

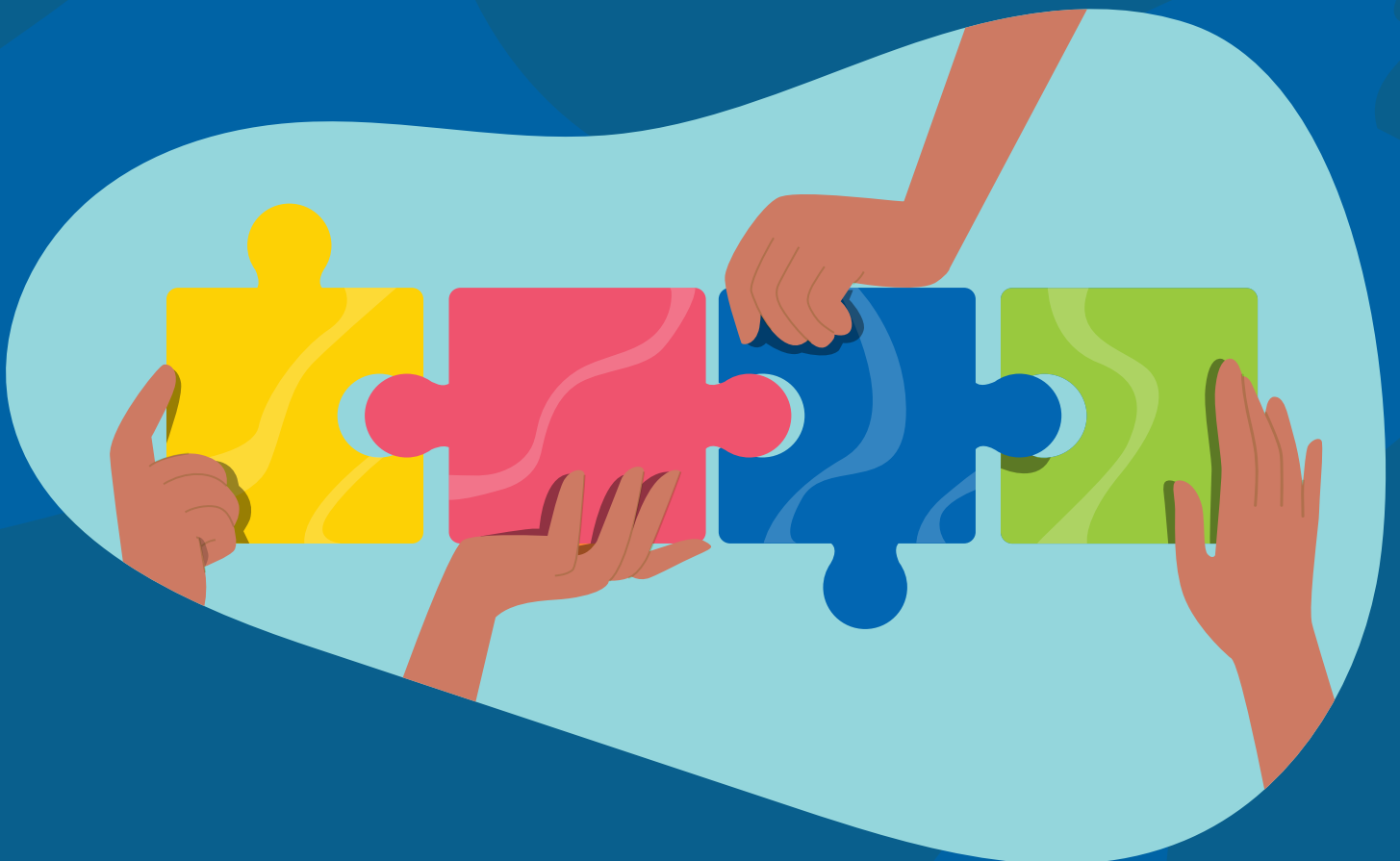


**mental health &
wellbeing connect**

Free for family, carers and supporters

**North East Metro Mental Health
and Wellbeing Connect**

Community engagement and codesign report: November 2023



Acknowledgements

Acknowledgement of Traditional Owners

We acknowledge the Wurundjeri Woi-wurrung people, who are the Traditional Owners of the land on which we work. We pay our respects to Wurundjeri Elders past and present and future, and extend that respect to all Aboriginal and Torres Strait Islander people. We acknowledge that sovereignty was never ceded.



Recognition of Lived/Living Experience

We recognise the individual and collective expertise of families and carers of people challenged by mental health and alcohol and other drugs, and the important work they do to strengthen health and wellness across our community.

Thanks to Our Community

Thank you to everyone who shared their thoughts, time and experiences with us to help us shape the North East Metro Mental Health and Wellbeing Connect service.

We engaged with you over several months to seek your involvement and participation in surveys, interviews and workshops. We appreciate your interest and generosity and look forward to creating better outcomes together for families, carers, friends, supporters and kin of people living with mental health or substance use concerns.

Special thanks to Roslyn Sandwell, General Manager of Wellbeing and Prevention at healthAbility, for co-facilitating the codesign workshops, and to Louisa Mitchell, Codesign and Stakeholder Engagement Lead.

