Evaluation of the Aboriginal Health Council of Western Australia's ACCHS Social and Emotional Wellbeing Service Model

Summary - Interim Evaluation Report 2023

THE UNIVERSITY OF WESTERN AUSTRALIA

Transforming Indigenous Mental Health and Wellbeing
www.TIMHWB.org.au

Acknowledgement of Country

We acknowledge and pay our respects to
the traditional custodians of the land we meet on today,
and their Elders past, present, and emerging.
We also acknowledge and respect
the continuing culture, strength, and resilience
of all Aboriginal and Torres Strait Islander
peoples and communities. We acknowledge the support and strength of our
allies who walk with us towards social justice.

Contents

1. Overview

The Aboriginal Health Council of Western Australia's (AHCWA) Social and Emotional Wellbeing (SEWB) Model of Service Pilot[1] arose from work commissioned by AHCWA to develop a model of service in consultation with its member Aboriginal Community Controlled Health Services (ACCHS) and was then funded to be trialled across five regional ACCHS. The Model of Service is a framework that translates the domains and determinants depicted in the SEWB concept as defined by Gee et al. (2014) SEWB into a four-pillar approach to guide and support SEWB service delivery through inter-disciplinary SEWB teams within ACCHS. The four pillars are 1) culturally secure community development, 2) psychosocial support, 3) targeted interventions, and 4) supported coordinated care. The Western Australian (WA) Government invested $17.6 million in a pilot program to establish SEWB teams and implement the Service Model at five trial sites in five of WA's regions: Kimberley, Mid-West, South West, Pilbara, and Goldfields regions. The pilot was funded for 2 years and 7 months and commenced in June 2022.

2. Evaluation Approach

This document is the *Evaluation of the Aboriginal Health Council of Western Australia's ACCHS Social and Emotional Wellbeing Service Model - Interim Evaluation Report 2023* and contains findings from the evaluation of the AHCWA SEWB Service Model Pilot from 13 December 2022 (when ethics was approved) up to 31 August 2023. The final evaluation report will be completed in June 2025. The interim report findings relate to the establishment and early implementation phases of the pilot and provide emerging insights towards the development of processes and systems; and SEWB service delivery impact, enablers, and challenges. Interim report evaluation data are collected through the SEWB Systems Assessment Tool (SEWB-SAT), qualitative interviews, document analysis, and ongoing engagement and observation with Pilot stakeholders.

3. Preliminary Findings

The SEWB teams across each Pilot site have made strong contributions to strengthening the SEWB of their clients and communities across a range of activities and services offered. By

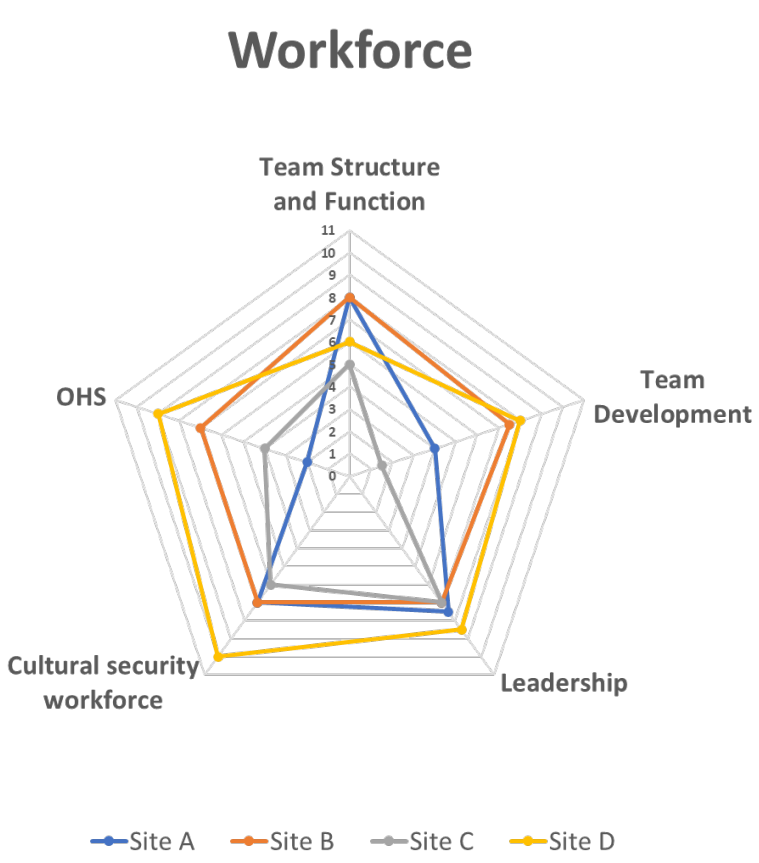
[1] From here-in "Model of Service" will refer to the model of service delivery developed by AHCWA in consultation with its member services; "Pilot" will refer to the WA government funded trial of the Model across five regional WA ACCHS.

