**Mr. Tony Coppola Senior Manager North Melbourne RDA Committee.**

**Regional Business and Industry Programs.**

Following on from our conversation and the perusal of the Regional Development Victoria, it is our understanding that the NMDRA supports business in developing and facilitating investment, creating jobs and increasing the number of innovative enterprises in regional Victoria.

The Australian Dual Diagnosis Recovery Network proposes the following for your consideration

**Work-driven Wellness Recovery Incubator Project**

**Developing a sustainable life-work related business model.**

**Live-Earn and Learn Project**

**AGRI-BUSINESS PLATFORM (Horticulture-Landscape-Hospitality)**

**Flesh out the activities and resources the business will perform and need.**

**Activities.**

Horticultural. Farm fences. Rotary hoeing. Grass slashing. Pruning etc.

Landscape. Developing individualized landscape designs and construction etc.

Hospitality. Household tasks. Cooking. Waiters etc.

**Resources.**

A built up participants accommodation facility. A farm work/machinery shed. Farming implements as well as available land to perform activities as an individual, in partnership and/or as a group.

 **NMRDA Regional Plan.**

Key employment sectors in Melbourne North are health care, social assistance etc.

It has been noted that (Ref. NMRDA Regional Plan) there are significant issues in the region relating to social exclusion and poor health outcomes.

It is important that these issues are effectively addressed to ensure that all residents (Is it inclusive of people with disabilities?) benefit from economic growth. (End ref.)

 **NMRDA Regional Plan Priorities.**

**Priority #1**

Growing business and industry and fostering innovation

**Priority #2**

Promoting education and developing human capital

**Immediate Priorities.**

Our proposal would be relating to “Implementing Health Precincts.”

* It would increase the skills capacity of the region. (People with disability)
* It would grow regional employment and business capacity. (Estimated at 30-50/year)
* It would improve the economic, social and health outcomes

of disadvantaged groups such as people diagnosed with severe and persistent mental illness with complex needs. (Cost:- As per Disability Price Schedule)

**COAG Priorities.**

The key determinants for long term regional growth are:-

1. Human capital
2. Education and
3. Skills development etc.

It is believed that the “Wellness Recovery Incubator Project” would achieve the above key determinants and is submitted for your perusal and consideration.

Thank you in anticipation.

**Proposed Wellness Recovery Project**

**A perspective**

There is recognition that user-defined recovery is different from symptom reduction and functional characteristics of earlier concepts of clinical recovery.

Recovery is defined as an ongoing, subjective process unique to each individual encompassing economic, social, psychological, cultural and spiritual dimension.

The “Work-driven Wellness Recovery Project” with its focus on capturing individuals’ subjective experiences of services may than offer a method to facilitate change in disability services that are premised on user-driven perspectives of recovery-oriented services.

Determining if this betterment of experience then translates to improved psychosocial recovery outcomes is critical for informing system-design and evidence-based disability health care.

The “Work-driven Wellness Recovery Project” concept will be a world first Live-Earn-Learn built up facility to test if the combined –accommodation, work and learn cluster- “Whole of person quality of life improvement systematic approach” methodology, improves economic and psychosocial recovery outcomes for people affected by dual disability (mental illness and intellectual disability) in a community-based mental health and disability wellness recovery setting.

The project will endeavor to offer “…pathways towards knowledge of the individual’s truth and not an analysis of what knowledge consists in”.

The project proposes for participants to develop the right kind of character and a way of life as well as the use of the right kind of philosophical methodology.

The overall aim is to promote and support pathways, for the philosophical search for the objective truth, by representing this search and by emphasizing the difficulty or incompleteness of this research.

The purpose is to promote, through representation, the continuing search for knowledge of the “objective individual’s truth”.

 **A LIVE-EARN AND LEARN PROJECT PROPOSAL**

**Optimal structural design for a person-centred and collaborative work-driven wellness recovery project**

**Community-based, individual and integrated bottom-up seamless service**

Everything in the above proposal has been drafted with the view of having comment and further input from other stakeholders interested in person-centred, individual-funding and strengths-based wellness recovery for people affected by severe and persistent mental illness with complex needs. Individual integrated access services as per work-driven plan and progress.