We would also like to extend our particular thanks and appreciation to our Interim Lived/Living Experience Reference Group and the ongoing Reference Group for your time, input, guidance and decision-making support throughout this process.

To find out more about the service, visit: <https://accesshc.org.au/northeast-wellbeing-connect>



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Introduction

The [North East Metro Mental Health and Wellbeing Connect](#) (Connect) is a warm and welcoming service to support families, carers, friends, supporters and kin of people living with mental health or substance use concerns.

Emerging as Recommendation 31 from the [Royal Commission into Victoria's Mental Healthcare System](#), the Connect model was codesigned with families and carers in a process led by [Tandem](#) (the peak body for families and carers of people with mental illness). North East Metro Connect is one of eight Connect services to be established across Victoria.

The North East Metro Connect is led by [Access Health and Community](#) and delivered in partnership with [healthAbility](#), [Inspiro](#) and Self Help Addiction Resource Centre ([SHARC](#)). It covers the local government areas of: Hume (partially), Merri-bek, Melbourne (partially), Yarra, Whittlesea, Darebin, Banyule, Boroondara, Nillumbik, Manningham, Whitehorse, Monash (partially), Maroondah, Knox and Yarra Ranges.

The Connect service will be governed by a Steering Committee made up of eight members. Membership will include an executive leader from each of the four partner agencies and four community members with lived or living experience of being a family member or carer of someone with mental health or substance use concerns.

Between July 2023 and October 2023, the Connect team engaged with many different service providers, families, carers and other stakeholders to learn how they want the service to look and feel, what services we should offer and

where our sites should be located. Building on the [findings from the 2021 Tandem consultation](#), we spoke with people to develop ideas to guide our service planning, locations and overall approach.

We wanted to:

- invite conversation about what people need from the Connect service
- offer accessible, relevant and timely opportunities for participation
- develop relationships with service agencies in our system and learn from their expertise
- understand current gaps in the service system
- learn which populations in our community we should consider prioritising
- reflect on the geography and demography of our region to help us decide where to locate our sites.

This codesign work is the first of many steps in our engagement process with families, carers and the community. As the Connect service matures over the coming months and years, we will continue to engage with our stakeholders and the community; particularly the families and carers who use our service.

Our Lived/Living Experience Reference Group will continue to provide guidance and oversight of the Connect service and will be responsible for key decisions about how the service runs, including what types of support we provide to the community. This will ensure that the service is truly “family and carer led”.

Our values are:



self determination



equity



collaboration



respect



innovation



community

Engagement and Codesign

What is codesign?

Codesign is a way of bringing consumers, families, carers, and health professionals together to improve how services are designed and delivered to the community. It is based on principles of equity and empowerment, creating a reciprocal relationship between the different stakeholders that allows them to design and deliver services together.

In developing the Connect service, we wanted to work with families and carers in the local community to make sure their experiences and perspectives are central to our service design.

Our codesign process

We conducted several workshops with families and carers using codesign principles. These included:

- being trauma-informed (understanding how trauma affects people's lives)
- being strengths based (focusing on strengths rather than deficits)
- maintaining spaces that are "safe enough" for people to feel comfortable sharing their experiences, needs and hopes.

The Connect service engagement and codesign approach was guided by the [AccessHC Community Engagement Framework](#). The Framework outlines the principles that guide our practice and includes tools and templates to support AccessHC to plan, deliver and review engagement strategies. The principles of this Framework include being planned, inclusive and genuine in our engagement.



Engaging with the Community

How we engaged

Between July and September 2023, our engagement included:

- stakeholder surveys with service providers
- stakeholder interviews with service providers
- codesign workshops with family carers from the local community and Lived/Living Experience staff from the service.

We identified 172 service providers in the region with relevant experiences to share that would inform the codesign of the Connect service. This included 60 organisations that were identified as key stakeholders (those who had very relevant experience or delivered similar services in the area).

We sent a copy of the survey to all 172 individual organisations, and also invited the 60 key stakeholders to participate in a 30-45 minute interview (either via telephone or in person). Some recipients of these invitations also passed on the invitation to other relevant contacts in the service system, further extending the number of people invited to participate.

We promoted the opportunity for families and carers to participate in community workshops through multiple channels and formats, including social media, newsletters, direct emails, community networks and stakeholder networks. Our workshop invitation particularly encouraged interest from young carers, male carers, carers living with a disability, carers who are neurodiverse, Aboriginal and Torres Strait Islander Peoples, carers from the LGBTQIA+ community and carers from culturally diverse communities.

Lived/Living Experience Reference Group

An important and ongoing part of our codesign approach includes the establishment of our Lived/Living Experience Reference Group. This group is made up of 12 community members from Melbourne's North East who all have lived and living of experience of being a family member or carer of someone experiencing mental health or substance use challenges. This group comes together fortnightly and has been key to informing many decisions around the Ivanhoe Hub, including its design and fit out, as well as other aspects of the Connect service.

Four members of the Lived Experience Working Group will also be appointed to the Connect service Steering Committee, alongside an executive member from each of the four partner agencies. This means that Lived and Living Experience representatives will have ongoing oversight of the Connect service's development and governance.



Results and Reach

Total number of contributions



24 Family and carer workshop community participants



21 Stakeholder survey responses



46 Stakeholder interviews

Stakeholders

We received survey responses from 21 service providers and conducted interviews with a further 46 services. Some larger organisations contributed more than once, including via both survey and interview, with representation from different program areas within the service.



