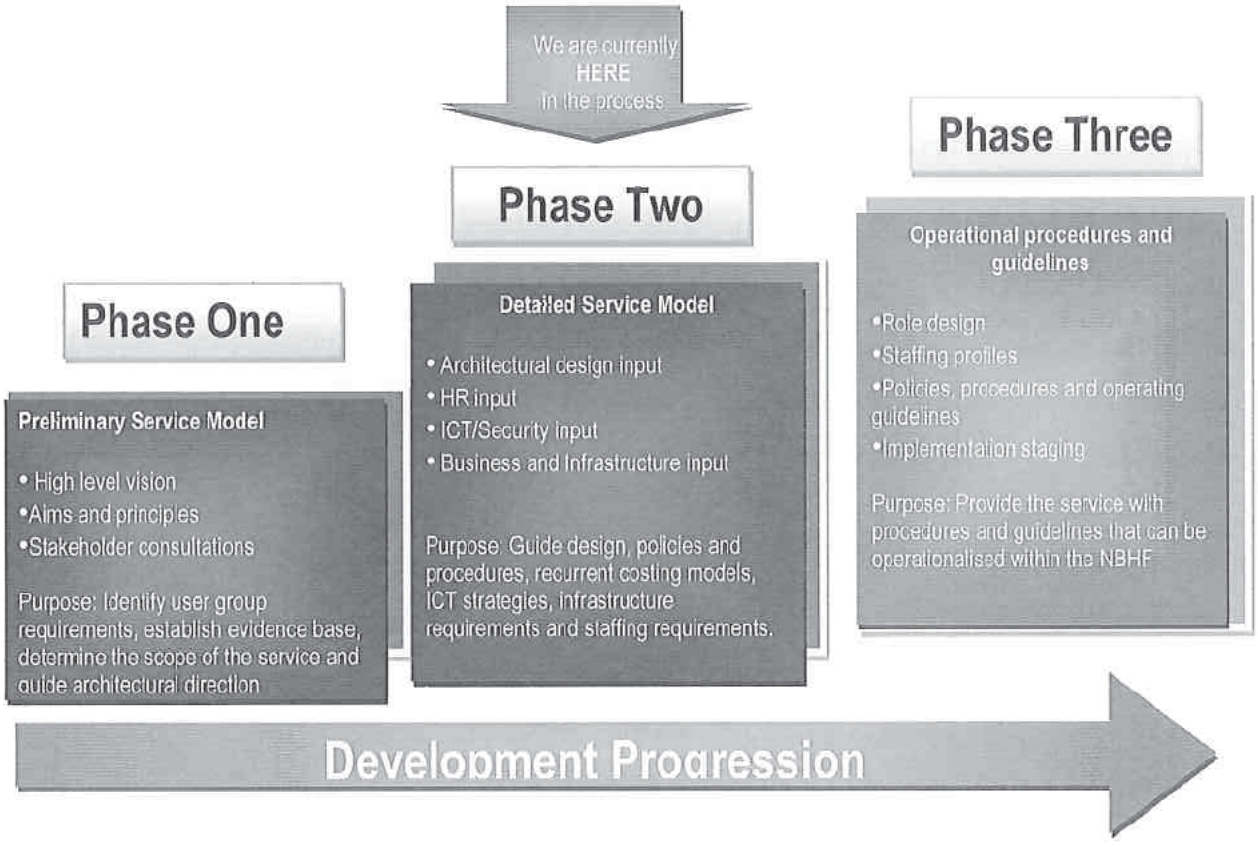
Index

1. Introduction

This document marks the second step in the development of the Service Model for the Ngunnawal Bush Healing Farm (NBHF), to be located at 'Miowera', Tharwa.

This Service Model, Phase Two document builds on (but does not replace) the preliminary Service Model, Phase One document, highlighting areas for further development. It is designed to guide the development of detailed operational policies, building requirements and staffing models for the NBHF. Please note that the information contained in this document will be reviewed and adjusted as required in Phase Three. This document is a guide only and is subject to budget considerations and stakeholder requirements.

Specific information including policies, procedures, business rules and change management strategies fall outside the scope of this document and will be developed within the Third Phase of this project. It is envisaged that the key leaders within the relevant areas of Policy and Government Relations, Business and Infrastructure, Mental Health, Justice Health and Alcohol and Drug Services, Thinc Health and the NHBF Advisory Board will, with support from Human Resources and other areas within the Health Directorate, lead and address operational level design as outlined in Phase Three below.



2. Service Model development

The Service Model, Phase Two has been developed by the ACT Government, with the input of the NBHF Advisory Board, Thinc Health and relevant consumer groups. This document takes the guiding vision, values and principles of the Service Model, Phase One but is intended to provide more detail about the lower level of design and operation of the NBHF.

It has been developed through consultations with:

- ACT Government agencies
- Thinc Health
- Therapeutic Communities
- Architects and Designers
- Independent AOD consultants.

This document will be reviewed and endorsed by the NHBF Service Reference Group (SRG), NHBF Advisory Board and NBHF Executive Reference Group (ERG) and endorsed by the NBHF Project Control Group (PCG) and Redevelopment Design Committee (RDC). Representatives of these groups are outlined in **Appendix A**.

3. Background

The concept of NBHF has been promoted by the United Ngunnawal Elders Council (UNEC) since 2002. As a result, the concept was identified by the local community for inclusion in the 2005 Council of Australian Governments (COAG) coordinated care trial for the ACT. In November 2007 the ACT Government committed $10.838 million (over four years) for the establishment of the service, including recurrent funding of $4.955 million and capital funding of $5.833 million. In June 2008, the Commonwealth Government committed an additional $1 million in funding towards the initiative.

It was originally planned to use vacant Territory land for the establishment of the service. The ACT Government attempted to locate a suitable site for the service for a number of years however were unable to find a property that met the necessary criteria.

In August 2008 the ACT Government purchased Miowera, Block 241 Paddys River Road, on the private market. The site met all criteria set by both the ACT Government and the NBHF Advisory Board:

- Quality land valued by Government and Elders
- A rural property away from residential areas and unaffected by future suburban development
- Meets cultural requirements (not a known man's sacred site)
- Has a river or watercourse
- Sufficient space to allow for accommodation of single women and single men as well as families and big enough to cater for indoor and outdoor recreational facilities
- Not more than 30 minutes drive from a hospital.

See the Service Model, Phase One, pgs. 15-19 for further background information on the NBHF.

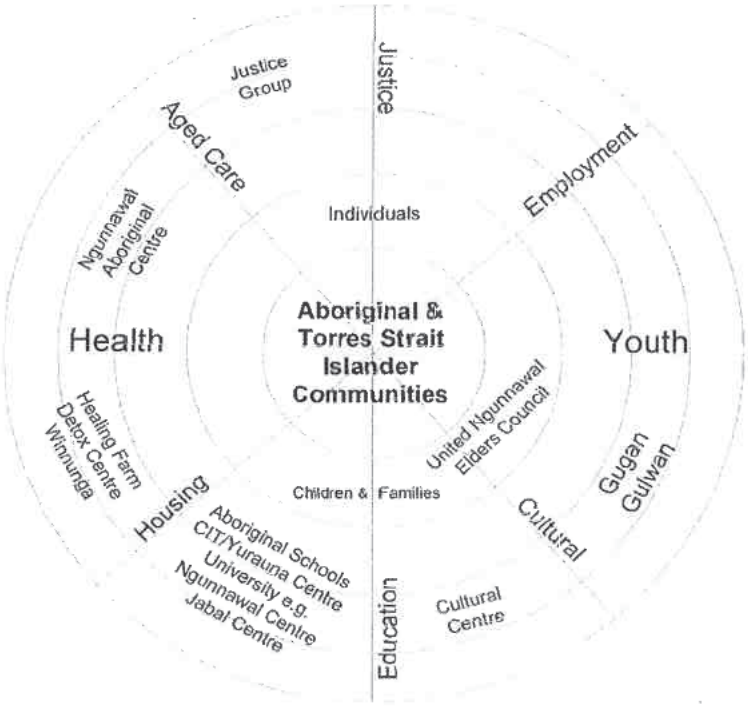
4. Vision

'The NBHF will enable Aboriginal and Torres Strait Islander people to participate in a rehabilitation process that understands the unique spiritual, physical, cultural, social and emotional and economic needs of people accessing the service and their families. Our vision is to provide a service where Ngunnawal people, Aboriginal and Torres Strait Islander people in the ACT region and their families will feel safe and supported to explore the possibility of recovery and change and ... teaches them the skills to ensure that this change is ongoing and meaningful'.

This vision builds on the ACT Aboriginal and Torres Strait Islander Shared Responsibility Agreement (15 April 2004, sourced from www.atns.net.au) that *'recognises and respects the Ngunnawal people, the traditional custodians of the land'* and the *'spirit of partnership and shared responsibility for the pursuit of agreed priorities and outcomes which build a healthy vibrant community'*.

The 'Living Web' provides a framework for developing the NHBF model of care. It was developed by Ngunnawal Elder Ms Roslyn Brown and endorsed by the Indigenous Working Group (IWG) during the ACT based COAG Trial in 2002. It was conceived of as a method of community development, program delivery and service engagement for Aboriginal and Torres Strait Islander people in the ACT region. The NBHF Advisory Board emphasises staff, service providers and people invested in governance of the NBHF work together to protect human rights and implement social justice frameworks for Aboriginal and Torres Strait Islander people and remain cognisant of best practice and evidence based approaches (see the Service Model, Phase One, Pgs. 27-35 for further information).

The Living Web Model – United Ngunnawal Elders Council, 6 June 2008.



5. Service Profile

The NBHF will be a holistic service, implementing culturally appropriate alcohol and other drug prevention and education programs. The service model is based on that of a Therapeutic Community (TC), in which people voluntarily choose to enter an abstinence based residential community for personal growth and rehabilitation, however it has been adapted to reflect the cultural requirements of the ACT Aboriginal and Torres Strait Islander population.

A TC is a *'treatment facility in which the community itself, through self-help and mutual support, is the principal means for promoting personal change. In a therapeutic community, residents and staff participate in the management and operation of the community, contributing to a psychologically and physically safe learning environment where change can occur. In a therapeutic community, there is a focus on the biopsychosocial, emotional and spiritual dimensions of substance use, with the use of the community to heal individuals and support the development of behaviours, attitudes and values of healthy living'* (24 April 2012, sourced from http://www.atca.com.au/home.htm).

The service will be founded on reconnecting Aboriginal and Torres Strait Islander people to land and culture, using participation in land management activities and programs, with the aim of assisting them to better respond to life's challenges, and keep choosing to live a life that is responsive, responsible and enjoyable.

The NBHF will be an eight bed facility (which can be accommodated within the existing budget) however a master planning process will allow a 16 bed facility to be mapped on the property, including the location of any future required additional buildings.

