

Grampians AOD Catchment Plan

Plan 2015-2016

Part 2

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Introduction

Part 2 of the Grampians AOD Catchment Plan contains data relevant to the areas identified by the Grampians Catchment-Wide Planning Steering Group and during the Strategic planning process facilitated by Foresight Lane in July.

There is information about the Grampians region, specifically collated for its relevance to the Alcohol and Other Drugs sector, the client group and evidence for our Year One approach.

Not all action areas identified in the strategic planning process have data relating to them and these gaps may become a focus of activity in the coming years. There will be a difference in new data collection, as the data we collect in future, will be more specific, more targeted and some of it will certainly be related to the 2015 -2016 activities and subsequent planning processes.

Reflection on comments made in a recent speech by Pradeep Philip and Vishaal Kishore from the Victorian Department of Health and Human Services, may influence and shape our future approach.

"The false sense of security that linear thinking gives us is partial – and for all our rushing for data, for evidence, for logic maps and process engineering, for percentages for touch points and services, we risk losing sight of the human face of social policy.

Analysis is crucial, but only when connected to purpose. We must never forget that social policy and social services are about more than just figures, providers or even abstract outcomes...in short, social policy is about people, or it is about nothing at all. As we recognise and learn more about the human condition, interventions based purely on mechanics are the enemies of progress."

Source: "Rethinking a Contemporary Social Justice in Government," August 2015

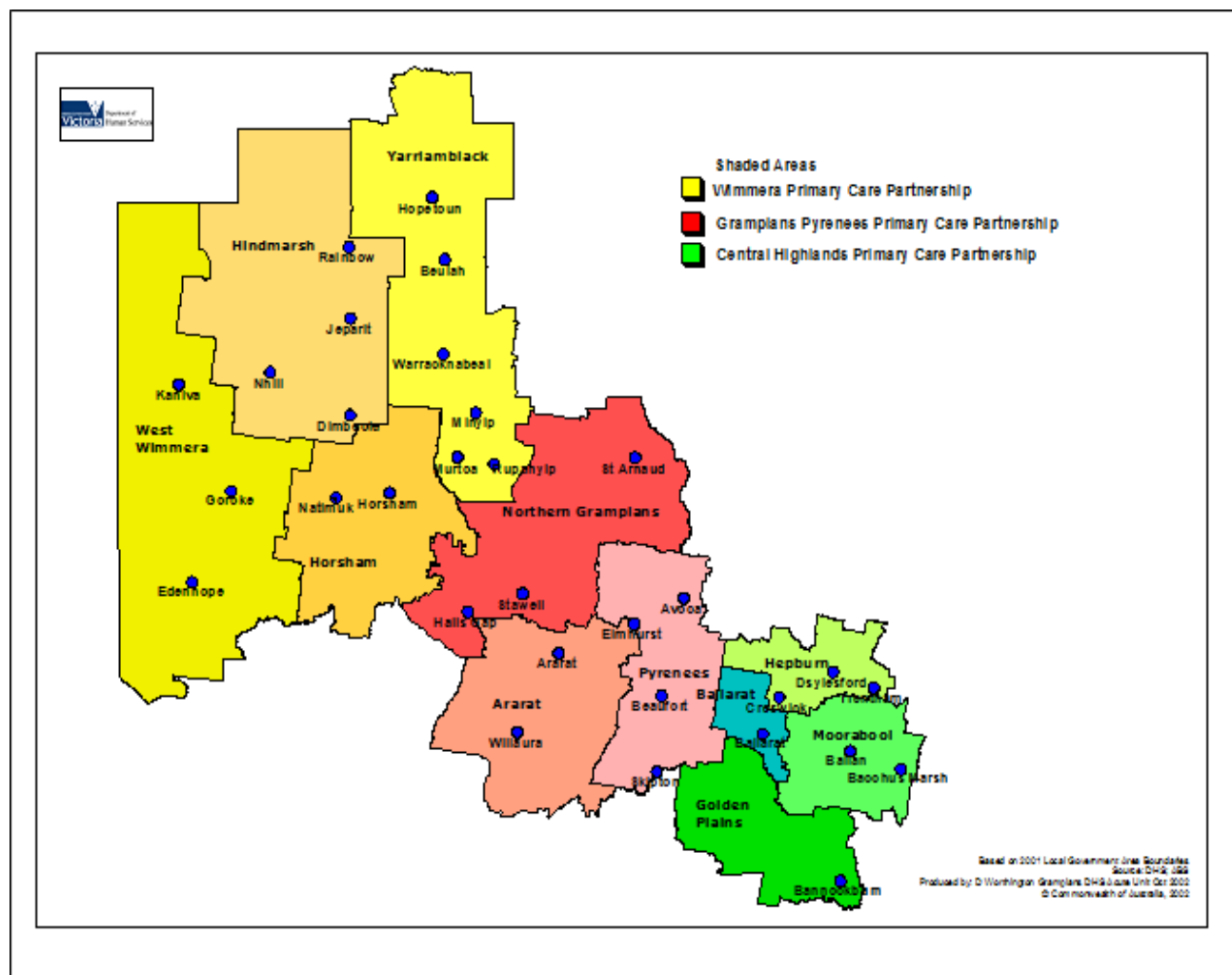
We have valued sector intelligence for this reason. Our rationale is that we need to engage the AOD workforce in the planning process to create a culture of quality improvement to improve client outcomes. The AOD principles also inform our planning activity.

Grampians Region Profile

Geographic

The Grampians is a large and diverse region extending from Bacchus Marsh to the South Australian border. It covers an area of over 48,000 square kilometres and includes eleven municipalities. It is classified into three sub-regions: Central Highlands, Grampians Pyrenees and the Wimmera. Ballarat, Ararat and Horsham are the larger rural centres with many smaller towns and localities.

Figure 1 (LGAs) and Larger Cities and Townships in Grampians region



Demographic

The Grampians region extends from Bacchus Marsh to the South Australian border, taking in St Arnaud and Hopetoun to the north and Edenhope, Willaura and Bannockburn to the south. In June 2013, the Grampians region had an estimated resident population of 212,263 people primarily concentrated in the east of the region. There is both very high and low population density across the region, where Ballarat is the most densely populated with 132.3 people per square kilometre and the Wimmera being the least-densely populated with 0.5 people per square kilometre.

In the Wimmera, changes in the way rural areas are used, managed and owned plus other significant rural changes are altering demographic and socio-economic profiles. Some services are gradually becoming centralised in larger townships, perpetuating the cycle of decline in population and local services in smaller towns

The Effect of Alcohol on Health in the Grampians Region

Liquor and Drug Licences

The greater the density of packaged liquor outlets, the higher the rate of alcohol-related chronic disease (*Vic Health 2014*)

In January 2015, in the Grampians region LGAs, the density of all liquor and drug licences per 10,000:

Hepburn	77.02
West Wimmera	72.50
Hindmarsh	70.00
Ararat	63.90
Yarriambiack	62.85
Northern Grampians	59.82
Horsham	42.85
Golden Plains	33.33
Ballarat	29.89
Moorabool	14.00
Pyrenees	10.63
Moorabool	14.00
Pyrenees	10.63

Source: Victorian Commission for Gambling and Liquor Regulations – Current Victorian Liquor Licences for Country (regions) as of 01/01/2015

Alcohol Related Deaths

2014 research undertaken by Vic Health found

- residents in regional areas consume more alcohol than those in metropolitan areas – on two defined measures of alcohol consumption (Vichealth 2014)
- regional Victorian residents are at greater risk of hospitalisation and death from Partially Alcohol-Attributable Chronic Diseases (PACD)
- the most disadvantaged groups are significantly more likely to experience hospitalisation or death due to Wholly Alcohol-Attributable Chronic Diseases (WACD) and PACD

Source: VicHealth, "Inequities in alcohol-related chronic disease in Victoria," 2014

In the Foundation for Alcohol Research and Education's (FARE) 2014 report, The State of Play – Alcohol in Victoria, it was found there were 1,214 alcohol-attributable deaths in Victoria, which accounted for 3.4 per cent of all Victorian deaths in that year. This includes 351 cancer and 304 injury deaths attributable to alcohol.

Death rates from Alcohol and Other Drugs in the Grampians region

1. The four leading causes of alcohol related deaths in Victoria are cancers, injuries, cardiovascular disease and digestive diseases
2. Regional Victorian residents are at greater risk of hospitalisation and death from chronic disease, where the cause can be partly attributed to alcohol
3. In the Grampians, there are high avoidable death rates from conditions including diabetes, cardio-vascular disease, cancers and injuries
4. In the Grampians, there is a high prevalence of chronic diseases including mental health, diabetes, cancers, respiratory system and musculoskeletal diseases

Source: Grampians Medicare Local Community Needs Analysis 2013 and FARE "The State of Play – Alcohol in Victoria"

Table 1: Alcohol attributed deaths in Grampians region in years 2000 – 2007

Alcohol-related deaths of Grampians region residents per 10,000 and number (n)								
Area	2000	2001	2002	2003	2004	2005	2006	2007
Grampians	2.05 (42)	1.60 (33)	2.04 (43)	1.73 (36)	1.93 (41)	1.66 (36)	2.00 (43)	1.45 (32)
Victoria	1.49 (710)	1.50 (723)	1.58 (770)	1.46 (719)	1.45 (721)	1.51 (758)	1.49 (765)	1.40 (728)

Source: Turning Point – Victorian Alcohol Statistics Series **ALCOHOL-RELATED HARMS AND USE ACROSS VICTORIAN LGAS: 2000/01 TO 2009/10**

This data reinforces the need for the AOD sector to have a role in health promotion and advocacy that contributes to changes in community attitudes and public policy in regards to alcohol. The networking approach in the catchment plan aims to link the AOD workforce with other networks, and to have a respected voice in advocacy discussions. Links between the AOD sector and other health and welfare sectors are required to improve the health outcomes of clients.