Aboriginal Community Controlled Organisation (ACCO)
4



Alcohol and other drug (AOD) service
5



Area mental health service
8



Carer service
6



Children and youth service
1



Community health service
10



Community legal service
2



Community mental health service
3



Community service
4



Family Violence Service
2



Local government agency
4



Men's Shed
2



Mental health service
3



Migrant and refugee service
1



Neighbourhood house
3



Neighbourhood house network
1



Other
2



Primary Health Network
2



Specialist forensic service
1



Women's health service
1



Youth mental health service
5

*** Note: Most community health services are also providers of mental health and AOD services.*

Services provided by stakeholders we engaged

Services provided for families and carers by stakeholders we engaged included:

- advocacy
- brokerage (financial support) and food relief
- counselling (including general, family, alcohol and other drug, and family violence counselling)
- research, education and training
- employment support
- group programs and support groups
- outreach, in-home and after hours support
- peer support
- phone and web-based supports
- referrals and service system navigation
- social activities and events.

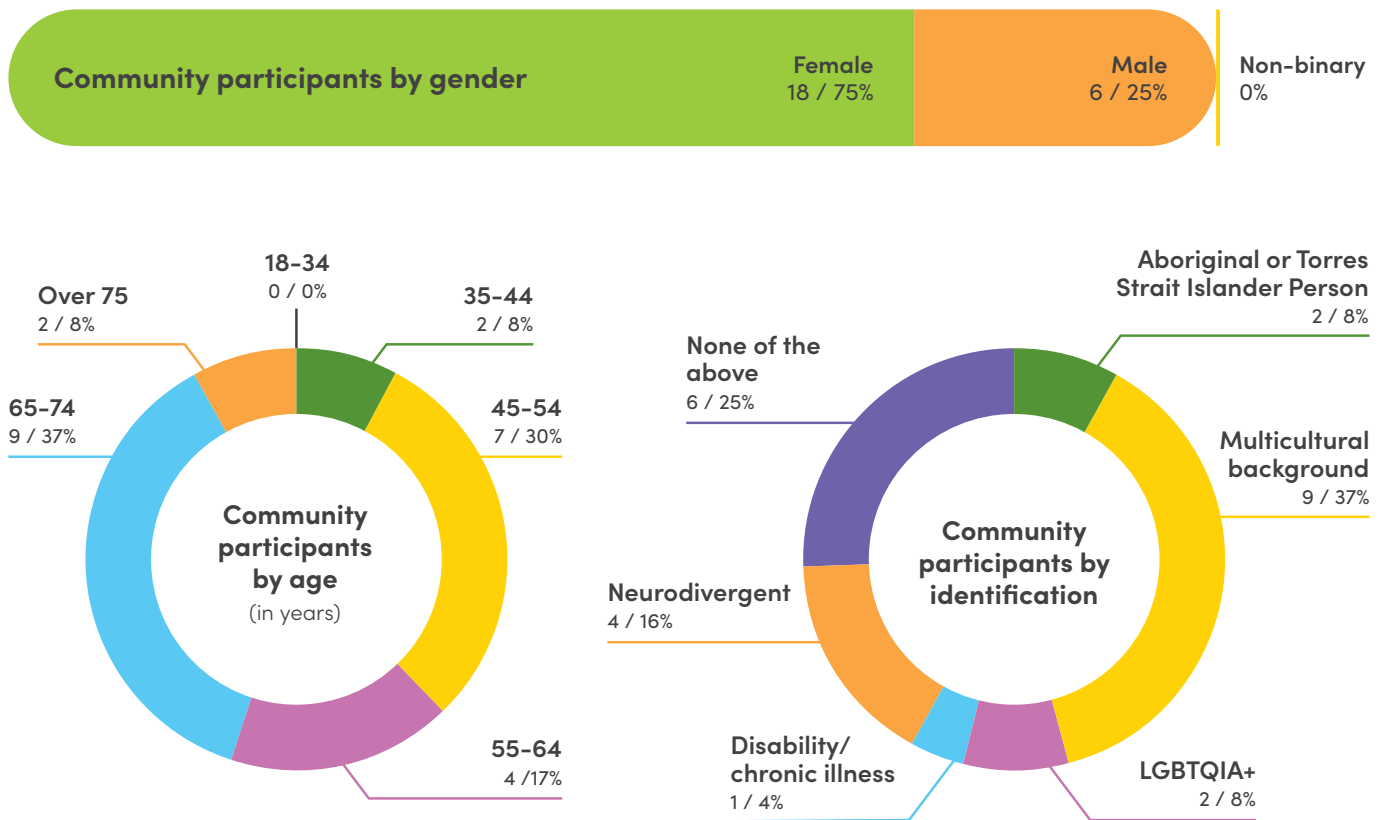
Workshop participation

We heard from a diverse mix of voices in our community workshops including participants who identified as being Aboriginal and Torres Strait Islander Peoples, people from diverse cultural backgrounds, people from the LGBTQIA+ community, people living with a disability or chronic illness and people who are neurodivergent. All the families and carers who participated lived in the North East region. We engaged with more women than men, and those aged between 65-74 were the most widely represented age group.