There will be two day shifts for Support Workers (8am-4pm and 1pm-9pm) to accommodate for morning and evening sessions/community activity and one night shift (filled by one staff member on week nights and two on weekends) for Night Workers (8.30pm-8.30am). To ensure that the Night Worker is supported in case of an emergency occurring on a week night, it will be written into the Farm Manager's duty statement that they may be called in between the hours of 9pm and 8am.

In the first instance the Health Directorate, ACT Government will manage the NBHF and surrounding property with guidance from the NBHF Advisory Board. The ACT Government will then implement transitional arrangements to transfer governance to a community controlled (or non-government) organisation. This arrangement will be clarified in the Service Model, Phase Three.

The NHBF will work closely with other services, organisations and agencies to ensure that residents receive comprehensive and integrated service provision. Services will be available for residents and their families, including access to training, cultural programs, access to individual and family counselling, participation in traditional healing ceremonies and health education, and participation in land management activities.

The NBHF is not an Alcohol and Other Drug (AOD) detoxification facility, a medical or clinical facility, or an aged care/respite facility. The NBHF is a residential AOD treatment program, based on a TC approach, which will provide support and guidance for Aboriginal and Torres Strait Islander people with significant AOD problems who are motivated to address these problems. It is an alcohol and other drug free program providing a safe environment supportive of the residents healing from AOD dependence and its associated problems. It is not aligned with any religion and it is not based on the 12 Step approach. It will work with a range of outside services (health, social, community, educational, government, non-government) to ensure residents are able to access appropriate avenues of assistance for their range of needs.

6. Service Model – resident journey

6.1. Resident characteristics

The majority of residents will be Aboriginal and Torres Strait Islander people who are aged between 18 years and 50 (the upper age limit will be negotiable on a case by case basis) and who reside in ACT, Yass, Goulburn and Queanbeyan. Flexibility will be shown for young parents. See the Service Model, Phase One, pgs. 18-19 for further information.

The program will be suitable for residents who have a significant problem of at least several years standing and who have tried some other methods to address their AOD problems, such as outpatient counselling and detoxification.

The NHBF will provide an opportunity for residents to foster self-responsibility. It will employ a positive peer culture, where residents are responsible for encouraging each other to succeed and holding each other accountable for their words and actions. Residents must be prepared to participate and interact in a supportive, non-judgmental manner in the spirit of community. Residents need to have some motivation to participate in the program and abide by the rules, including AOD abstinence. We recognise that an important function of the NBHF is to build resident's motivation and confidence to make the difficult life changes necessary to live without alcohol or other drugs.

6.2. Aims of the service model

- Provide culturally appropriate AOD prevention and education programs
- Reconnect Aboriginal and Torres Strait Islander people to land and culture
- Operate the NBHF as a TC, with modifications to a standard TC model in recognition of the residents' Aboriginal and Torres Strait Islander cultural heritage
- Participate in agriculture, horticulture and land management education, training, recreation and sporting activities
- Provide the option of a stable, home-like environment in which residents can improve their cultural, social and practical functioning
- Promote residents' integration back into their community
- Ensure that NBHF programs are culturally, age and gender appropriate
- Encourage and enhance the self-esteem and confidence of residents to assist them to make and sustain links with their local community and activities
- Support the principle of continuity of care by establishing and maintaining cooperative links with other relevant services

- Reflect the guidelines and legislation applicable to a residential service

See the Service Model, Phase One, pgs. 47-48 for further information regarding the aims of the NBHF.

6.3. Service principles

See the Service Model, Phase One, pg. 37 for information regarding the NBHF Service Principles.

6.4. Guidelines

6.4.1. Criteria for Admission

- Residents will be required to provide a negative breathalyser result within 30 minutes of arriving for admission
- Residents need to be free from alcohol and illegal drugs to enter the NBHF (i.e. they will not go into withdrawal from any drug immediately upon entry - if residents have not been honest about their immediate prior drug use and begin to withdraw while at the NBHF they will be referred to a detoxification service)
- To ensure that the resident can focus on the program, there is to be no pending court cases within 28 days from the date of admission
- Residents with minor mental health issues such as anxiety and depression are eligible for admission. People with more complex mental health issues (e.g. Post-Traumatic Stress Disorder, psychosis, personality disorders etc.) may be eligible for admission providing these conditions are stabilised.

6.4.2. **Length of stay** – Residents will be encouraged to stay a minimum of three months; however their time commitment to the program can be divided into more manageable stages. For example, initially residents may be asked to make a two week commitment to learn about the first stage of the NBHF process. After these two weeks have passed, the resident may then be encouraged to make another commitment to the next stage of the program. It is envisaged that the total stay will be up to 12 months. See the Service Model, Phase One, pg. 45 for further information.

6.4.3. **Telephones** - Residents will not be able to use mobile phones on site (as there is no reception). Residents will be permitted to use a communal phone (in the early stages of their stay their phone access may be supervised).

6.4.4. **Complaints** - The TC model will encourage grievances to be discussed and resolved at the community level wherever possible. Residents will also have the opportunity to communicate

grievances to the appropriate staff member. See the Service Model, Phase One, pgs. 76 & 85 for further information.

6.4.5. **Room checks** - For the safety of all residents, children and staff at the NBHF, random room checks will be carried out for paraphernalia, alcohol, drugs, weapons, food and cigarettes. This will be conducted respectfully. See the Service Model, Phase One, pg. 86 for further information.

6.4.6. **Smoking** – Residents and staff will not be permitted to smoke onsite. Residents will be requested to sign a contract noting their commitment to give up smoking. Staff will have a clause included in their employment contract stating that they cannot smoke within work hours. Smoking reduction and cessation support and free NRT will be available to all residents and staff.

6.4.7. **Prescription medication** – Prescribed medication will be managed by the local chemist and prescribed by off-site doctors. It will be self-administered under staff supervision, with staff recording what medication is taken and when. The medication will be stored in a cabinet in the first aid room.

6.4.8. **Drug screening** - Random breathalyser and urine tests will be undertaken.

6.4.9. **Fees and charges** - All residents will be charged a fee to cover utility, food and activity costs. Fees and charges will be determined as per the Admission Policy. Payment arrangements need to be made prior to entrance to the program and agreements inserted to the Individual Program Plan (IPP). See the Service Model, Phase One, pg. 44 for further information.

6.4.10. **Breach of rules** – Residents are expected to follow a basic set of standards which will be developed in the Service Model, Phase Three document. Sanctions for violating rules may be a loss of privileges, warnings or increased domestic responsibilities.

6.4.11. **Involuntary discharge** - Residents will be liable to be discharged from the NBHF if they:

- have in their possession alcohol or non-prescribed medication (however over the counter medication that is non prescribed is permitted).
- engage in sexual activity with other residents within the NBHF (the guidelines for residents who entered the NBHF in a relationship will be detailed in the 'couples policy')
- are being violent or threaten violence
- are constantly negative and show no motivation or if they are unwilling to engage in the NBHF activities.

6.4.12. **Voluntary discharge** - Residents can choose to leave the program at any time, however staff will discuss this choice with the resident to identify the reasons and may encourage

them to reconsider. With the authorisation and/or consent of the resident, the referral agency may be informed of the resident's decision.

6.4.13. Post unplanned discharge support - Residents who leave will still receive support to find other accommodation and AOD treatment if they request it. Staff will also make attempts to re-engage the person, give them harm reduction advice, provide them with the contact details of organisations able to offer support and services (such as the Canberra Alliance for Harm Minimisation and Advocacy, Directions ACT and the ACT Hepatitis Resource Centre) and arrange their transport back home. Clear policies will be developed to ensure that residents are kept safe during this process. See the Service Model, Phase One, pgs. 97-99 for further information.

6.5. Resident flow: process map

6.6. Program stages

The NBHF program has three stages (see the Service Model, Phase One, pgs. 45-46 for further information):

Stage 1

- Induction (this will last for two weeks). During this time the emphasis would be on settling in, learning what the farm has to offer and making a firm decision to participate
- Development of an IPP (which in Stage 1 will reference learning the rules and guidelines of the NBHF, making a commitment to stay, getting better physically, developing trust in the staff and other residents).

Stage 2

- Allocation of a support worker
- Review of the IPP (which in Stage 2 will reference taking responsibility for personal decisions, genuinely participating in the various program activities, starting to reconnect with family, taking responsibility for 'things' – such as their room, food preparation and ground maintenance etc)
- Participation in individual Social and Emotional Wellbeing (SEWB) counselling sessions
- Participation in therapeutic group activities, with an introduction to relapse prevention, parent effectiveness training and conflict resolution
- Participation in AOD education groups, including addiction and dependence, patterns of AOD use, impacts on families and healing from AOD use
- Participation in physical wellbeing activities, including receiving nutritional advice, stabilising sleep patterns, learning stress management practices and encouraging exercise
- Referrals through to appropriate specialist treatment providers to manage any health conditions (such as diabetes, epilepsy etc)
- Participation in living skills training.

Stage 3

- Review of the IPP (which in Stage 3 will reference longer term goals, such as education, employment and accommodation. It will also include taking more responsibility for the therapeutic health of the NBHF community, such as supporting other residents and staff and taking on a leadership role)
- Undertaking a case review
- Establishment of longer term goals
- Participation in training, work and learning and development
- Participation in SEWB counselling

- Increase in responsibilities and leave.

Stage 4

- Review of the IPP (which in Stage 4 will reference the transition stage, where the focus shifts away from the NBHF and towards the resident's future goals. However, it can also include leadership roles as part of preparing for external employment)
- Undertaking a case review
- Commence reintroducing the resident into the community
- Increased leave
- Transition back into the community, with the facilitation of access to transition housing and programs.

6.7 Resident's journey

6.7.1. **Referrals** - will be received from:

- The health sector (General Practitioners (GPs), Aboriginal Medical Services (AMSs), hospitals)
- ACT and regional detoxification services
- ACT based residential rehabilitation and transition housing programs
- Corrective Services
- Justice sector (court ordered, where the resident agrees with admission to the NBHF)
- Individual/Family self-referral

See the Service Model, Phase One, pg. 40 for further information.

6.7.2. **Admission processes** – Admissions will be cognisant of pre-existing relationships between newly referred people and existing residents. Management may have to say no to some referrals to ensure that the NBHF retains a positive resident 'mix'. Elders will be accessed to explain the aspirations of the NBHF and their hopes for a positive healing experience, as well as requesting that the new resident treats the NBHF respectfully. See the Service Model, Phase One, pgs. 40-42 for further information.

6.7.3. **Day visits** – For those people waiting for a place in the program, they may be invited to participate in day visits to the NBHF. Staff may also keep regular contact with people to keep them engaged as they wait for a bed.

6.7.4. **Continuing care planning** – This will commence before the resident enters the NBHF, in consultation with the resident and other relevant service providers, and will be reviewed regularly throughout the resident's stay.

