMPHN - Jack Nagle (host of RealDrugTalk)) 2. Developing engagement plan for future key messaging to be delivered (i.e.	

Working Group	Planned activity	Status report
		via interviews, debates, phone ins, etc.) - led by **enliven** 3. Sourcing ongoing South Sudanese program slot on existing community radio stations to contain longer term messaging - led by DHHS (Gatluak) • The development of a clinician's guide to support front line clinicians in working with different cultures was supported. Work commenced in May, due for completion in June 2020 with the potential for training to supplement. **Appendix 3:** Community Radio and AOD Proposal
Health promotion and role of local government	• Develop health promotion easy English resources for alcohol (including during COVID-19) and for harm minimisation • Seek opportunities for funding in relation to alcohol culture change • Seek opportunities for LDAT (Local Drug Action Team) to be established across the south east to provide ongoing funding for health promotion in this space (currently funded in kind by **enliven** and contributing organisations)	• **enliven** has produced a poster and brochure in easy English to educate the community regarding risky drinking levels and where to get help (Monash University commissioned work via VicHealth grant). At the early intervention stage, these are aimed at community members, encouraging them to speak to health professionals about their alcohol use. Permission was sought and gained to modify the brochure to include SECADA intake contact details for distribution in the south east (click here). In addition, a health promotion resource was developed by **enliven** aimed at risky drinking during the COVID-9 period. This was ready for distribution at the end of May 2020. A drug harm minimisation resource is currently also under development, to be completed by 30 June 2020. • Grant has been submitted to VicHealth and first phase is to explore the drinking cultures of TAFE students with a view to implementing a social marketing campaign aimed at culture change. Deakin identified as research partners and if successful most of the grant funds ($25k) in phase 1 would be used for the Deakin research and to train the Youth Researchers. If asked to progress to Phase 2, $250,000 would be allocated - governance group would determine fund holding arrangements at this stage. Currently outcome of grant is on hold. • The ADF (represented on our working group) announced another round of grant funding for the end of the year. Discussions are underway to apply for a SE LDAT across Casey, Cardinia, and Greater Dandenong and to be led by this working party. **Appendix 4:** Alcohol and staying healthy during COVID-19

Working Group	Planned activity	Status report
Cross sector collaboration	• Develop catalogue of cross sector services to improve cross sector referral, including eligibility criteria, online referral form links, contact details, service descriptor, etc (to feed into service seeker tool)	• **enliven** are creating a directory of all cross-sector services in the catchment (informed by the ERMHA service seeker tool). This directory will include information such as eligibility criteria, service descriptors, links to websites, online referral forms and phone numbers. Other sectors are being asked to assist completion of details for their services, **enliven** will complete the AOD services and general information for other sectors. This piece of work is due for completion by 30 June 2020. Ideally this information will be used in the existing service seeker tool, otherwise an online catalogue will be created to host this information. In the interim COVID-19 environment, **enliven** populated details of service arrangements for the main service providers during this time (i.e. are services open, changed opening times, etc) across AOD, MH, FV and housing sectors. This piece of work was completed mid-May and distributed broadly. • The cross sector working group was disbanded in September 2019 and replaced by the Area Implementation Committee (AIC) which had a similar remit. It has recently been announced that the AIC will merge with the SMA Family Violence cross sector committee. Opportunity has been given to feed into the SMA FV plan to ensure the AOD CBP activities are included. **Appendix 5:** Cross sector service impacts - Covid-19

Appendix 1: Telehealth Proposal and Governance Structure

Subject: **AOD Telehealth Services Implementation**

Recommendation

That the **AOD CBP Governance Group**

1) Endorse Telehealth (Health Direct) as a proposed collective solution to develop the capacity of the current AOD treatment streams that are funded under the Victorian Department of Health and Human Services AOD program

2) Provide organisational support to implement Telehealth using a common platform across SECADA and SURe AOD services.

3) Utilise learnings from the current COVID-19 pandemic to adjust the approach to ensure it is meeting the objective of developing the capacity and efficiency of the current service offerings and improving the delivery reach of the AOD treatment streams.

4) Consider the Telehealth governance structure proposed

Background

enliven works closely with the SECADA and SURe Executive Officers and the respective consortia to provide coordination and support for the implementation of the AOD Catchment Based Plan 2019-21 (the plan). The plan brings together AOD providers and stakeholder organisations to work collaboratively to address any service gaps and pressures as well as developing strategies to improve responsiveness, particularly for people facing disadvantage.

The **enliven** AOD CBP Governance Group has the task of overseeing the planning, development and implementation of the plan. Various working groups have been established to look at actions to address any issues that are relevant to the CBP implementation aims and objectives.

The AOD CBP Service Geography Working Group has identified that there are areas of unmet need in the delivery of the treatment streams of the AOD program, due to poor access to services, especially in the outer regions of the Casey/Cardinia catchment.

Telehealth technology has been proposed as a solution to improve the service delivery reach for the AOD treatment streams and therefore client access within these catchments.

The COVID-19 crisis created an uplift in the use of Telehealth across all primary health services in the state. Health Direct was offered free of charge to service providers and was approved and recommended by DHHS as the preferred platform. Monash Health was an early adopter of the system, including use for its SECADA AOD services. Anecdotally clinicians and clients have mostly been using telephone as the medium for counselling during social distancing restrictions. Staff and clients have adopted this with relative ease. As Telehealth implementation is usually a large change management project, with scepticism hindering successful implementation, COVID-19 has resulted in general acceptance and therefore provides and environment of readiness to adopt Telehealth beyond imposed restrictions.

Overview

Telehealth refers to a range of flexible service delivery models using technology, ranging from wearable devices, voice activated advice to videocall conferencing. For the purpose of this document Telehealth is defined as the provision of health care delivery or related workforce education/peer support, when some or all the participants are separated and where videoconferencing (audio and visual) is used to overcome that distance.

The "**client** end site" may be located in the client's home environment via a mobile phone, tablet or home computer. Further enhancement of the model will see the establishment of local "Telehealth hubs", which include Telehealth equipped computers located in a community outpost service such as community health, GP clinic, pharmacy, school or other site.

A Telehealth hub enables superior videocall quality, support for the client from a clinical governance perspective (as other workers are available should a client become distressed), reduced "did not attends (DNA)" and fewer connectivity troubleshooting issues.

Initially clients suitable for a telehealth intervention (based on complexity) would access from the home or wherever the client feels comfortable. If internet capacity is an issue, telephone calls may be utilised as back up.

The clinician can be located in an established service, an office setting, their own home or at a Telehealth hub. The service clinician must have appropriate read and write access to the client clinical notes.

Peer support workers, other clinicians or family and friends support may be located with the client, with the service provider or at another location such as their own home or a local Telehealth hub. The number of sites or people connecting into a videoconference determines if it is referred to as a 2-way or 3-way Telehealth call. Health Direct allows for multiple people to be included, including interpreters as required.