leveraging cultural and community knowledge, and lived experience, SEWB teams have been able to effectively engage with community, advocate and connect clients into relevant services and supports, and provide culturally appropriate counselling in flexible and responsive ways. Many of the emerging SEWB service impacts and client outcomes are discussed in section 7.2. It is evident from the SEWB-SAT discussions that developing and codifying systems, processes, and governance of SEWB services is an emerging space for the ACCHS sector. This reflects a history of ad hoc, inconsistent, and often poorly funded SEWB services and high levels of SEWB staff turnover. Despite these challenges, there are many examples of emerging strong SEWB outcomes for clients and community which is indicative of the depth of knowledge, passion, experience, and existing relationships with agencies and communities that exist within SEWB teams. SEWB sector strengthening and capacity building is required to support initiatives such as the pilot to meet their full potential, and for SEWB workforces to feel adequately equipped. To achieve this requires sustainable, long-term funding and appropriate human resources.

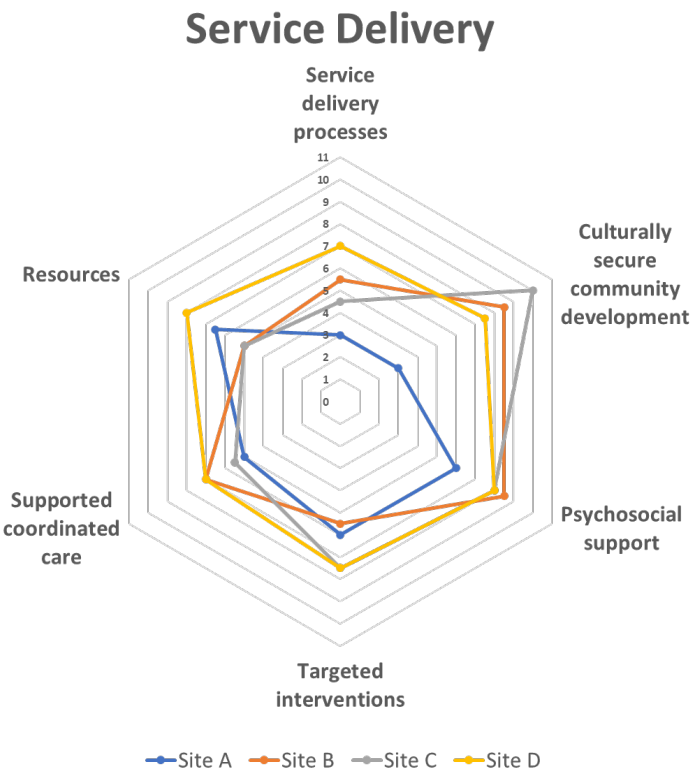
3.1 Summary of SEWB-SAT Aggregated Findings

This section of the evaluation provides a high-level aggregated summary of the SEWB Systems Assessment Tool (SEWB-SAT) findings. over the period between May and August 2023. The table below is a guide to interpret ratings for each component (workforce, service delivery, client access, and external linkages and internal integration).

Rating: 0-2	Rating: 3-5	Rating: 6-8	Rating: 9-11
Systems, processes and/or activities not evident or minimal	**Systems, processes and/or activities inconsistent, adhoc, present but not clear**	**Systems, processes and/or activities emerging becoming established or in development**	**Systems, processes and/or activities are established, regular or routine practice**

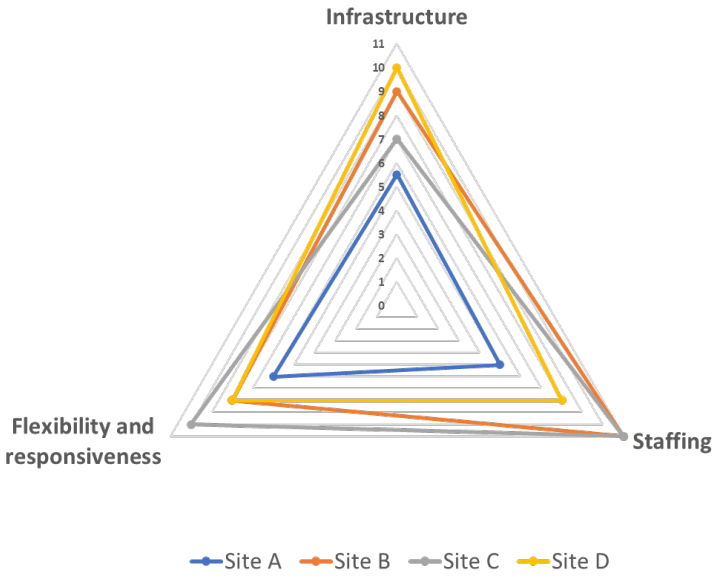


Workforce Summary	
Team Development	• SEWB teams lacked specific SEWB and Service Model onboarding information, leading to lack of role clarity • Professional development was important, but accessibility and formal training needs assessment were lacking.
Leadership	• Challenges in hiring or retention for Clinical Lead roles caused challenges • Different team leadership configurations at each site, with emphasis towards clinical knowledge • Cultural Lead roles had recruitment and role structure challenges
Cultural Security	• Majority of team members were Aboriginal peoples; staff with clinical qualifications were often non-Aboriginal. • Cultural security was understood but not always reflected in policies and procedures.
Occupational Health and Safety	• SEWB delivery specific OHS were not established, requiring development in priority areas. • Psychosocial OHS was crucial, with teams seeking more organisational support, including psychosocial care initiatives. • Clinical and cultural Supervision was identified as important, but access and appropriate forms varied among sites.