6.7.5. **Pre-allocation of bed plan** - The NBHF waiting list is triaged. During this time, the NBHF staff will meet with people; guide them and their family members through a booking and allocation process. A pathway will be developed with other services to facilitate access to alternate arrangements if no bed is available at NBHF. See the Service Model, Phase One, pgs. 40-41 for further information.

6.7.6. **Initial screening** - Screening will entail a brief interview and the administration of a standardised, validated screening tool to identify the appropriate approach (see the Service Model, Phase One, pgs. 41-42 for further information).

6.7.7. **Assessments for suitability** - The assessments will be undertaken by Support Workers and will identify and prioritise the goals of a resident and are used in the development of a comprehensive IPP. See the Service Model, Phase One, pgs. 41-42 & 92-94 for further information.

6.7.8. **Development of an IPP** - The IPP shall specify the approximate start dates for services and supports and shall contain timelines for actions necessary to begin services and supports, including generic services. See the Service Model, Phase One, pgs. 42-43 for further information.

6.7.9. **Support workers** - after the initial assessments, residents will be assigned a Support Worker who will work with and assist the resident work towards identified goals. See the Service Model, Phase One, pgs. 26, 41, 50, 56, 88) for further information.

6.7.10. **Child and family transition plans** - This will not be applicable at this stage as there will not be any accommodation provided for families and children in the eight bed model. See the Service Model, Phase One, pgs. 43-44 for further information.

6.7.11. **The daily routine** - Residents can expect a fully structured and intensive daily regime within the NBHF. The typical day includes an early wake up call, group meetings, chores, life skills and vocational training sessions, farm work, personal time and individual counselling when necessary. The training and vocational elements will intensify for those residents that have been there for more than three months. Residents will be actively involved in the management and maintenance of the farm. The weekend schedules will be less demanding. See the Service Model, Phase One, pgs. 40-41 & 58-59 for further information on the daily routine.

6.7.12. **Proposed timetable** – Please note that this roster is a guide only, and may change according to resident and staff numbers, weather conditions and other variables.

Time	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
7.00	Resident wakeup call						
7.30	Breakfast						Breakfast Until 10.00
8.00	Bedroom and bathroom clean-up						
8.30	Farm work	Farm work	Farm work	Farm work	Farm work	Structured activity	
11.30	Community meeting					Free time	Break
12.30	Lunch						Lunch
1.30	Training	Training	Training	Training	Cultural Activity	Cultural activity	Visiting Hours 1-6pm
2.45	Break						
3.00	External appointments, AOD treatment and group work, recreational outings					Cultural activity	Adopt a resident for those with no visitors
4.30	Chores	Chores	Chores	Chores	Community meeting	Structured activity	
6.00	Dinner and roll call						
7.00	Recreation, group and communal games						People Back From Passes 9.00pm
8.00	Free time						
10.30	Lights Out						

6.7.13. **Household maintenance** – Residents are to be engaged in most of the activities of daily life to teach reliability and responsibility. More senior residents (i.e. further through the program) can take on some leadership roles and in doing so contribute back to the community. The following chores will be rotated between residents: household budgeting; roster development; menu planning; food ordering; meal preparation; yard maintenance; cleaning; laundry; and rubbish removal.

6.7.14. **Visitor access** – Access to the NBHF for all staff and support services will be via the Administrative Centre during working hours (Monday to Friday 9.00am – 5.00pm). Visitors will be free to visit on weekends.

6.7.15. **Staff and resident access** - Access to the accommodation pods will be restricted to current residents and staff, via a network wrist band. After hours access to the administrative and communal areas and accommodation pods will be for approved staff only. Access to the NBHF will be appropriate for people with disabilities.

6.7.16. **Weekend day leave** – Residents of more than one month duration (depending upon the resident's stability) will be permitted to leave the NBHF during the day on weekends and will be provided with a 'buddy' to accompany them on outings. Any plans can be discussed

during a therapeutic community meeting on Fridays, which will allow all residents with an opportunity to discuss and provide feedback on each other's weekend plans.

6.7.17. **Access to ancillary medical services** – Residents will be clinically assessed as part of the intake process and will be taken to any necessary medical appointments to manage ongoing chronic disease, Blood-borne Virus (BBV)/ Sexually Transmitted Infections (STI) treatment and support, dental and other health conditions. Immediate health needs will be addressed to enable residents to regain their physical and mental health, however other ongoing conditions (will be safely deferred until the resident has settled-in and addressed some of the primary reasons for being at the NBHF. The NBHF will develop relationships with identified medical services. Residents will be encouraged to use the recommended GP service rather than their own GP, however in the transition phase they may change back to their own GP.

6.7.18. **Stepped program** – Residents will have increased responsibilities and privileges in recognition of demonstrating responsible behaviour.

6.7.19. **Re-entry to the program** - There will be times when residents leave the program and leave the premises at the NBHF. A policy will be drafted detailing how this will be managed to keep the client safe. See the Service Model, Phase One, Pgs. 87-88 for further information.

6.7.20. **Discharge plans** - Individualised discharge planning begins at the time of admission and continues throughout the resident's stay at the NBHF. Discharge plans will focus on reintegration through outreach efforts, skills strengthening, practicing and preparation (see the Service Model, Phase One, pgs. 97-99 for further information). Discharge plans for disciplinary discharges will also be developed, as these can have therapeutic value through the resident understanding they have breached a fundamental rule and have to leave the NBHF, however recognising that the judgement relates to their behaviour, not to them as a person. The resident may be encouraged to return when allowed or will be assisted in finding other help.

6.7.21. **Transitioning back into their community** - This involves a planned approach to moving residents into supported and sustainable accommodation, with the continued provision of the ancillary programs started at the NBHF to ensure that the treatment gains are maintained. This process will be coordinated by the NBHF Support Workers. It includes:

- Developing external social supports which encourage abstinence – men's or women's group, 12 Step programs, church, clubs etc (these will offer alternatives to old networks as their main avenue for socialisation)
- Reducing the resident's reliance on case management

- Supporting the resident to use strategies and participate in programs that have been identified as necessary for people to reach their personal goals and prevent relapse
- Supporting the resident to find employment, which may include linking them to a job search provider, who can provide individual counselling and a vocational assessment
- Supporting residents to find housing (this may include (but not be limited to) being assisted to: register for social housing with the Housing ACT and/or the relevant not for profit housing organisations; or secure a bed at a transitional housing residence belonging to a non-government organisation).

6.7.22. **Continuing care** - Continuing care will be provided by NBHF staff to ensure that residents have a support network in place, that they are reinforcing skills consistent with maintaining abstinence and are able to negotiate unforeseen challenges as they arise. To ensure that the continuing care provided is meaningful, it is critical that not only the substance use disorder is addressed, but also the physical and psychiatric co-morbidities, housing and financial needs, and family and community context continued to be addressed. In order to effectively develop and implement continuing care plans, the establishment of interagency partnerships between NBHF and Aboriginal and Torres Strait Islander and mainstream services is essential (The Treatment of Alcohol Problems: A Review of the Evidence. Canberra: Australian Government Department of Health and Ageing, 2009). See the Service Model, Phase One, pgs. 118-19 for further information.

6.8 Programs

See the Service Model, Phase One, pgs. 50-58 & 88-91 for further information on programs. (N.B. participation in these programs will be staged and carefully thought out for each resident to ensure that residents are not overcommitted. There will be a core of activities providing by onsite NBHF staff that all residents will participate in and add-ons for particular needs which will be provided by external providers).

6.8.1. **Life skills training** - Residents will participate in the following life skills' activities: kitchen, laundry and cleaning duties; food handling training; maintenance of yards and chickens; water monitoring; money management; computer training; and literacy and numeracy training.

6.8.2. **Land management training, education and employment** – Residents will work together each weekday morning to: develop and sustain rewarding work habitats; help restore general health and a sense of wellbeing; work with others as part of a team; and to develop new practical outdoor skills. Tasks may include:

- Maintaining the kitchen gardens
- Composting
- Developing land management plans
- Undertaking property based projects
- Farm planning (working out a prioritised work program for the property)
- Weed and pest control
- Repairs and maintenance, such as fencing etc
- Poultry care
- Animal husbandry and/or stock management
- Environmental restoration and regeneration
- Undertaking onsite training with Greening Australia, CIT, independent Registered Training Organisations (RTOs), community volunteers
- Horticulture – managing food production systems
- Nursery work - propagation, planting and gardening services
- Landscaping – landscape design, paving, gardens, maintenance
- Grounds keeping – maintaining the grounds and fencing.

6.8.3. **Cultural programs** – Residents may participate in such programs as: men's business; women's business; Caring for Country; healing from traditional medicines; Elders' programs; kinship systems; traditional dance; hunting and gathering and traditional food preparation; and caring for food production systems.

6.8.4. **Social and Emotional Wellbeing programs** - Residents will have access to assistance to help them deal with grief and loss situations and the impacts of Stolen Generation or loss of identity. As many of these activities as possible will be run by NBHF staff. It is important to note that some issues have been with the resident for years and may be best left to address later in their stay at the NBHF when they are stronger in themselves and their recovery. Other issues may be recognised and acknowledged but safely left until the resident's reintegration phase or later. The programs that may be offered are: LINK Up Program; Cognitive Behaviour therapy; Narrative Therapy; Child Development and Parenting Programs; Individual and Group Counselling; Anger Management and Respectful Relationships' Programs; Dealing with Grief and Loss Programs; and Relapse Prevention Programs.

6.8.5. **Physical health and wellbeing programs** - Residents will be encouraged to participate in awareness, information and/or education sessions targeting: healthy eating; exercise; BBV/STIs; and other relevant aspects of physical health.

6.8.6. **Recreational programs** – Residents will be encouraged to participate in a range of recreational activities, including sports, arts and craft, cultural events, music and day trips of the NBHF.

6.8.7. **External training and educational programs** – Those residents that are at later stage in their rehabilitation will participate in developing education capacities and skills and uptake skills that are linked to work opportunities in the region. Residents will use the time to clear accumulated debt and undertake home budgeting programs so when they transition out of the program they have a fresh start.

7. Building and Infrastructure requirements

7.1. Overall aspect

- The NBHF environment will be welcoming, with a spacious feel and have strong visual connections with the outside environment
- Residents will have adequate internal and external space and choice of places to retreat to in addition to their bedroom and the main lounge/dining area
- Natural light is essential in all resident areas
- The design is to engender a sense of openness, safety and security
- Blind corridors and corners are to be avoided
- The choice of fittings, fixtures, furnishings and floor coverings is to contribute to a non-institutional ambience and acoustic control
- Culturally appropriate environmental design is needed to ensure maximum comfort of residents
- The NBHF will encourage adopting the concept of 'home' and 'work' spaces that reflect regular lives. Residents will live after hours in the living units, but during normal work days will be in the work spaces (activities areas, administration areas, farm work areas). This will encourage residents to have more normal divisions in their days and activities and also defines their private spaces.