Table 2: Alcohol related admissions in Grampians region 2005 – 2006/ 2009 -2010

Table 34 Alcohol-related hospital admissions of Grampians region residents (rates per 10,000 resident population), 2005-06 to 2009-10

AREA	2005-06		2006-07		2007-08		2008-09		2009-10	
	Rate per 10,000 (n)	95% CI	Rate per 10,000 (n)	95% CI	Rate per 10,000 (n)	95% CI	Rate per 10,000 (n)	95% CI	Rate per 10,000 (n)	95% CI
Ararat	31.06 (36)	(21.70 – 43.09)	37.13 (43)	(26.90 – 49.96)	35.12 (41)	(25.20-47.64)	35.46 (42)	(25.52-47.99)	34.02 (41)	(24.36-46.23)
Ballarat	37.82 (336)	(33.88 – 42.08)	43.18 (382)	(38.96 – 47.74)	47.32 (424)	(42.92-52.04)	45.23 (415)	(40.99-49.80)	44.58 (419)	(40.41-49.06)
Golden Plains	24.62 (42)	(17.71 – 33.33)	25.02 (43)	(18.08 – 33.73)	27.30 (47)	(20.07-36.28)	38.46 (68)	(29.87-48.76)	43.26 (79)	(34.23-53.95)
Hepburn	41.71 (62)	(31.96 – 53.50)	47.65 (68)	(36.99 – 60.43)	45.73 (65)	(35.31-58.25)	63.65 (92)	(51.32-78.04)	48.49 (72)	(37.93-61.09)
Hindmarsh	51.43 (33)	(35.37 – 72.27)	62.12 (39)	(44.11 – 85.01)	49.64 (31)	(33.68-70.54)	47.06 (29)	(31.54 -67.56)	49.59 (31)	(33.64-70.49)
Horsham	44.91 (86)	(35.93 – 55.45)	39.66 (76)	(31.23 – 49.66)	32.93 (64)	(24.35-42.06)	38.09 (75)	(29.95-47.75)	38.87 (78)	(30.72-48.52)
Moorabool	33.81 (90)	(27.20 – 41.54)	35.86 (95)	(29.01 – 43.84)	47.25 (127)	(39.39-56.23)	51.62 (141)	(43.44-60.89)	40.39 (113)	(33.28-48.57)
Northern Grampians	42.76 (54)	(32.14 – 55.76)	46.71 (58)	(35.43 – 60.43)	35.99 (44)	(26.19-48.26)	41.02 (51)	(30.50-54.00)	51.09 (63)	(39.27-65.36)
Pyrenees	43.76 (29)	(29.23 – 62.97)	36.83 (25)	(23.82 – 54.40)	41.97 (28)	(27.99-60.49)	31.57 (21)	(19.66-48.04)	41.18 (28)	(27.44-59.38)
West Wimmera	34.39 (16)	(19.73 – 55.68)	33.24 (15)	(18.74 – 54.52)	40.32 (19)	(24.10-63.30)	19.66 (9)	(9.01-37.28)	24.03 (11)	(12.03-42.90)
Yarriambiack	44.09 (35)	(30.70 – 61.34)	42.30 (33)	(29.07 – 59.48)	43.85 (34)	(30.31-61.37)	45.06 (35)	(31.30-62.82)	40.37 (31)	(27.43-57.30)
Grampians region	37.86 (818)	(35.31 – 40.54)	40.80 (876)	(38.14 – 43.59)	42.65 (925)	(39.94-45.94)	44.39 (977)	(41.65-47.26)	42.97 (965)	(40.30-45.76)
Victoria	49.21 (24,713)	(48.60 – 49.82)	48.25 (24,745)	(47.65 – 48.86)	50.19 (26,121)	(49.58-50.80)	50.90 (27,045)	(50.29-51.51)	55.33 (30,116)	(54.70-55.96)

Source: DH Victorian Admitted Episodes Database

Source: Victorian Alcohol Statistics Handbook – Turning Point <http://www.turningpoint.org.au/Media-Centre/centrepubs/GetFile.axd?oid=69439ecf-d145-4b5f-b56f-7dd5b1087a67>

Table 3: Wholly alcohol attributable hospital admissions in Grampians Residents Aged 15 -24 2008 - 2010

Table 55 Wholly alcohol attributable hospital admissions of Grampians region residents aged 15-24 years (rates per 10,000 resident population), 2008-09 and 2009-10

AREA	2008-09		2009-10	
	Rate per 10,000 (n)	95% CI	Rate per 10,000 (n)	95% CI
Ararat	39.59 (5)	(12.85-92.39)	*	*
Ballarat	75.17 (109)	(61.72-90.68)	60.68 (94)	(49.04-74.26)
Golden Plains	42.24 (8)	(18.24-83.23)	44.84 (9)	(20.51-85.13)
Hepburn	49.05 (7)	(19.72-101.07)	73.24 (11)	(36.56-131.04)
Hindmarsh	*	*	*	*
Horsham	78.22 (19)	(47.09-122.15)	51.06 (13)	(27.19-87.31)
Moorabool	46.11 (16)	(26.36-74.88)	30.29 (11)	(15.12-54.19)
Northern Grampians	44.05 (6)	(16.17-95.88)	*	*
Yarriambiack	65.79 (5)	(21.36-153.53)	*	*
Grampians region	62.95 (181)	(54.11-72.82)	48.64 (148)	(41.12-57.14)
Victoria	42.20 (3,074)	(40.72-43.72)	38.12 (2,974)	(36.77-39.52)

Source: DH Victorian Admitted Episodes Database

Source: Victorian Alcohol Statistics Handbook – Turning Point <http://www.turningpoint.org.au/Media-Centre/centrepubs/GetFile.axd?oid=69439ecf-d145-4b5f-b56f-7dd5b1087a67>

The data illustrates that the rate of young people admitted to hospital in the Grampians Region is significantly higher than the state average. LGAs of concern are

- Hepburn
- Ballarat

This is the type of data that innovation teams could look at to develop quality improvement activity that will foster catchment improvements.

Alcohol and Acquired Brain Injury (ABI)

Anecdotally, clients with cognitive impairments or clients who have a family history of addictive disorders have an increased vulnerability to substance abuse. One 2006 Victorian study found that

“of all substances, alcohol features most heavily in the literature in association with acquired brain injury and the development of cognitive impairment. Alcohol is frequently implicated as a both a direct and indirect cause of traumatic brain injury (injury to brain resulting from a closed head injury such as a blow to the head from an assault, a fall or motor vehicle accident). Both substance use and cognitive impairment in acquired brain injury are complex phenomena - making it difficult to isolate risk factors”

Turning Point, “Clinical Treatment Guidelines for Alcohol and Drug Clinicians Co-occurring acquired brain injury / cognitive impairment and alcohol and other drug use disorders,” Richard Cash and Amanda Philactides 2006 pp 13, pp8

We don’t know how many clients in the Grampians region fall into this category and whether the screening process is able to detect the presence of cognitive impairment adequately, as these factors can often be masked.

“According to the 2003 Australian Institute of Health and Welfare Study, 2.2% of the Australian population were found to have an ABI (n=438,300), and of these, 157,500 were considered to have a severe or profound impairment (AIHW, 2005). The figures for alcohol related brain injury are harder to quantify, with 1993 AIHW statistics identifying 2,714 individuals with ‘alcohol related ABI’, although notes that the actual prevalence of this disorder is likely to be underestimated as the study relies on self-reported identification of ABI1 (AIHW, 1999)”

Turning Point, "Clinical Treatment Guidelines for Alcohol and Drug Clinicians Co-occurring acquired brain injury / cognitive impairment and alcohol and other drug use disorders," Richard Cash and Amanda Philactides 2006 pp 11

Alcohol and other Drug Treatments

Table 4: Alcohol related courses of treatment in Grampians region

Table 47 Alcohol-related courses of treatment delivered to Grampians region residents (rates per 10,000 resident population), 2005-06 to 2009-10

AREA	2005-06		2006-07		2007-08		2008-09		2009-10	
	Rate per 10,000 (n)	95% CI	Rate per 10,000 (n)	95% CI	Rate per 10,000 (n)	95% CI	Rate per 10,000 (n)	95% CI	Rate per 10,000 (n)	95% CI
Ararat	45.16 (52)	(33.69 – 59.27)	42.66 (50)	(31.63 – 56.29)	50.06 (58)	(38.06-64.65)	55.62 (65)	(42.92 – 70.90)	46.97 (56)	(35.48-61.00)
Ballarat	53.60 (476)	(48.89 – 58.64)	64.82 (573)	(59.62 – 70.35)	63.63 (571)	(58.52-69.07)	67.72 (607)	(62.44 – 73.32)	63.58 (598)	(58.58-68.88)
Golden Plains	18.42 (31)	(12.52 – 26.12)	23.26 (40)	(16.60 – 31.71)	24.54 (42)	(17.72-33.13)	23.22 (40)	(16.60 – 31.60)	27.08 (49)	(20.05-35.78)
Hepburn	45.94 (68)	(35.68 – 58.24)	62.25 (89)	(49.97 – 76.64)	78.18 (112)	(64.34-94.10)	70.07 (100)	(57.01 – 85.22)	79.02 (117)	(65.35-94.70)
Hindmarsh	23.47 (15)	(13.13 – 38.70)	22.45 (14)	(12.28 – 37.67)	20.79 (13)	(11.04-35.63)	41.92 (26)	(27.38 – 61.42)	74.89 (46)	(54.92-99.76)
Horsham	56.67 (109)	(46.52 – 68.38)	67.77 (129)	(56.60 – 80.50)	55.95 (108)	(45.92-67.52)	68.49 (133)	(57.34 – 81.18)	106.66 (214)	(92.84-121.95)
Moorabool	29.00 (77)	(22.91 – 36.22)	33.33 (88)	(26.73 – 41.05)	35.45 (95)	(28.69-43.33)	36.30 (98)	(29.45 – 44.26)	39.82 (111)	(32.76-47.96)
Northern Grampians	28.39 (36)	(19.89 – 39.31)	33.32 (41)	(23.92 – 45.18)	44.77 (55)	(33.74-58.25)	44.06 (54)	(33.13 – 57.45)	74.42 (92)	(59.98-91.29)
Pyrenees	39.94 (26)	(26.13 – 58.45)	45.22 (31)	(30.65 – 64.32)	30.10 (20)	(18.49-46.29)	26.36 (18)	(15.59 – 41.73)	90.55 (62)	(69.48-116.00)
West Wimmera	17.01 (8)	(7.35 – 33.49)	20.36 (9)	(9.49 – 38.14)	27.39 (13)	(14.42-47.24)	18.05 (8)	(7.94 – 35.15)	54.27 (25)	(35.13-80.09)
Yarriambiack	58.28 (46)	(42.69 – 77.71)	33.90 (26)	(22.20 – 49.59)	25.21 (19)	(15.26-39.20)	27.48 (21)	(17.04 – 41.96)	57.48 (44)	(41.79-77.13)
Grampians region	43.70 (944)	(40.95 – 46.58)	50.79 (1,090)	(47.82 – 53.90)	51.08 (1,107)	(48.12-54.18)	53.99 (1,170)	(50.94 – 57.18)	62.99 (1,415)	(59.75-66.36)
Victoria	37.54 (18,852)	(37.00 – 38.08)	39.74 (20,461)	(39.20 – 40.29)	39.58 (20,601)	(39.04-40.12)	39.98 (20,811)	(39.44 – 40.53)	42.78 (23,285)	(42.23-43.33)

