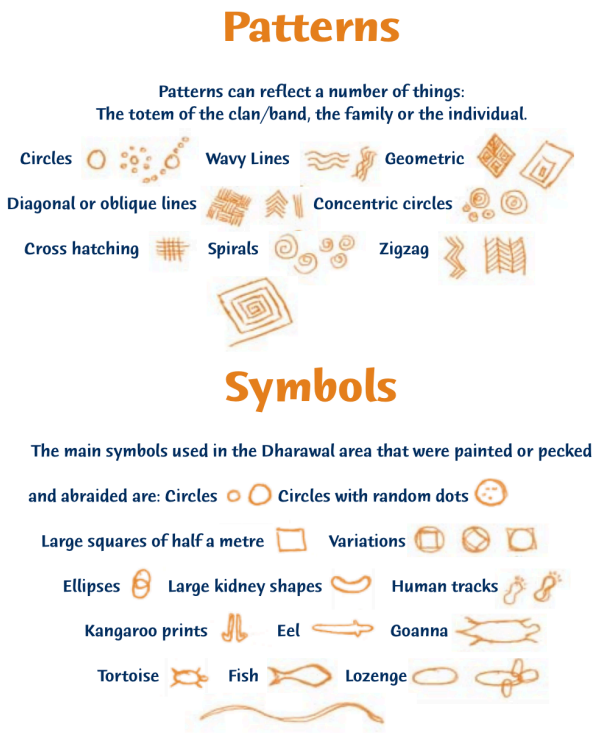
Illawarra Shoalhaven Safe Space – Feedback Loop 2

Roses in the Ocean

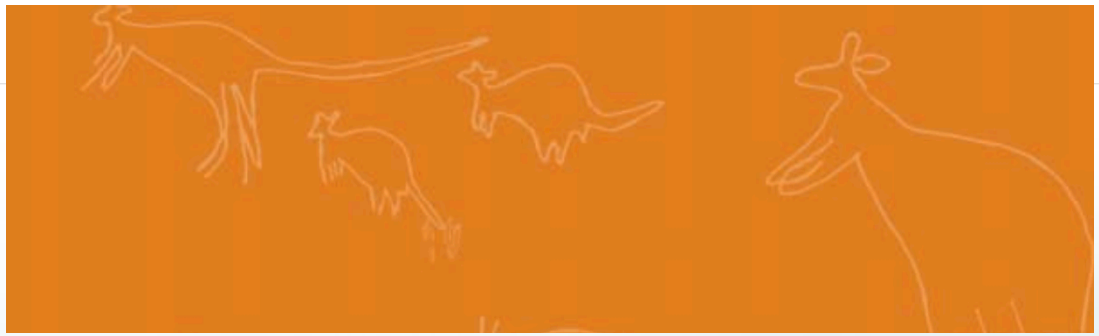
stemming the tide of suicide

Acknowledgement of Country



http://www.lesbursill.com/site/PDFs/_Dharawal_4Sep.pdf

We acknowledge the Dharawal people of the Illawarra Shoalhaven region, pay our respects to their elders past, present and emerging.



Acknowledgement of Lived Experience

We acknowledge those who have considered ending your life, and those who have attempted to do so.
We acknowledge your courage and tenacity to carry and move through the immense pain.

We acknowledge those who care for loved ones through suicidal crisis.
We acknowledge the fear and helplessness you experience, and your endless endeavors

to empower them to live.