7.2. Internal considerations

- Privacy features will be included to ensure respect of the resident
- Acoustic and visual privacy are essential in the interview and counselling rooms
- To promote infection control, all surfaces should be easy to clean

- There will be cooking facilities (oven, cook top, microwave) in the communal kitchen and storage to cater for individual needs and functions
- Internal plan of the NBHF must allow residents to move easily to and from all zones (accommodation/training/activity).

7.3. Physical considerations

- Child friendly spaces for children to wait and play
- Spaces large enough to accommodate families
- The NBHF will consist of four areas:
  - Administration area
  - Communal area incorporating training room, resident amenities, counselling rooms, recreation space, laundry, communal kitchen, lounge room, cultural space and Elders space
  - Accommodation area consisting of two separate pods for men and women. (There is also accommodation for families and couples included in NBHF Master Plan)
  - Outdoor areas including: a kitchen garden, an outdoor education space; outdoor meeting area including outdoor BBQ/picnic area; courtyards (men's, women's and family) which can be used for a variety of functions including outdoor meetings, arts area and education spaces; a shed/workshop; a play area adjoins the waiting area in the administrative building; a storage area for bins; and consideration needs to be given to secure/undercover areas (for grounds maintenance equipment and materials including grass mowers/ride-on tractor, garden hoses, fertilisers, animal feed and workshop activities).
- Car parking
  - The car parking area will be constructed of gravel and require the same maintenance as the roads on the property
  - The car parks will be large enough not to require wheel stops
  - Parking spaces will be provided for visitors, staff and NBHF vehicles
  - Designated parking will be provided to accommodate people with disabilities
  - A drop off and pick-up area will be provided for visitors and residents near the main entry area.

7.4. Cultural considerations

- Community artwork
- A boomerang shaped roof form feature for the main building

- Space and storage requirements for community bush medicine or market gardens
- Community naming of the facility
- A display area for resident's artwork in a communal area.

7.5. Environmental considerations

- Rain water tanks
- A grey and black water system
- A filtering system for bore water
- Double glazed windows
- Good quality insulation
- Air conditioning that stops if windows open
- Masonry materials (retains heat)
- Central lighting systems
- Landscaping considerations (permaculture principles).

7.6. Security considerations

- The design of the area will designate zones for different functions. This will ensure that access and egress can be controlled and a high level of observation and visibility provided.
- The design will address:
    - personal security of residents
    - personal security of visitors
    - staff and family members against violence and intrusion
    - security of assets of residents/staff
    - security of premises, equipment and supplies
    - drug security (for prescribed medications only, which will be self-administered under supervision)
    - access and egress control to prevent unauthorised access
    - night staffing conditions and how staff arrive and depart at night.

7.7. Safety considerations

- Inclusion of the Injury Prevention and Management Unit in reviewing plans
- Provision of secure storage for resident and staff valuables

- Safe storage of medications
- Ergonomically sound patient and office equipment
- Adequate waste and cleaning facilities
- Minimum requirements for electrically grounding equipment and furniture
- Insurance cover and what activities this will permit
- Staff adequately trained in the use of equipment and systems, instruction and supervision of residents using equipment and residents have stepped levels of responsibility to undertake tasks according to their abilities and stage of recovery.

7.8. Future expansion

It is possible that funding may become available in the future to enhance bed numbers from eight to 16. The design of the service has been planned to accommodate an additional two four bedded cottages and additional outdoor areas.

8. Service Requirements

8.1. Staffing

8.1.1. **Staff recruitment** – The staff team will be employed well before the NBHF is due to open, which will allow group training, lengthy placements in other services, team building and for staff to contribute to program development. The Service and Program Managers will be employed as soon as practicable to enable them to participate in the detailed planning of the program under the guidance of outside experts. This will build their understanding of the various elements of the program and their ownership of it.

8.1.2. **Staff makeup** - Staff will not be employed as clinically trained professionals. Where possible, staff will:

- Have received training in the specifics of this cultural therapeutic model
- Have undertaken training in the AOD (refer to the ACT AOD Minimum Qualification Strategy), SEWB and mental health fields (including training in Cognitive Behavioural Therapy, group work, and interpersonal communication), with a minimum qualification of Certificate IV in Alcohol and Other Drugs
- Have had their skills developed within other service contexts
- Will be mentored by outside professionals (if required)
- Be Aboriginal or Torres Strait Islander

- Be a mix of ages and gender
- Have relevant life experience
- Be open to participating in placements with other AOD residential programs as a way of improving skills and networking.

8.1.3. **Staff retention** – Staff retention is critical to ensure trust can be built by residents. To contribute to this, staff will be adequately remunerated, have sufficient leave granted and be assisted to access adequate training.

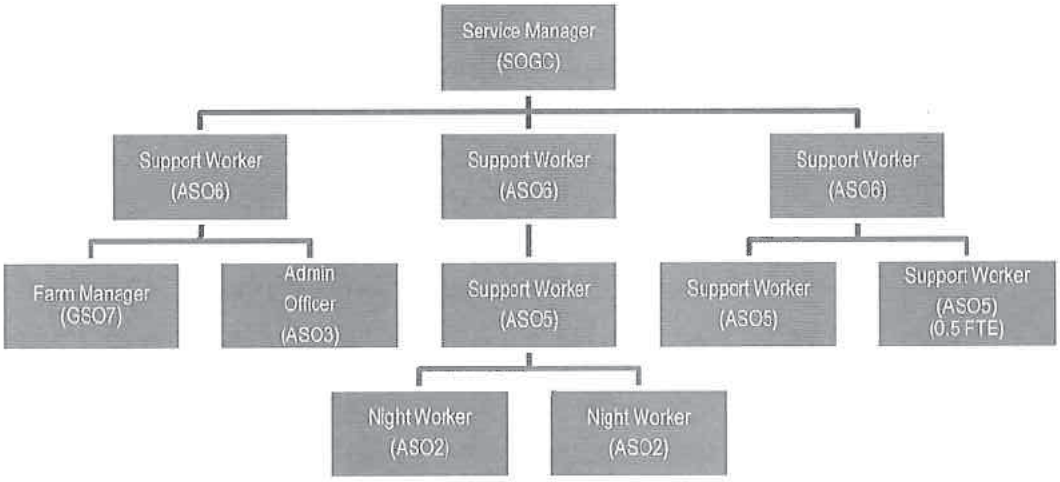
8.1.4. **Induction training** – Staff will be provided with an in-depth induction covering all aspects of the program and issues related to working with the residents.

8.1.5. **Training needs analyses** – The NBHF will carry out regular training needs analyses to identify any gaps in their knowledge, experience and competence.

8.1.6. **Role modelling** - It is important that any staff member of a TC can be a role model. All staff and volunteers must demonstrate the types of qualities, attitudes and behaviours that residents are encouraged to adopt. Staff must be fully informed about this crucial aspect of their role and agree to maintain a positive role model status. Staff who are employed on the basis of their history of alcohol or drug use and healing will be required to demonstrate continued abstinence. Residents will learn from what staff do and say on a daily basis.

8.1.7. **AOD sector involvement** – Staff will be encouraged to access AOD sector training within the ACT, with the Service Manager and other senior staff to participate in AOD networks. Additionally the service will network with the Alcohol, Tobacco and Other Drug Association (ATODA) and ATCA to ensure that the NBHF receives current AOD information.

8.1.8. **Proposed organisational chart**



8.1.9. Proposed job descriptions – See Appendix B

8.1.10. Proposed roster

Position	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Service Manager	9am-5pm	9am-5pm	9am-5pm	9am-5pm	9am-5pm	Off	Off
Support workers	Shift 1: 8am - 4pm (2 worker) Shift 2: 1pm - 9pm (2 workers)					Shift 1: 8am - 3pm (2 workers morning shift) Shift 2: 2pm - 9pm (2 workers each afternoon/evening shift)	
Night workers	Shift: 8:30pm - 8:30am (on duty 8.30am until 11pm, on call 11pm until 6am, on duty 6am until 8.30am) (1 worker each night, supported by the Farm Manager who will be on call)					Shift: 8:30pm - 8:30am (as per weeknights) (2 workers each night shift)	
Admin worker	9am-5pm	9am-5pm	9am-5pm	9am-5pm	9am-5pm	Off	Off
Farm Manager	8am-4pm (on call 9pm-8am)	8am-4pm (on call 9pm-8am)	8am-4pm (on call 9pm-8am)	8am-4pm (on call 9pm-8am)	8am-4pm (on call 9pm-8am)	Off	Off

8.1.11. Overnight staffing

- The Farm Manager, who will reside onsite, will be on call overnight (9pm until 8am) from Monday night at 9pm until Saturday morning at 8am in case of an emergency. For periods when the Farm Manager is on personal or sick leave, an additional staff member will be rostered on to ensure sufficient supervision overnight.
- One Night Worker will be on shift weeknights and two Night Workers will be on shift Saturday and Sunday nights.

- The Night Worker positions will not require qualifications and are a possible career pathway for members of the Aboriginal and Torres Strait Islander communities who may then seek out training to apply for other positions.
- Senior residents will assist in supervising residents overnight, with all residents having a responsibility to foster a safe community.

8.1.12. Weekend staffing

- Two staff will be on shift from 8am Saturday morning (when the Farm Manager's on-call arrangement ceases) until 8 am on Monday morning, across all three shifts.

8.1.13. Non-NBHF staff – Additional services (such as vocational trainers, teachers, RTO staff, Caring for Country project officers, Centrelink representatives, family support workers case managers, housing and education) can be brokered into the NBHF through service agreement arrangements and Memorandums of Understanding (MOUs), where required, for later stage residents. It is anticipated that many of the services required by the residents will be provided by external services in an in-reach capacity. Visiting experts, possibly on a sessional basis, will assist the case managers as relevant, in fields such as health and wellbeing services.

See the Service Model, Phase One, pgs. 61-81 for further information regarding staffing the NBHF; however it needs to be recognised that work undertaken in this document was based on a 16, not eight bed facility, so some positions will now include a combination of roles.

8.2. Governance

8.2.1. Best practice tenets

- Participation in quality improvement reviews by accredited reviewers
- Clear distinction between the roles and responsibilities of Boards and Managers
- Clear definition or purpose of service
- Clearly defined rules, policies and codes of conduct.

8.2.2. Board membership

- Board members will receive governance and AOD awareness training
- Board members will be drawn from across a wide constituency, including other AOD residential rehabilitation services, the AOD peak body, AMSs and a medical practitioner
- Young people will be encourage to join the Board
- Protocols will be put in place to ensure that the Board does not become over involved in the day-to-day management of programs.

8.3. Support Services

8.3.1. **Food** – It is intended that 10% of the NBHF food will be grown in the onsite vegetable garden and all other food will be purchased at a supermarket. Residents will be tasked with creating a shopping list each week and residents will prepare all meals on a roster system. Staff and residents will be required to undertake Food Safety training.

8.3.2. **Laundry** – The residents will do all their own laundry, including linen. The washing of communal items, such as tea towels, will be undertaken on a roster basis.