Implementing Telehealth

Critical success factors	Organisational Strategies
Strong leadership and dedicated ongoing co-ordination	Strong leadership and executive support, including champions are essential to build an organisational culture that has capacity for change and improvement.
	Most services introduce a role of "Telehealth co-ordinator". This role is mostly administrative and involves help desk technical troubleshooting and pre-testing call quality prior to appointments. However, it may also involve a clinical component of managing the transfer of health information, selection of suitable clients, education of health providers, onboarding new sites, clinical governance, incident reporting, quality improvement and providing general "go-to" expertise.
Key stakeholders and consumers that recognise the benefits and are engaged	This has already been established during the COVID-19 pandemic. Clients and clinicians are actively utilising Telehealth however it is important to now move to include the video call option provided by Health Direct to supplement the phone call option.
Matching Technology and clinical service needs	The technological products or services required can be broadly categorised as: • Infrastructure: Broadband service quality in the service areas is important as its difficult to operate if the image

Critical success factors	Organisational Strategies
	keeps freezing or pixilating. Options to revert to phone calls for less complex clients would need to be incorporated. • Videoconferencing solutions eg Health Direct videocall platform, provided by the Commonwealth government, is currently offering free access licences and is already utilised by Monash Health.
A focus on change management	The importance of continuing change management cannot be underestimated. Implementation of Telehealth can confront staff with unfamiliar and unpredictable technologies and the need to develop new skills, new protocols and workplace practices. While staff are now used to Telehealth via telephone, the transition to video-call may prove challenging for some.
Assurance that current activity funding model is maintained post COVID-19	Telehealth consultations attract activity-based funding during the COVID-19 pandemic - need to ensure there is ongoing provision for this post the
Clearly defining and articulating clinical responsibility and governance protocols	Protocols that identify roles and responsibilities of different organisations and how interactions between sites are managed are required to manage risk and reassure consumers and clinicians. Clinical risk and escalating this to access support at the client end, in case of distress, also needs to be considered.

Risks

The following risks have been identified

Risk	Mitigation Strategy
Decreased patient outcomes or satisfaction / experience	Maintain existing services to provide alternative avenues to access services to support continuity of care. Providing choice to the client and ensuring that Telehealth remains an option for clients but is not mandated.
Regional Broadband coverage is not optimised at peak times	Provide pre-testing of the connection with the client in the home (this is recommended and facilitated via Health Direct) and if there are issues, client can also be offered telephone counselling as a backup initially (and later options to go to Telehealth hubs in local GP clinics, pharmacies, CHS or other suitable services)

Recommended governance

enliven recommends the following governance structure:

1. Establish a telehealth governance group

Functions of the governance group should include:

- Sponsoring and supporting planning, implementation and ongoing activities to start and sustain the telehealth program.
- Consider investment requirements such as investment in equipment, facilities, support staff and evaluation. This helps to ensure technical infrastructure meets any current unmet demand for future growth. Oversee this expenditure.
- Advising SECADA Board of Management on telehealth strategy
- Ensuring the adoption of standards and guidelines for the effective use of telehealth
- Ensuring robust information governance mechanisms so the consortium organisations hold and share data safely and give people the confidence to share their data across care settings. This includes transparency about how patient data will be used.
- Communicating and promoting the use of telehealth with users including staff and clients
- Planning and implementation must be responsive to the needs of clients and staff.
- Promoting collaboration with parties from other sector organisations.

2. Appointing a clinical telehealth leader or clinical champion.

3. Appointing telehealth program facilitator

4. Agree on telehealth strategies and policies

- Formally document telehealth policies to govern the introduction and use of telehealth services across the consortium organisation
- Develop protocols and guidelines for using Health Direct telehealth tools

5. Dedicate resources for program management, facilitation and technical support.

In order for telehealth consultations to become mainstream, it is important to employ a mechanism to evaluate the outcomes of telehealth use, to assess client experience and clinical safety, and any efficiency gains. Credible data is necessary for evaluation in order to relate telehealth use to health outcomes.

Appendix 2: Data proposal

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Proposal:
establish an ongoing integrated data collection and analysis model

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Applying the SEMCA 'Packaged Liquor Outlet Density and Harm' project data model
A rationale developed through analysis of two reports regarding
Packaged Liquor Outlets, their floorspace, and alcohol-related harm

ACTION REQUIRED:

Data Integrity Working Group   X   Discussion   (discussed on 27 April and recommended for endorsement)

AOD Governance Group   ✓   Approval   (tabled at Governance Group 4 May, approved via email 5 May)

Other AOD Working Groups   □   Information

BACKGROUND

enliven has the responsibility for preparation of a South East Melbourne Catchment-based Plan (the Plan) and is also responsible for the coordination of the Plan's implementation until at least 30 June 2020.

The Plan consists of six priority areas, including, a) Data Accuracy and Integrity, and b) The Role of Local Government. The Action Plans for both these priority areas recommend the coordination of data collection and reporting processes across three local government areas (LGAs) in **enliven's** catchment, i.e. City of Casey, Cardinia Shire Council, City of Greater Dandenong Council.

The SEMCA (South East Melbourne Councils Alliance) is based on an initial consortium formed in late 2012, of seven member councils in the South East Melbourne Group of Councils (SEM), an outer Melbourne regional advocacy body.

The SEM consists of City of Casey, Cardinia Shire Council, City of Greater Dandenong, Mornington Peninsula Shire Council, Bass Coast Shire Council, Frankston City Council and Kingston City Council.

A 2015 Report was produced for the SEM in Phase One of a joint project, titled 'Packaged Liquor Outlet Density and Harm'. The overall project aim was to develop an understanding of any links between packaged liquor outlets and alcohol-related harms to assist councils to reduce alcohol-related violence in and around licensed venues, in private and public settings.

In 2016 the Phase Two SEM Project commenced inviting other local councils outside its catchment. The aim was to form broader alliances, build on the research, and submit a Group of Councils planning amendment to the State, to adopt 2015 Report recommendations.

As a result, Knox City Council and Maroondah City Council from the Eastern Melbourne Region joined to partner in the project. To reflect this inclusion, and the Group changed its name to 'SEMCA.'

Several consultant groups and academics assisted in the production of the SEM 2015 and SEMCA 2019 reports, that produced a contemporary literature review on alcohol-related harm, then collected, overlayed and analysed licensed venue, crime and SEIFA Index data in a GIS-based mapping model.

The SEMCA approach and outcomes provide a framework for an ongoing integrated data collection and analysis model, that supports evaluation and reporting.

PROPOSAL

Greater Dandenong Council, on behalf of the SEMCA, had requested **enliven** to investigate the potential for building on the SEMCA model by reviewing the two project reports that outline an integrated approach to data collection, mapping, and analysis, ie:

> **Report 1**: Planisphere Consulting: '*Addressing the Cumulative Impact of Outlet Density and Alcohol-Related Harms*' Final Report, July 2015 (SEM Phase One)

> **Report 2**: SGS Economics and Planning: '*Alcohol Density Research Project*' Final Report, Jan 2020 (SEMCA Phase Two, NB: building on the 2015 Report).

It is proposed that SECADA and SURe, supported by **enliven** undertake a scoping exercise to determine the feasibility of developing a live database that can support both SEMCA council decision-making and Alcohol and other Drug (AOD) health promotion advocacy and planning efforts.

Whilst the reports focus on packaged liquor outlets (PLOs), their floorspace, and links to alcohol-related harm in communities, they provide an example of how data can influence and support stakeholder decision-making and advocacy efforts.

The reports therefore provide a baseline to continue collective data analysis, evaluation and reporting, which will underpin the establishment of a live data base/data collection model through councils.

Current SEMCA data consists of:

- GIS maps based on cross-correlations and tables based on demographic and crime data
- Liquor supply and demand, alcohol use preferences
- Local government areas with highest rates of socio-economic disadvantage and/or total harm,
- Hotspots for vulnerability to harm, eg, younger Australians and binge drinking
- Cultural and ethnicity factors and alcohol use
- Many more indicators by LGA/other.

The establishment of an integrated database based on the SEMCA integrated approach to data collection and analysis will support the update and review of the above SEMCA data, and the addition of other datasets such as performance and other data from the Victorian Alcohol and Drug Association (VAADA).