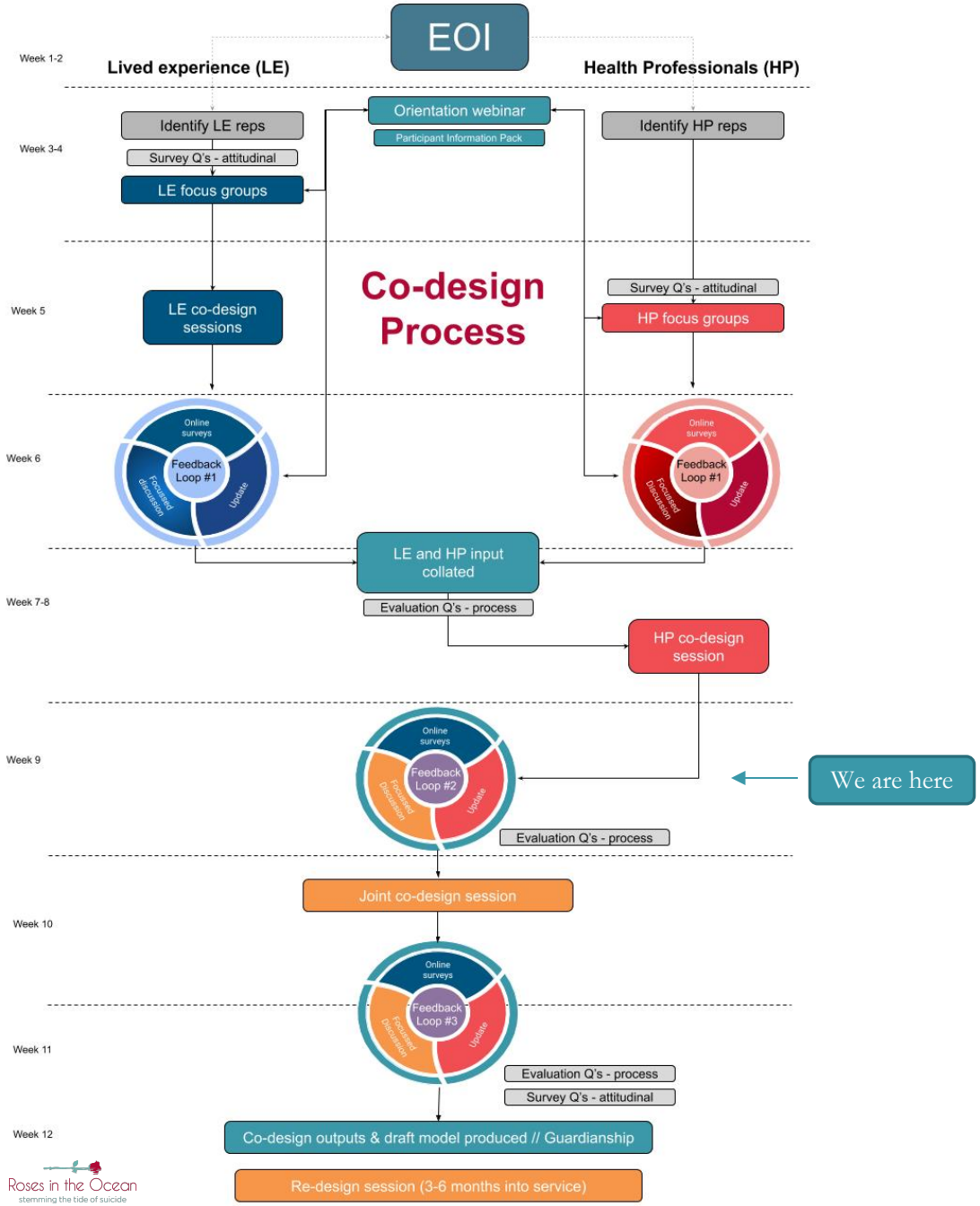
We acknowledge those bereaved through suicide.
May your immeasurable loss define a legacy and a mission to discover healing and a new purpose.

We acknowledge all the magnificent lives we have lost to suicide and those who are struggling with life today.

Everyone's lived experience is unique.

Everyone's lived experience is valuable.

Everyone's live experience can make a difference.



Process so far

- Orientation Webinar
- Information Pack
- NSW Ministry of Health Guidance Document
- LE Focus Conversations – groups of 3
- HP Focus Conversations – groups of 3
- LE Session 1A – 2 hours
- LE Session 1B – 2 hours
- Feedback Loop 1
- HP Co-design session
- **Feedback Loop 2**

Purpose of HP co-design session

- Gather broader insight regarding progress made during HP co-design session
- Gather prospective information to fast track conversations for upcoming joint co-design session.