8.3.3. **Mail** – A mailbox will be rented at the Tuggeranong Post Office Business Centre (302-318 Reed Street). Post Office visits will be undertaken at least bi-weekly on trips to take residents to appointments.

8.3.4. **Cleaning** - Residents will undertake all cleaning responsibilities in the communal and accommodation areas and in the grounds. Cleaning of the staff administration areas (including shower and toilets) will be undertaken by residents and staff on a rostered basis. Every six months a professional cleaner will be engaged to clean the NBHF buildings.

8.3.5. **Repairs and maintenance** – Minor repairs and maintenance will be undertaken by the residents (under the guidance of the Farm Manager) where possible. Larger tasks will be managed by Business and Infrastructure (Strategy and Corporate, Health Directorate) or will be outsourced to an external service provider where deemed applicable.

8.3.6. **Ground maintenance** – The Residents, under the supervision of the Farm Manager, will be responsible for maintaining the grounds.

8.3.7. **Waste management**

- A contracted waste management service will provide onsite rubbish bins for both recyclable materials (emptied fortnightly) and general waste (emptied weekly).
- Minimal hazardous waste will be generated within the NBHF buildings (for example syringes and blood lancets may be used by diabetic residents or staff). A small sharps container will be provided and disposal procedures will be included in the Infection Control Policy.
- Any waste generated on the farm will be managed by the Farm Manager and removed to the appropriate facility, in line with the relevant legislation. The Farm Manager will have the appropriate training and current registrations in handling any hazardous waste (such as chemicals used for weed spraying). In a situation where this is not possible, these tasks will be outsourced.

8.3.8. **Fleet** – A four door sedan, a 12 seater minivan and a dual cab four wheel drive (which may be part of the Farm manager's employment package) will be leased to transport staff and residents around the property and into Canberra when required. A tractor may also be purchased to undertake land management responsibilities.

8.4. Information Communication Technology

8.4.1. **Wifi access** - Wireless access will be provided for all buildings, as well as external spaces between them and in the immediate vicinity.

8.4.2. **Computers** – Will be provided for: staff in the administration area for access to an administrative information management system, the ACT Government network and the Internet; and for residents in the Training Room to access electronic and on-line educational resources and E-learning modules.

8.4.3. **Telephones** – There will be 13 telephones within the NBHF buildings:

- 1 in reception
- 1 in program manager office
- 4 in open plan office
- 1 in staff room
- 2 in overnight bedrooms
- 1 in training room
- 1 in elders room/cultural space
- 1 in lounge
- 1 in first aid room.

A policy detailing telephone usage will be drafted in the Service Model, Phase Three. A satellite phone will be considered as a backup (in case all incoming terrestrial lines fail).

8.4.4. **Video conferencing** – The Training Room will have a video conferencing outlet.

8.4.5. **Television** – A television will be available in the Communal Lounge room and in each accommodation pod. The televisions will broadcast 'free to air' TV channels (if available) and access to selected pay TV services (available at set times). Selected DVDs will also be made available. There will be policies and procedures regarding TV and DVD usage.

8.4.6. **Infrastructure support and continuity** - Given the isolated location of the NBHF, Information and Communication Technology (ICT) infrastructure redundancy particularly related to telecommunications will be important. This will need to be considered in the infrastructure design and in business continuity plans and procedures for the facility. This design will be influenced by the information and support systems deemed vital for the

efficient running of the facility. Information and support systems data will be backed up centrally by Shared Service ICT using existing agreements.

8.5. Security

8.5.1. **Closed Circuit Television (CCTV)** - There will be no use of CCTV in the facility.

8.5.2. **Staff Assist (SA) buttons** - These will be provided in the Communal area, the corridor between the storeroom and the disabled toilet, in both disabled toilets and in both accommodation pods. The SA buttons will initially connect locally to staff handsets, with the protocols needing to be determined. Staff will use wireless handsets with duress and voice capability. Duress functionality will include duress button and man down. Duress messages will indicate location of call origin as far as possible. A fixed duress point will also be provided within the administrative area which will have a back to base monitoring capability (for example to the Australian Federal Police).

8.5.3. **Intercom system** – There will be an intercom system in the reception area only. This will not be visible to residents and will not record at any time.

8.5.4. **Keys** - Where keys are used, there will be a key management system in place which accounts for all keys. The keys will be attached to staff at all times, including the keys to medicine/drugs cupboards.

8.5.5. **Access passes** - Access passes or bands will be used by both residents to gain access to their rooms and by staff for access to the administrative areas. These will be returned to reception when departing the service. A workstation will be housed in the administration area to control these access requirements.

8.5.6. **Locking systems** – Locking systems will have an override system.

8.5.7. **Storage** - Storage for valuables and personal property will be provided in the NBHF.

8.5.8. **Occupational, Health and Safety (OH&S)** - Due to the geographical isolation of the NBHF and the vulnerable nature of some of the residents, detailed OH&S documentation will be need to be developed to ensure safety for all consumers and staff.

8.5.9. **Women's Safety Audit** – This audit will be undertaken by the Office for Women (Community Services Directorate, ACT Government) once the service is operational to support the creation of a safe culture for female residents.

8.5.10. **Safety requirements** - The service will comply with all fire safety requirements in accordance with the Building Code of Australia (BCA).

8.6. Promotional materials

The NBHF will be required to have three information packages (detailed below) to help people make informed choices about what services will be provided, which will reduce the risk of drop-out. These will be developed in the Service Model, Phase Three.

8.6.1. **Information for services referring clients** - This will contain information about the range of services offered and information on how to refer people.

8.6.2. **Information regarding client pre-admission** – This will include information of programs (including group work, life skills training, counseling) and house rules. It may also include information written by former residents.

8.6.3. **Information for clients upon admission**- This will provide detailed information on rules and boundaries, complaints procedures etc.

8.7. Land

The NBHF will be situated on an operational farm, 'Miowera'. It is a requirement as a rural landholder to enter into a Land Management Agreement (LMA) with the Conservator of Flora and Fauna. The purpose of the LMA is to ensure that the relevant hazards and risks are managed and that the agricultural aesthetic of the area is maintained.

8.7.1. **Agistment arrangement** - For the foreseeable future an agistment arrangement with a neighboring landholder will be in place to address some responsibilities required under the LMA. In addition to this, the NBHF will be responsible for carrying out the following tasks:

- Weed spraying
- Fuel load slashing
- Road maintenance
- Erosion control in the gullies
- Bushfire Management Plan maintenance
- Pest culling
- Property maintenance
- Fence maintenance.

8.7.2. **Farm work** - The residents, under the guidance of the Program Manager, will work with the Farm Manager to undertake farm maintenance and small achievable projects, including (but not limited to):

- Kitchen garden
- Constructing and maintaining paths
- Maintaining the chicken sheds

- Undertaking repairs and maintenance in the shed, such as welding and using power tools (all power tools will be tested and tagged, in line with current Health Directorate procedures).

8.8. Water

The intention is for the NBHF to be 100% water self-sufficient, with the following strategies to assist in meeting this intention. All management of water will comply with the Australian Drinking Water Guidelines.

8.8.1. Potable water supply

- Potable water will be used in the kitchens and bathrooms
- Tanks will be provided to capture rain water, which may provide up to 80% of the NBHF's potable water needs (all rain water will be filtered, but not microbiologically filtered or chlorinated)
- The use of filtered bore water is being investigated.

8.8.2. Non-potable water supply

- Non-potable water will be used in the laundry, toilet and grounds
- It will be supplied from on-site dams and Paddy's River with a Water License being renewed each year
- An Infection Control Policy will be drafted relating to the laundering of communal linen, to ensure that such items as sheets and towels are washed at >65°C with appropriate detergents and possibly additional water softeners.

8.8.3. Waste water management

- Grey water will not be returned into the NBHF buildings, however it may be treated and used for external purposes
- Black (waste) water will not pose a risk of contamination of the potable supply. It will be treated before going into a wetland and then flow into Paddy's River. The placement of this will be deliberate to ensure the most environmentally responsible means of returning black water safely back into the environment. The treatment of black water on the facility precinct will comply with the relevant wetland legislation.

8.8.4. Bushfire planning

- The Rural Fire Service will respond to fires on site, which will require 10,000 litres of water storage on site. This will not be quarantined from the current water supply; instead it will be stored on site in tanks.

9. Operational Service Model - Phase Three

The operational Service Model, Phase Three document (which will include procedures and guidelines) will be completed prior to the opening of the NBHF. This will be undertaken by the Health Directorate, with the involvement of the Service Manager (once employed). Within this process the following aspects will be undertaken:

1. Identify all services the NBHF will affect/require input from (see the Service Model, Phase One, pgs. 39, 48, 49, 57, 113-120 to assist with this)
2. Engage Human Resources and Information Technology and Information Management for NBHF requirements (e.g. number and position of computers)
3. Consult with appropriate unions regarding new positions
4. Finalise position roles, descriptions, levels (see **Appendix B)**
5. Identify training requirements, strategies and suggested timetables
6. Commence recruitment to these positions
7. Develop the operational protocols
8. Create performance measures to be used (see **Appendix C)**
9. Create clear business rules outlining who is responsible and accountable for what elements (see **Appendix D)**
10. Create policies and standard operating procedures required to implement processes and/or practices (see **Appendix D)**
11. Develop NBHF service information packs
12. Develop service reference material that is clear, accessible and appropriate to consumers and key referrers
13. Create new forms required to implement the changes
14. Identify possible quality improvement arrangements and accreditation requirements
15. Create change management strategies.

10. Appendixes

10.1. Appendix A – Committees and members

10.1.1. NBHF Advisory Board

- Agnes Shea, OAM; Senior Ngunnawal Elder; and Founding member
- Roslyn Brown, Co-Chairperson; and Founding member
- Frederick Monaghan, Founding member; Alcohol and Drug Worker, Gugan Gulwan

Aboriginal Youth Corporation

- Destiny Devow, Torres Strait Islander community representative
- Julie Tongs, Chief Executive, Winnunga Nimmityjah Aboriginal Health Service
- Jim Best, Chief Executive, Billabong Aboriginal Development Corporation
- Noel Ingram, Chief Executive, Aboriginal Corporation for Sporting and Recreation Activities
- Brendan Church, Chief Executive, Aboriginal Justice Centre Inc
- Caroline Hughes, Centre Director, Yurauna Centre, Canberra Institute of Technology
- Joyce Graham, Manager, Aboriginal and Torres Strait Islander Liaison Service, Canberra Hospital
- Terry Sutherland, Mental Health Worker, Mental Health ACT, Health Directorate
- Vera van de Velde, Director, Mental Health, Justice Health and Alcohol and Drug Services, Health Directorate
- Shane Broomby, Sergeant, Australian Federal Police (ACT Policing).