Source: DH ADIS

Source: Victorian Alcohol Statistics Handbook – Turning Point <http://www.turningpoint.org.au/Media-Centre/centrepubs/GetFile.axd?oid=69439ecf-d145-4b5f-b56f-7dd5b1087a67>

The number of courses of treatment is much higher in the Grampians Region and is much higher than the state average. The areas of highest demand are

- Yarriambiack
- Horsham
- Ballarat

AOD Client Group

AOD Clients

- Clients come from all socio-economic groups
- The majority of AOD clients have significant trauma at least, in their history
- Most need support to engage

What increases a person's vulnerability to alcohol-related harms?

Recent research has indicated that people experiencing greater harm from alcohol intake are not necessarily drinking more than others and in some cases they are drinking less than the average Australian. The report noted there is a lack of relevant evidence as to why the most disadvantaged groups are experiencing a greater burden of alcohol-related disease, but equity between population groups should be promoted as far as possible to reduce the impact of social determinants on vulnerable communities

Source: "Inequities in alcohol-related chronic disease in Victoria" Vichealth.vic.gov.au 2014

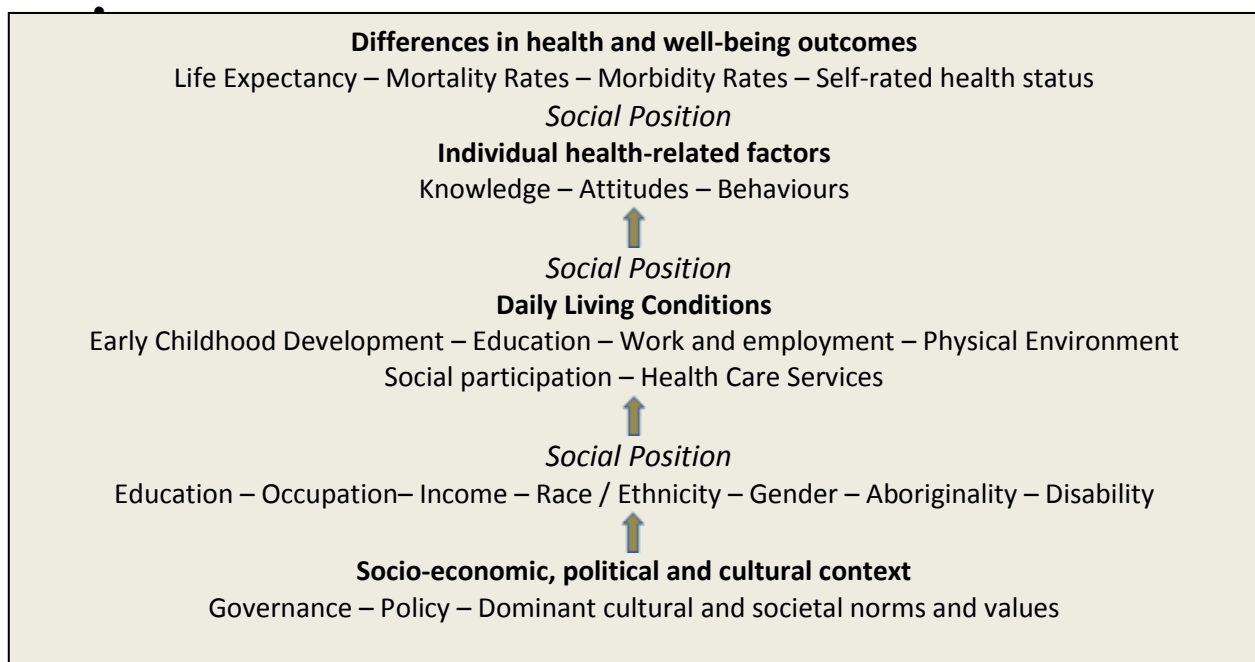
Social determinants of health are conditions in which people are born, grow, live, work, play and age that influence health. The social determinants of health inequities are these conditions and the social processes that distribute them unequally in society. Resulting inequities in health are therefore socially produced, systematic in their unequal distribution, avoidable and unfair. Ultimately, social determinants cause unequal and unjust health outcomes across population (Dahlgren and Whitehead 1991)

The Social Gradient of Health

Mamot in 2004 identified a social gradient in health, whereby health outcomes improve progressively with increasing social position, with a clear gradient for a range of preventable health conditions and their behavioural risk factors including tobacco use, poor nutrition and inadequate physical activity, leading to overweight and obesity, type 2 diabetes and cardiovascular diseases.

Source: "Inequities in alcohol-related chronic disease in Victoria" Vichealth.vic.gov.au 2014

Figure 2: The Social Gradient of Health



This framework taken from Fair Foundations Conceptual Framework which was drawn from VicHealth framework for health equity and WHO Social Determinants of Health (Solar and Irwin 2010)

Source: VicHealth, "Inequities in alcohol-related chronic disease in Victoria," 2014

Who is at risk?

People at risk in relation to Alcohol and Other Drugs include

- Recently arrived refugees
- Families having a child with a disability
- Families experiencing financial hardship and / or situational stress
- Aboriginal and Torres Strait Islander families
- People with a history of family violence
- People with a parental history of abuse and neglect
- People with mental health and chronic health problems
- People in the Justice System

The Wimmera region in the Grampians is one of the high risk areas, impacted by geographic isolation, sparse distribution of services, limited job opportunities and poor public transport.

A report by Grampians Medicare Local, "Scoping Vulnerable Children and Families across the Grampians region" 2015, indicated there is a high prevalence of families experiencing significant disadvantage in the Wimmera region including, low income, unemployment, and sometimes generational poverty. This disadvantage can often be a factor in relationship breakdown, poor literacy skills and educational achievement, chaotic lifestyles, family violence, drug and alcohol abuse, abuse and neglect of children.

Aboriginal and Torres Strait Islanders in the Grampians

While comprising a low percentage of the non-indigenous population overall, each LGA has an Aboriginal and Torres Strait Islander population above the Victorian average, with the exception of West Wimmera and Hepburn LGAs. Three Aboriginal Health Services are located within the catchment – Baarlinjan at Ballarat and District Aboriginal Cooperative (BADAC), Budja-Budja in Halls Gap and Goolum-Goolum, Aboriginal Cooperative in Horsham.

The Aboriginal and Torres Strait Islander population in the Grampians region are more likely than the Grampians region, non-Aboriginal and Torres Strait Islander population to:

- Live in poverty
- Experience higher rates of homelessness
- Have very high rates of unemployment
- Have an increased conviction rate and greater likelihood of repeat criminal behaviour
- Aboriginal women are less likely to report issues relating to family violence
- Have a suicide rate that is 2 – 3 times higher
- Have higher rates of depression and/or anxiety
- Have risky and high risk alcohol consumption (per 1,000 pop) in adolescence, adults, older age groups
- Use cannabis as adults, at a rate that is over 50 times more than non-Indigenous use

Source: DHS Victoria Grampians Region Close the Gap Report 2009

Source: Grampians Medicare Local Mental Health Needs Analysis for the Aboriginal and Torres Strait Islander population, Grampians region 2013

Aboriginal and Torres Strait Islander and Non-Indigenous Populations – Grampians region

Table 5: Estimated Resident Aboriginal and Torres Strait Islander and Non-Indigenous Populations, Local Government Areas – June 2011

LGA name	Aboriginal and/or Torres Strait Islander	Non-Indigenous	Total ERP	% of LGA pop
Ararat (RC)	132	11194	11326	1.18%
Ballarat (C)	1401	93784	95185	1.49%
Golden Plains (S)	160	18798	18958	0.85%
Hepburn (S)	114	14515	14629	0.79%
Hindmarsh (S)	109	5747	5856	1.90%
Horsham (RC)	345	19178	19523	1.80%
Moorabool (S)	316	28354	28670	1.11%
Northern Grampians (S)	179	11875	12054	1.51%
Pyrenees (S)	85	6674	6759	1.27%
West Wimmera (S)	36	4251	4287	0.85%
Yarriambiack (S)	92	7091	7183	1.30%
Victoria	47,333	5,490,484	5,537,817	0.86%

1. Source - Australian Bureau of Statistics June 2011

Culturally and Linguistically Diverse Communities

LGAs in the Grampians region have a significantly less population of people born outside of Australia or of those who speak a second language than the Victorian and Australian average. There is an active migrant settlement program in the Grampians region and in particular the Wimmera, more recent migrants include refugees (Karen, Burundai), female partners of Australian men (Thai, Filipino, Chinese), young families setting up a business (Chinese) and skilled professional migrants in areas of health, engineering, accounting, IT and research (Indian, Sri Lankan, Pakistani and Turkish).