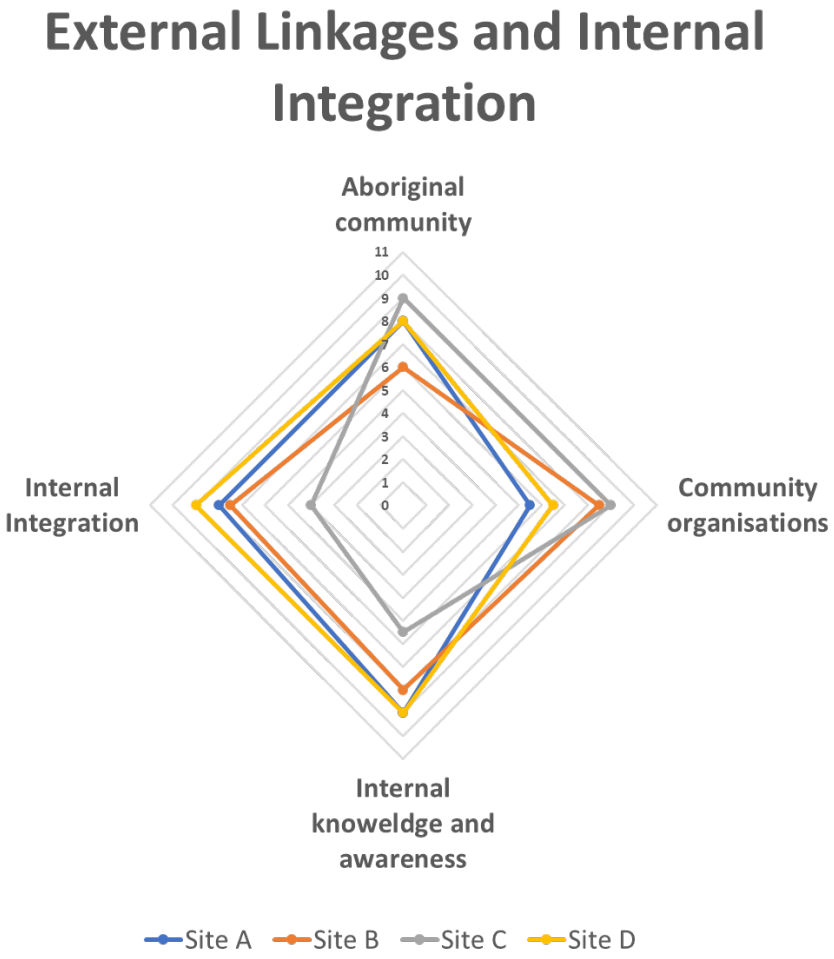


Service Delivery Summary	
Service Delivery Processes and Resources	• Sites were in developmental stages for record keeping and governance processes, with a focus on client management and record-keeping improvements. • Client outcome monitoring processes were still being developed, with discussions underway to create a more suitable monitoring tool. • Teams generally had baseline resources for SEWB service delivery, but additional needs, such as cars and office spaces, emerged over time
Culturally Secure Community Development	See Section 3.2
Psychosocial Support	See Section 3.2
Targeted Interventions	See Section 3.2
Supported Coordinated Care	See Section 3.2

Client Access



Client Access Summary	
Physical Infrastructure Considerations	• Teams had varied workspaces, each with its unique challenges and advantages.
SEWB Staffing	• Aboriginal staff often served as the initial point of contact for clients, enhancing cultural security and client access. • Teams had a mix of male and female staff, facilitating client access. • Diverse staff age ranges were valued for engaging different client demographics, especially young people.
Flexibility and Responsiveness of SEWB Service	• Flexibility and responsiveness were strengths, operating on a "no wrong door" principle, ensuring all clients received support or warm referrals. • SEWB teams delivered support outside the office setting, including homes, community spaces, or transporting clients. • After-hours support was offered by some sites, but processes needed formalization, and recognition for after-hours work was lacking in some cases. • Strong client privacy and confidentiality processes were in place, addressing client concerns about information sharing. • Active promotion of services and materials development to increase visibility within the community and among other service providers were common practices.