10.1.2. The NBHF Service Reference Group

- Business and Infrastructure, Health Directorate
- Work Place Safety, Health Directorate
- E-Health and Clinical records, Health Directorate
- Shared Service ICT, Health Directorate
- Aboriginal and Torres Strait Islander Health Unit, Health Directorate
- Division of Mental Health, Justice Health and Alcohol and Drug Services, Health Directorate

- Redevelopment Unit, Health Directorate
- Shared Services Procurement, Treasury Directorate
- Quality and Safety Unit, Health Directorate
- Shared Services ICT, Health Directorate
- Health Infrastructure Program ICT, Strategy and Corporate, Health Directorate
- Infection Prevention and Control, Division of Medicine, Health Directorate
- Daryl Jackson Alistair Swayn
- Peer Support Worker, Canberra Alliance for Harm Minimisation and Advocacy.

10.1.3. The NBHF Project Control Group

- Deputy Director General, Strategy and Corporate, Health Directorate
- Deputy Director General, TCH and Health Services, Health Directorate
- Executive Director, Service and Planning Development, Health Directorate
- Executive Director, Business and Infrastructure, Health Directorate

- Executive Director, Division of Capital Region Cancer Services, Health Directorate
- Executive Director, Division of Critical Care, Health Directorate
- Executive Director, E-Health and Clinical Records, Health Directorate
- Executive Director, People, Strategy and Services, Health Directorate
- Executive Director, Division of Medicine, Health Directorate
- Executive Director, Division of Mental Health, Justice Health and Alcohol and Drug Services, Health Directorate
- Executive Director, Division of Pathology, Health Directorate
- Executive Director, Performance and Innovation, Health Directorate
- Executive Director, Policy and Government Relations, Health Directorate
- Executive Director, Quality and Safety Unit, Health Directorate
- Executive Director, Rehabilitation, Aged and Community Care, Health Directorate
- Executive Director, Division of Surgery and Oral Health, Health Directorate
- Executive Director, Division of Women's, Youth and Children, Health Directorate
- Executive Director, Shared Services ICT, Health Directorate
- Executive Director, Medical Services, Health Directorate
- Executive Director, Nursing and Midwifery, Health Directorate
- Director, Redevelopment Unit, Health Directorate
- Senior Manager, Redevelopment Unit, Health Directorate
- Director, Shared Services Procurement, Treasury Directorate
- Representatives, Treasury Directorate
- Health Care Consumers Association of the ACT
- Representative, ACT Mental Health Consumer Network
- Project Director, Thinc Health
- Deputy Project Director, Thinc Health.

10.1.4. Redevelopment Committee

- Director-General, Health Directorate
- Deputy Director-General, Strategy and Corporate, Health Directorate
- Deputy Director-General, The Canberra Hospital and Health Services, Health Directorate
- Executive Director, Policy Coordination and Development, Treasury Directorate
- Executive Director, Shared Services Procurement, Treasury Directorate
- Director, Shared Services ICT, Health Directorate
- General Manager, Shared Services ICT, Health Directorate
- Executive Director, Service and Capital Planning, Health Directorate

- Executive Director, Business and Infrastructure, Health Directorate
- Executive Director, Performance and Innovation, Health Directorate
- Project Director, Thinc Health Australia
- Deputy Project Director, Thinc Health Australia
- Chief Finance Officer, Financial Management, Health Directorate
- Executive Director, People, Strategy and Services, Health Directorate
- Chief Information Officer, E-Health and Clinical Records, Health Directorate
- Principal Solicitor, ACT Government Solicitor, Justice Directorate
- Deputy Director-General, Chief Minister and Cabinet Directorate
- Chief Executive, Calvary ACT
- Executive Officer, Service & Capital Planning
- Consumer Representatives.

10.2. Appendix B – Proposed job descriptions

It is important that all job descriptions reference the need for staff to be versatile and adaptable. There needs to be a clause in each duty statement noting that all staff members will be involved in program delivery and will be called upon to use their range of skills.

10.2.1. The Service Manager

- Demonstrating a leadership role
- Participating in community meetings and activities
- Undertaking some program activities (depending on skills and background)
- Developing a strategic plan, business plan and funding requirements for the NBHF and seeking approval from the Board
- Generating a monthly report including budget statement, performance indicators, issues, program report, governance issues and for Board approval
- Developing policies and procedures for Board approval
- Undertaking operational planning and action by ensuring the NBHF complies with Australian Government and Australian Capital Territory legislative arrangements
- Monitoring the impact of risk assessment strategies in the workplace
- Managing Board governance responsibilities
- Managing personnel and staffing issues
- Supervising staff
- Developing partnerships and collaborations with other agencies and committees to increase and improve client access to services

- Managing provision of corporate services, policies, and programs for the NBHF, including recruitment, professional development and retention of staff
- Acting as a Role Model for residents at the NBHF.

10.2.2. **Support Workers** (There will be a number of Support Worker roles that specific staff could fulfill due to their special skills, or which could rotate amongst the pool of support workers e.g. admissions officer, outreach support worker, training coordinator, cultural support worker. Additionally these positions will be designated at both ASO5&6 levels which will require these duties to be appropriately delineated in the relevant Duty Statements to reflect this).

- Undertaking a Certificate IV in Alcohol and Other Drugs (if required)
- Supervising staff
- Undertaking the initial screening of residents
- Developing IPPs, then monitoring and reviewing outcomes of the IPP every month
- Conducting the initial assessment of competencies and needs and then working collaboratively with individuals and their families by facilitating their access to community resources
- Facilitating community meetings, discussion groups and other activities
- Facilitating program groups and therapeutic activities
- Working alongside residents on joint projects and activities from time to time
- Participating in recreational activities with clients where appropriate
- Working with member organisations of the 'Living Web' to facilitate Child and Family Transition Plans (not applicable in the 8 bed model)
- Cultivating and maintaining positive working relationships with the residents, family members and other community resources
- Monitoring the safety of all residents and report when people are not safe to the relevant authorities
- Participating in the on-call rosters while on site and off site if required
- Ensuring that policies and procedures are maintained
- Entering data and follow up on recording, evaluating and reporting information as required
- Integrating delivery of services with existing departmental and other community controlled and public agency programs
- Evaluating the delivery and quality of services
- Obtaining appropriate qualifications or certifications
- Participating in local collaborative cross-agency program initiatives

- Providing people with pathways to self-sufficiency, by supporting people and their families through initiatives such as employment, housing and related services and provide advocacy
- Fostering links with RTOs that may assist in the implementation of training and other programs focusing on the development of life skills
- Ensuring the future employment of people by developing relationships with the professional community in the ACT and beyond
- Brokering in educational services, training and support cognisant of the needs that residents and their families have specified in the treatment, IPP and family transition plans
- Enrolling staff and residents in accredited training courses
- Facilitating student placements at the NBHF
- Organising Aboriginal and Torres Strait Islander employment strategies and Aboriginal and Torres Strait Islander student placements on site
- Participating on the Admissions committee and continuing case management of people as required
- Implementing a cultural diversity program including caring for country, traditional food production and preparation
- Facilitating program activities, groups and therapeutic activities
- Engaging Elders from the community to regularly visit people at the service, and share stories and participate in the day program, community gatherings and NBHF events;
- Facilitating ceremonies recognising the achievements of people as they transition through the NBHF program
- Implementing ceremonial practices in the program and teach and support others to do the same (e.g. smoking ceremonies)
- Facilitating cultural orientation to the program during the orientation to the service for staff, residents, families and visitors
- Facilitating 'cultural camps' occurring on site, including cultural heritage site appreciation and caring for country programs
- Participating in strategic planning processes
- Assisting in preparing program budgets and revenue projections
- Assisting in monitoring program expenditures
- Assisting in the preparation of written and statistical reports and documentation
- Preparing program and funding proposals
- Acting as a Role Model for residents at the NBHF.

10.2.3. Night Workers

- Cleaning of the administrative area
- Monitoring curfews
- Undertaking care and responsibility for residents after hours (with no counseling duties)
- Undertaking cultural activities
- Assisting in life skills development
- Monitoring security after hours and calling in other staff when required
- Waking up residents in the mornings
- Supervising breakfast
- Acting as a Role Model for residents at the NBHF.

10.2.4. The Administration Officer

- Assisting in the functional areas of employee relations, training and development, executive administration, and employment
- Assisting in recruiting and staffing logistics, performance management and improvement tracking systems, employee orientation, development, training logistics and recordkeeping
- Assisting with record keeping, employee safety, welfare, wellness, and health reporting
- Answering a multi-line switchboard
- Assisting residents with their Centrelink payments, budgeting etc.
- Acting as a Role Model for residents at the NBHF.

10.2.5. Farm Manager (Primary aim of the role is engagement with residents and facilitating the use of the farm environment as a therapeutic tool to build the skills and confidence of residents, rather than running a highly efficient farm)

- Undertaking a Certificate IV in Alcohol and Other Drugs (if required)
- Managing the farm and meeting the requirements of the Land Management Agreement
- Undertaking minor repairs and maintenance
- Creating and maintaining a farm budget
- Overseeing off-site contractors (e.g. refurbishments)
- Undertaking weed spraying, fencing maintenance etc together with residents
- Monitoring water pumps
- Creating rosters for the residents to assist with tasks.
- Supervising the land management work program
- Actively encouraging engagement by residents, demonstrating farm skills and teaching residents new skills
- Encouraging safe work
- Acting as a Role Model for residents at the NBHF

- Being on-call overnight (between 9.30pm and 8am) in case of an emergency.

10.2.6. Human Resources, Health Directorate

- Managing compliance to regulatory concerns
- Undertaking orientation, development and training of staff
- Creating policies
- Ensuring effective employee relations
- Undertaking agency-wide committee facilitation.

10.3. Appendix C – Proposed performance measures

10.3.1. Quantitative performance measures

- Number of referrals to the service (including self-referral)
- Number of residents admitted to the NBHF
- Number of case management support sessions conducted
- Number of residents that attended counselling sessions
- Number of residents at support groups
- Number of participants in training, vocational, SEWB and live skills programs
- Number and type of opportunities provided
- Number and type of social activities provided
- Number of agencies providing in-reach services
- Number of support referrals
- Ways in which residents' lives have improved as identified by the resident
- Number of resident's accessing training and obtaining employment
- Number of residents' achieving personal treatment goals
- Number of re-admissions
- Length of stay
- Planned and unplanned discharges and reasons for discharge.

10.3.2. Qualitative performance measures (In the Service Model, Phase Three, these performance measures will be divided into goals directly related to the residents and broader operational goals. The resident specific goals will be built into some of the written work residents may be asked to undertake as part of their therapeutic program, which can provide evidence for determining an indicative rating against these performance measures).