As well as families and carers, our workshops included representation from nine North East Connect service staff including Managers, Team Leaders and Lived Experience Peer Workers, all who have lived or living experience of being a family member or carer themselves.

Demographics of community workshop participants*

* Does not include Connect staff member participants



Why community members became involved in the workshops

"I am a carer for my son. I have had years of experience navigating the mental health system. It has been like navigating a maze. I have learnt so much and acquired wisdom and experience in advocating for my son. But it has also been exhausting and taken its toll on my mental health. I feel strongly about using my lived and living experiences to help create a better system for all involved."

"I am interested in participating because I see a need for improvement toward wellness that currently is too hard to find..."

What community members said about being involved in the workshops

"It was great to hear other people's ideas."

"It was a joy to give my feedback."

"I found it hard to focus on *my* needs as a carer."

"Really appreciated the opportunity to input ideas. Excited to see the hub up and running."

"It was a wonderful concept to gather information from people with lived experience."

Limitations

Stakeholder engagement

Although many of our stakeholders provided perspectives about different and diverse communities, organisations specifically representing culturally diverse communities were under-represented in our engagement. To address this, we are seeking to build relationships with stakeholders, community leaders and community members to better understand service needs for culturally diverse communities, understand and address barriers to service access and develop strong referral pathways. We are also continuing to engage directly with Aboriginal Community Controlled Organisations (ACCOs) in the region to ensure that our services are culturally safe, welcoming and accessible for Aboriginal and Torres Strait Islander families and carers.




Family and carer workshops




The most significant limitation of our workshop engagement was the lack of voices of young family members and carers. To address this, we are strengthening our relationships with services and networks specifically supporting these people. We hope this will enable us to better engage young family members and carers so we can include their perspectives in developing the Connect service.



Key Themes

The themes and quotes outlined in this section are a collation of the contributions of stakeholders, community, families, carers and Connect service staff. These themes are explored more fully in the section below.

THEME	DESCRIPTION	QUOTE
Welcoming spaces and staff 	<p>Our spaces should be warm, welcoming and inviting, rather than corporate or clinical. Our staff should consist of clinical staff and lived experience peer workers, who are friendly, caring and non-judgmental. Food was a strongly recurring theme in all our workshops as a way of making feel welcome to the service.</p>	<p>"When you leave you want to feel like you've been supported."</p> <p>"Staff should be authentic listeners who can meet people where they are at."</p>
Inclusive and culturally safe services 	<p>All communities need to feel safe and comfortable to access our service, knowing they will be understood and their needs will be met.</p>	<p>"Sensitivity to how culture intersects with caring responsibilities as well as general stigma would be critical."</p> <p>"Bilingual workers are a massive gap in the system... People need to build trust, they need the worker to explain services to them, otherwise they get the wrong/ inaccurate information from neighbours and friends who may not understand the benefits of particular services and programs... Once people trust the service, it opens up doors for a lot of people."</p> <p>"Families need to see themselves represented within a service to know that it is safe to go there for help - the closer a service can get to this, by making links with diverse places externally, and recruit diverse staff (internally), the better the outcomes will be."</p> <p>"Consider and address barriers to priority communities (e.g. LGBTQIA+) engaging in help-seeking behaviours. Stigma? Feeling they won't be welcome? How can we make it clear to non-'mainstream' carers that they are welcome at the service and their needs will be met?"</p>
Different types of support 	<p>The types of support people need will vary greatly. Our communities' needs include support navigating service systems, support with their own health and wellbeing, information, advice, as well as fun, social activities and opportunities for connection.</p>	<p>"[I need] someone to walk the journey alongside me."</p> <p>"Many carers are deeply impacted by their caring roles and their options for therapeutic support are very limited, especially when we consider that many of them will have their financial situation impacted by their caring role."</p>

THEME	DESCRIPTION	QUOTE
Located where there is need and access 	<p>Our sites need to be located where there is need, for example near priority communities, in growth areas and less-resourced areas. Our locations need to be accessible by public transport and have good parking available, and the buildings themselves must be easy to access.</p>	<p>"Very disadvantaged areas would benefit from having a satellite site or links to sites. They often miss out in these kinds of initiatives."</p> <p>"It's extremely important for our families to have hubs which are local, known to them and feel safe."</p>
Collaboration, partnership and clear messaging 	<p>To best support and strengthen the existing service system, we need to prioritise partnership, collaboration, strong mutual referral pathways and building staff knowledge of the service system. We need to clearly promote the service and build community understanding, including clear expectations around service offerings and eligibility.</p>	<p>"Set clear expectations for what people can expect - if you just say 'support for carers' and then people come all the way out to [the service] only to find they can't get what they need; it exhausts people and damages trust and relationships."</p> <p>"Build strong relationships with all the ACCOs [Aboriginal Community Controlled Organisations] so organisations feel safe and confident to refer their communities to the service."</p> <p>"Have a good understanding of and connections with other local (non-carer specific) services which carers may access - e.g. schools, leisure centres, community health, financial services, legal services, family violence, housing services, aged care services, and disability services."</p>
Continual quality improvement, community engagement and codesign 	<p>Our service needs to be responsive to ongoing feedback and need from community. It needs to evolve and grow alongside our understanding of the people we are supporting.</p>	<p>"[The service needs] continuous quality improvement; ongoing carer input as the centre grows; a board where carers can write down what they would like to have happen at the satellite sites."</p> <p>"You need a good feedback system to understand what families want and need."</p> <p>"Deeply listen to community - what's working for them and where are the gaps? Then design with them."</p>
Importance of connection 	<p>We need to bring people together, and understand the wisdom that can be shared among people with similar experiences. It's important to consider including activities and opportunities to socialise in our offerings.</p>	<p>"Opportunities for people to come together and share experiences and stories."</p> <p>"[Just going to a] 'carer's meeting' can be a bit scary."</p>