The children and young people of families that have recently arrived in Australia, particularly those who have experienced hardship and significant or multiple stressors, are at increased risk of vulnerability. These factors can be compounded by the challenges of parenting in a new culture.

Victorians from disadvantaged backgrounds are less likely to seek legal assistance due to a lack of knowledge and awareness of both their rights and the availability of legal services. Coumarelos, D Macourt, J People, HM MacDonald, Z Wei, R Iriana, & S Ramsey, Legal Australia-Wide Survey: legal need in Victoria, Law and Justice Foundation of NSW, Sydney, 2012,, p.xvi)
Source: Elaine Dunn AOD Catchment Planning, Grampians Region, Domain – Vulnerable Children and Families, January 2015

Homeless People

It is estimated in Australia overall, the rate of homelessness is 49 per 10,000. On a conservative estimate, this would mean that 1029 people in the Grampians region are considered homeless, but in a 2006 Australian Institute of Health and Welfare report on Homelessness in Western Victoria (only part of the Grampians region) 2311 people were considered homeless if it included the number of people in caravan parks and the rate was 42/10,000

Environmental pressures on Wimmera farming communities

Favourable climate conditions and strong yields over recent seasons has generally placed farmers in a solid position to deal with recent dry conditions. It is expected that current economic stress is limited to localised areas where dry conditions have impacted more fully. Consequently, much of broader quantitative data on health and well-being is not showing any change at this stage.

With lower yields and increased costs associated with dry conditions this year, the risk of financial and social distress to farm-based businesses and local communities may increase into 2015.

Recent anecdotal evidence provides a snap shot of social distress in some areas;

- Dunmunkle Health- Counsellors have been active in the community visiting businesses in Murtoa, Minyip and Rupanyup. A mental health first aid course is being planned. There is concern for young farmers who were at school during the drought and have enjoyed good years since 2011 (some have made large investments recently in machinery)
- West Wimmera Health Service (Nhill, Rainbow, Jeparit, Goroke, Natimuk)– is running a fortnightly “Come Share BBQ” which is well supported. There are more families requesting vouchers, children education expenses and counselling. There has been a 100% increase in farming families requesting help since July compared to same period last year. With 12 families having applied for financial consideration since July 2014

The Victorian Rural Financial Counselling Service is co-funded by DEPI and the Commonwealth Department of Agriculture and provides free, independent and confidential support to primary producers, fishers and small rural businesses who are suffering financial hardship. Data for the July- Sep 2014 quarter include;

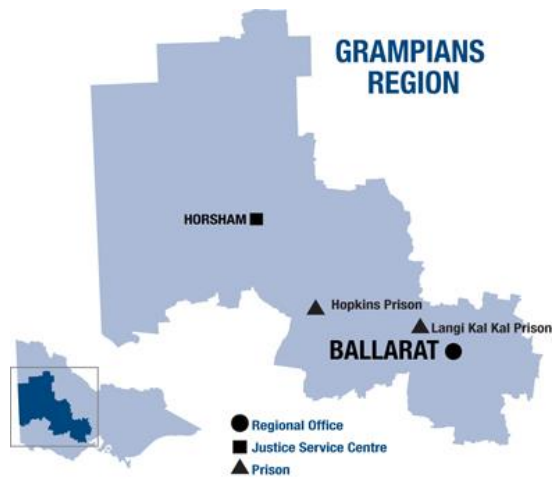
- o Reports of some anxiety and low morale in parts of north western Victoria and a recent spike in requests for farm debt mediation assistance.

Brendan Roughead, Regional Director, DEPI, report, “Dry Season Conditions and Social Distress, Grampians Regional Management Forum, December 2014, <http://www.wimmerapcp.org.au/wp-gidbox/uploads/2014/02/Dry-Season-and-social-distress-RMF-Report-FINAL-20141218.pdf> Source: Elaine Dunn AOD Catchment Planning, Grampians Region, Domain – Vulnerable Children and Families, January 2015

Prisoners

In the Grampians region, there are two prison centres, Langi Kal Kal, near Beaufort and Hopkins Correctional Centre near Ararat as depicted below in

Figure 3: Location of prison centres in Grampians region



Source: Department of Justice Victoria <http://www.justice.vic.gov.au/utility/service+locations/grampians.shtml>

Prisoners (continued)

Hopkins Correctional Centre (Ararat) accommodates male prisoners with low to medium protection requirements, including a high proportion of sex offenders. Space for 414 prisoners

Langi Kal Kal Prison accommodates male prisoners with protection requirements. It is a large working farm, and is primarily a minimum security pathway for protection prisoners from Hopkins Correctional Centre (formerly known as Ararat Prison). There is a focus on pre-release services to assist prisoners in re-integrating into the community after release. It has an operational capacity of 487 prisoners

According to *The health of Australia's Prisoners 2012* report by AIHW, prisoners have far greater health needs than the general population, with high levels of mental health disorders, illicit substance use, chronic disease, communicable disease and disability (ABS 2010; Condon et al. 2007b; Butler et al. 2011; Hockings et al. 2002).

Mental health disorders and harmful drug use are particularly prevalent in the prisoner population with only about one-quarter of prisoners having neither problem (Friestad & Kjelsberg 2009; Smith & Trimboli 2010).

The lives of the vast majority of prisoners in Victoria feature child neglect, cognitive disability, poor education, drug and alcohol abuse, unemployment and homelessness in one or more combinations (H de Kretser, *Insight: crime and justice*, VCOSS, June 2013)

On average, it costs more to incarcerate a person than to deal with the problems that have led people to offend. It costs 12 times as much to imprison a person than to have them complete a Community Corrections Order, and time in prison increases the likelihood of further offences.

(VEOHRC, *Unfinished Business: Koori women and the justice system*, Victoria, 2013, p.95).

The rate of imprisonment for Aboriginal Victorians is 14 times higher than the rate for non-Aboriginal Victorians at 30 June 2012. (ABS, *Prisoners in Australia*, 4517.0, 2013, p.50).

Aboriginal women comprise the fastest growing segment of the Victorian prison population. The number of Aboriginal women prisoners on remand appears to be increasing at a rate higher than that for non-Aboriginal women, and at a significantly faster rate than that of Aboriginal male prisoners. (Victorian Equal Opportunity and Human Rights Commission, *Unfinished Business: Koori women and the justice system*, Victoria, 2013, p. 18.)

Source for references above: VCOSS State Budget Submission 2014 -2015
<http://vcoss.org.au/documents/2013/11/VCOSS-SharingTheBenefits-web-Ch7.pdf>

The data validates the importance of

- underpinning the planning work with the social model of health and client centred, family inclusive care
- understanding the complexity of this AOD client group
- developing a workforce culture of reflective practice to build capacity and knowledge to provide client centred care and
- building resilience in the AOD workforce

The strategies in the plan include establishing innovation teams to look at what improvements can be made in the local service system response for clients with complex needs.

Consumer Perspective

What do clients ask for?

An evaluation of a pilot program for community rehabilitation at Ballarat Community Health found that 7/9 participants wanted to learn more about self-management, about taking responsibility and organising themselves, while 6/9 wanted to learn how to solve problems, initiative and enterprise (following up ideas and trying new things, being creative, making decisions and how to organise things).

Source: Ballarat Community Health, "Submission for funding for Non-Residential Rehabilitation," 2015 p6

Once clients choose to access the AOD system, they would like to be seen by a treatment provider as soon as possible, preferably within their region, to not have to tell their story over and over and that the treatment services suits their needs (see survey results below).

Anecdotal evidence from AOD workforce indicates that younger clients do not like using the phone for making appointments or to receive phone-based services.

Client/Consumer Survey July 2015

A consumer survey undertaken by Grampians AOD Consortium in July 2015 had 25 responses. Participants were asked 29 questions, some of which requested comment. All had used AOD treatment services since the September reform.

Client/Consumer Responses

- Over 60% were referred to AOD services by a GP or other treatment provider
- 3 consumers spent an average of 18 minutes waiting on the phone to speak but for the vast majority (20), it took an average of 10 days between making their first attempt to contact ACSO and actually speaking. Just over half tried on more than one attempt, one person rang 10 times
- 60% believed they had been given a clear explanation about the process required to go through, while 84% believed they had been heard and understood by the ACSO worker
- 19/25 participants agreed the interview location was convenient, although 16 had to travel, ranging from between 1 km and 140 km. Travel was provided by family or friends.
- 15 participants had a ACSO appointment within one week of their first contact, while the remaining 10 waited an average of 2.25 weeks
- 88% had to tell their story again to the ACSO assessment provider and 64% had to tell their story again to the treatment provider, with 52 % of respondents unhappy about this process
- 80% of participants felt confident their information would be treated confidentially within ACSO and 100% felt confident that their information would be treated confidentially by treatment providers
- Only 52% felt the ACSO intake and assessment process was helpful to gain entry into treatment. Most comments were related to the length of time it then took to see a treatment worker, which on average ranged from just under a week to nearly two half weeks before contact was made for an appointment
- Once attending appointments with a treatment provider, nearly all participants considered the treatment was suited to their needs and 100% felt heard and understood by their provider
- 64% would be happy to recommend the ACSO Access and Assessment Services to someone else while 92% would be happy to recommend the treatment services.

Participant comments

"In the situation that requires help, support and treatment ASAP with a person's health and mental well-being at risk it's absolutely detrimental to have such a long gruelling process/delay to deal with."

"I just wanted help and I had to keep going over the same stuff"

"I had to explain to each professional because I had to keep saying my story and it upset me"

Service Profile

Who delivers AOD services funded by DHHS in the Grampians?