- Ways in which resident's physical and psychological health has changed as identified by the resident
- The extent to which there is effective case management of residents

- The extent to which residents are meeting treatment goals and achieving competencies (personal and living skills)
- The extent to which residents have developed external community and support networks
- The extent to which residents remain stable and on their treatment program
- The extent to which residents are treated for medical conditions
- The extent to which contract requirements are met - bed occupancies maintained, community program is operational with guidelines for residency
- The extent to which the health and wellbeing of residents is improved
- The extent to which residents have an increased awareness and knowledge of alcohol and other drug use and its harmful effects
- The extent to which residents are addressing underlying issues
- The extent to which residents are maintaining positive involvement after completion ('sense of belonging')
- The extent to which residents develop an increased ability to cope with life situations and draw upon positive supports
- The extent to which residents demonstrate communication skills to resolve internal and external conflict
- The extent to which residents establish and maintain personal relationships and access support
- The extent to which residents acquire the skills to register for Centrelink benefits
- The extent to which residents demonstrate effective parenting skills
- The extent to which residents demonstrate planning and organisational ability/skills.

10.3.3. Outcome performance measures

- The extent to which resident retention is increased
- Feedback considered and changes implemented
- Positive media exposure.

10.4. Appendix D – Proposed policies, procedures and guidelines

10.4.1. Recruitment Policies

- Recruitment Policy
- Policy regarding employment of staff with a history of AOD use and recovery
- New Starter Procedures
- Job Descriptions.

10.4.2. Leave Policies

- Long Service Leave Policy
- Annual Leave Policy
- Unpaid Leave Policy
- Compassionate Leave Policy
- Sick Leave Policy.

10.4.3. Staff Supervision Policy

10.4.4. Staff Performance Policies

- Annual Performance Review
- Managing Performance Issues.

10.4.5. Staff Separation Policies

- Abandonment of Employment Policy
- Retirement Policy
- Dismissal Policy
- Resignation Policy
- Redundancy Policy.

10.4.6. Occupational Health and Safety Policies

- Occupational Health and Safety
  - Staff
  - Residents
- Occupational Health & Safety Committee
- First Aid
- Injury and Incident Reporting
- Infectious Control Policy
- Hazardous Waste Management Policy
- Suicide Prevention Policy
- Staff Recruitment Policy
- Employment of Service Manager Policy
- Induction Policy
- Access and Equity Policy
- Volunteer Policy
- Professional Development Policy
- Bullying and Harassment Policy
- Time in Lieu Policy
- Family Friendly Policy

- References Policy
- Food Safety Policy (and related Food Safety Management Plan).

10.4.7. Values Policies

- Code of Ethics Policy
- Environmental Policy.

10.4.8. Board Operation Policies

- Board Member Induction Policy
- Conflict of Interest Policy
- Conflict of Interest - Checklist for the Chair
- Committees Policy
- Board Attendance Policy
- Board Confidentiality Policy
- Transparency and Accountability Policy
- Board Recruitment Policy
- Delegations Policy
- Description of Board Duties.

10.4.9. Governance Policies

- Governance Policy
- Conduct of Meetings Policy
- Crisis Response Policy.

10.4.10. Financial Management Policies

- Budget Planning Policy
- Fundraising Policy
- Boards Fundraising Policy
- Investment Planning Policy
- Sponsorship Policy.

10.4.11. Financial Control Policies

- Authority to Sign Cheques Policy
- Reimbursement of Expenses Policy
- Credit Card Policy
- Fraud Risk Management Policy
- Personal Use of Vehicles and Equipment Policy
- Use of Facilities and Equipment Policy.

10.4.12. Communication Policies

- Copyright Policy
- Media Relations Policy
- Email Retention and Archiving Policy.

10.4.13. Diversity Policies

- Cultural Awareness Policy
- Affirmative Action Policy
- Discrimination and Harassment Policy
- Equal Employment Opportunity Policy
- Sexual Harassment Policy.

10.4.14. Grievance Policies

- Grievance and Dispute Resolution Policy.

10.4.15. Other Policies

- Discharge Policy
- After-care Policy
- Couples Policy
- Families Policy (including children staying at and visiting the farm)
- Legislative Compliance Policy
- Dispute Resolution Policy
- Privacy Policy
- Risk Management Register
- Acceptable Use of Computers, Internet and Email Policy
- Drug security Policy
- Access and egress control Policy
- Use of the easement road (Block 130).

10.4.16. Procedures for:

- Financial accountability and financial reporting (to donors, funders, members, the government, the community and the public)
- Accounting systems (cash accounting, payroll, receipts, invoices)
- Banking and investment management
- Management of residents monies
- Lines of responsibility and authorisation procedures
- Roles and responsibilities of different positions
- Risk management (identify any risks to the NBHF and then develop procedures to eliminate, avoid, minimise, or insure the risks)

- Assessing the NBHF's goals, programs and services, and to plan and anticipate change
- Human resource management (career development, training, mentoring, health care, childcare provisions, etc.)
- Management structures (layers of management, lines of responsibility, interdepartmental liaison)
- Review schedules (for both individual performances and organisational goals and procedures)
- SEWB programs
- Farm work programs
- Recreation programs
- Cultural programs.

10.4.17. Guidelines for:

- Financial management (audits, bookkeeping, tax, budgets, financial reports, for members, staff, and the Board)
- Ethical standards (appropriate behaviour and punishment for breaches)
- Occupational health and safety guidelines
- Criteria for reward and recognition - promotion, praise
- Program review and making changes to the various programs in light of experience
- Resident Satisfaction Surveys to be conducted annually
- Rules and guidelines that guide residents behaviour and participation:
    - Cardinal rules regarding no drugs or alcohol, sexual relationships, violence and threats
    - Attendance and participation in activities guidelines
    - Personal cleanliness and tidiness guidelines
    - Appropriate behaviour guidelines
    - Community mindedness guidelines
    - Community duties and chores guidelines.
- Referral guidelines
- Screening guidelines
- Admission guidelines
- Day program guidelines
- Cultural protocols
- Fees and charges guidelines
- Length of stay guidelines

- Discharge (and re-entry) guidelines
- Continuing care guidelines
- Food shopping guidelines
- Minor repairs and maintenance guidelines
- Waste management guidelines
- Water usage guidelines
- Grounds maintenance guidelines
- Vehicle usage guidelines
- Access to ancillary health care guidelines
- Use of assets (such as telephones, television and the gym) guidelines
- Visitation guidelines
- Financial management guidelines (audits, bookkeeping, tax, budgets, financial reports, for members, staff, and the Board)
- Ethical standards (appropriate behaviour and punishment for breaches)
- Occupational health and safety guidelines
- Criteria for reward and recognition - promotion, praise guidelines
- Program review guidelines
- Resident Satisfaction Survey guidelines
- Staff ethical guidelines.

11. References

- Preliminary Service Model document, Phase One
- Daryl Jackson Alastair Swayn Pty Ltd Preliminary and Final Sketch Plans
- NBHF Health Services Planning brief
- Andrew Biven, Independent AOD consultant
- Indigenous Residential Treatment Programs for drug and alcohol problems: Current status and options for improvement, Maggie Brady, 2002
- Residential Drug Treatment Services: Good Practice in the Field, National Treatment Agency for Substance Misuse, 2009.

NBHF Estimates Q&A

When will the NBHF provide residential programs and when in 2018 will ACT Health go out to tender for a suitable provider?

- In the short term, ACT Health will deliver programs, services and activities at the NBHF under the direct management of ACT Health staff. The NBHF staff continue to offer both cultural, social, and emotional support, along with advocacy and some levels of case management to clients.

- ACT Health continues to develop plans for a residential service to action the commitment made during the 2017 ACT Health annual reports hearings and at the recent Aboriginal and Torres Strait Islander Elected Body (ATSIEB) Hearings to tender a residential program by early 2019. This work is dependent on the outcomes of the NBHF Healing Framework.

- Towards this ACT Health has recently contracted with the Aboriginal and Torres Strait Islander Healing Foundation to consult with ACT Aboriginal and Torres Strait Islander communities and to develop this framework. The NBHF Healing Framework proposal will identify ACT Aboriginal and Torres Strait Islander community healing priorities and aspirations.

Does the NBHF have any cultural healers/community elders/community leaders and role models factored into the current program? If so, what is their role and responsibility? How did you attract them to the program? Are they paid/unpaid volunteers? If not, please explain why. What strategies do you envision for the future?

- ACT Health has established an Elders Visiting Program where Elders and other role models will be invited to provide strong cultural leadership for clients on their healing journey. The NBHF Program Director will invite the United Ngunnawal Elders Council (UNEC) to participate.

- UNEC will also be invited to participate in development of the NBHF Healing Framework. A knowledge circle will be convened with the Ngunnawal Elders and community members to understand their healing priorities, listen and learn from their stories and find opportunities to be inclusive of Ngunnawal Elders and community members at the NBHF.

- In addition, the NBHF Healing Framework will identify future roles for local elders and leaders etc. through the Knowledge Circles which will inform any local Aboriginal and/or Torres Strait Islander cultural practices occurring in the ACT.

What cultural elements exist within the current program? Please share some examples of how they relate to Indigenous healing.

- ACT Health engaged with service providers who have a close alignment with the healing and therapeutic community concept of the NBHF.

- Six of the programs will be facilitated by Aboriginal people. These programs include:
  - **ACT Health Alcohol and Drug Services** – SMART Recovery;
  - **Yurbay** – Horticultural Program;
  - **Tharwa Forge** – Blacksmithing and Toolmaking;
  - **Thriving Life** – Self-empowerment program;
  - **ACT Government Parks and Conservation Service** – Healthy Country Program; and
  - **Johnny Huckle** – Music Therapy.

- All employees working at the NBHF identify as Aboriginal and will actively engage with clients throughout the program implementation phase.

Does the current program include any farming activities? If so, what activities do they undertake? and Does the Directorate have any future plans to introduce farming activities? If so, what is the Directorate's plans?

No. The NBHF team are currently working on procurement of resources and a range of Standard Operation Procedures to develop a farm safety induction package. Once developed clients will be offered the opportunity to participate in a range of activities including:

- fencing;
- native plant, identification, seed collection, planting and propagation;
- animal husbandry;
- revegetation, conservation and beautification;
- creation of indigenous food/medicinal gardens (Women's business);
- grounds maintenance;
- small motor maintenance; and
- creation of a number of walking tracks to significant areas on the property.

Since the pilot program in 2017, have you distributed any community newsletters around the ACT and surrounding region? If not, what communication methods has staff used to engage and update the community?

- ACT Health is preparing a community update on what's happened since the pilot program and the current program since commencing in June 2018.

Does the Directorate have a communication strategy in place for the NBHF and what strategies does NBHF staff have in place to actively engage local neighbouring owners?

- ACT Health is finalising the development of a Communication and Engagement Strategy (the Strategy) for the NBHF to support communication with potential clients, GPs and other health professionals. The Strategy will inform relevant stakeholders on activities at the NBHF on a regular basis.

- The current NBHF Service Manager is well known in the Tharwa community and has a good rapport with neighbouring owners. Future strategies will be developed to improve ongoing communications with neighbouring owners.

Where does ACT Health obtain cultural advice on Indigenous healing concepts?

