

2022

Submission towards An Outcomes  
Framework for Family and Friends  
Stakeholder Consultation

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This submission will contribute to the Outcomes Framework designed to support AOD organisations in delivering information and services to family and friends concerned about alcohol and drug use.

For more information, please, click this link <https://nceta.flinders.edu.au/stakeholder-consultations>)

## **Organisations or Agencies**

### **National Centre for Education and Training on Addiction (NCETA)**



### **Flinders Health and Medical Research Institute (FHMRI)**



### **Flinders University**



### **ADF**



## Introduction

This submission is based on individual experience working with the Sudanese Mothers Coalition in Victoria (SMCV) that advanced the need to address the issues of AOD campaign awareness in South Sudanese/Sudanese Communities in Victoria through education and capacity building. Over the last 13 years, the SMCV has worked with families, including single parents and young people. In 2017, the SMCV was funded with \$10,000 through the Centre for Culture, Ethnicity and Health by the Victorian Department of Health to educate, build capacity and raise awareness about Alcohol and Other Drugs (AODs)

In 2019, the Centre for Culture, Ethnicity and Health was again funded by North Western Melbourne Primary Health Network (NWMPHN) with \$900,000, in partnership with the Sudanese Mothers Coalition, Turning point, the Burnet Institute, VAADA, and Drummond Street.

The CEH dedicated a Community Engagement and Projects Officer, who led AOD peer-led education and capacity building to many single parents and young people from South Sudanese/Sudanese backgrounds.

### **1. What does high-quality AOD service delivery to family and friends look like?**

The peer-led education, capacity building and campaign awareness, ,

#### **a) i.e., what outcomes (benefits, positive changes) should be the goal of service delivery to family and friends?**

The first phase of the AOD project uses a framework of community health promotion and peer-led education that raises campaigns and awareness about AOD's damaging impact on families, parents, and young people.

The community education sessions were fortnightly run for five months. In five months, we trained about 1250 South Sudanese/Sudanese community members as trainers that could themselves deliver their sessions.

#### **1<sup>st</sup> -Phase with funding of \$10,000**

The project goals were related to families, parents, and young people's health outcomes and the partnership and collaboration with the communities to address AOD issues within families, parents, and young people.

The project presents a tremendous participatory and community engagement approaches with the Sudanese Mothers Coalition and hence, services providers, meeting, especially with Odyssey House Victoria. On our first visit in 2017, we were told that Odyssey House Victoria has had hardly any services directed to the African Australia, for example, South Sudanese. So, part of the benefit and project outcomes, including:

- Partnership, networking, and collaboration with the families, including single parents' young people, including service providers
- Peer to peer education, AODs health promotion and campaign awareness about the damaging impact of AODs on individuals, parents, young people, and communities.
- Recognition of the AODs as an issue to be addressed within the community to reduce the risk of injuries and other problems such as domestic and family violence

### ***Benefit and Positive changes***

- The partnership, networking and collaboration have led families to engage with AODs services providers.
- Reduction of shame and stigma among the parents and young people.
- Some individual youths could accept referrals, consult with a doctor, and health professionals working with drug and alcohol services.
- AODs was identified by the families and parents as an issue to be dealt with collectively by encouraging parents and young people to engage with service providers.
- Ease in mental health issues; experiencing signs of depression, anxiety, psychosis, or paranoia
- Change in risky behaviours, example, drinking, driving, using unsterilised needles
- Change in behaviours; stealing, robbery, homicide-suicide and bad attitudes being exhibited in the neighbourhood

### **2<sup>nd</sup> Phase with funding of \$900,000**

This phase was funded with \$900,000 in partnership with the Sudanese Mothers Coalition and the Centre for Culture, Ethnicity and Health. This project was designed with a flexible model that worked directly with local South Sudanese. The project aimed to address the immediate needs of AODs through codesigning sustainable interventions that target prevalence in the use of AODs and general substance abuse in the community.

The project adopted a peer-led model previously utilised from 1<sup>st</sup> Phase of the project. Direct partnership, networking and engagement have strengthened 2<sup>nd</sup> Phase with five main elements (CEH2019), including:

- In-home model of care supporting both young people and their families
- Community workshops to improve services navigation and understanding of alcohol and other drugs (AOD) and mental health
- Sector capacity building to improve the cultural competence and accessibility of the mainstream services providers
- Development of an evaluation framework to identify efficacy and potential for expansion
- Codesigned resource that is culturally sensitive in defining harm reduction

### ***Benefits and positive changes***

- Increase self-confidence, trust, and engagement with the mainstream services providers in AOD.
- Families, parents, and young people were able to voice their concerns on factors that trigger the use of AOD.
- Decrease of the shame of speaking about AOD, and stigma was no longer an issue, especially for the families whose children are impacted and witnessing more damage within their families.
- development of life skills through workshops and balance in consumption of AOD for a better change
- Reduction of violent crime in the neighbourhood
- Increase in mentoring by the parents and peers
- Reduction in homicide, suicide, and injuries
- Continue conversation of the use of AOD in the community

## 2. What activities or results show progress towards/achievement of high-quality AOD service?

The 1<sup>st</sup> Phase and 2<sup>nd</sup> Phase of the projects were facilitated by a peer-led strategy implemented with elements of:

- Train the trainers to lead peer education and campaign awareness sessions
- The utilisation of community workshops
- Community engagement and co-design of the training and mentoring programs
- Social marketing their media such as Facebook, Instagram, LinkedIn, and WhatsApp.
- Community and religious place meeting
- More networking service providers with service users
- Continue evaluation

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### a) i.e., what specific indicators can be used to monitor and assess these outcomes?

The specific indicators, comprised of:

- Stakeholder analysis on the AOD service providers and service users
- Number of the parents, young people, families, and community leaders who have engaged in the workshops training
- Number of parents and young people who have capacity and knowledge about the damaging use of AOD
- Engagement of crime stoppers in the program to facilitate their networking with young people
- Parents, families, young people, and community leaders' views on the use of workshops that provide capacity building and educational training
- Recognition of the community needs to address harm, stigma, and damage of AOD
- Incorporation of culturally specific and appropriate services in the mainstream communities

## 3. How can information about these results or activities be collected?

- The information can be collected through survey questionnaires and the use of other study methods, including ethnography and phenomenology study.

### a) i.e., what information and data should be collected to measure/assess these indicators?

The information and data to be collected for measurement. /Assessment would be both qualitative and quantitative.

- The data on the demographics for all the participants
- The data on the percentage of family members experience collected, and the average percentage members reported experience of satisfaction of participant in training over five months to two years
- Family member's feedback collected, analysis and actions required to improve the quality of the AOD services
- Stakeholders' analysis specifying how the partnership has been effective and feedback of services users

- The general questions around current attitudes and perceptions towards AOD services
- More recommendations by the family members who had engaged with services and trained to increase their capacity and education to be able to inform their communities about the impact of AODs
- Questions and recommendations around culturally specific and appropriate AOD services