- Uniting Care Ballarat
- Wimmera Uniting Care
- Uniting Care ReGen
- ACSO (Australian Community Services Organisation)
- Ballarat Community Health Centre
- Grampians Community Health
- Djerriwarrah Health Services
- Hepburn Health Services
- YSAS

AOD Treatment Providers

Are funded to:

- Be responsive to the needs of all clients and their families including dependent children
- Provide a culturally safe environment and be responsive to needs of CALD communities, Aboriginal and Torres Strait Islanders, dual diagnosis, homeless, forensic and LGBTI clients.
- Identify clinical treatment and support needs of clients and associated support needs of families
- Provide brief, short-term interventions (talking-based therapeutic interactions) that might be opportunistic in nature that aim to achieve short-term reduction in problematic drug-taking behaviours
- Demonstrate after-hours responsiveness
- Receive client referrals from centralised intake and other services
- Refer complex clients to Care and Recovery Coordination and provide ongoing liaison and connection with other services as required.
- Accept clients not receiving Care and Recovery Coordination for a subsequent course of treatment, including those who have completed an initial course of treatment such as Withdrawal.
- Work with ACSO and the bed vacancy register to coordinate catchment based referrals in the residential system
- Promote AOD to other services to assist referral pathways and networks
- Ensure support and engagement strategies are in place while clients are on the waiting list
- Provide advice to assist families who are in the support role

Orticare

Pharmacotherapy is one of the six treatment streams comprising the AOD treatment streams in Victoria. In the Grampians region, Pharmacotherapy is delivered through the Grampians Loddon Mallee Pharmacotherapy Network and is known as Orticare.

Pharmacotherapy is traditionally delivered in the community setting by GPs and Pharmacists who are funded by the commonwealth through the PBS and MBS. Pharmacotherapy is included in the catchment plan to assist in the service integration of the AOD sector.

Commonwealth-funded Providers

In the Wimmera sub catchment of the Grampians catchment, non – residential withdrawal and dual diagnosis clinicians are funded through commonwealth programs. These roles are essential in service delivery and are considered by local consortia when state resources are distributed

Aboriginal Community Controlled Health Organisations (ACCHO's) and Aboriginal Controlled Community Organisations (ACCO's)

Aboriginal clients may continue to directly access ACCHO's to enhance AOD treatment accessibility and in the Grampians these are Ballarat and District Aboriginal Cooperative (BADAC), Budja Budja and Goolum Goolum Aboriginal Health Services. ACCHO's and ACCO's can refer clients directly to other AOD treatment services. BADAC has a relationship with Grampians Community Health and Ballarat Community Health for the delivery of community rehab programs.

Source:

One of the key strategies in the catchment plan is to "join the dots" between these providers and build a shared commitment and agency collaboration to meet the needs of clients across the Grampians Region. The AOD catchment function will provide the opportunity to link the diverse number of agencies (that are funded by various governments and funding streams) in a new way. The AOD catchment planner will be a resource for all agencies. The AOD planner will be able to build on existing interagency relationships and create new professional structures to discuss catchment wide approaches

Service availability across the Grampians region (see Table 7 below)

Service availability fluctuates on a regular basis with changes occurring in the structure and availability of services delivered. In Table 6, like positions have been clustered together with their related EFT. Many of these positions are not stand alone and *may have been included twice*, unlike Table 7, where all positions have been listed separately according to title.

Table 6: Services and related EFT in Grampians region

Source: Grampians AOD Consortium and Grampians Uniting Care Consortium members October 2015

Service Type	Estimated Regional EFT	Comment
Management and stand-alone positions	6.9	Plus unknown EFT for senior clinician at DHS Many positions have other responsibilities
Counselling specific (adult)	3.2	Plus some unknown EFT and shared positions
Adult Withdrawal including case management, withdrawal nurses	3.05	Many positions have other responsibilities
Youth Withdrawal	0.8	
Youth Outreach, Youth Workers	5.4	Some positions are vacant or pending
Care and Recovery related positions	2.2	Shared responsibilities for most
Intensive Case Management	2.0	Some shared responsibilities
Dual Diagnosis Case Management	1.0	
ACSO and ACSO COATS and other COATS related	6.0	Some positions have other responsibilities
MAC Program (Community Day Rehab)	4.6	This is a newly established program and still has vacancies
Pharmacotherapy Network includes mobile drug safety and RAMPS	2.2	Includes positions with other responsibilities inc. management
AOD Catchment Planning Officer (region)	0.4	EFT for these positions is also included in management EFT
AOD Liaison Officer (GCH catchment	0.5	

only)		
Drug/Drink Driving	0.8	Positions which have other responsibilities
Family Support Services (from existing EFT)	0.4	Shared across BCH AOD staff

Table 7: AOD treatment services in the Grampians region (updated September 2015)

Source: Grampians AOD Consortium and Grampians Uniting Care Consortium members October 2015

Agency	Ballarat Community Health Centre	Djerriwarrah Health Services	Grampians Community Health Ararat (A) Horsham (H) Stawell (S)	Uniting Care	Hepburn Health Service	ACSO	BADAC	Total known EFT
Position	Lucas Site	Bacchus Marsh		Ballarat	Daylesford (D), Creswick (CR) and Clunes (CL)	Ballarat		
Grampians Coordinator and AOD/Refugee Team Leader	0.9 EFT							0.9
Team Leader and Intensive Case Manager AOD				1.0 EFT				1.0
Regional Manager Western Victoria and Coordinator						1.0 EFT		1.0
Manager and Counsellor			1.0 EFT Horsham					1.0
Assistant Manager Western Regional Victoria						1.0 EFT		1.0
Manager Orticare Network (Pharmacotherapy)	1.0 EFT							1.0
AOD Catchment Planning	0.4 EFT							0.4
Liaison Officer PhCoTherapy (GCH catchment)			0.5 EFT					0.5
RAMPS Coordinator (PCoTh)	0.4 EFT							0.4
Senior Clinician (management only)		? EFT						?
Counselling (AOD)	0.8 EFT			0.6 EFT	0.8 EFT			3.2

Family Drug Support Service				1.0 EFT	D, CR, CL			
Withdrawal Youth Withdrawal	0.4 EFT 0.4 EFT							0.8
Withdrawal Case Manager (C/W funded)			0.8 EFT, Horsham Ararat, Stawell					0.8
Withdrawal Nurse (C/W funded)			0.8 EFT Horsham Ararat, Stawell	1.0 EFT	0.25 EFT Plus on call hours			2.05
Withdrawal/Care and Recovery Case Manager	0.4 EFT withdrawal 0.4 EFT C and RC							0.8

Table 7: AOD treatment services in the Grampians region (updated September 2015) (Continued)

Agency	Ballarat Community Health Centre	Djerriwarrah Health Services	Grampians Community Health	Uniting Care	Hepburn Health Service	ACSO	BADAC	Total known EFT
Position	Lucas Site	Bacchus Marsh	Ararat Horsham Stawell	Ballarat	Daylesford (D), Creswick (CR) and Clunes (CL)	Ballarat	Ballarat	
Counselling and Care and Recovery		0.9 EFT	2.4 EFT					3.3
Care and Recovery				1.0 EFT				1.0
Intensive Case Manager				1.0 EFT				1.0
Drug Drive / Drink Drive Facilitator	1.0 EFT includes COATS counselling		0.6 EFT					1.6
Dual Diagnosis Case Manager			1.0 EFT Horsham 1.0 EFT Ararat Stawell					2.0
AOD Intake Clinician						1.8 EFT 1.0 EFT recruiting		2.8
COATS clinician						3.0 EFT for 3		3.0

						positions		
COATS Counselling Leader			1.0 EFT Horsham					1.0
COATS Counselling			0.6 EFT Horsham 0.6 EFT Stawell					1.2
Youth Outreach	0.8 EFT 0.8 EFT vacant		1.0 EFT Horsham 1.2 EFT Staw/Arat	3 positions at 0.6 EFT (2 vacancies)				5.6
AOD Youth Worker					0.4 EFT			0.4
Mobile Drug Safety	0.8 EFT							0.8
MAC Program Coordinator	1.0 EFT		1.0 EFT vacant					2.0
MAC Program Facilitator & Fam Peer Supp't/ Agency	1.0 EFT 1.0 EFT		0.6 EFT vacant				1.0 EFT vacant	3.6
Wimmera Drug Action Task Force (independent funds)			0.4 EFT					0.4
TOTAL EFT for all positions	11.5 EFT (MAC is new project funding)	0.9 EFT plus some unknown EFT	14.5 EFT inc. 2.0 EFT from other funding	7.4 EFT plus unknown EFT for Tabor House	1.45 EFT	7.8 EFT	1.0 EFT plus unknown EFT	Total known 44.55

AOD Workforce Perspectives

Grampians Consortium Staff Survey

In June 2015, the AOD workforce of Grampians AOD Consortium was asked to complete a survey in response to new arrangements for the delivery of AOD services (n = 8).

Grampians AOD Consortium workforce responses were collated into themes:

Referral Process - The AOD workforce recognises the need for / would like to:

- Simplify the referral process
- Decrease confusion and complexity
- Reduce waiting times for clients
- Increase trust of clients in the system
- Support plans to be in place for clients referred from ACSO to Residential Detox services
- Clients need face to face conversations at the first point of contact
- Not have central intake and assessment in rural and regional areas
- Ease the referral process for the most vulnerable clients
- Reduce ambiguity in the guidelines

Administrative Tasks in the New System - The AOD workforce recognises the need for/ would like to:

- Clear role definitions between ACSO and Service Providers
- Reduce and remove the need for double-handling of information
- Ensure the required statistics are simpler to record

Client Needs in New System - The Grampians AOD workforce recognises the need for / would like to:

- Reduce waiting times for clients to access services
- Have time to focus on client
- Improve access to the system for clients
- Tier 5 clients have support between assessment and appointments
- Community education about AOD services in rural areas
- Rural Withdrawal Nurses
- Support in place for rural and regional clients
- Support in place for rural and regional clients going into Resi withdrawal
- Create systems that identify clients in danger of falling through the cracks
- Improve navigation of the system for clients
- Identify service silos and work to remove these
- Face to face interviews available for clients at all intake and assessment procedures
- Continue to monitor client experiences in the system and work to improve these
- Fund areas of need – that is fund more people to provide services

Relevant Report

Submission by Uniting Care ReGen – Review of Vic AOD MHCSS Reforms August 2015

http://www.linkedin.com/pulse/submission-vic-aod-mhcss-reform-review-unitingcare-regen?trk=pulse-det-nav_art

Cross Sector Work and interface with other planning functions

There are an ever-growing number of task forces, partnerships and fixed term projects across the Grampians from various funding sources that includes Alcohol and Other Drugs as part of their focus of activity. A complete list of this work is not available and it may be part of the Catchment Planning process to gather this information when possible, to contribute to the regional understanding of work that is currently being undertaken. Some of the cross-sector work includes:

The Central Highlands Children and Youth Area Partnership has identified their 3 top priorities as mental health, family violence and alcohol and other drugs;

The Mental Health Catchment Planning role has identified dual diagnosis, carer support, physical health and workforce development as key areas to pursue.