Welcoming spaces and staff

The spaces should be warm, welcoming and inviting, rather than corporate or clinical. Staff should include both clinical staff and lived experience peer workers, who are friendly, caring and non-judgmental.

Families and carers want sites to feel warm, welcoming and inviting. They want sites to be light, calm and colourful (but not too bright) with comfortable furnishings and soft, natural textures and greenery. Descriptions included “feeling a sense of belonging”, “a place just for us”, “feeling less alone”, “relaxed”, “not intimidating”, “not clinical”, “non-corporate”, “fun”, “intimate”, “cohesive”, “modern/contemporary”, “safe” and “cosy”.

There was a strong desire for workers to be friendly, welcoming, non-judgemental, caring, compassionate, experienced, knowledgeable and able to refer to other services when needed. Our community would like to speak to staff with lived experience, who are authentic listeners, able to “meet people where they are at” and are a mix of peer workers and clinical staff.

Food was a strongly recurring theme in all our workshops as a way of making people feel welcome in the service. From tea and coffee facilities, biscuits, cake, sandwiches, snacks, morning and afternoon tea, group lunches and cooking groups. Food bank and food vouchers were also suggested given families and carers may be on low incomes or reliant on carer payments.



Inclusive and culturally safe services

Communities need to feel safe and comfortable accessing the service, knowing they will be understood, and their needs will be met.

Our stakeholders identified system gaps in support for culturally diverse communities, including translated materials, access to and appropriate use of interpreters, appropriate promotion and cultural safety. It was noted that “in-language” services should be available for families and carers from migrant and refugee communities, especially given the concept of caring as we consider it through a Western lens, might not exist in other cultures. We need to consider and address barriers that may exist for all sorts of different communities.



Different types of support

The types of support people need will vary greatly. The community's needs include: support navigating service systems, support with their own health and wellbeing, information and advice, as well as fun social activities and opportunities for connection.

Considering that people's experiences of what it means to be a carer can differ, and that people who access the service are likely to be at different points in their caring role, a wide range of support needs were identified. It was noted that the service should provide a combination of practical assistance, as well as opportunities for fun, relaxation and connection.

People identified needing support in navigating various service systems (including the mental health and AOD service system, NDIS, Centrelink and the legal system), support in understanding different types of mental health challenges (such as bipolar disorder or disordered eating) and help understanding how to support people with specialised needs (for example neurodivergent people). Brokerage and financial support, after hours and weekend support, outreach, pathways to education and employment, and support tailored to different groups of families and carers were all raised as important considerations.



Located where there is need and access

Sites should be located where there is need, for example near priority communities, in growth areas and less-resourced areas. Locations need to be accessible by public transport and have good parking available, and the buildings themselves must be easy to access.

Key themes to consider when deciding on additional locations in the North East metropolitan region included the need to be located near public transport or with access to free parking. We heard we need to consider increasing demand in outer suburbs, which are also likely to be less resourced, disconnected and poorly serviced. We need to identify pockets of our region which are home to priority communities and may have greater support needs, including close to social housing communities. It was suggested we should aim to have a location in each local government area in our region, possibly more in our larger municipalities.

The most frequent suggestions we heard for types of places we should consider co-locating services across our region included: neighbourhood houses, community centres, community hubs, and libraries. Other suggestions included churches, sports clubs, leisure centres, cafes, community arts centres, gardens, parks and other outdoor spaces, community health services, galleries, men's sheds, and seniors' group venues.



Collaboration, partnership and clear messaging

To best support and strengthen the existing service system, we need to prioritise partnership, collaboration, strong mutual referral pathways and building staff knowledge of the service system. We need to clearly promote the service and build community understanding, including clear expectations around service offerings and eligibility.

Suggestions for how we could best strengthen and support the existing service system centred strongly around themes of partnership, collaboration, strong mutual referral pathways and building staff knowledge of the service system. Suggestions included a workshop to detail what other services currently offer, having an open dialogue with other services and working synergistically with organisations with specific expertise.

Themes around the need to clearly promote the service and build community understanding also came through clearly, including setting clear expectations around eligibility and service offerings, for both our community and with other service providers in the system. Given not everyone in a caring role would identify this way, it is important we consider how to broaden our language, so people understand they are able to come to us for support.



Continual quality improvement, community engagement and codesign

We need to have an ongoing commitment to designing, delivering and improving our services, and ensuring that families and carers are at the centre of all that we do.

We heard from both community and our service agency stakeholders that we need to continually engage with our community to find out what is working, what is missing, and how we can improve to best meet the needs of our families and carers. The service needs to be responsive to feedback in real time, flexible to try new ideas and adopt a philosophy of letting our community guide our service and ways of working.