Such a database can be designed to support broader analysis of variable relationships, overlaying of new data, and enhance overall data analysis to provide valuable client demographic and service provision data for the catchment.

PARTNERSHIPS AND COLLABORATION

Adoption by **SECADA and SURe** of a SEMCA-based data project at first requires the agreement of, and partnering to different degrees with, five key SEMCA councils who have indicated in-principle support, ie, Greater Dandenong, Casey, Cardinia, Knox and Maroondah. Three of these constitute the **enliven** catchment. Knox and Maroondah are in the outer east catchment and their catchment-based planning is conducted by EACH, who is also a partner in the SURe consortium.

The complexity of such a project also requires commitment, resourcing and collaboration amongst key stakeholders. It is envisaged that a local committee consisting of SECADA, SURe, **enliven** and SEMCA councils would effectively provide leadership and manage the project's direction and activities.

The committee would also call upon and involve current SEMCA and form a broader network of newer stakeholders to participate or provide expertise and input into the project, e.g. Victoria Police, Monash Health, DHHS, DJCS, DEWLP, GIS specialists, VicHealth, Alcohol and Drug Foundation, Deakin and Monash universities.

RECOMMENDATIONS

It is recommended that SECADA and SURe, supported by **enliven**:

- Obtain the support and agreement from five key SEMCA councils to adopt the project approach, model and data from the two aforementioned reports

- Establish a leadership committee consisting of SECADA, SURe, **enliven** and SEMCA representatives, and other stakeholders, eg, Monash Health, DHHS and Victoria Police to provide direction and investigate the feasibility of developing and adopting the aforementioned project

- Target the feasibility investigation on adaption of the SEMCA data collection model, GIS database and data analysis; determining what data is required, where and how it can be sourced, eg, SEIFA-IRSAD, VAADA, Ambulance Victoria, and Victoria Police crime data

- Identify key staff, council representatives and other stakeholders who would undertake development of the GIS database and receive training in GIS systems to enable mapping and overlays of current and updated data, to enable visual models for the catchment that can assist in health promotion, advocacy and planning.

PROPOSED BY: **enliven** and SEMCA (Southeast Melbourne Councils Alliance)

DATE: 21 April 2020

Appendix 3:

Continuing the dialogue: South Sudanese community radio

Aim

To improve engagement of South Sudanese communities with health and social services in the south east.

Implementation of community-led and community-owned strategies will enable authentic engagement, sustainable benefits, and improved health related outcomes for these communities.

Proposal

To scope the potential for an ongoing community radio slot for the South Sudanese communities in the south east. This would be a platform to enable:

- **Community Building - Bringing people together to know each another.**
- **Community Education - Education around social issues**
- **Community Organising - Bringing community together with the goal of solving local community issues.**
- **Deliberative Dialogue - Bringing people together to build understanding across differences.**
- **Direct Service engagement - Bringing the services to the community as a whole.**

The radio slot would also have the following benefits:

- Utilise community champions to encourage participation such as faith or spiritual leaders
- Identify potential young volunteers to participate in opportunities for skills training (e.g. General / Introductory Radio Course, Media Law, Talkback Training - these are offered free by 3CR but need to investigate what 3ser offers)
- Provide a platform for delivery of social health-related prevention and intervention key messaging to reach these communities who typically have low engagement with mental health, alcohol and drug, suicide prevention, housing and family violence services

- Provide an opportunity to continue the discourse and improve cross generational understanding relating to culture within South Sudanese communities.

Stakeholders

This initiative is divided into 3 key components

   A. Interim opportunity for an AOD feature on Jack Nagels' Real Drug Talk Community Radio program **(short term)**
   B. Health and social service system interface - determination of messages and potential format for ongoing AOD slot for community radio (based on learning for Part A) **(medium term)**
   C. Establishment of ongoing community led and owned radio slot **(long term)**

Stakeholders A: Interim AOD feature slot on existing program

SEM PHN - Jack Nagle (connections to community radio - Real Drug Talk)

Darrell Hinga (SECADA)

Danny Alcock (Taskforce)

Gatluak Puoch (DHHS)

Kenyatta Dei Wal (Centre for Multicultural Youth - Community Support Groups)

Deacon George

enliven (support as required)

Stakeholders B: Building ongoing messages/program design for AOD interface with community

Darrell Hinga (SECADA)

Danny Alcock (Taskforce)

Gatluak Puoch (DHHS) for community input

SEM PHN - Jack Nagle (to advise)

Kenyatta Dei Wal (Centre for Multicultural Youth - Community Support Groups)

Deacon George

enliven (support as required)

Stakeholders C: Community Radio Program owned by South Sundanese community

DHHS - Gatluak Puoch (engagement with South Sudanese communities)

South Sudanese project group - tbd

CSG - Cultural knowledge and language capacity

A. Interim AOD feature in Real Drug Talk community radio slot

Implementation Plan
Identification of focus for AOD feature and whether further features may be possible in interim

- Schedule initial meeting with Kenyatta, Deacon George, Gatluak, Jack Nagel and AOD services representative to discuss the potential format of the AOD feature
- Jack Nagel to receive cultural competence guidance from Gatluak, Kenyatta and Deacon George to ensure cultural sensitivity during broadcast
- Consult with community on key issues facing the South Sudanese communities and any questions they may want answered in a 2-hour feature on AOD
- Plan format for feature - interview, key topics, key messages to relay to community
- Determine date for recording and then broadcasting of AOD feature
- Utilise influence of Deacon George and Kenyatta to ensure maximum engagement with community (i.e. audience numbers) and consider podcast for those who are unable to listen in to show
- Record AOD feature
- Consider how to capture feedback from community and their ideas for further features, for a radio program of their own, etc

Status 27th May 2020

- Jack suggested the program could go to air on Saturday 27 June at 10pm, this would give us time to identify and approach community members to be involved.
- Deacon George and Kenyatta said they could approach individuals (Young person and a female community member) to ask if they would like to be involved. Kenyatta said that CMY CSG could help with technology and space if necessary for the community members to use for the radio program recording.
- The show would be pre-recorded during the week of the 22 June with Jack. Jack will coordinate the most appropriate time and liaise with the group regarding a discussion schedule and topics.
- We also had a discussion about developing a promotional flier to be used to send to the South Sudanese Community and other networks to promote the radio show. Danny will liaise with Enliven as to the details of the flier and report back to the group.

B. Health and social service system interface, service provider input and key messaging

Implementation Plan

Identification of key messaging

- Consult with community on key issues facing the South Sudanese communities
- Workshop development of key messaging aligned to consultation undertaken
- Devise the messaging in plain language
- Consider how to deliver the massaging in a regular radio program slot (all will require translations):
    - Interview on radio with service providers or clinicians
    - Case study review as example of service coordination / intervention
    - Short service "ad-type" messaging
    - Phone ins (may be difficult to manage)

Service provider response - cultural competence

If awareness raising results in increased demand for service from culturally diverse communities, there is a need to ensure services can respond in a culturally respectful way.