**I would also like to invite your written comments and/or questions, in this frank dialogue.**

**Contact:-** **frankfilardo@y7mail.com**

**Integrated Care. Knocking Down Barriers. Improving Outcomes.**

**Person-centred, individually-funded, strength-based wellness and recovery services have been a long held policy aim. The time for debating how to deliver them is now over.**

**The right to access the world of work**

**Project title.**

**Live-Earn and Learn Project Individual Work-Driven Wellness Recovery**

**Synopsis Work-Driven Wellness Recovery Project**

The “Work-Driven Wellness Recovery Project” advocates for a wrap-around, just in time, mental, physical, economic and psychosocial wellness recovery **Live-Earn-Learn Project.**

 The Project to offer onsite mental health recovery enabling elements such as accommodation, enabling life-work and social environments, as well as cultural and integrated service needs.

The project shall feature some of the most talented 30-35 year olds at their wellness recovery stage. We’ll go behind the scenes to discover the project participant’s talents and their coping strategies, on location and off-site. The participants shall be specifically targeted because of their established profile, their known as well as their yet to be developed, potential qualities.

**The time for implementing a new approach is now.**

There is a pressing need to be more efficient; but integration is also about improving the person’s experience of the agreed services they receive as well as on how to access them.

**What are the barriers preventing change and how can we make service integration a reality?**

**How is an integrated and personalized care agenda evolving across health care providers?**

* **Audience or segment of community intending to cater for.** It is intended for the community in general, for its recovery and educational content, but more specifically for the mental health - intellectual disability population.

**Contact-** **frankfilardo@y7mail.com**

**Developing a sustainable life-work related business model.**

**AGRI-BUSINESS PLATFORM (Horticulture-Landscape-Hospitality)**

**The mission Construct the best pathways on how to reach the referred mental health with complex needs community and the best ways for them to access the world of work. Turn to the value proposition and construct, from the ground up, a business that is focused on delivering this proposition value. Flesh out the activities and resources the business will perform and need.**

1. **Anticipate the long term future value demanded by our community.**

By our community is meant 30-35 year olds at their “Recovery from recovering stage”

1. **Generate ideas for adaptive business models to deliver this future value better than anyone else.** The idea is to generate quick access to interacting daily life-work routines of choice. The daily life-work modules to be professionally delivered, evaluated and assessed.
2. **Sustainability is not a year-to-year proposition but, by its very nature, it’s a long term pursuit with short term actions.** Because of the unpredictable nature of the disability and the medications side effects; there is a need to develop individualized as well as tailored life-work plans which include accommodation as well as co-located integrated life-work and mental health services.
3. **Co-design with the project’s participants the life-work related activities and the person-centred daily life tasks routine and supports.** The prospective referred participants to be made aware and be given the opportunity to choose and access a recovery pathway and to follow through the acceptance process.
4. **To explore the optimal individual service provision and support so that participants reach their goals and aspirations and enjoy a contributing life in the community.** By monitoring and following the individual’s dedicated “Wellness Recovery Action Plan”, the stated needs and time framed activities, evaluate the individual’s aspiration success.

**What does the envisioned recovery organizational structure look like?** The envisioned organizational structure of the **“Wellness Recovery Project”** would need to take into account the participant’s life as well as the clinical and functional elements.

**The Wellness Recovery Project**

The **Wellness Recovery Project** envisages to develop MOU’s and to operate from an 8Ha. Property, situated in the Shire of Nillumbik. The project revolves around an Agri-business.

The family managed and operated business comprises the following:-

* **Diamond Valley Mansion**. Offering accommodation and other supports.
* **Australian Dual Diagnosis Recovery Network Inc**. Facilitates advocacy, support etc.
* **Australian Resources.** Offering self-developmental horticultural space, live stock etc.
* **Trikel Market Gardening**. Offering shared organic fruit and vegetables growing etc.
* **Work Shed.** Offering training space and workshop. Machinery area
* **Other supporting organizations.** Offering education and work-related training supports

**The Wellness Recovery Project** **shall be self-supporting through a financial plan, incorporating fees and other revenue raising supports, available but need to be developed.**

 **We shall use an existing typical “boarding school” as an example.**

A ”Boarding School” is a school where some or all the pupils study and live during the school year with their fellow students and possibly their teachers and/or administrators. The word “boarding” is used in the sense of “bed and board” i.e. “lodging and meals”.

In the **Wellness Recovery Project** case, the accommodation and supporting integrated services are offered –to support participants with work accommodations- i.e. to learn about one-self, life-work skills, education, training, life-work options and/or multi-skilling.