Importance of connection

We need to bring people together, and understand the wisdom that can be shared among people with similar experiences. It's important to consider including activities and opportunities to socialise in our offerings.

Our community members feel there is much wisdom that can be shared among people with similar experiences and suggested peer groups (both face-to-face and online), including groups tailored for people with specific needs, should be developed. It was suggested that activities can be a good way to "draw people in" to meet and be around other families and carers, and we heard many suggestions for wellbeing and social connection activities, including both incursions and excursions. It was noted that families and carers may be at increased risk of social isolation, so having somewhere to come and be surrounded by others who could understand their experience was key.




Ideas for services, groups and activities

Participants had a range of ideas including peer support, psychological support, information sessions, brokerage and assistance with navigating service systems. Suggestions for group and social activities included writing, yoga, walking groups, storytelling, art, singing and cooking.










How We Will Use What We Heard






The following section explores what has been achieved to-date, and our plans for the future in relation to the key themes as outlined above.




WHAT WE HEARD	WHAT WE HAVE DONE	WHAT WE WILL DO
<p>Our community wants to engage with workers who are friendly, welcoming, non-judgemental, caring, compassionate, experienced, knowledgeable, and able to refer to other services when needed. They need to be authentic listeners, who are able to meet people where they are at.</p> 	<ul style="list-style-type: none"> • These values and attributes are part of our key selection criteria for recruiting staff to work in the Connect service • Almost all staff have lived/living experience of being a family member or carer themselves • Essential training for new staff includes trauma-informed care, psychological safety and diversity and inclusion 	<ul style="list-style-type: none"> • Continue to support staff with ongoing training, supervision and group reflections to maintain the values of our service
<p>Families and carers want to visit a service which is warm, welcoming, light, comfortable and gives them a sense of belonging.</p> 	<ul style="list-style-type: none"> • Our Lived/Living Experience Reference Group co-designed the Ivanhoe hub to be a light, warm, safe and welcoming space • Furnishings, plants, art work and other features installed to help families and carers feel welcome in the space • Tea, coffee and food available to help people feel "at home" 	<ul style="list-style-type: none"> • Artist commissioned to paint a mural in the front entrance of Ivanhoe to welcome families • Encourage feedback from families and carers about how we can continue to improve the spaces in our service
<p>When people visit our service, they want to be able to access resources including free Wi-Fi, access to a computer, device charging, headphones and a printer.</p> 	<ul style="list-style-type: none"> • These free resources are available for families and carers to use at our Ivanhoe Hub. 	<ul style="list-style-type: none"> • Aim to have as many of these resources as possible available at each of our other sites.

WHAT WE HEARD	WHAT WE HAVE DONE	WHAT WE WILL DO
<p>Food is a way of bringing people together and making them feel welcome.</p> 	<ul style="list-style-type: none"> • Kitchen and lounge area available for use by families and carers at Ivanhoe Hub which can be used by families and carers. The kitchen is stocked with tea, coffee, snacks and fruit to encourage people to stay and spend time in the space. 	<ul style="list-style-type: none"> • Investigate other activities that include food such as multicultural cooking groups and recipe exchanges. • Offer a range of tea, coffee and snacks when we run groups at other sites.
<p>Different communities need to be supported, including through translation of materials, appropriate use of interpreters and staff who understand cultural safety.</p> <p>Our service needs to reflect all different sorts of communities so people feel as though it is a service meant for them.</p> 	<ul style="list-style-type: none"> • Focus on strengthening our relationship with agencies who support diverse communities, including targeted consultations with local Aboriginal Community Controlled Organisations (ACCOS). • Reference Group includes Aboriginal and Torres Strait Islander members, people from culturally diverse communities, LGBTIQ+ people and people living with disabilities. • Recruitment process strongly encourages cultural diversity. Key selection criteria within our position descriptions include candidates having a high level of cultural sensitivity and awareness, and the ability to work safely and effectively with people from diverse backgrounds including First Nations, culturally diverse and LGBTIQ+ communities. • We have staff with diverse cultural backgrounds and experiences, including people who can speak languages other than English. Staff also demonstrate a strong understanding of intersectionality, inclusion, and equity. All staff complete essential training modules in cultural safety, diversity and inclusion as part of their induction. • Developed a calendar of different cultural events and celebrations which we will acknowledge throughout the year. • Allocated funds to provide interpreters for any family or carers who may need one, including Auslan interpreters. • Locations are accessible for people with disabilities. We have an Access Key for the Ivanhoe Hub which provides detailed information about how to access the service, where to find us and what to expect when you arrive at our service. 	<ul style="list-style-type: none"> • Ensure our staff undertake ongoing cultural safety training, including training in how to work effectively with interpreters. • Partner with an Aboriginal Community Controlled Organisation (ACCO) to provide dedicated services by Aboriginal workers. This partnership will help build our understanding of what we need to do to be a safe and welcoming space for First Nations Peoples. • Make information and promotional material available in different languages. We will stock resources and information brochures in different languages. • Plan for our other sites and pop-up services to be tailored to the different communities they are located within. • Undertake further consultation and codesign with different cultural groups. • Aim to recruit bicultural and bilingual volunteers and staff to deliver tailored groups to diverse communities.