External Linkages and Internal Integration	
Recognition and Perceived Importance of SEWB within ACCHS Environment	• Recognition and understanding of SEWB teams within ACCHS were increasing, with positive outcomes from promotional efforts and referrals from GPs. • SEWB service delivery filled critical gaps in healthcare delivery, expanding the scope beyond mental health.
Linkages within the Community	• Emerging interdisciplinary and step-up step-down care with tertiary mental health services required process development and leadership. • Teams collaborated with other services and participated in network meetings, but integration with existing SEWB services at sites faced challenges.

3.2 Summary of SEWB service delivery impact, enablers and challenges as they relate to the four-pillar approach

This section of the preliminary findings presents SEWB service delivery impact, enablers and challenges as they relate to the four-pillar approach. Findings in this section are informed by qualitative interviews with team members, clients and other stakeholders; the SEWB-SAT discussions; observations and ongoing stakeholder engagement; and a review of sites reporting to the Mental Health Commission. A table is presented for each pillar illustrating service response and impacts examples as outlined in the Service Model; service response and impact examples as evident in the Pilot; an overview of MHC KPI reporting and SEWB-SAT relating to service delivery across all sites; and barriers and enables towards achieving impact.

QUOTE	***Client experiences*** "I think myself personally, I've come a long way since coming here, in dealing with matters now, like unbelievable the person I was like a year ago. With anger, all that anger, anxiety. It's not good for you, especially getting on in age too." ***(Aboriginal woman – older adult)*** "[I've learnt] there's help out there, and without these guys giving me their knowledge I wouldn't know that. I've heard about Anglicare. I never knew what it was about. And they took me to get a voucher from the good Samaritans…I didn't know any of these things did that… So they open your eyes to a lot of other organisations… Without them, I wouldn't have even approached the places that they have." ***(Aboriginal man – older adult)*** "Lately I've been coming here, I wouldn't say more than I can count, I'd say…I just come here because its just a good place to come, and I get help here. It's great. Real great…. This is a place I know that I can come and I can be myself, I can find a place where I can think, which is great because I haven't got many places like that…I can come here, be myself, relax, I could breathe, if that's possible. Just have a place where I can come, take a breather and relax, and concentrate." ***(Aboriginal woman – young adult)*** "I'm a happy bloke now, I'm just walking around town… I used to walk into Coles and just look around people, you know, start clamming up, you know, now I'm taking the breathing exercises and that, saying hi to lots of people. Now people are approaching me now because I'm smiling and people noticing changes. Now I'm not looking like angry all the time, but I didn't notice I was looking angry, body language and that. ***(non-Aboriginal man – young adult)*** You can ring, say, like [the SEWB worker] there or there's other people they tell you if you ever get into a situation like you say you need to have a yarn or whatever. Have a yak. You ring us up and then yeah, we'll talk you down or whatever it is… Yeah, there are people that you can call and have a yak to. ***(Aboriginal man – middle-aged adult)***

Table 10. Culturally Secure Community Development

The Model	The Pilot		Barriers and Enablers
Service Response Examples in the Model	**Service Response Examples in the Pilot**	**Compliance with MHC reporting**	**Barriers of achieving impact**
• Psychosocial education, health promotion education/ resources, healing days, awareness campaigns, life promotion.	• Suicide prevention training • Psychosocial education programs in schools and community • Suicide prevention training • Educational radio advertisements • Community events around topics such as self-care, DV • Participation in community events for days such as NAIDOC, RUOK • Self-care workshops • Post-vention support in schools	• Over the first 12 months of the pilot 4/5 Pilot sites teams were able to achieve MHC KPI's related to this pillar • The one site that did not achieve MHC's KPI's still had direct engagement with community and conducted brief interventions.	***Internal*** • Lack of staff, resources, vehicles and/or equipment • Availability of appropriate psychosocial education resources • Balancing community development and providing individual client support activities ***External*** • Travel distance • Sorry and Lore business • Time needed to build relationships
Service Impact Examples in the Model	**Service Impact Examples in the Pilot**	**SEWB-SAT Ratings**	**Enablers of achieving impact**
• Aboriginal people are more aware of their SEWB and mental health and have the knowledge and skills to seek help from appropriate services. • Enhanced opportunities for individual and collective empowerment, building resilience and healing.	• Changing community perceptions and building knowledge • Soft-entry into engaging with SEWB services • Check-in with clients and community members • Point of connection	• Site A reported that systems, processes and/or activities are inconsistent, adhoc, or present but not clear. • Sites B and D reported that systems, processes and/or activities are emerging, becoming established or in development. • Site C reported that systems, processes and/or activities are established, regular or routine practice.	***Internal*** • Collaboration between teams and sharing resources, vehicles and/or equipment ***External*** • Strong relationships with external agencies • Strong relationships and trust with local community