Some ideas raised include:

- Cultural guide for clinicians (emphasis on AOD clinicians initially)
- Cultural competence training for front line staff and clinicians

C. Establishment of ongoing community led and owned radio slot

Ideas for further exploration

The following ideas have been proposed by the Alcohol and Drug Clients and Community working group for further scoping:

- Include cultural music
- Involve faith and spiritual leaders, community leaders and champions in the development of the brief for this concept, including proposed program content, marketing of community radio slot to encourage participation (ensuring the slot encourages participation from youth and older members of the community).
- Invite service providers along for interviews on health or social health related topics, including opportunities to discuss service access.
- Include de-identified case studies or (if de-identification within community is problematic) examples of community bet practice and how services can help coordinate a solution.
- Include topics around generational gap and cross-cultural conflict (aim to create a radio show where every South Sudanese person feels represented and included)
- Consult with community to determine topics they would value and engage in. This could include a short survey of community to capture their ideas

Implementation Plan

Scoping:

Gatluak to perform initial scoping and hold discussions with Deacon George, CMY and CSG to consider

- Feasibility
- Commitment / buy-in for this initiative from key stakeholders
- Other possible ideas, concepts and principles for radio show content

Content development:

- To fine tune ideas and finalise potential layout / template for program

Propose governance structure

- Propose community governance committee to have oversight of operations, to authorise and help source proposed content weekly. Some media expertise should be considered on this committee to ensure broadcasting codes are complied with.

Contact with possible community radio stations

- Consider contact with 3ers (South East Community Radio)
- Consider alternative community radio options if 3ers contact not successful
- Pitch idea

Personnel

- Determine key personnel, including volunteers to manage day to day operations
- Consider what remuneration would be offered (or whether this would be on volunteer basis with opportunities for training to further develop skills for a career in media)

Budget

- Devise budget for ongoing operations and consider grant funding

General Information relating to community radio

The following information has been compiled for reference to provide an overview of considerations when developing a community radio program.

Radio programming:

- Can be aimed at everyone (broadcasting) or at one section of the community (narrowcasting)
- Narrowcasting will probably attract the greatest number of listeners. Narrowcasting targets very specifically at a particular demographic – people of a particular age, type, social class etc.
- Broadcasting will reach a wider range of listeners
- Variety in programming sets community radio apart from other radio stations

Timeslot:

The timeslot you are given, or bid for, will influence your audience, and therefore should influence the type of content to aim for. A timeslot in the early evening could cater to both youth and adult audiences but there may be competition for such slots. It is important to consider what timeslots would best reach your target audience

Impact in the community

The impact you have will hopefully take many forms. Your mere existence should be of considerable value to many community groups and the people they serve. Programming should also have the following additional value:

- The provision of radio services to individuals who are otherwise under-served
- The facilitation of discussion and expression of opinion
- Promoting better understanding of the community.

Content

Generating discussion and expression of opinion is not usually a great problem for a community radio station. Usually this will take the form of:

- Studio discussion and interviews. One or more presenters plus one or more guests. Usually centred around a subject
- Debates. Larger showpiece discussions which may combine studio and phone-in formats or even outside broadcasts.
- Phone-ins. Usually one presenter and as many listeners as possible.

Studio discussion and interviews

Listeners may want to hear about activities in the local area, news about health or education services and informative items about a topic but they also want to hear some good music and be entertained.

- Break up the discussion with music. Where appropriate use songs with a suitable or matching theme. And be wary of insensitive choices.
- Make sure the presenter always has plenty of back-up questions or points of discussion in case conversation runs dry
- Keep the topics moving along. If people are not interested in one topic, they may simply ignore it for a few minutes, but if the topic hasn't changed soon you will lose them. People will stay tuned for 30 mins on six different subjects which they are not interested in, but won't stay tuned for 30 mins about one subject which they are not interested in.
- Get different voices on air. One-to-one chat can rarely be sustained for more than five or ten minutes by any but the most skilled and fascinating interviewer and interviewee.
- Talk naturally and intelligently.

Debates

Debates are a particular type of discussion based around a single topic or theme. While most discussion shows will be non-confrontational – presenter and guests talking around a subject and conveying information – debates are centred on points of argument and dispute. Topics of debate are by definition controversial, and so make great radio, but there are obligations for a radio station to be politically neutral and this must be a priority.

The best radio debates will usually have more than two guests and will also bring in points of view from listeners. Tips for holding debates can be found in the Community Radio Toolkit[1]

Debates:

- Make great radio
- Make a significant contribution to your social gain achievements
- Take a lot of organising
- Can be as large or as small as you like
- Should be done occasionally and well, rather than often and badly

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[1] https://www.communityradiotoolkit.net/wp-content/uploads/2015/09/Community-Radio-Toolkit.pdf

Phone ins

Phone-in shows should ideally be:

- Friendly and non-aggressive – although a little controversy never hurts.
- Centred around a particular topic.
- Conducted through a switchboard, or at least a couple of lines. It is almost impossible to have a nicely flowing phone-in show through only one line. You need someone off air taking the calls and queuing people up.
- Hosted by a well-trained presenter. He or she needs particularly good training in legal issues relating to radio codes and needs to be prepared to cut a caller off if they are about to break a code.

Program sharing

While of course you will be responsible for generating most of your output yourself, the wider community radio sector offers a useful source of programs. Full shows or shorter items can be borrowed from or shared with other community stations through these sources:

- The Community Media Association is currently developing a network that will allow you to pull down whole shows or clips from the web for broadcast.
- The Radio Bank – the Government's source of material, particularly around health and safety issues and public health. Other health and social service agencies sometimes make special items for free broadcast;
- One World Radio and InterWorld are websites where you can download and broadcast superb on the spot reporting from communities in every corner on Earth
- Collaborations with neighbouring community stations on very occasional special broadcasts.
- Podcasting (downloadable audio programs made available to all on the internet) may also prove to be a fascinating source of grass roots opinion from across the world. Do not presume that the presence of the audio on the web gives you permission to broadcast it however – you need to contact the producer for their permission.

Access versus quality

Community radio stations are obliged to open the airwaves to members of the community. As a general rule, the more people you get on air, the harder it will be to keep the quality high – simply because the training, support and most importantly broadcasting experience you can offer will be more thinly spread. Wide access will mean more people have a stake in

your station and more will have friends, neighbours or family involved – but on the other hand you may keep fewer regular listeners as specialist audiences often take time to grow.

Working with religious communities

- A community radio station is an appropriate place for religious groups to promote their activities and events, but not their beliefs to the exclusion of others. Community radio will not allow preaching or evangelical broadcasting.
- Individual behaviours and lifestyles (for example, with regard to sexuality) should never be condemned or criticised on religious or moral grounds.
- Religious issues can and should be discussed and debated, but only within the normal rules of neutrality and balance. Ideally, controversial issues should have both (or all) points of view represented, with a neutral host.
- Broadcasters should be particular sensitivity when referring to religions other than their own. Particular religious beliefs should never be singled out for criticism
- Religious music is welcome if it is programmed for its musical rather than religious value.
- Faith-based broadcasts are clearly and frequently branded as such. People need to know the context of what they are hearing.

Appendix 4: Easy English resource
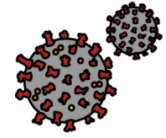
Alcohol and staying healthy during COVID-19
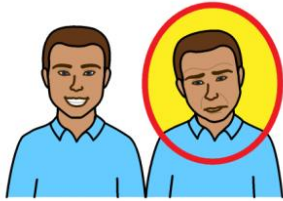
- Your life during COVID-19 might have changed.

- You might feel worried about your health, money, job, relationships, or what is happening.
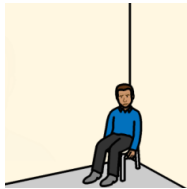
- You might feel lonely or have more time at home. It is important that you look after yourself and others.
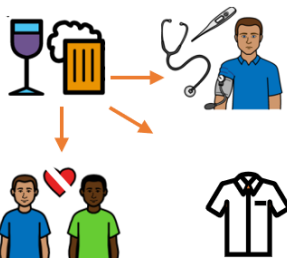
- Some people may be drinking more alcohol.
  This can impact your health, work, and relationships.