- The Aboriginal and Torres Strait Islander Healing Foundation has agreed to be a critical friend and advisor to us as we establish the NBHF. They have experience in establishing many of these centres and I would encourage members to examine the Healing Foundation website to read some of their work in this space.

- ACT Health will engage further with the ACT Aboriginal and Torres Strait Islander Elected Body in relation to input on NBHF from the local Aboriginal and Torres Strait Islander communities.

What systems do you have in place to capture performance data at the NBHF? How do you evaluate and measure the success of a client's journey?

- As part of the NBHF program implementation, all client data is currently collected by service providers to evaluate their programs and NBHF staff to monitor client progress against their individual development plans that will address a range of issues including goal setting, participation in programs and establishing links to other services as necessary.

- At the end of each program cycle, the Directorate will evaluate the success of the programs using data collected by service providers, NBHF staff and client feedback.

- The Directorate will also monitor performance data through the contracts engaged with all service providers. Future strategies will be implemented as the Directorate continues to learn about the client journey at NBHF.

- Success for clients can be measured in many ways through:
    - attendance;
    - social and emotional wellbeing;
    - improved mood;
    - improvement in mental health;
    - involvement in activities; and
    - noticeable demeanour changes.

What governance structures do you have in place for the NBHF? Does this governance structure include the United Ngunnawal Elders Council? If not, please explain why? Where do you obtain your cultural advice for the NBHF?

- The service delivery continues to be managed by ACT Health with operational governance provided internally within ACT Health which is consistent with other services operated by the Directorate.

- If a non-government organisation is appointed in the future to manage NBHF service delivery, governance can be reviewed at that point.

- ACT Health will engage further with the ACT Aboriginal and Torres Strait Islander Elected Body in relation to input on NBHF from the local Aboriginal and Torres Strait Islander communities.

Does any of the service providers (employees) identify as Aboriginal and/or Torres Strait Islander peoples?

- Yes. Six of the NBHF programs will be facilitated by Aboriginal people.

What strategies does the NBHF staff have in place to support Aboriginal and/or Torres Strait Islander clients back into the community?

- The NBHF staffing profile includes an Aboriginal and Torres Strait Islander Liaison Officer (Liaison Officer) position. This role is to support NBHF clients back into the community.

- The Liaison Officer will assist clients with any Centrelink, housing, medical and reporting issues that may arise. The Liaison Officer will also act as an advocacy conduit between the NBHF, clients and other key stakeholders.

Does the NBHF have treatment pathways in place with Winnunga Nimmityjah Aboriginal Health and Community Service (Winnunga) and Gugan Gulwan Youth Aboriginal Corporation (Gugan Gulwan)? If not, please explain why? and Has the Directorate made any effort to improve communication with Winnunga and Gugan Gulwan?

- NBHF staff have provided a number of opportunities to continue to strengthen links and partnerships with organisations and with members of the Aboriginal and Torres Strait Islander community.

- This has included a number of school visits as well was service visits from government agencies and non-government organisation partners, including Gugan Gulwan Youth Aboriginal Corporation.

- Winnunga has at this stage chosen not to engage with the NBHF, however ACT Health remains open to potential partnerships and service arrangements with them at any time.

How do you support Winnunga and Gugan Gulwan clients who are seeking treatment pathways to NBHF?

- Potential clients who are seeking entry into the NBHF will need to comply with the NBHF client referral processes.

How do you evaluate the programs to ensure it meets the client's needs? How do you collect regular feedback from clients?

- Prior to the current program commencing in June 2018, all service providers and NBHF staff came together to discuss a proposed program schedule up to 15 weeks.

- This discussion provided service providers and NBHF staff the opportunity to work collaboratively on a proposed program schedule that would ideally meet the client's needs.

- As part of the NBHF program implementation, all client data is currently collected by service providers to evaluate their programs and NBHF staff to monitor client progress against their individual development plans that will address a range of issues including goal setting, participation in programs and establishing links to other services as necessary.

- At the end of each program cycle, the Directorate will evaluate the success of the programs using data collected by service providers, NBHF staff and client feedback.

What formal processes do you have in place to assess a client's cultural readiness?

- In 2017, ACT Health developed an *Interim Operations Manual* to guide the operations of the Ngunnawal Bush Healing Farm (NBHF) through its initial pilot program. The *Interim Operations Manual* governs the intake and assessment procedures of the NBHF as well as guide staff in managing clients on site.

- In line with the *Interim Operations Manual*, ACT Health established two Evaluation Panels for the NBHF Client Intake Process. The two Evaluation Panels consists of a Cultural Evaluation Panel and the Health and Social Inclusion Panel.

- Since the pilot program ceased, the Cultural Evaluation Panel has been disestablished and the cultural readiness is now managed through the Health and Social Inclusion Panel.

What is the current staffing profile at NBHF, including the number of FTE, classification levels, title of positions and whether staff are on temporary contract?

- A total of seven full time equivalent staff are employed at the NBHF. All staff identify as Aboriginal. The staffing profile includes:
  - 1 FTE – SOG C Service Manager;
  - 3 FTE – AS06 Support Workers;
  - 1 FTE – AS06 Aboriginal and Torres Strait Islander Liaison Officer;
  - 1 FTE – HS08 Transport Officer; and
  - 1 FTE – AS03 Administrative Support Officer.

What is a therapeutic community?

- A 'therapeutic community' is one in which the residential community itself, through self-help, targeted services and mutual support, is the principal means for promoting personal change.

Does this happen anywhere else in the country?

- Currently there are no similar facilities available to the local Aboriginal and Torres Strait Islander communities in the ACT.

- However, there is growing evidence both within Australia, as well as internationally, that different approaches like the NBHF are successful in breaking the cycles that lead to individuals recovering from the underlying trauma and social problems.

- As additional information, the former Director-General of Corrective Services in Queensland Keith Hamburger endorsed this approach as a way to reduce jail sentences and related drug issues amongst Queensland Aboriginal and Torres Strait Islander peoples.

Is it true that the NBHF can't be a health service?

- Yes, the zoning precludes the delivery of health services

Is the ACT Government going to rezone the site to allow clinical AOD services?

- No, the site is not appropriate for the delivery of clinical alcohol and other drug services. The isolation of the site makes the sight less than ideal for the delivery of such services in a safe way.

- The site was selected in line with the original purpose to deliver a therapeutic community in line with the model of care we are developing for the NBHF.

When did ACT Health realise that the NBHF can't be a health service? Did it notify stakeholders? When did it tell Winnunga?

- The Zoning of the NBHF has always been known. It was never the intention for the NBHF to be a "Health service" in the traditional or clinical sense of that word.

- In terms of stakeholders, the zoning was never withheld from the community, indeed I understand it was discussed at a meeting of the NBHF Advisory Board on 22 November 2013 when the Advisory Board was seeking to provide a submission to the ACAT hearing concerning the lease variation DA.

- In the end Ms Roslyn Brown who is a Ngunnawal Elder, provided a submission on behalf of the advisory board.

- In the submission Ms Brown stated the NBHF would be:

"a holistic centre in rural ACT to work with our youth, especially those 18-25 years old, away from the temptations of the city ... it will not be a place to detoxify or provide medical treatment for drug and alcohol addiction ... we will be working towards healing the mind, body and soul and opening a new world view for our youth ... there will be a strong focus on Aboriginal spirituality, culture and principles through recreational pursuits"

- I think this shows the Advisory Board was aware of the zoning matters.

- In term of Winnunga specifically, I understand that Winnunga Nimmityjah has been a member of the Advisory board for many years including for that meeting in 2013.

- That said however I agree ACT Health should have been more pro-active in stressing the importance of the zoning in its contracting processes and not simply have assumed everyone was across the details.

Does ACT Health take any responsibility for the misunderstanding that Winnunga's MOC is based on?

- I think the Minister has covered this in the Assembly and I can only reiterate her words. We made an assumption about what was understood concerning the zoning of the site. We did not communicate clearly enough or quickly enough about these issues.

- With that said, we are delivering a service addresses the root cause issues that underlie so many of the poor health outcomes for Aboriginal and Torres Strait Islander peoples.

MINISTER FOR HEALTH AND WELLBEING
LEGISLATIVE ASSEMBLY QUESTION

Notice Paper 28 – 15 February 2019

Question No. 2134

Mrs Dunne - Asked the Minister for Health and Wellbeing:

(1) How much did ACT Health spend on advertising campaigns during each year(a) 2014, (b) 2015, (c) 2016, (d) 2017 and (e) 2018.
(2) How much does (a) ACT Health and (b) Canberra Health Services, plan to spend on advertising campaigns during 2019.
(3) What were the individual advertising campaigns that cost more than $25,000 during (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018 and (f) 2019 (planned).
(4) For each campaign identified in part (3) what (a) advertising collateral was produced, (b) media and other communication channels were used, (c) were the target campaign outcomes, (d) reach and frequency figures were achieved and (e) were the actual campaign outcomes achieved.
(5) Who approves expenditure on advertising campaigns in (a) ACT Health and Canberra Health Services.
(6) What processes are in place to ensure that ACT Health and Canberra Health Services advertising campaigns provide value for money.

Ms Fitzharris - The answer to the Member's question is as follows:

(1)

Campaign	Advertising spend (GST inclusive; rounded figures)				
	2014 (a)	2015 (b)	2016 (c)	2017 (d)	2018 (e)
After Hours and Emergency Department Diversion*					$54,949*
Healthier Choices Canberra*					$104,113*
University of Canberra Hospital					$60,217
Walk-in Centres – Gungahlin					$30,932
Kilojoules on the menu					$34,936

Childhood Influenza					$11,672
Meningococcal (ACWY)					$14,145
Antenatal pertussis	$8,455	$23,823	$7,566	$3,668	$16,128
Smoking in Pregnancy (If you smoke your future's not pretty + Quit for You, Quit for Two)			$115,500	$60,500	
ACT Cervical Screening Program	$25,580	$20,977	$66,265	$26,754	
Sugar Swap Challenge			$65,720		
Back to school			$54,191		
Good Habits for Life	$84,293	$5,544			
Total	$118,328	$50,344	$309,242	$90,922	$327,092

*Campaign runs over the 2018-19 financial year.

(2)

Organisation	**Campaign**	**Planned expenditure (GST incl) for 2019**
(a) ACT Health Directorate	Healthier Choices Canberra	Refer to (1) Activity paid in 2018. This campaign runs over the 2018-19 financial year.
(b) Canberra Health Services	After Hours and Emergency Department Diversion	$54,949 (this campaign runs over the 2018-19 financial year)

ACT Health Directorate and Canberra Health Services have not yet committed or had approved any other spending towards advertising campaigns for the 2019/20 financial year.

(3) For response to part (a) through to (e) of this question, please refer to campaigns with an advertising spend over $25,000 listed in the table at Question (1).

For response to part (f) of this question, please refer to campaigns with advertising spend over $25,000 listed in the table at Question (2).