The Wimmera Drug Action Taskforce (WDAT): Grampians Community Health is the lead agency partnering with community, health, education, sports, and other services, along with community representatives and local media to roll out a strategic plan covering prevention through to treatment. An ICE-specific working group has been established to devise and implement a holistic community strategic plan on the drug. The working group involves a diverse range of partners that include Wimmera Uniting Care, Wimmera Mental Health Services, Salvation Army Connect, Victoria Police, Nexus Youth Centre, Red Cross Save A Mate, Goolum Goolum Aboriginal Co-operative, Horsham Rural City Council, and Wimmera Mail Times, the local newspaper.

The Grampians Loddon Mallee Pharmacotherapy Network's action plan for the period 2014-2017 has the vision "ready access to responsive, pharmacotherapy services for all clients living in the Grampians Loddon Mallee catchment."

The Central Grampians Drug Action Taskforce (2015 onwards) is taking an "all of community approach to prevent crime and minimise the harms caused by Alcohol and Other Drugs in Central Grampians communities. Membership to date includes Grampians Primary Care Partnership, Grampians Community Health, Victoria Police, East Grampians Health Service, Ballarat Health Services, Northern Grampians Shire Council, Ararat Rural City Council, Central Grampians LLEN, Ararat College, Ambulance Victoria, Department of Justice and Wimmera Drug Action Task Force.

AOD work with vulnerable children and families will support the current demand to reduce family violence. There is much work already being done in the region including the Central Highlands Children and Youth Area Partnership, the Central Highlands and Western District Area Family Violence Committees and Risk Assessment Management Panels (RAMPS) for family violence.

Some of these committees are also engaging with various sectors of the community such as Victoria Police, Education and Training, Local Government, Justice Departments, Community Services including Women's Health and CAFs.

It will be the role of the AOD catchment planner to look for opportunities to advocate for the needs of the AOD clients and promote the experience of the local AOD workforce in the various planning and cross sector activity.

Relevant Reports

- Victorian Department of Health, "Victoria's Alcohol and Drug Workforce Framework – Strategic Directions 2012 -2022," December 2012
- Professor Peter Shergold AC, "Service Sector Reform – A Roadmap for community and human services reform, Final Report," July 2013
- Victorian Department of Health, "New Directions for Alcohol and Drug Services – A Roadmap" June 2012
- Lynda Berends and Alison Ritter, "The Processes of Reform in Victoria's Alcohol and Other Drug Sector, 2011-2014," Final Report. Drug Policy Modelling Program, National Drug and Alcohol Research Centre, University of New South Wales with support from the Victorian Alcohol and Drug Association, December 2014
- Victorian Government Ice Action Task Force, "Ice Action Plan and Framework," June 2015

Action Platform 1 – Vulnerable Children and Families

Definition

A definition of “vulnerability” was adopted by the Victorian Government and set out in Victoria’s “Vulnerable Children – Our Shared Responsibility Strategy 2013 -2022 as:

“Children and young people are vulnerable if the capacity of parents and family to effectively care, protect and provide for their long-term development and well-being is limited”

Grampians Catchment Wide Steering Group Definition

The Grampians Catchment Wide Steering Group considered this definition and others, coming to agreement on the following definition in April 2015

The well-being of families and children might be threatened by individual, parental or family circumstances where something about the child, parent or family is creating a risk of poor physical or mental health or developmental delay.

The “Report of the Protecting Victoria’s Vulnerable Children Inquiry” (2011) clearly establishes that the risk factors arising from parent, family and/or caregiver relationships include a history of family violence, alcohol and other substance misuse, mental health problems, parental history of abuse and neglect and situational stress

Source: Elaine Dunn AOD Catchment Planning, Grampians Region, Domain – Vulnerable Children and Families, January 2015

Children’s Development and Vulnerability

The Australian Early Development Index (AEDI) is a population measure of children’s development as they enter school. Teachers complete checklists measuring five areas of childhood development which are closely linked to predictors of adult health, education and social outcomes. These domains are:

- Physical health and well-being
- Social competence
- Emotional maturity
- Language and cognitive skills
- Communication skills and general knowledge

Key findings from the 2012 Australian Early Development Census Summary Report include:

- The majority of Australian Children are doing well on each of the five developmental domains
- Overall, 22.0% are vulnerable on one or more domains and 10.8% are vulnerable on two or more domains
- The majority of Aboriginal and Torres Strait Islander children are developmentally on track on each of the five domains, however they are more than twice as likely to be developmentally vulnerable than non-Indigenous children
- Children who are not proficient in English are more likely to be developmentally vulnerable on all the AEDI domains
- 17.4% of children living in the most socio-economically disadvantaged Australian communities are developmentally vulnerable on two or more of the domains

Source: Elaine Dunn AOD Catchment Planning, Grampians Region, Domain – Vulnerable Children and Families, January 2015

See Table 8 next page: AEDI Domains where children are most on track and are most vulnerable in the Grampians region

Where Children are Most Vulnerable in the Grampians region

Table 8: AEDI Domains where children are most on track and are most vulnerable in the Grampians region

DOMAIN	LGAs where children are most on track	%	LGAs where children are most vulnerable	%
Physical Health	West Wimmera	97.1	Hindmarsh	18.8
	Northern Grampians	89.0	Yarriambiack	13.0
	Golden Plains	86.0	Hepburn	12.9
	Victoria wide	81.1		7.8
Social Competence	West Wimmera	100.0	Yarriambiack	16.9
	Moorabool	84.4	Pyrenees	13.3
	Hindmarsh	81.3	Horsham and Hepburn	10.5
	Victoria wide	78.6		8.1
Emotional Maturity	West Wimmera	91.7	Yarriambiack	15.6
	Hindmarsh	87.5	Pyrenees	11.8
	Moorabool	86.9	Horsham	11.7
	Victoria wide	79.3		7.2
Language & Cognitive Skills	Hindmarsh	95.8	Yarriambiack	15.6
	West Wimmera	88.9	Horsham	8.1
	Moorabool	86.4	Ballarat	7.9
	Victoria wide	84.0		6.1
Communication, knowledge	West Wimmera	100.0	Horsham	9.8
	Northern Grampians	88.1	Hepburn	9.4
	Moorabool	85.5	Pyrenees	9.2
	Victoria wide	77.4		8.0

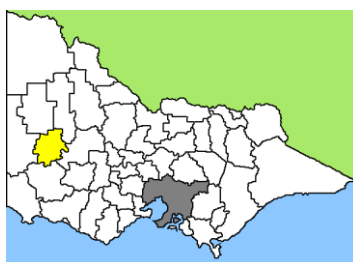
In the Grampians region

Figure 4: The percentage of children who are vulnerable on two or more AEDI domains live here

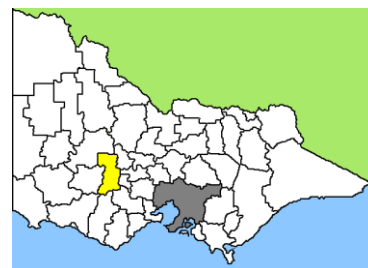
Yarriambiack LGA 19.2%
12.3%



Horsham LGA 13.9%



Pyrenees LGA



SLAs: The percentage of children who are vulnerable on two or more domains live in these SLAs:

Yarriambiack North	33.3%
Yarriambiack South	16.1%
Horsham Central	15.2%

The percentage of children who are vulnerable on two or more domains:

Victoria Wide	9.5%
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In the Wimmera, service providers feel that across the board, there has been an increase in vulnerable families and more complex issues impacting on child mental health. They observe that many parents have not had effective parenting role models and this is perhaps exacerbated, where there is family breakdown, poor education and socio-economic disadvantage, it is also anecdotally reported as an increasing problem for parents across the socio-economic spectrum.

Source: GML "Scoping Vulnerable Children and Families across the Grampians region" January 2015

Families in the Grampians region



The number of families with children under 15	22,369
The number of jobless families with children under 15	6,006
The number of families with a single parent	5,336
The number of families where the mother finished school in Year 10 or below, or did not attend school	8,392

Dependent Children

In June 2013, the estimated Grampians region population was 212,263, with around 28% being in the 0 – 19 year old age group. Compared to regional Victoria, Golden Plains and Moorabool Shires had a higher proportion of the population aged 0 – 19 years.

The Wimmera – An area of significant disadvantage

There has been a trend in people moving into rural and remote areas seeking cheap housing. Often these are vulnerable, economically disadvantaged families who then have to cope with the relative isolation of rural living and lack of facilities such as public transport. This was particularly reported to be an issue in Yarriambiack Shire.

There is a high prevalence of families experiencing significant disadvantage in the Wimmera region including, low income, unemployment, and sometimes generational poverty. This disadvantage can often be a factor in relationship breakdown, poor literacy skills and educational achievement, chaotic lifestyles, family violence, drug and alcohol abuse, abuse and neglect of children.