There are things you can do to stay healthy

- Stay connected with friends, family, and your doctor.

- Have a healthy routine for at home.

- Use your free time to be active or find a new activity to try.

Appendix 4: Easy English resource

- The healthiest option is not to drink any alcohol.

- Drinking alcohol is never completely safe. For some people, not drinking alcohol is the safest thing to do.

How to prevent harm if you do drink alcohol

- Be aware of how much alcohol you are drinking each day.

- Do not drink more than 10 standard drinks in a week or more than 4 standard drinks in a day.
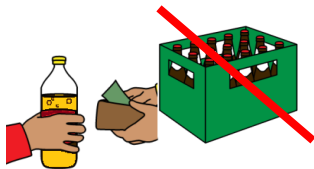
- Do not buy more alcohol than you need.

- Find ideas to see your friends and family that do not involve alcohol.

- Do not drink alcohol in front of children.

- Get help as soon as possible if alcohol starts to impact your life.

Appendix 4: Easy English resource

What is one standard drink?

285 ml (pot)
Full strength beer

375
Mid strength beer

30 ml
Spirits

100 ml
Wine
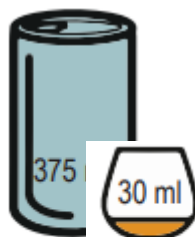
60 ml
Port or fortified wine

Alcohol and COVID-19
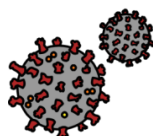
- Drinking alcohol will not keep you safe from COVID-19. If you stop or drink less alcohol, you may be less likely to get sick from COVID-19.

- Lots of companies that sell alcohol are trying to get people to buy more alcohol during COVID-19. They try to tell you that drinking alcohol will help you feel better. This is not true.

- Drinking alcohol does not help if you are worried or stressed. Drinking alcohol can make these feelings worse.

- Alcohol support services are still open during COVID-19 restrictions.
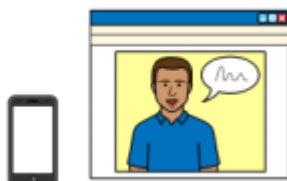
- You can get help on the phone or online.

Appendix 4: Easy English resource

Where to find out more?

There is lots of information about managing, reducing, or stopping your alcohol use:

Hello Sunday Morning
1300 403 196
www.hellosundaymorning.org/

Alcohol and Drug Foundation
1300 85 85 84
www.adf.org.au

Where to get help?

- There are services that can help if you are worried about your alcohol use. Some of them can help you on the phone or online.

- **SECADA**
  SECADA is the intake service for help with drugs and alcohol for south east Melbourne. If you live within the City of Casey, Cardinia Shire Council or City of Greater Dandenong you can call SECADA.
  1800 142 536

- **DirectLine**
  DirectLine can provide alcohol and drug counselling and referrals for all Victorians. They can do this on the phone or online. DirectLine is open all day, every day.
  1800 888 236

Appendix 5
Cross Sector Directory: Impacts of COVID-19 on main services

Alcohol and Other Drug Services

South Eastern Consortium of Alcohol & Drug Agencies (SECADA) SECADA is a single point of contact for a large network of specialist services which support youth and adults with a range of alcohol and drug concerns. This includes people who may be experiencing mental health problems, family and social disconnect, or have been involved with the courts or police. SECADA also provides support to their families, friends and carers. SECADA is a consortium of organisations including Windana (Lead), Monash Health, Taskforce, YSAS and Odyssey House	**Location:** - Intake team: 314a Thomas Street Dandenong 3175 - Pakenham: 46 James Street Pakenham 3810 **Contact (phone/email/intake):** - Intake team: 1800 142 536 - Dandenong: 8738 3175 - Pakenham: 5943 3800 - secada@windana.org.au **Services Offered:** - Intake and Assessment - Counselling - Care and Recovery Coordination - Non-Residential Withdrawal **Eligibility Criteria:** - People who are experiencing alcohol & other drugs issues in the South Eastern metropolitan regions of Melbourne. **Referral:** - Self, family, community corrections, police or community agency. **COVID-19:** Due to the changes all intake, assessment, counselling and information supports are done over the telephone or online. If you would like to speak to someone about yours or someone else's use of alcohol and /or other substances, please call.
Substance Use and Recovery (SURe) Therapeutic recovery-oriented services assisting individuals and their families who have been affected by substance use.	**Location:** – 66 Victor Cres Narre Warren VIC 3805 **Contact (phone/email/intake):** – intake via SECADA 1800 142 536 – SURe 1300 00 SURe (7873) – Intake.sure@each.com.au **Services Offered:** – Intake and Assessment – Counselling – Care and Recovery Co-ordination – Non-residential Withdrawal **Eligibility criteria:** – People who are experiencing alcohol & other drugs issues in the South Eastern metropolitan regions of Melbourne. Referral: Self, family, community corrections, police or community

	agency. **COVID-19:** Due to the changes all intake, assessment, counselling and information supports are done over the telephone or online.
Uniting Uniting, ReGen provides a wide range of alcohol and other drug programs and support services	**Location:** - 53 Webb St Narre Warren **Contact (phone/email/intake):** - Phone 9704 1220 - regen-secatalystintake@vt.uniting.org **Services Offered:** - 6 week day rehabilitation program for AOD. It utilises cognitive behavioural therapy (CBT) and motivational enhancement therapy (MET) in conjunction with holistic supports such as nutrition, art therapy, yoga and the gym. **Eligibility criteria:** - 18 years and older - A recent withdrawal treatment completed prior to Catalyst start date (this can be organised in conjunction with the Catalyst staff to ensure appropriate timing with the program) - Commitment to abstinence from alcohol or other substances for the duration of the program - Stable accommodation to facilitate attendance - Stable mental health - Basic English literacy skills - Client must not have a significant intellectual or cognitive impairment that would prevent program participation **Referral:** - Information Sessions run every Wednesday from 3-4pm for interested clients. If you have somebody who is interested in attending the program, please call or email our team on the contact details provided. - If you are an AOD worker and would like to make a referral to the program, please email a recent AOD assessment (within 3 months) along with a release of information form to the email provided. Alternatively, you can also call the team on the number provided to discuss your referral first. **COVID-19:** We continue to deliver a remote day rehabilitation program viz Zoom to clients. This continues to remain a 6-week program, with core CBT and MET sessions as well as yoga, art therapy and nutrition Q&A via Zoom. Our first Zoom episode commenced on 4/5/2020 and referrals are open for our second episode which is due to commence on 15/6/2020.
YSAS	**Location:**

Provides a range of programs and activities, including excursions, for adolescent children and young adults 14 to 21 years old who are experiencing problems related to alcohol and/or drug use and problematic substance use.	- 155 Lonsdale Street Dandenong 3175 **Contact (phone/email/intake):** - Admin 9701 3488 - Referral line 1800 014 446 **Services Offered:** - YSAS REVAL Program (Recreation, Education, Vocation & Life Skills) - Youth Home-Based Withdrawal / Primary Health Care Program - Youth Outreach team **Eligibility criteria:** - 12-21 years old - Experiencing complex problems related to alcohol and/or other drug use **Referral:** - Self, family member, community agency, school or court. Referral may be made by telephone or by visiting the office. **COVID-19:** We continue to take on new clients despite limitations due to new social distance safety measures and have moved to phone based services where face to face services are no longer possible. Impacted clients are being communicated with directly.
headspace a one-stop-shop for young people who need help with mental health, physical health (including sexual health), alcohol and other drugs or work and study support.	**Location:** - Dandenong: 211 Thomas Street Dandenong 3175 - Narre Warren: 66 Victor Crescent Narre Warren 3805 **Contact (phone/email/intake):** 1800 367 968 **Services Offered:** - Alcohol and other drug counselling - Telephone support - eChat support **Eligibility criteria:** - Children and young people 12-25 years old **Referral:** - Self-referral **COVID-19:** Some of the headspace centres are operating a combination of in-person, online and phone services. If you need help, please get in touch with a local centre