Table 11. Psychosocial Support

The Model	The Pilot		Barriers and Enablers
Service Response Examples in the Model	**Service Response Examples in the Pilot**	**Compliance with MHC reporting**	**Barriers of achieving impact**
• Information, advocacy, referrals and case management for individuals and/ or families centred on the successful resolution of challenges to their SEWB (non-clinical).	• Collation of existing psychosocial resources (e.g., from mental health, suicide prevention and DV services) • Development of own psychosocial resources culturally appropriate resources (e.g., relating to self-care) • Advocacy to support clients engaging with mental health services, Centrelink, court system, doctors, NDIS, housing • Referrals to financial counselling, emergency relief, NDIS, housing and homelessness services • Counselling using multiple modalities (e.g., tapping, CBT, narrative therapy, art therapy) • Yarning	• Over the first 12 months of the pilot 3/5 Pilot sites teams were able to achieve MHC KPI's related to this pillar • It is anticipated that all sites will achieve KPIs in the next reporting period.	***Internal*** • Staff recruitment and retention • Existing resources not always culturally appropriate • No capacity in team to develop culturally/community relevant psychosocial resources • Further knowledge needed of referral pathways • "Always on the job" • Entry pathways to SEWB service a barrier to access ***External*** • Lack of appropriate services in community • Barriers for client access at other services
Service Impact Examples in the Model	**Service Impact Examples in the Pilot**	**SEWB-SAT Ratings**	**Enablers of achieving impact**
• Improved social determinants of health (e.g. housing, employment, environmental health). • Enhanced connection to culture through access to programs, support and linkage with Elders/cultural advocates.	• Developed further awareness of how to access support and what support is available • Able to overcome barriers to accessing support • Resolution of crises relating to social determinants of health • Equipped with tools and strategies to face and cope with challenges in life • Clients feeling more confident, valued, connected, happier	• Sites A, B, C, and D reported that psychosocial support systems, processes or activities were becoming established or in development.	***Internal*** • Aboriginal staff can "code-switch" when providing advocacy • Strong team experience in advocacy and case-management • Understanding of culturally appropriate approaches to counselling • Flexible and longer engagements with clients • Lived experience, cultural and community knowledge within team enhances psychosocial support • Yarning ***External*** • Good relationships with other teams and external agencies • Resources and training available through AHCWA

Table 12. Targeted Interventions

The Model	The Pilot		Barriers and Enablers
Service Response Examples in the Model	**Service Response Examples in the Pilot**	**Compliance with MHC reporting**	**Barriers of achieving impact**
Culturally secure assessments, referral and support responding to issues such as family violence, alcohol and other drugs, trauma, mental health. Traditional Healing and intensive cultural support (return to Country programs etc.). Follow-up with specialist mental health and acute services.	• Targeted referrals to services relating to AOD and rehabilitation, acute mental health support, FDV • Traditional healing program embedded within ACCHS • On Country trips with Elders • Knowledge exchange with local communities (e.g., bush medicine, bush tucker) • Drawing on lived experience to provided targeted and culturally secure support • Use of culturally tools (e.g., AIMhi Stay Strong, Strong Souls)	• Over the first 12 months of the pilot 3/5 of Pilot sites teams were able to achieve MHC KPI's related to this pillar • It is anticipated that the two sites that did not achieve their KPIs will commence during the next reporting period.	***Internal*** • Knowledge and training development needed in relation to culturally secure assessments and other tools • Lack of appropriate vehicles or equipment to engage in on Country trips ***External*** • Organisational barriers to establishing Traditional Healers as part of service • Community preference to engage Traditional Healers independently • Lack of appropriate services within community or barriers for clients accessing existing services • Lack of engagement from specialist and acute services
Service Impact Examples in the Model	**Service Impact Examples in the Pilot**	**SEWB-SAT ratings**	**Enablers of achieving impact**
• Appropriate mechanisms to screen Aboriginal people's risks and resilience. • Improved systems for brief intervention and provision of psychological therapeutic support.	• Appropriate support and pathways for clients in distress or crisis • Cultural connection • Feeling valued • Feeling that culture and lived experience is understood and respected	• Site B reported that systems, processes and/or activities are inconsistent, ad hoc, or present but not clear. • Sites A, C, and D reported that systems, processes and/or activities are becoming established or are in development.	***Internal*** • Community of practice to discuss tools • Support from other staff or team members with knowledge of screening and assessment tools • Knowledge of referral pathways • Team member knowledge around targeted issues ***External*** • Funding for Traditional Healing programs • Local service provider networks to strengthen relationships