**Building a life beyond illness.**

Some of the questions may be:-

* **How can we support service users into paid work?**
* **How can we help service users to develop social support and community integration?**
* **What can we do to assist service users find and keep housing of their choice?**

**Perceived key life elements.** Illness-wellness recovery, accommodation, work participation, social inclusion, education etc. Each being intrinsic to each other in assisting the person to improve his/her quality of life. **AUSTRALIAN DUAL DIAGNOSIS RECOVERY NETWORK INC.** ABN 83830013570 Address 1-23 Godber Road Diamond Creek Phone (03) 94386027 E:Mail frankfilardo@y7mail.com

The Australian Dual Diagnosis recovery Network Inc. has much pleasure in facilitating and presenting:-

**A Collaborative, work-driven wellness recovery workshop**

The subject of the workshop’s dialogue is a

**“Collaborative, work-driven wellness recovery project”**

**It is offered to stable on medication, 30-35 years old, on DSP**

 **(Intellectual disability, Schizophrenia and/or other participants)**

**What is a Collaborative Wellness Recovery Workshop?**

A Collaborative Wellness Recovery Workshop is an interactive dialogue process.

All workshop attendees shall have the opportunity and choice to meaningfully and positively participate in the proposed model’s development.

**The Key Assessment Issues.**

1. **The key principles of intervention and the roles of different disciplines in treating, managing, assisting and supporting people with severe and persistent mental illness with complex needs (schizophrenia, intellectual disability, other)**
2. **The merits, challenges and opportunities in facilitating/providing individualised, person-centred, integrated, collaborative and transitional care for this community.**

**Australian Dual Diagnosis Recovery Network Inc.** 1-23 Godber Road Diamond Creek 3089 Melbourne Victoria Frank Filardo President & Program Coordinator Phone (03) 94386027 E: Mail frankfilardo@tadaust>org.au

 **1st Draft.**

**Conventional modes of Presentation and Alternative Presentation styles**

1. **Conventional modes of presentations. 2. Alternative presentation styles.**  a. Oral presentations a. Participatory workshops b. Poster presentations b. Debates/discussions forums

**A time for change in presenting, listening and connecting with carers.**

Mental illness and addiction (Dual Diagnosis), intellectual disability forums and workshops

There is an increasingly perceived need to change professional presentations, from conventional oral and poster presentations to alternative participatory workshops and debates/discussions forums. Carers-professionals’ needs and assessments to be explored/met

The perceived need, from a consumer’s view point, is to have a dialogue about a person-centred, “Individual Support Package” and self-directed integrated services access, which is wanted but left unsaid and/or not clearly stated by carers at current forums.

It is an ongoing habit; it is unsatisfactory and counterproductive because it deflates the carers’ feelings. Perhaps, a better way would be to provide ongoing structured talks about specific needs, collaboratively developed by both, consumers, carers and professionals, in other words, develop meaningful two ways communications.

Carers would like to get support/assistance to resolve/improve their daily dilemmas, rather than having to listen to professional presentations the whole time, with little or no input. At the end of the day, following a long professional presentation, which maybe a fantastic presentation in both content and presentation, but at the same time it’s not addressing any of their practical concerns, it wouldn’t be very satisfying or motivating for carers to come back.

It seems that there is a self-help multiple and complex needs client group emerging. It may be presumed that changes present many challenges within the mental health and alcohol and other drugs field today for carers, workers and services. Within the above parameters we shall endeavor to explore changes and subsequent challenges and offer an opportunity to exchange ideas, share practice wisdom and showcase good practice for dealing with a work environment in flux. It shall be of particular interest for those dealing directly with strengths-based dual diagnosis wellness recovery, consumers, carers, professional and others.

**The program’s structure**

The program’s structure shall be developed using a model of change proposed by Green and Erikson (1998) who outlines three approaches to changing practice:-

* **Predisposing**: Alerting clinicians/others to a problem and possible solutions
* **Enabling**: Identifying and removing gaps and barriers to change
* **Reinforcing**: Maintaining changes through rewards, once they are in place.

Therefore, the sessions scheduled towards the start of training shall focus on developing knowledge of the recovery model, whilst latter sessions shall focus on linking theory to practice, working through implementation and identifying any perceived gaps and barriers.