Appendix 5
Cross Sector Directory: Impacts of COVID-19 on main services

Family Violence Services

1800 Respect Provides 24/7 free telephone & online counselling, support & referral for people affected by sexual assault or domestic or family violence in Australia.	**Location:** - Telephone support/ chat support/ information support **Contact (phone/ email/ intake):** - 1800 737 732 (1800 Respect) - Online chat tool **Services Offered** - Information: on sexual assault, domestic and family violence, abuse and other issues - Referral: connecting you with people and services that can help you - Counselling for all members of the public **Eligibility criteria:** - Individuals seeking information or help about domestic and family violence, abuse, and other issues **Referral:** - Self-referral **COVID-19:** 1800RESPECT will continue to operate during the COVID-19 (coronavirus) health emergency, and is available 24 hours a day, 7 days a week.
Relationships Australia (Victoria) Relationships Australia Victoria (RAV) is a secular, community-based, not-for-profit organisation providing high-quality, effective and accessible services for people with complex relationship issues, and delivering prevention services that lead to system-wide change that reduces the incidence of relationship problems.	**Location:** - Telephone support/ chat support/ information support **Contact (phone/ email/ intake):** - 1800 737 732 (1800 Respect) - Online chat tool **Services Offered** - Information: on sexual assault, domestic and family violence, abuse and other issues - Referral: connecting you with people and services that can help you - Counselling for all members of the public **Eligibility criteria:** - Individuals seeking information or help about domestic and family violence, abuse and other issues **Referral:** - Self-referral **COVID-19:** Relationships Victoria are currently providing face-to-face services from our centres and clients should not attend our centres. We're still here to support you, however, with many of our services still being provided through telephone, online and/or video appointments.

Appendix 5
Cross Sector Directory: Impacts of COVID-19 on main services

SafeSteps A state-wide 24/7 telephone information, support, advocacy and referral service for women young people and children experiencing family violence.	**Location:** - Telephone and online support **Contact (phone/ email/ intake):** - 1800 015 188 - If you cannot safely call the hotline, email: safesteps@safesteps.org.au **Services Offered:** - Safe steps phone support workers can also offer information and assistance to individuals concerned someone they know is experiencing family violence. **Eligibility criteria:** - Anyone seeking information and assistance to individuals concerned someone they know is experiencing family violence. **Referral** - Self-referral **COVID-19:** If you are experiencing family violence, we know it may be more difficult for you to reach out during COVID-19. Safe steps is here and waiting for you to contact us. If it is unsafe to speak to someone on a phone, send an email to safesteps@safesteps.org.au

Relationships Australia (Victoria)
Relationships Australia Victoria (RAV) is a secular, community-based, not-for-profit organisation.
	Location:
	- Berwick, 38 Clyde Road Berwick 3806
	- Cranbourne, 2/199 South Gippsland Highway (Corner William Street) Cranbourne 3977
	- Cranbourne North, 405 Narre Warren Road Cranbourne North 3977
	
	Contact (phone/ email/ intake):
	- Berwick: (p) 8768 4111 (e) enquiries@berwickfrc.org.au
	    o Intake: An in-person meeting with a facilitator must be attended
	- Cranbourne: (p) 5990 1900, (e) Cranbourne@rav.org.au
	    o Intake: An in-person meeting with a facilitator must be attended
	- Cranbourne North: (p) 5911 5400, (e) cranbournenorth@rav.org.au
	    o Intake: An in-person meeting with a facilitator must be attended

Services Offered:
- Berwick: Family Dispute Resolution (Mediation), Post Separation Parenting Program
- Cranbourne: Counselling for children, individuals, couples and families, family violence prevention, support and recovery services,
- Cranbourne North: Men's behaviour change programs and case management support

Eligibility Criteria:
- Berwick
    - Family dispute resolution (mediation) - couples who are separating to resolve family law disputes
    - Post separation parenting program – couples who are separating
- Cranbourne
    - Counselling for children, individuals, couples and families – individuals, couples & families including children & young people
    - Family violence prevention, support and recovery services – children and couples
- Cranbourne North
    - Men's only

Referral:
- Berwick
    - Family dispute resolution – self referral
    - Post separation parenting program – self referral, agency or court ordered
- Cranbourne
    - Counselling for children, individuals, couples and families – self referral
    - Family violence prevention, support and recovery services – self referral
- Cranbourne North
    - Men's behaviour change programs and case management support – self referral

COVID-19:

we are not currently providing face-to-face services from our centres and clients should not attend our centres. We're still here to support you, however, with many of our services still being provided through telephone, online and/or video appointments.

Appendix 5
Cross Sector Directory: Impacts of COVID-19 on main services

InTouch – Multicultural centre against family violence A specialist family violence service that works with women from migrant and refugee backgrounds, their families and their communities. InTouch provide case management to women, training, conduct research, and run community-based projects in order to address the issue of family violence in the community.	**Location:** - All service areas within Melbourne **Contact (phone/ email/ intake):** - 1800 755 988 **Services Offered:** - free and confidential support services to migrant and refugee women living in Victoria, who are experiencing or have experienced family violence. **Eligibility criteria:** Women who are: - Aged 18 and over - Newly arrived or established migrant and refugees - From culturally and linguistically diverse backgrounds - Experiencing or have recently experienced family violence - Residing in the state of Victoria, Australia **Referral:** - Self-referral **COVID-19:** InTouch is committed to finding innovative ways to ensure the communities we help in Victoria can continue to access our services, and be supported safely during this time. To help with this, we have developed a resource hub to assist you with information on accessing inTouch services, translated resources, and information about government and community support services available for vulnerable persons during the pandemic.
wayss wayss support people who are homeless, or at risk of homelessness, and people who have experienced family violence, to access safe, secure and affordable housing.	**Location:** - Dandenong, 20 Princess Highway Dandenong 3175 - Berwick, 20 Langmore Lane Berwick 3806 **Contact (phone/ email/ intake):** - Dandenong – 9791 6111 - Berwick – 9703 0044 - info@wayss.org.au **Services Offered:** - Access to crisis accommodation - Information on future housing options - Information and support - Safety planning - Advocacy - Referral to services, including counselling, housing, material aid, health, legal and court support **Eligibility Criteria:** - If you are experiencing homelessness, or at risk of becoming homeless **Referral:** - Self-referral

	COVID-19: While the Dandenong office remains open, most of our staff are working from home and we can provide most of our services online and over the phone. Please continue to use your existing Wayss contact details or call the office on 9791 6111.
South Eastern Centre Against Sexual Assault and Family Violence (SECASA) SECASA offers a range of services including counselling for victim/survivors of sexual and physical assault, children and adults, female and male.	**Location:** - Dandenong, 1 Dandenong Street Dandenong South 3175 - Cranbourne, 156 Sladen Street Cranbourne 3977 (Cranbourne Community Information Centre) **Contact (phone/ email/ intake):** - Dandenong – 9928 8741 - Cranbourne – 9928 8741 - secasa@monashhealth.org - **Services Offered:** - Sexual assault counselling and support service providing crisis care, counselling, assistance, information, referral, advocacy, court support, group work and support for male and female children, young people and adults who are victims or survivors of sexual assault and for non-offending members of their families, partners and friends. **Eligibility criteria:** - Male & female children, young people & adults who are victims or survivors of sexual assault & for non-offending members of their families, partners & friends **Referral:** - Self-referral or agency **COVID-19:** SECASA remains open and committed to providing a sexual assault and family violence service during the coronavirus outbreak. We have made some changes to how we deliver our service, to minimise the risk of exposure to our clients and staff. Please call SECASA on 9928 8741 to discuss any of these changes in more detail, and how they might be adapted to suit your needs during the COVID-19 outbreak.