WHAT WE HEARD	WHAT WE HAVE DONE	WHAT WE WILL DO
<p>Families and carers need support for their own health and wellbeing.</p> 	<ul style="list-style-type: none"> • Service model focusses on the needs of the family member or carer - we are guided by what supports they need for their own health and wellbeing. • Ivanhoe Hub has a variety of spaces that support health and wellbeing, including a quiet room with recliner chair and yoga mat, books, food, jigsaw puzzles, chess, and sensory or fidget tools. • Staff use a strengths-based, recovery oriented, family inclusive and trauma-informed approach to working with families and carers. • Completed several applications to the Carer Support Fund so that families and carers can access financial assistance for themselves or family members to support their wellbeing. 	<ul style="list-style-type: none"> • Series of events have been planned in the next six months that include wellbeing activities, social events, and educational sessions to help families and carers make informed decisions about their lives and support roles. • Explore options for health and wellbeing services to be co-located within our sites, or to run as 'pop-up services'. For example, we may run a yoga class or have a physiotherapist offering services from one of our sites.
<p>Families and carers want support to navigate different types of service systems.</p> 	<ul style="list-style-type: none"> • Created an internal library of resources for staff to refer families and carers to other services. Our staff are aware of local service pathways and can support families and carers to 'navigate the system'. • Created The First Stop website to provide information, resources and referral options for families and carers which can be accessed at any time. • Work with other services who have developed specific resources for families and carers to provide additional supports around service navigation. • Computers with internet access and printers are available for families to use at our Ivanhoe Hub. 	<ul style="list-style-type: none"> • Lived/Living Experience Reference Group will continue to discuss service system navigation and how to best support families and carers to manage this. • Continue to adapt our resources and service offerings based on the needs of families and carers who access our service.
<p>Families and carers would like to learn more about specific types of mental health concerns.</p> 	<ul style="list-style-type: none"> • Updated The First Stop website to include information about mental health as well as alcohol and other drugs. • Brochures and information about different types of mental health or alcohol and other drug challenges are available at our sites for families and carers to refer to. 	<ul style="list-style-type: none"> • Continue to expand the information and resources on The First Stop website to include a page with information about different types of mental health conditions. • Hold a series of educational workshops to address family and carer needs, including providing information about specific mental health concerns. • Continue to strengthen relationships with partners so that our referral pathways remain current and relevant.

WHAT WE HEARD	WHAT WE HAVE DONE	WHAT WE WILL DO
<p>Families and carers would like to learn more about supporting people with specialised needs.</p> 	<ul style="list-style-type: none"> • Staff have an understanding of intersectionality and how mental health can affect aspects of health and wellbeing, including physical health and disability, neurodiversity, addiction and gambling. • Connected with several specialty mental health and family support services as part of our stakeholder engagement. • Created an internal library of resources for our staff to share with families and carers who are supporting people with specialised needs. 	<ul style="list-style-type: none"> • Continue to network and build relationships with specialist services so that we can pass information onto our families and carers, and make sure our referral pathways are current and relevant. • Reach out to organisations to make sure we are complementing rather than duplicating services and work towards a linked-up service system.
<p>People have different schedules and need to be able to access support outside of regular business hours.</p> 	<ul style="list-style-type: none"> • The First Stop website can be accessed by families and carers at any time, providing information, resources and referral pathways. 	<ul style="list-style-type: none"> • Extend our opening hours to include evenings and weekend times in 2024. • Groups that are held at other sites will be offered both during business hours and after hours.
<p>Our community wants to be able to visit our sites for information, advice and resources.</p> 	<ul style="list-style-type: none"> • Library available at Ivanhoe Hub which includes two computer terminals, a photocopier, printer and a range of brochures and booklets for families to use. • Staff can access an internal library of resources to refer families and carers to other services. • The First Stop website includes a range of information about mental health as well as alcohol and other drugs, with links to resources for families and carers. 	<ul style="list-style-type: none"> • Aim to have as many of these resources as possible available at each of our other sites. • Continue to expand and update The First Stop website as a central place for families and carers to access information and resources.
<p>Digital literacy training would support people to better engage with the service system.</p> 		<ul style="list-style-type: none"> • Explore opportunities to partner with organisations already delivering digital literacy training, such as libraries and neighbourhood houses.