Roses in the Ocean
stemming the tide of suicide

Co-designing Illawarra Shoalhaven's Safe Space

Feedback Loop 2

Presenting what we know so far through Focus Groups,
Co-design sessions 1A, 1B and 2 and Feedback Loop 1 (LE & HP)

Safe Space elements

Agreed through alignment

- **Values:** what will safe space hold itself to?
- **Outward connections and partnerships:** Where will safe space connect people to, when and why?
- **Physical environment & accessibility:** what does the safe space look and feel like? How do people access it?
- **Workforce development and support:** how will staff capability be developed over time

HP co-design Session

- **Location of safe space:** where will the safe space be established?
- **Connection pathways to safe space:** how will people access the safe space?
- **Staffing:** who will deliver support at the safe space?

To be discussed

- **Service model:** what support will people received at the safe space?
- **Reporting:** how will we know that the Safe Space is meeting the needs of the community
- **Communication and engagement:** how will we communicate about Safe Spaces to the sector and the community?
- **Governance:** who will be involved in overseeing clinical and operational aspects of the safe space?

What has been agreed on so far?

Values, outward connections and partnerships, physical environment and accessibility, workforce development and support.

Good alignment between NSW MoH guidance document, Lived Experience participants and health professionals.

Values to inform the model

Needs refinement but good in-principle alignment

NSW MoH Guidance

- Person-centred
- Risk tolerant
- Non-judgmental
- Welcoming
- Responsive
- Compassionate
- Strengths focused
- Hopeful
- Holistic
- Self determination
- Empowerment
- Human connection
- Collaboration
- Integration
- Respectful
- Evidence based
- Dignity
- Inclusion
- Choice

LE co-design process

- Equality
- Connection
- Respect – unique individuals, 'being'with'
- Autonomy
- Co-passionate support
- Freedom – self reflection, insight, choice, own decisions
- Nurturing – empathy, kindness, love, fun
- Transparency
- Integrity
- Humility
- Authenticity
- Dignity
- Trust and acceptance
- Non-judgmental
- Inclusion
- Team
- Mutuality – kindness, spirit of mate-ship
- Ambiguity – observe holistic space
- Curiosity
- Deep listening
- Facilitated choice
- Unquestionable right to be here
- Flexible
- Welcoming

Outward connections and partnerships

NSW MoH Guidance Document	LE co-design perspective	HP co-design perspective
People can access information and warm referral re: a broad range of community based health and social services. Clear protocols will be in place to support staff to make decisions about safety and access. This includes having the capacity to respond to drug and alcohol issues and provide access to medical or other support, where this is needed. People will be actively supported to determine for themselves how best to stay safe and supported to access additional services of their choice. Guests that present with clear and immediate risks will be connected with other, more appropriate services.	**Guidance on transition / exit (maintaining own health and where to access services)** **Collaboration & integration with health system when we need it.**	**Skilled workforce to enable escalation when required.** **Building relationships with the service to understand how to coordinate / integrate.** **Clear 'step-up' to ED.**

Physical environment & accessibility

NSW MoH Guidance Document	LE co-design perspective	HP co-design perspective
There is no requirement for people to present to an emergency department prior to accessing the service. The service can be located on or off hospital/health grounds, but is within proximity to the Emergency Department, not requiring people to travel a long distance. Ideally, as a non-clinical service, the service will represent a genuine alternative to accessing the hospital. The Safe Space is accessible outside of business hours. The environment is welcoming, safe and calm. This includes cultural, spiritual and emotional safety, and the provision of trauma informed care.	**Open after hours to access support when needed.** **Safe and welcoming space as well as aesthetically pleasing, functional and warm.**	**Safe, secure space where peopled are welcomed (meeting the person where they're at).** **Ability to support in the after hours.** **Safe and welcoming environment.** **Open 24 hours** Out of scope and above resource allocation

Workforce development and support

NSW MoH Guidance Document	LE co-design perspective	HP co-design perspective
Ongoing training, supervision, individual mentoring and group reflection to support SP Peer Workers MoH Guidance doc provides skill development/ training requirements for SP Peer Workers State-wide SP Peer Workforce Community of Practice is established	**Highly capable lived experience of suicide SP Peer Support workforce.** **Ongoing connection with skilled staff.**	**SP Peer worker training and mentoring.** **All health professionals working at the service to undergo peer worker training.**

What was discussed at the Health Professional co-design session?