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Cross Sector Directory: Impacts of COVID-19 on main services

Windermere Windermere is an independent community service organisation, working across south eastern Melbourne and Gippsland, to help those who need it most.	**Location:** 48 Webb Street Narre Warren 3805 **Contact (phone/email/intake):** - Homeless support service intake: 9705 3200 **Services Offered:** - Family Violence Case Management **Eligibility criteria:** - Families who are experiencing or have experienced family violence **Referral:** - Self-referral **COVID-19:** - Our ELC, kindergarten and Family Day Care services still remain open. We have strict hygiene controls in place at these venues. - All Early Intervention and Therapy Services home visits will be cancelled and you will be offered the alternative of an office or health teleconference session online. - Due to the school holidays being brought forward, our Early Intervention and Therapy Services will also no longer be conducting school, kindergarten and childcare visits, effective as of Wednesday 25th March. This will be reviewed at the commencement of term 2. In the meantime, you will be offered the alternative of an outdoor visit, an office visit or a health teleconference session online. - As of today, we are suspending all of our small group programs with plans to review commencement of these programs for term 2. We will continue to monitor the advice from the Australian Government and relevant authorities and advise of any changes to our service delivery.

Appendix 5
Cross Sector Directory: Impacts of COVID-19 on main services

Housing Services

Launch Housing Launch Housing is a Melbourne based, community agency formed in July 2015. Our mission is to end homelessness. Launch housing provides housing and homelessness services to thousands of vulnerable people in Melbourne.	**Location:** - Bobs Place, 35 Robinsons Street Dandenong 3175 **Contact (phone/ email/ intake):** - 1800 825 955 - dandenong@launchhousing.org.au **Services Offered:** - Crisis accommodation - Housing support services - Men's Options Program - Shower Facilities **Eligibility Criteria:** - Crisis accommodation – Singles, couples & families experiencing homelessness - Housing support services – singles & families experiencing housing crisis - Men's Options Program - Men under police Apprehended Violence Orders (AVOs). - Shower Facilities **Referral:** - Crisis accommodation – self referral or agency - Housing support services – agency - Men's Options Program – police - Shower Facilities – self referral **COVID-19:** Launch Housing remains open to help some of Melbourne's most vulnerable people during the coronavirus emergency.
wayss wayss support people who are homeless, or at risk of homelessness, and people who have experienced family violence, to access safe, secure and affordable housing.	**Location:** - Dandenong, 20 Princess Highway Dandenong 3175 - Berwick, 20 Langmore Lane Berwick 3806 **Contact (phone/ email/ intake):** - Dandenong – 9791 6111 - Berwick – 9703 0044 - info@wayss.org.au **Services Offered:** - Provide housing information and advice - Refer you to accommodation vacancies and other services

- Assist with applications for social housing and private rentals
- Refer you to programs that could provide bond loans and material aid

Eligibility Criteria:
- If you're experiencing violence in your home, feel threatened, or are at risk in any physical or emotional way, reach out for a private and confidential conversation

Referral:
- Self-referral

COVID-19:
While our Dandenong office remains open, most of our staff are working from home and we can provide most of our services online and over the phone.
Please continue to use your existing Wayss contact details or call the office on 9791 6111

Windermere
Windermere is an independent community service organisation, working across south eastern Melbourne and Gippsland, to help those who need it most.

Location
- 48 Webb Street Narre Warren 3805

Contact (phone/email/intake):
- Transitional Support Program – (Wayys ltd) 9791 6111
- Mums & Bubs – 1300 Windermere (1300 946 337)
- Support for Families at Risk of homelessness – 9705 3200
- Homeless support service intake – 9705 3200

Services Offered:
- Transitional Support Program
- Mums & Bubs
- Support for Families at Risk of homelessness

Eligibility criteria
- Transitional Support Program - Families with dependent children that are homeless with links to Casey and Cardinia.
- Mums & Bubs – Single mothers aged 18-25 years who are homeless or facing homelessness with younger than school aged children
- Support for Families at risk of homelessness – Families with dependent children in their care

Referral:
- Transitional Support Program - Self-referral via Wayss Ltd
- Mums & Bubs – Self-referral
- Support for Families at Risk of Homelessness – contact via Housing Support team 1300 946 337

Appendix 5
Cross Sector Directory: Impacts of COVID-19 on main services

	COVID-19:
	- Our ELC, kindergarten and Family Day Care services still remain open. We have strict hygiene controls in place at these venues.
	- All Early Intervention and Therapy Services home visits will be cancelled and you will be offered the alternative of an office or health teleconference session online.
	- Due to the school holidays being brought forward, our Early Intervention and Therapy Services will also no longer be conducting school, kindergarten and childcare visits, effective as of Wednesday 25th March. This will be reviewed at the commencement of term 2. In the meantime, you will be offered the alternative of an outdoor visit, an office visit or a health teleconference session online.
	- As of today, we are suspending all of our small group programs with plans to review commencement of these programs for term 2.
	We will continue to monitor the advice from the Australian Government and relevant authorities and advise of any changes to our service delivery.

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Mental Health Services

headspace headspace provides a one-stop-shop for young people who need help with mental health, physical health (including sexual health), alcohol and other drugs or work and study support.	**Location:** - Dandenong: 211 Thomas Street Dandenong 3175 - Narre Warren: 66 Victor Crescent Narre Warren 3805 **Contact (phone/email/intake):** - 1800 367 968 **Services Offered:** - Mental Health and Wellbeing - Telephone support - eChat support **Eligibility criteria:** - Children and young people 12-25 years old **Referral:** - Self-referral **COVID-19:** While things are changing with COVID-19, we want you to know that your local headspace centre is still here for you. Some of our centres are operating a combination of in-person, online and phone services. If you need help please get in touch with your local centre directly.
Beyond Blue A national independent, not-for-profit organisation providing information and advice for people experiencing depression, anxiety or suicidal thoughts. 24 hour / 7 support	**Location:** - Online and telephone support **Contact (phone/email/intake):** - 1300 224 636 - Online chat - Online email form **Services Offered:** - Online and telephone support **Eligibility criteria:** - Any individual seeking support or advice for mental health problems **Referral:** - Self-referral **COVID-19:** Coronavirus Mental Wellbeing Support Service This website will be regularly updated with information, advice and strategies to help you manage your wellbeing and mental health during this time. And you can stay up-to-date by joining our email community Phone: 1800 512 348

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Cross Sector Directory: Impacts of COVID-19 on main services