Grampians Medicare Local "Community Needs Analysis" 2013

Grampians Medicare Local "Scoping Vulnerable Children and Families across the Grampians Region" 2015

Disadvantaged Families by LGA in the Grampians region

Table 9: Disadvantaged families by LGA

In the Grampians region, the top 3 LGAs in the following categories are:

Rank	2013 % low income welfare – dependent families with children 2	2013 % children in low income families who are welfare dependent 2	2012 Where the most vulnerable children live based on AEDI score in 5 domains 1	2013 % Unemployment for adults 2	2011 % of low income households und Financial Stress from Mortgage or Rent 2	2013 % Health Care Card Holders 2	2013 % Households in dwellings receiving rental assistance 2	2011 % of dwellings with no motor vehicle 2	2011 % CALD community Non- English speaking and in Australia for less than 5 yrs 2	2011 % Aboriginal and Torres Strait Islander population 2
1	Ballarat	Pyrenees	Yarriambiack	Ballarat	Ballarat	Pyrenees	Ballarat	Ballarat	Hindmarsh	Hindmarsh
%	12.3%	29.8%	3 domains	6.9%	29.5%	13.1%	23.9%	7.8%	1.60%	1.90%
Victoria	-	-	-	-	-	-	-	-	-	0.86%
2	Hepburn	Northern Grampians	Pyrenees	Hepburn	Moorabool	Ballarat	Horsham	Ararat	Ballarat	Horsham
%	11.2%	29.4%	2 domains	6.1%	26.9%	11.4%	Northern Grampians 16.3%	Northern Grampians 7.7%	1.1%	1.80%
3	Northern Grampians	Hepburn	Hepburn	Ararat	Hepburn	Hepburn	Ararat	Horsham	Horsham	Northern Grampians
%	10.6%	28.3%	Horsham 2 domains	5.9%	23.6%	10.5%	16.0%	7.5%	1.0%	1.51%

1. Source - Australian Early Development Census 2012 Summary Report (November 2013) and 2. Source - Australian Bureau of Statistics

The 3 most disadvantaged towns in the Grampians region are:

1. Jeparit (Hindmarsh)
2. Beaufort (Pyrenees)
3. Clunes(Hepburn)

Source: SEIFA by State Suburb Code (SSC) Index of Relative Socio-Economic Advantage and Disadvantage 2011 – Towns within the Grampians region

Source for all information above: Elaine Dunn AOD Catchment Planning, Grampians Region, Domain – Vulnerable Children and Families, January 2015

Family Violence in Victoria

Violence against women by intimate partners is the biggest contributor to ill health, disability and death in women aged 15–44

Family violence incident reports rose by over 70 per cent between 2009-10 and 2012-13

1 The Victorian Health Promotion Foundation (VicHealth), The Health Costs of Violence: Measuring the burden of disease caused by intimate partner violence, 2010, Carlton, p.10

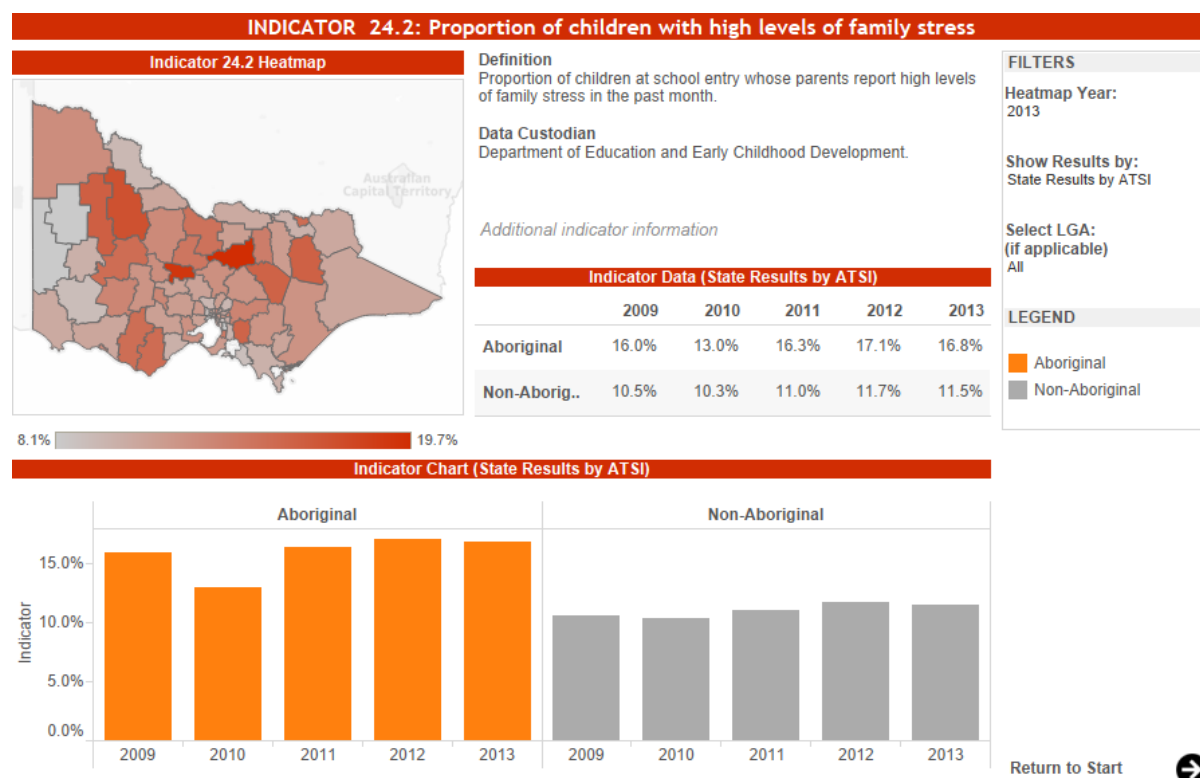
2 Victoria Police, Official Release Crime Statistics 2012/13, August 2013, p.21.

The Victorian Child and Adolescent Monitoring System (VCAMS) tracks and measures children and young people's health, wellbeing, safety, learning and development outcomes as identified in the VCAMS Framework.

The VCAMS Framework comprises 150 indicators as agreed by the Children's Service Coordination Board. It incorporates 35 outcomes that relate to aspects of children's health, development, safety, learning and wellbeing in four categories – the child, families, community, and supports and services.

The following data is taken from the VCAMS report 2013

Table 10: Where proportion of children with high levels of family stress live
Indicator 24.2



Note: Where blanks appear in graphs and tables, data have been hidden for confidentiality reasons, due to small number of records.

Family Violence in the Grampians Region

The LGAs presented as areas of concern are: Yarriambiack, Northern Grampians, Ararat and Ballarat

Family Violence in the Grampians region

- In 2013 -2014, family incidents for Ballarat (C) were 1697, Golden Plains (S) 92, Moorabool (S) 309 and Hepburn (S) 128.
- In 2013 -2014, incidents where children were present Ballarat (C) 627, Golden Plains (S) 36, Moorabool (S) 113 and Hepburn (S) 42.
- In 2008/09, the rate of substantiated child abuse cases was higher in Ballarat (10.3 per 1000 children), compared to the Victorian average (7.0 per 1000 children).

Source: 2013/2014 Victorian Police Data,

The following data is taken from the VCAMs report 2013

Table 11: Proportion of family violence incidents where children and young people are involved as other parties

Indicator 21.2

LGA	FY 2011-12	LGA	FY 2011-12
West Wimmera	34.5	Ararat	41.9
Horsham	39.4	Pyrenees	26.3
Hindmarsh	31.1	Hepburn	34.8
Yarriambiack	42.9	Ballarat	41.5
Northern Grampians	36.5	Moorabool	41.6
		Golden Plains	41.3

Table 12: Rate of children in out of home care

Indicator 20.3

LGA	FY 2011-12	LGA	FY 2011-12
West Wimmera	-	Ararat	7.5
Horsham	12.3	Pyrenees	9.6
Hindmarsh	6.4	Hepburn	9.2
Yarriambiack	9.9	Ballarat	9.7
Northern Grampians	10.4	Moorabool	5.6
		Golden Plains	10.1

Table 13: Crime where the victim was a child or young person (rate)

Indicator 12.3

LGA	FY 2007/08	FY 2008/09	FY 2009/10	FY2010/11	FY2011/12
West Wimmera	12.5	-	7.2	-	15.8
Horsham	18.1	16.2	19.4	21.7	28.4
Hindmarsh	11.0	6.6	5.3	11.5	13.3
Yarriambiack	12.1	13.7	8.5	7.5	10.8
Northern Grampians	18.7	19.1	17.0	15.8	20.1
Ararat	20.0	27.6	22.2	16.2	22.7
Pyrenees	7.0	7.9	6.5	9.4	-
Hepburn	6.5	5.6	10.3	8.9	4.6

Ballarat	19.2	16.5	14.9	14.5	19.6
Moorabool	7.9	9.3	8.4	5.3	6.0
Golden Plains	2.7	2.6	2.2	1.9	1.5

Action Platform 2 – Pharmacotherapy

Highlights from the National Drug Strategy Household 2013 survey



Tobacco smoking

Daily smoking declined significantly between 2010 and 2013 (from 15.1% to 12.8%). Daily smoking rates have almost halved since 1991 (24.3%).

Younger people are **delaying the take up** of smoking—the age at which 14–24-year-olds smoked their first full cigarette increased from 14.2 in 1995 to 15.9 years in 2013.

Smokers reduced the **average number of cigarettes** smoked per week; from 111 cigarettes in 2010 to 96 in 2013.



Alcohol use

Compared to 2010, fewer people in Australia drank alcohol in quantities that **exceeded the lifetime risk and single occasion risk guidelines** in 2013.

Fewer 12–17 year olds are drinking alcohol and the **proportion abstaining** from alcohol increased significantly between 2010 and 2013 (from 64% to 72%).

Almost 5 million people in Australia aged 14 or older (26%) reported being a **victim of an alcohol-related incident** in 2013 but the proportion declined from 29% in 2010.



Illicit use of drugs

Declines were seen in use of some illegal drugs including ecstasy (from 3.0% to 2.5%), heroin (from 0.2% to 0.1%) and GHB (from 0.1% to less than 0.1%) in 2013 but the misuse of pharmaceuticals increased (from 4.2% in 2010 to 4.7% in 2013). While there was no significant increase in **meth/amphetamine use** in 2013, there was a change in the main form of meth/amphetamine used. Use of powder decreased significantly from 51% to 29% while the use of ice (or crystal methamphetamine) more than doubled, from 22% in 2010 to 50% in 2013.