Location of Safe Space, Connection Pathways to Safe Space, Staffing.

Some divergence between NSW MoH guidance document, Lived Experience participants and health professionals prior to the session.

In-principle agreement reached by end of co-design session.

Location of Safe Space

NSW MoH Guidance Document	LE co-design perspective	HP co-design perspective
Safe Space can be located on or off hospital grounds (but within proximity). Scoping of potential sites for the Safe Spaces can progress independently of the local co-design process	**Preference for to be located off hospital grounds (but within walking distance).** **Centrally located.** **Easy and safe access.**	**For discussion.**

Location of Safe Space

On or off hospital grounds

- Consensus reached for Safe Space to be off hospital grounds but located nearby
- Health Professionals acknowledged the wishes of lived experience participants and genuinely want to meet their needs

Physical location

- Two locations were suggested by the group:
  - Wollongong (highest number of consumers)
  - Nowra (an area of high need)
- Pro's and con's for both locations (e.g. proximity to mental health services)
- An argument could be made to locate the safe space at either location.

Connection pathways to Safe Space

NSW MoH Guidance Document	LE co-design perspective	HP co-design perspective
No requirement to present to ED prior to accessing the Safe Space. No expectation of a clinical referral pathway from ED to the Safe Space Guests attending the Safe Space not required to undertake any assessments / meet eligibility criteria. Safe Space promoted in local community (MoH to support promotion of Safe Spaces)	**Can be recommended by ED to visit.** **Free to visit Safe Space when needed.** **Innovate ways to collect information about guests on arrival other than standardized assessment tools.**	**Address risk, duty of care, accountability, legal obligations (taking someone to the Safe Space is appropriate and legally viable).** **Clear guidelines on referral criteria and accessibility** **Ensure state level policies and procedures reflect 'current state'** **How safe space would approach Borderline Personality Disorders and trauma**

Connection Pathways to Safe Space

What was discussed?

- Broad support for no expectation of clinical referral or attendance at ED prior accessing Safe Space
- Acknowledgement that it does present challenges with how the system is currently set up (not insurmountable)
- Consensus that Safe Space isn't being developed to change how the LHD operates

What is required to progress?

- Transfer of care protocols refined and/or education of LHD ED staff required (both regarding what the Safe Space offers but also how this meets LHD obligations)
- Safe Space to be offered as a genuine support option
- Good strong relationships required between Safe Space and LHD (ED particularly).

Staffing

NSW MoH Guidance Document	LE co-design perspective	HP co-design perspective
Non-clinical SP Peer Workforce The service is staffed by Suicide Prevention Peer Workers with a lived experience of suicidal crisis and recovery Recruitment and training of SP Peer Workforce undertaken in line with the NSW MoH SP Peer Workforce Guideline	**Lived experience of suicide Peer Support workforce** **Management of service not by clinician.** **Clinical manager should be non-medical e.g. social worker/ psychologist - ideally with their own lived experience**	**Anticipate people will need a clinician on staff to feel comfortable in referring from ED** Out of scope **Highly capable Peer Workers** **Less clinical and more relaxed (for low-risk clients)** **Mix of clinicians and peer workers** **Skilled and experienced clinical staff / mix of clinicians and peer workers / access to allied health services**

Staffing

What was discussed?