Ermha Provides a range of services for people with mental illness or other disadvantages and for their carers.	**Location:** - Dandenong: 45 Assembly Drive Dandenong 3175 **Contact (phone/email/intake):** - 1300 376 421 - Intake: 1300 785 358 **Services Offered:** - Community support program **Eligibility criteria:** - Individual with mental ill health **Referral:** - Self-referral and referral from health services, family or friends **COVID-19:** ermha365 will be continuing to support our participants during the COVID-19 pandemic both directly and indirectly.
Youth Beyond Blue Beyond Blue's dedicated site for youth. Information, resources and support for young people dealing with depression and/or anxiety. 24/7	**Location:** - Online and telephone support **Contact (phone/email/intake):** - 1300 224 636 - Online chat – 3pm til 12am **Services Offered:** - Online and telephone support for mental ill health **Eligibility criteria:** - Young people aged 12-25 **Referral:** - Self-referral **COVID-19:** Coronavirus Mental Wellbeing Support Service This website will be regularly updated with information, advice and strategies to help you manage your wellbeing and mental health during this time. And you can stay up-to-date by joining our email community Phone: 1800 512 348

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Cross Sector Directory: Impacts of COVID-19 on main services

Family Life
 	
Family Life is a specialist family services provider working with vulnerable children, families and communities since 1970. At the core of our organisation is our vision to build capable communities, strong families and thriving children.
	Location:
	- Life Without Barriers, Level 2/1-7 Langhorne Street Dandenong 3175
	Contact (phone/email/intake):
	- info@familylife.com.au
	Services Offered:
	Face to face or telephone support
	- Connect
	    o Connect is a free peer support service offering caring, evidence-based interventions to improve wellbeing, decrease emotional distress and improve connections to your community.
	- Shine
	    o SHINE aims to help children, and their families, who need support in leading the way towards happy and healthy lives.
	Eligibility criteria:
	- Ages 16+ appointments can be over the phone or in person at a Family Life Connect site. Mentors are not able to do home visits
	Referral:
	- Self-referral or a GP/ Health Professional
	
	COVID-19:
	Since the State of Emergency was announced in relation to the COVID-19 pandemic we have transitioned all operations to technology mediated service delivery. To ensure we were able to connect effectively with our clients we contacted each of them to complete an audit of their access to technology, subsequently ensuring all clients have a device that enables connectivity with our services. This audit has transitioned into weekly safety planning for all clients.

Kids Helpline Kids Helpline is a private and confidential phone and online counselling service. No problem is too big or too small. We're here for you 24 hours a day, 7 days a week	**Location:** - Online telephone support **Contact (phone/email/intake):** - 1800 551 800 **Services Offered:** - Online and telephone information and support services **Eligibility criteria:** - Aged 5-25 **Referral:** - Self-referral **COVID-19:** We have been a bit busier than usual, so there might be a longer wait to speak to a counsellor. We really appreciate your patience.

Monash Health Refugee Health and wellbeing (Adult Psych Service)
 	
The psychiatry service is part of the integrated Refugee Health and Wellbeing service located in Dandenong, and as such, clients also have access to the broader multidisciplinary team, including psychological support.
 	
This clinic is for asylum seekers and refugee patients who require non-urgent psychiatric care.
	Location:
	- Refugee Health and Wellbeing, Level 1/122 Thomas Street Dandenong VIC 3175
	
	Contact (phone/email/intake):
	- Refugee triage nurse: 9792 8100
	- Refugee Nurse Liaison: 9554 9776
	
	Services Offered:
	
	Eligibility criteria:
	- Aged 25-65 with a history of:
	   o A history of trauma / torture;
	   o Depression;
	   o Anxiety;
	   o Complex grief and loss
	   o Clients referred to this service should not be experiencing acute psychotic symptomology or acute suicidal, homicidal ideation, or have a known history of aggressive behaviour
	Referral:
	- GP
	
	COVID-19:
	Mostly telehealth consultations, face to face sessions will be held on a needs basis

Foundation House provides services to people of refugee backgrounds who have experienced torture or trauma in their country of origin, or while fleeing that country	**Location:** - 155 Foster Street Dandenong 3175 **Contact (phone/email/intake):** - 9389 8888 - info@foundationhouse.org.au **Services Offered:** - Individual & Family supports - Referrals to other services (health services, housing services, legal services and other community support services) - Group programs - Schools - Complimentary therapies **Eligibility criteria:** - Have a refugee or refugee-like background - Have a history of torture and/or other traumatic events prior to arrival in Australia or be an immediate family member of such a person

- Be experiencing psychological or psychosocial difficulties believed to be associated with their experience of torture and traumatic events
- Consent to receive our services
- Not pose an unacceptable risk to the safety of staff or other clients

Referral:
- Referrals are reviewed regularly and a Foundation House staff member will endeavour to contact you within five working days of receiving the referral.
  o Referral Form – Resident
  o Referral Form – Asylum Seeker
  o Referral Form – Schools
  o Referral Form – Detention/ Community Detention

COVID-19:
We continue to deliver counselling and advocacy by phone and video conference.

Lifeline

Lifeline is a national charity providing all Australians experiencing a personal crisis with access to 24 hour crisis support and suicide prevention services.

We're committed to empowering Australians to be suicide-safe through connection, compassion and hope.

Location:
- Online

Contact (phone/email/intake):
- Telephone: 13 11 14
- Chat support
- Information support

Services Offered:
- Online, chat and information support

Eligibility criteria:
- Suicidal thoughts or attempts
- Personal crisis
- Anxiety
- Depression
- Loneliness
- Abuse and trauma
- Stresses from work, family or society
- Self-help information for friends and family

Referral:
- Self-referral

COVID-19:
Mental health and wellbeing during the Coronavirus COVID-19 outbreak

Appendix 5
Cross Sector Directory: Impacts of COVID-19 on main services

	The outbreak of the coronavirus COVID-19 has impacted people in varying ways on an international scale. It is understandable that during times like this, people may be feeling afraid, worried, anxious and overwhelmed by the constantly changing alerts and media coverage regarding the spread of the virus. While it is important to stay informed, the following are some mental health and wellbeing tips and strategies to continue looking after ourselves and each other during these difficult times. We would like to reassure Australians that the Lifeline telephone, text and webchat services will continue as normal throughout the COVID-19 crisis.
The Crisis Assessment and Treatment Team This is a team that provides immediate help during a mental health crisis. Experiencing or caring for someone during a mental health crisis can be frightening but help is available 24 hours a day.	**Location:** - 145-151 Cleeland Street Dandenong 3175 **Contact (phone/email/intake):** - 1300 369 012 **Services Offered:** - Psychiatric triage – information, assessment and referral **Eligibility criteria:** - Immediate risk of suicide **Referral:** - Self-referral **COVID-19:** Operating as normal
Monash Health, Mental Health Here at Monash, we offer a range of activities to educate students and staff about common mental health issues, and how to support others.	**Location:** - 145-151 Cleeland Street Dandenong 3175 **Contact (phone/email/intake):** - 9792 7450 **Services Offered:** - Counselling - Mental Health Community - Child and Adolescent **Eligibility criteria:** - Presenting with mental health issues **Referral:** - Self-referral or through GP **COVID-19:** As part of our response to the COVID-19 outbreak, we have reduced visiting hours and introduced visitor limits.

	We understand this may cause disappointment, but the health and safety of our patients, visitors, and employees must be our top priority.
Suicide Call Back Service Suicide Call Back Service is a nationwide service that provides professional 24/7 telephone and online counselling to people who are affected by suicide.	**Location:** - Online **Contact (phone/email/intake):** - 1300 659 456 - Online counselling **Services Offered:** - Telephone and online chat **Eligibility criteria:** - Anyone who is thinking about suicide or impacted by suicide. **Referral:** - Self-referrals **COVID-19:** Information for physical, mental, and financial support during COVID-19 (for community)