Table 13. Supported Coordinated Care

The Model	The Pilot		Barriers and Enablers
Service Response Examples in the Model	**Service Response Examples in the Pilot**	**Compliance with MHC reporting**	**Challenges in achieving impact**
• Coordination (step up/step down) between primary health, SEWB and acute services. Provision of culturally appropriate wellness initiatives to support and strengthen mental health care plans.	• Meetings with acute Mental Health services to improve processes • Meetings with other teams within the ACCHS to improve processes • Informal processes to coordinate with other teams and agencies (including psychologists based at ACCHS) • Culturally appropriate wellness initiatives and groups (e.g., women's health, yarning drop-in, art therapy activities)	• Over the first 12 months of the pilot 3/5 Pilot sites teams were able to achieve MHC KPI's related to this pillar • The sites that did not achieve MHC's KPI's still reported direct engagement with community members and external stakeholders.	***Internal*** • Need a clinical lead or manager to drive relationships with external agencies • Knowledge and training to feel confident when engaging with clinical roles • Limitations of capturing and sharing SEWB related data in client record systems ***External*** • Staff movement at external agencies creates barriers to relationship continuity • Clients not engaging once processes set-up • Time available for MDT meetings • Power dynamics between clinical and cultural/community knowledge within MDT meetings
Examples of Intended Service Impact	**Examples Service Impact in the Pilot**	**SEWB-SAT ratings**	**Enablers of achieving impact**
• Integrated care pathways. • Enhanced throughcare and aftercare protocols and processes. • Streamlined approaches to shared care and simplified referral processes.	• Clearer referral pathways and streamlined processes • Better relationships and communication across teams and agencies	• Sites A and C reported that systems, processes and/or activities are inconsistent, adhoc, or present but not clear. • Sites B and D reported that systems, processes and/or activities are emerging, becoming established or in development.	***Internal*** • Clear intake and referral systems and processes within the team • Strong existing relationships with team staff and other agencies • Co-location with relevant services at ACCHS • Regular meetings with other teams at ACCHS ***External*** • Available ACCHS staff with relevant skills and knowledge that can strengthen capacity • Networks for external agencies and service providers • Support to adapt client record systems

QUOTE	***Psychosocial education within schools*** "I run a number of various presentations based on what the need is at the school. Like bullying, drugs and alcohol, risky behaviours, consent, and healthy relationships. I work mostly with young boys through the school here. Lately there was this one young boy in year 9 that stood out to me the most. He is a popular kid in his class and what he does reflects on his mates, during our Consent and Healthy Relationships presentation, this young man was really engaged and asked a lot of good questions. He left the presentation telling me he "got consent" and realised it was a thing for men and women – he described it as "going both ways". Last week he came up to me outside the shops and wanted to talk some more. I can see how these young boys are growing up on the internet where consent is not asked. Being able to talk this stuff through and build their healthy behaviours is so important for our young people and their SEWB." ***(Aboriginal SEWB Worker, male)***

QUOTE	***Community events as a soft-entry point*** "If we're having a little table and chairs out there… when they come across to see us [and say] "… we've got no food in the house, are you able to help us with that?" So there and then we write that down…we can tell [our SEWB worker], "…we need to… book in a referral for this person". So, we're doing it right there and then. [We're] not making an appointment for that person to come into the clinic, they might not even have a car to come in, they might not have any credit on their phone to ring us. So, we can sort that person there and then, so that's the way that we're joining up with events and planning to help the clients out in the community" ***(Aboriginal Cultural Lead, female)***

QUOTE	***Healing on Country*** "there's this perception that "you mob just pack up your Toyotas and you go Bush and you go fishing and you're just having a good time". But it's not. It's about the conversations that you're having, about feeling safe in the space that you're having that conversation. Because of a lot of our mob don't like sitting inside of a room having a conversation. So it's about probably saying to people from a Western background, 'You might think we're out there doing nothing, sitting on country, but really we're having the real conversations about how do we deal with the things that are going on in our life'." ***(Key Knowledge Holder)***

QUOTE	***The importance of SEWB Teams to other agencies*** The respect that [the SEWB manager] and [their] team have curated in the community has been noted I think. [They're] respected and respect in [this community] goes a long way, so that has made it easier to actually work with [them], because when we need something, [they] know where to shake the trees and also that knowledge of place. [This community] is very transient. So, when you have someone that knows the region, knows the place and was willing to share that information willingly it's, it's invaluable. ***(non-Aboriginal service provider from external agency)***

4. Client Case Studies

Client Case-study 1

- Middle-aged Aboriginal woman with a mood disorder and trauma from DV. Her mental health issues have added challenges to her employment.
- When previously seeking support from services she has been turned away due to client presenting with high emotional distress.

Awareness

- An existing client of the ACCHS, engaged with the GP for medication and the Social Support Officer to access food bank

Access and First Encounter

- Client rang ACCHS clinic reception distressed and suicidal wanting to see a doctor
- Client call transferred to SEWB team
- Client came in to see the SEWB team and yarn for approximately an hour with an SEWB Counsellor and SEWB Worker

Service Engagement

- While yarning, the client was encouraged to go to the government run Mental Health service for assessment with support from an SEWB Counsellor and SEWB Worker
- At the Mental Health facility the client escalated triggering security protocols. This has been a recurrent barrier for the client accessing services.
- SEWB team able to establish earlier that client was experience emotional distress and was not aggressive, and was able to communicate that to mental Health Service staff
- Security protocols were ended and client was connected to a psychiatrist who provided a diagnosis and medication. The SEWB team acted as an advocate through this process.
- The psychiatrist encouraged the client to continue engaging with the SEWB team to resolve other non-clinical SEWB issues