Source: Australian Institute of Health & Welfare <http://www.aihw.gov.au/alcohol-and-other-drugs/ndshs/>

Source: Elaine Dunn AOD Catchment Planning, Grampians Region, Domain – Vulnerable Children and Families, January 2015

2012 /2013 Ambulance Attendances in the Grampians region relating to Substance Abuse

- In regional Victoria, Greater Geelong was the LGA with the highest proportion of *alcohol-related ambulance attendances* in 2012/13, followed by Latrobe and Ballarat, while Yarriambiack and Warrnambool had the highest rates of *attendances*.
- In regional Victoria, Latrobe, **Moorabool** and Greater Shepparton had the highest population rates of all amphetamine-related ambulance attendances in 2012/13.
- In regional Victoria, Greater Geelong was the LGA with the highest population rate of heroin-related ambulance attendances in 2012/13, followed by **Ballarat**

- In regional Victoria, Latrobe, **Moorabool and Horsham** had the highest population rates of crystal methamphetamine-related ambulance attendances in 2012/13.
- In regional Victoria, Mildura, **Ballarat** and Greater Bendigo were the LGAs with the highest rates of inhalant-related ambulance attendances in 2012/13
- In regional Victoria, Benalla, East Gippsland and **Horsham** had the highest population rates of antidepressant-related ambulance attendances in 2012/13
- In regional Victoria, **Moorabool**, Wellington and Latrobe had the highest population rates of GHB-related ambulance attendances in 2012/13.
- In regional Victoria, East Gippsland, **Northern Grampians** and Greater Bendigo had the highest population rates of antipsychotic-related ambulance attendances in 2012/13
- **Horsham**, East Gippsland and Mildura had the highest rates of opioid analgesic-related attendances in regional Victoria.

Source: Findings from Turning Point, 'Ambo Project: Alcohol and Drug Related Ambulance Attendances, Trends in Alcohol and drug related Ambulance attendances in Victoria 2012/13'

2013 /2014 Ambulance Attendances in the Grampians region relating to Substance Abuse

Key points for Grampians:

Opioid analgesics

- While the number and rate of ambulance attendances dropped in metro Melbourne, they both rose in Regional Victoria – p.154
- Within individual LGAs attendance rates fluctuated a lot between 2012/13 and 2013/14 – p.158.
- For example, Horsham went from being the highest regional LGA (rate of 61.1) to twelfth-ranked (rate of 25.4).
- While this was a welcome drop, the LGAs of Ballarat and Moorabool all experienced a significantly higher rate of attendances. Moorabool didn't rate in 2012/13 yet in 2013/14 rose to a rate of 23.1, or fourteenth-ranked regional LGA – p.158

Heroin

- Ballarat was again the second highest regional LGA after Greater Geelong, however the number dropped to 10 attendances in 2013/14 – p. 88
- For both localities, the number of naloxone reversals was too insignificant to be reported – p.97

Methadone

- No LGA in the Grampians had significant enough numbers to be reported – p.177
- Numbers and rates of methadone attendances appear to be trending downwards in both Melbourne and regional Victoria over the past two years – p.181.

Source: Lloyd B, Matthews S, Gao C, Heilbronn C, Beck D: "Trends in alcohol and drug related ambulance attendances in Victoria 2013/14", Turning Point/Ambulance Victoria, August 2015.

A link to the full report is here:

<http://www.turningpoint.org.au/site/DefaultSite/filesystem/documents/Ambo%20Report%20->

Source: Orticare Network for the 2013/2014 data

Table 14: Deaths by Drug Type in the Grampians 2013 (Frequency in brackets)

Drug Type	Grampians
Pharmaceutical	16.0 (36)
Illegal	7.1 (16)
Alcohol	4.5 (13)

Source: Jeremy Dwyer Benzodiazepine contribution in Victorian Overdose Deaths 2013

Table 15: Distribution of residents with a pharmacotherapy permit, compared with number of service providers:

June 2015: Number of residents with a pharmacotherapy permit by LGA, ranked as a percentage of the population					
Local Government Areas	Population as at 2013 ^[1]	Number of residents with a permit ^[2] in 2015	Percentage of LGA population	No. Of prescribers	No. Of dispensers
Northern Grampians	11,799	50	0.42%	2	2
Ararat	11,207	45	0.40%	3	1
Ballarat	98,684	375	0.38%	11	9
Hepburn	14,843	57	0.38%	4	3
Horsham	19,687	63	0.32%	4	2
Hindmarsh	5,695	16	0.28%	0	2
Moorabool	30,320	59	0.19%	1	2
Yarriambiack	7,018	13	0.19%	1	1
Golden Plains	20,151	33	0.16%	1	1
Pyrenees	6,770	10	0.15%	0	1
West Wimmera	4,089	6	0.15%	1	2
	230,263	727		28	26

[\[1\] Victorian Population Bulletin 2014, Department of Planning and Community Development](#)

[\[2\] Unpublished pharmacotherapy data from the Department of Health, 2015](#)

Source: Information provided by Orticare (Grampians Loddon Mallee Pharamcotherapy Network) October 2015 <https://bchc.org.au/orticare/about-us>

Clear communication pathways are vital to establish in order to ensure timely access to pharmacotherapy treatment services.

References

Australian Bureau of Statistics National Regional Profiles 2011

Australian Bureau of Statistics Index of Relative Socio-Economic Disadvantage for Areas (SEIFA) by State Suburb Code 2011

http://stat.abs.gov.au/Index.aspx?DataSetCode=SEIFA_SSC

Australian Early Development Index, Comparative Figures for LGAs www.aedi.org.au

Australian Institute of Health and Welfare, "Counting the Homeless in Western Victoria" 2006

Ballarat Community Health, "Submission for funding for Non-Residential Rehabilitation," 2015

Caroline Gao, Rowan Ogeil and Belinda Lloyd, "Alcohol's Burden of Disease in Australia," funded by FARE, VicHealth July 2014

David McDonald, "Evaluation of the Alcohol and other Drugs Peak Bodies' Roles in Building Capacity," Social Research and Evaluation May 2015

Department Health (2014b) Victorian Population Health Survey 2011 -2012 DH Melbourne <http://www.health.vic.gov.au/healthstatus/survey/vphs2011-12.htm> Social Inequities in Health

Department of Health, Victorian Population Health Survey: 2011 / 2012 – Findings by Victorian Municipality, Ballarat and Victoria, 2014

Department of Health, Strengthening Diversity Planning and Practice, Grampians Regional Diversity Plan May 2012

Department of Health (Grampians Region) Closing the Gap in Indigenous Health Baseline Report 2009

Department of Health and Human Services, "Catchment based Intake and Assessment guide," April 2015

Dr. Belinda Lloyd, Cherie Heilbronn, Sharon Matthews, "Inequities in Alcohol-Related Chronic Disease in Victoria," Population Health Research at Turning Point funded by the Victorian Health Promotion Foundation, September 2014

Elaine Dunn AOD Catchment Planning, Grampians Region, Domain – Vulnerable Children and Families, January 2015

Grampians Medicare Local Community Needs Analysis 2013

Grampians Medicare Local Report, "Scoping Vulnerable Children and Families across the Grampians region" January 2015

Grampians Medicare Local Mental Health Needs Assessment for Aboriginal and Torres Strait Islander Populations, Grampians Region Victoria 2013

Jeremy Dwyer, "Benzodiazepine Contribution in Victorian Overdose Deaths," Presentation through Coroners Court Prevention Unit, October 2013

References (continued)

Lynda Berends and Alison Ritter, "The Processes of Reform in Victoria's Alcohol and Other Drug Sector, 2011-2014," Final Report. Drug Policy Modelling Program, National Drug and Alcohol Research Centre, University of New South Wales with support from the Victorian Alcohol and Drug Association, December 2014

Orticare Network (<https://bchc.org.au/orticare/about-us>)

Pradeep Philip and Vishaal Kishore, "Rethinking a contemporary social justice in government," Presentation to the Trans-Tasman Business Circle in Melbourne July 2015

Professor Peter Shergold AC, "Service Sector Reform – A Roadmap for community and human services reform, Final Report," July 2013

"The State of Play – Alcohol in Victoria" Foundation for Alcohol Research and Education (FARE) September 2014

Turning Point, Alcohol-Related Harms and use across Victorian LGAs 2000/01 to 2009/10, Victorian Alcohol Statistics Series

Turning Point, "Ambo Project: Alcohol and Drug Related Ambulance Attendances, Trends in Alcohol and drug related Ambulance attendances in Victoria" 2012/13

Turning Point, "Clinical Treatment Guidelines for Alcohol and Drug Clinicians Co-occurring acquired brain injury / cognitive impairment and alcohol and other drug use disorders," Richard Cash and Amanda Philactides 2006

Uniting Care ReGen – Review of Vic AOD MHCSS Reforms August 2015

http://www.linkedin.com/pulse/submission-vic-aod-mhcss-reform-review-unitingcare-regen?trk=pulse-det-nav_art

Victorian Commission for Gambling and Liquor Regulations – Current Victorian Liquor Licences for Country as of 01/01/15

Victorian Department of Health, "Victoria's Alcohol and Drug Workforce Framework – Strategic Directions 2012 -2022," December 2012

Victorian Department of Health, "New Directions for Alcohol and Drug Services – A Roadmap" June 2012

Victorian Government Ice Action Task Force, "Ice Action Plan and Framework," June 2015

Victorian Health Promotion Foundation (VicHealth), "The Health Costs of Violence: Measuring the burden of disease caused by intimate partner violence", 2010, Carlton

Victoria Police Crime Statistics 2013/2014

http://www.police.vic.gov.au/content.asp?Document_ID=782

Victorian Population Bulletin 2014, Department of Planning and Community Development

VCOSS State Budget Submission "Sharing the Benefits" 2014 -2015

<http://vcoss.org.au/documents/2013/11/VCOSS-SharingTheBenefits-web-Ch7>