- Acknowledgement of the genuine requirement for all staff to have lived experience (identified positions)
- Preference for peer workers (no clinical staff required)
- May be worth ‘identifying’ positions to ensure mix of cultures, sexuality/gender to meet the needs of local community
- If necessary, to bring external people to safe space to co-facilitate groups they will be from Allied Health if necessary

What remains to be discussed and determined through Feedback Loop 2 and at co-design session 3…

Service model, information gathering & reporting, external communication, governance.

Further discussion required to reach agreement between NSW MoH guidance document, Lived Experience participants and Health Professionals.

Service model

NSW MoH Guidance Document	LE co-design perspective	HP co-design perspective
Family and friends are involved, wherever possible and in alignment with the wishes of the person using the service The service is connected closely, or jointly delivered with community organisations, including other support services and local businesses. Clinical services are not provided. What is delivered in the service must be non-clinical. However, there is a clinical governance structure which provides a clear process to actively support the Suicide Prevention Peer Workers to identify in partnership with the person using the service, when and how additional clinical supports may be needed and accessed to best meet the individual needs and wants of the person.	**Non-clinical** **Collaboration & integration with health system when we need it.** **Linking in with a broad range of social and community services.** **Provision of support groups (educational and peer connection)**	**Understanding what the service offers and clear purpose (e.g. age cohorts)** **Other services suggested for region:** **Hub with SP clinicians** **Acute treatment team to provide services in homes of patients** **A dedicated mental health facility** **Dedicated crisis centers**

Questions

- In addition to linkage to other services, support (practical and emotional) and access to groups, are there any other specific services that Safe Space guests should receive?
- What is the minimum service response that all Safe Space guests will receive on accessing the Safe Space?
- What role do you see the safe space playing in supporting the natural supports of guests of the service? (A natural support may be a carer, family member, friend, worker from another service etc,)
- How will the service specifically address the needs of:
  - Aboriginal people
  - People from the LGBTQI+ community
  - Men
  - Young people
  - Older people

Information gathering & Reporting

NSW MoH Guidance Document	LE co-design perspective	HP co-design perspective
Develop appropriately sensitive outcome reporting in conjunction with people with lived experience of suicidality Outcome reporting is non-intrusive and does not present a barrier to people accessing the Safe Space. Outcome reporting to the Ministry of Health includes indicators of consumer experience, staffing, number of people using the Safe Space, issues, incidents, governance, partnerships, as well as and broad expenditure reporting. There is accountability and transparency about how effective the Safe Space is and whether it is meeting community expectations.	**Innovate ways to collect information about guests on arrival other than standardized assessment tools.**	For discussion.

Questions

- It is acknowledged that indicators of guest experience will be determined by guests themselves at the initial re-design process
- How will outcome data be collected and reported? For example, consumer experience, staffing, number of people using the service, issues, incidents, governance, partnerships, referrals, expenditure reporting?

External Communication

- How will Emergency Department staff be supported with information and education about the service? Posters/ leaflets/ visits/ meetings/ peer worker in situ?
- How will the service be promoted in the community, other health services and community organisations?
- What support does the district need from the Ministry around communication/ promotion?
- What partnerships will support local connections for guests?
- Are there media opportunities to promote the safe space?

Governance – (waiting for LHD/PHN guidance)

NSW MoH Guidance Document	LE co-design perspective	HP co-design perspective
Clear governance and reporting lines within the health service, to provide oversight and support. Clinical governance structure which provides a clear process to actively support SP Peer Workers when and how additional clinical supports may be needed. Ongoing opportunities for lived experience involvement (include communication channel for guest feedback) Transparent about all policies and procedures	**Ongoing involvement in shaping the design of the safe space.** **Being aware of protocols and procedures, nothing a secret.**	**Clear agreement between government and NGO outlining critical incident process and referral pathways (in and out).** **Understand process and protocols for clinical risk / risk management.** **Role in operational governance yet to be discussed.**

Questions

- What will operational governance look like for the Safe Space site?
- What will clinical governance look like for the Safe Space site?

Next Steps

- Feedback Loop #2 webinar & survey links on ISSPC website
- Please respond by midnight June 7th
- Co-design Session # 3 – June 10th

Q&A