Ongoing Engagement

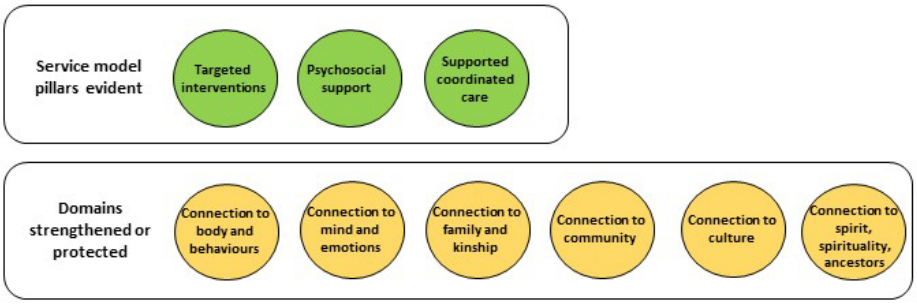
- The client continued working with the SEWB team and received the following supports:
  - Counselling
  - Support to access disability support pension to relieve employment challenges faced
  - Supported to get regular check-ups with GP
  - Check-in yarns
  - Support around housing
  - Transport support
  - Attend drop-in sessions for a yarn and cup of tea
  - Young family member connected in with a young male SEWB worker
  - Initial planning towards MDT meeting between SEWB, doctors, Integrated Team Care program, Mental Health to support client

Client experience

- "If it wasn't for [the SEWB Counsellor and SEWB Worker], I'll tell you now, I wouldn't know where I would be.... Honest. I wouldn't know where I would be because I was been suffering this problem for 10 years or more. In one day they got me the assistance... They got me the help. They got me tablets to... calm my emotion, calm my heart, calm my brain..."
- "They're very, very supportive to me. They are very caring. They are there [the SEWB Counsellor and SEWB Worker]...for me. If I ever need a yarn, just a 10 minute yarn or a 5 minute yarn of how I'm feeling, they're there for me...I could sit down and I could actually talk to them about anything, because... with anybody else I don't know how to talk to people...with them, I feel like I'm safe. I feel like that I can let it out. I feel like that I'm being heard by them"
- "It's a very culturally safe space to express yourself"

Service Gaps

- Some identified gaps were that clear processes weren't in place in regards to how to support this client, and that the ability to support the client at first encounter was dependent on the availability of a car



Client Case-study 2

- Middle-aged Aboriginal man
- Feeling disconnected and isolated from family and community
- Experiencing homelessness
- Recent major surgery and long period of hospitalisation, experiencing ongoing significant pain

Awareness

- Has been attending the ACCHS for approximately a year where he sees a GP and accessed dental and physiotherapy services, but did not have knowledge of the SEWB service

Access and First Encounter

- After leaving hospital from major surgery he was connection to the Transition Care Program (TCP)through the ACCHS which provides time limited support and care planning after a stay in hospital.
- When TCP supported ended his details were shared with the SEWB team who called to see what support they could provide and what other services the client might need to be connected with
- The SEWB counsellor and SEWB worker met with the client in the community for coffee to talk about how they could provide support
- The client was also referred to the NDIS Access team

Service Engagement

- Initial support for client was provided around transport and to help with everyday tasks such as shopping as the client experience significant pain post-surgery
- Support was also provided to book and attend medical appointments
- Support was provided to navigate Centrelink and apply for a disability support pension
- The SEWB team worked with the client's GP and the NDIS access team to coordinate support

Ongoing Engagement

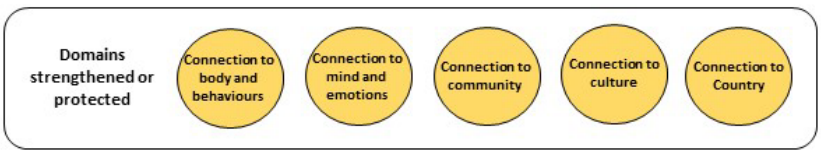
- The client became homeless and the SEWB team provided advocacy and case management support including:
  - Support to move belongings out of his house into a storage facility
  - Support to secure new housing (e.g., support letters to Department of Communities)
  - Referrals to services for financial, food and legal support
- The SEWB Worker would often yarn while driving the client to appointments, and check-in on how the client was going
- The client also began attending the Men's Group weekly where he enjoys connecting with other Aboriginal men, and will also hear about other services available through the ACCHS

Client experience

- "I'm not very phone savvy, computer or anything like that. So they've done a lot. You know what I mean. Where if I didn't have their help I'd have been stuffed"
- "Without them, I wouldn't have even approached the places that they have."
- "[I've learnt] there's help out there, and without these guys giving me their knowledge I wouldn't know that. I've heard about Anglicare. I never knew what it was about. And they took me to get a voucher from the good Samaritans…I didn't know any of these things did that… So they open your eyes to a lot of other organisations."