WHAT WE HEARD	WHAT WE HAVE DONE	WHAT WE WILL DO
<p>People are looking for fun activities and opportunities to connect with other families and carers.</p> 	<ul style="list-style-type: none"> Ivanhoe Hub has warm and welcoming spaces for families to connect with each other, including a library, sensory room and lounge. "Open Day" during Carers Week was well attended with great interest from families, carers and service providers wanting to learn about the service and engage with the new space. Families and carers sat in our kitchen socialising and sharing food. 	<ul style="list-style-type: none"> Continue to draft a schedule of social activities and opportunities for families and carers to connect for 2024.
<p>Our main hub in Ivanhoe won't be accessible to everyone in the North East region.</p> 	<ul style="list-style-type: none"> Three other sites currently open in Eltham, Lilydale and Ashburton. Families and carers can call us for phone-based support from anywhere in Victoria. Families and carers can access information and resources at any time from The First Stop website. 	<ul style="list-style-type: none"> Explore the possibility of developing a mobile or 'pop up' service which can visit other parts of our region. Continue to expand our services across other sites in the North East metro region in 2024.
<p>Our sites need to be located in buildings which are accessible to everyone.</p> 	<ul style="list-style-type: none"> Ivanhoe Hub is accessible for people with disabilities, and meets the standards for buildings under the Disability Discrimination Act (DDA). We have purchased a wheelchair for people with limited mobility to use whilst visiting the Ivanhoe Hub. Developed an Access Key for our Ivanhoe Hub which describes the physical space, the location and how to find it, along with its features. The Access Key is available online, in hard copy (paper) and interactive versions. 	<ul style="list-style-type: none"> Develop an Access Key for our other sites and aim for all new sites to be accessible.
<p>Our sites should be located near public transport and have free car parking available.</p> 	<ul style="list-style-type: none"> All our current sites are located near public transport and have available free car parking. 	<ul style="list-style-type: none"> Aim for any new sites to be located near public transport with access to free car parking.
<p>When thinking about where to locate our sites, we need to consider areas of need, including near priority communities, in high growth areas and in areas that have less access to services.</p> 	<ul style="list-style-type: none"> Opened services in four locations across the North East metro region: Ivanhoe, Eltham, Lilydale and Ashburton. 	<ul style="list-style-type: none"> Explore opportunities for partnership and collaboration with the new Local Mental Health and Wellbeing Services in the North East (Whittlesea and Lilydale). Plan to set up new sites in the Northern part of the catchment in early 2024.

WHAT WE HEARD	WHAT WE HAVE DONE	WHAT WE WILL DO
<p>We need to build strong connections with other agencies in the system to collaborate and understand mutual referral pathways.</p> 	<ul style="list-style-type: none"> • Connected with a range of local services to set up referral pathways and information sharing. • Created a mailing list and stakeholder map to build networks and contacts across mental health, alcohol and other drug and other health services. 	<ul style="list-style-type: none"> • Continue to establish and maintain strong collaborative partnerships with other services in the region. • Offer regular information and “Q&A” sessions for service providers across the region. • Develop a map of all existing support groups for families and carers in the region.
<p>We need to provide families and carers with clear information about our service including what we offer and who is eligible.</p> 	<ul style="list-style-type: none"> • Posters and flyers have been developed for Connect with the guidance of our Reference Group. • Created a basic website with information about our services, what we offer and who is eligible. • We are working with the Department of Health and Tandem to create resources for families and carers about the Connect services across Victoria. 	<ul style="list-style-type: none"> • Continue to work with our Reference Group to improve our promotional materials to ensure they are accessible and appealing for our communities. • All brochures, websites and other material will be approved by our Reference Group.
<p>Our service needs to be responsive to ongoing feedback and suggestions from families and carers.</p> 	<ul style="list-style-type: none"> • Encourage families and carers to provide us feedback and suggestions directly. All suggestions and feedback is entered on our feedback register so we can follow up and action it with our team. 	<ul style="list-style-type: none"> • Develop a range of ways for families and carers to provide feedback on our services, including web-based and paper-based feedback options.



Ivanhoe Hub

The Connect service main hub has been established in Ivanhoe and opened in September 2023. The decision-making process was led by the Interim Lived/Living Experience Reference Group guided by findings from the Tandem consultation around the needs of families and carers. A property consultant was provided with a brief which was used to scope available properties within scope and budget. The Ivanhoe property was short-listed, viewed by the Interim Lived/Living Experience Reference Group (in-person and remotely) and approved for selection.

Once the ongoing Lived/Living Experience Reference Group was established, the Reference Group members guided decision-making around the design of the hub, according to trauma-informed care principles. These included a need for the hub to be home-like, comfortable, calming, non-clinical, have no waiting room or reception desk, include natural light, have no clutter and feature artwork by local First Nations artists and families and carers.

The hub features a variety of public spaces, including an open-plan lounge and kitchen area, quiet spaces, a library, an outdoor space and a children's area.

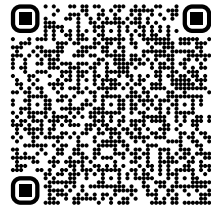


What Happens Next

The North East Metro Mental Health and Wellbeing Connect service started providing services to the community in May 2023 with two drop-in sites at Hawthorn and Lilydale. The Ivanhoe Hub opened in September 2023, in addition to sites in Eltham and Ashburton. Our initial service offerings include individual peer support, information and resources (online, in-person and via telephone), practical support, and family therapy. We will begin to hold education sessions and group programs for families from early 2024.



As we move into 2024, we will move to 'full service delivery' which will include support groups, social activities, educational sessions, after hours and weekend services. Over time, we will open additional sites in different locations within our North East metro region, guided by what we have heard and continue to learn from our communities and stakeholders.



Our next stage of community engagement will include a focus on young people and culturally diverse communities, groups that were identified in this codesign process as needing further engagement and understanding. We will also continue to build and strengthen relationships with Aboriginal Community Controlled Organisations.

We will continue to be guided by the Lived Experience Reference Group in our decision-making, with oversight from our Steering Group. We are committed to delivering a service that is "by families and for families" that continues to develop and evolve as we learn more about the best ways to support families and carers.





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