Service Gaps

- The client sometimes couldn't get in touch with the SEWB team when he needed as they were short-staffed
- While the client was waiting to secure housing he stopped attending the Men's Group, but will consider going again if his housing is nearby



Client Case-study 3

- Aboriginal woman, older adult
- Experiences of grief, loss and trauma
- Family relationships impacted by experience of loss

Awareness

- Comes to the ACCHS to see the GP for health check-ups
- Years ago engaged with SEWB services at the ACCHS but stopped coming because felt they were rushed "in the door, out the door" when they saw the counsellor

Access and First Encounter

- Client saw GP and spoke because they wanted to speak to someone about how they were feeling from their experience of grief and loss
- GP referred client to counselling at the SEWB service
- Rang up to make an appointment, and SEWB counsellor picks up client and brings them to the counselling space

Service Engagement

- Ongoing counselling that client feels is culturally appropriate and doesn't take away from her Aboriginal identity and cultural upbringing
- Client feeling like they are now able to put things in perspective, that they feel happier, less angry, less anxious, and more equipped to deal with challenges
- Client shares things learnt with own children and grandchildren, and feels like has a better relationship with their family
- Feeling less shame and stigma about attending counselling

Ongoing Engagement

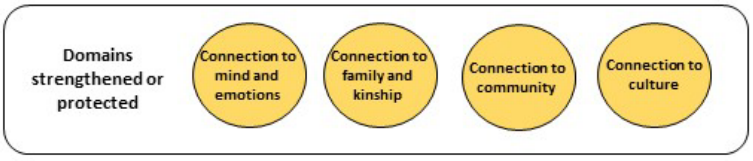
- Attending activities such as a painting day run by the SEWB team with her family member, and cooked and ate lunch with the team
- Wants son and another family member to start attending
- Plans to work with SEWB team and another organisation to develop a women's group centred on grief and loss

Client experience

- "A help line was thrown to me, for me personally"
- "Changing my way of thinking, this place without me losing my identity as an Aboriginal person and balance it in my cultural upbringing, with my way of bringing it."
- "this sessions I'm having with [the SEWB counsellor] making me look at things differently and putting things into perspective, which, like I said, I was very stubborn in my ways. And so I'm dealing with outside things like with family issues, even with [deaths in my family]. Looking at it differently now and it's still there. I still hurt... but like I said... and this makes sense to me. And puts things into perspective for me."
- "I feel like I'm more happier. People, different people I meet that have never seen me around for a while always comment on saying, "oh, you're looking really good", like in the shops, in the Woollies aisles."

Service Gaps

- Family member goes out on Country with the team and another local organisation, however client is unable to go because of their disability



5. Recommendations

The following recommendations are drawn from all preliminary findings presented within this interim report. These recommendations are relevant to ongoing service delivery across and within the Pilot, and also holds relevance for future SEWB service delivery development within the ACCHS sector.

The recommendations recognise the current strengths evident within the Pilot sites' implementation of the Service Model and identifies aspects of service delivery that should continue to be maintained, as well as areas for strengthening and further development.

Key Recommendations	
Maintain	• Scope and spread of community development activities and initiatives within a wide range of community settings and community partnerships. • Client advocacy and case management services. • Existing service provider relationships and representation on interagency committees. • High levels of Aboriginal SEWB team members, inclusive of male and female staff across a range of ages. • 'No wrong door' and warm referral approach to SEWB service delivery. • Service responsivity and flexibility including range of cultural and therapeutic services.

Strengthen	• Professional capacity of SEWB teams through resource sharing and identification of relevant upskilling relating to brief intervention, psychosocial education, and culturally secure screening and assessments. • Internal pathways and processes to support clients to be referred to SEWB services from clinical services. This includes ensuring SEWB and mental health care is integrated within primary health care enquiries and processes; alignment of reporting processes to clinical governance standards; and enhanced systems for client record keeping. • Capacity (physical and human) of SEWB teams to facilitate more on-Country and cultural initiatives. • Ensure leadership of SEWB teams recognises and responds to the cultural and clinical dimensions of interdisciplinary, coordinated, and stepped care. • Consider SEWB location challenges (within clinical building or external) and develop place-based strategies to enhance enablers and mitigate challenges.

Develop	• SEWB orientation and induction processes and align to professional development opportunities. • Supports for ACCHS sector to learn more about Traditional Healing through informal and formal knowledge exchange. • Integrated care, throughcare and aftercare pathways and referral processes related to interdisciplinary, coordinated, and stepped care activities with internal and external stakeholders. • Supports for identification of therapeutic outcomes across events, activities and services delivered by SEWB teams; and develop pilot wide client outcome monitoring processes that are meaningful, easily administered, reflective of breath of SEWB service delivery, and acceptable to SEWB teams and clients. • Ensure organisational occupational health and safety considerations include SEWB-specific policies i.e., staff safety, after-hours work, psychosocial support and staff wellbeing, and supervision arrangements. • Further staff recruitment and retention strategies and initiatives.