Facilitators shall be experts by personal and/or professional experience in recovery. (Coaching) The program’s training to contain a balance of didactic teaching and experiential learning. The structure of the program shall consist of education and training forums and workshops:-

* **Forum 1.** What is self-help wellness recovery in practice
* **Workshop 1.** Mental illness (schizophrenia), addiction and/or other issues
* **Forum 2.** Recovered consumer to talk about the recovery experience
* **Workshop 2.**  Wellness recovery education and training through employment
* **Forum 3.** The carers’ perspective on wellness recovery
* **Workshop 3.** Working with families
* **Forum 4.** Using the Wellness Recovery Action Plan to promote recovery
* **Workshop 4.**  Harnessing the power of service users in wellness recovery.
* **Forum 5.** Spirituality in wellness recovery
* **Workshop 5.** Reflecting on recovery and developing action plans (Ongoing)
* **Forum 6.** Coping with life: - day to day living skills and recovery (ongoing)
* **Workshop 6.**  Reflections and documentation of learning and skills (ongoing)

**It is hoped that a constructive dialogue shall be developed by the many and diverse stakeholders for a systematic dual diagnosis person-centred, wellness recovery-focused, improved and integrated access service.**

**Proposed Channel 31 TV Series**

Each episode shall be of 30 minutes duration.

* **Length of Series.**

The initial proposal is for 13 episodes. We hope that it’ll be an on-going project.

* **Experience in television or media.**

We have no experience in this area. We need to recruit a team.

* **Will you shoot in a studio or on location?**

We’ll shoot on location. (Indoor and outdoor)

* **Do you possess or have access to camera equipment, lights, sound equipment, editing suites?**

No. We don’t own or have any access to equipment.

* **How do you intend to fund your program?**

We’ll self-fund the pilot. Our aim is to make use of volunteers.

* **How will you promote your program?**

If successful, a marketing strategy will be developed to find sponsors/stakeholders. **Mutual Support and Self-Help.** The Dept. of Health will formally review the role and functions of the Mutual Support and Self-Help (MSSH) program and the Peer Support function. This review is to be undertaken in 2012 and will determine future directions for this service model.

* **Is the material original or sourced from overseas or other television sources?**

The material used will be original

* **Do you have copyright clearances?**

Not applicable

* **What program classification will the program generally expect to bear?**
* **What program evaluation processes are you proposing to use?**
* **What other information about the program do you wish to provide?**

**Australian Dual Diagnosis Recovery Network Inc.** An integrated participant’s life-work access organization.

What is the **Australian Dual Diagnosis Recovery Network Inc.?** The Australian Dual Diagnosis Recovery Network Inc. seeks to advocate for service-user’s individual-funding and integrated access services operating as a platform for change.

The network looks forward to create enabling environments by offering i.e. Forums, workshops, accommodation, education, life-work training and employment pathways etc. geared towards building communities and networks, with the power and influence to enact significant shifts in thinking and practice. The Network has a commitment to involve, all willing and interested stakeholders in discussions and planning, for our shared future. Of particular focus is the building of sustainable, collaborative and integrative access services.

The Network, as a Collaborative Learning Organisation member, aspires to facilitate a dialogue and a communication forum for like minded stakeholders. The Network’s suggested proposal is about an integrated process of dual disability participants, carers and professionals to develop a “Whole of person quality of life” improved seamless access service.

**What is recovery? Recovery doesn’t refer to an end product or result.** It doesn’t mean that one is cured, nor does it mean that one is simply stabilised or maintained in the community. Recovery often involves a transformation of the self wherein; one both accepts one’s limitations as well as one discovers a new world of possibility.

This is the paradox of recovery that, i.e. -in accepting what we can’t be or do, we begin to discover who we can be and what we can do. **Thus, recovery is a process.**  It is a way of life. It is an attitude and a way of approaching the day’s challenges. It isn’t a linear or perfect process.

This inclusive and collaborative programme is intended to be an employment-driven, “Specialist Dual Disability Peer Support Worker” traineeship program. It may include the implementation of existing person-centred experiential-consumer’s knowledge and supported by professionals and/or other evidence-based knowledge.

**Be on tap not on top.**

**AUSTRALIAN DUAL DIAGNOSIS RECOVERY NETWORK INC.** ABN 83830013570 Address 1-23 Godber Road Eltham 3095 Phone (03) 94386027 E:Mail frankfilardo@y7mail.com

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 **Schizophrenia, addiction and/or intellectual disability participants**

**What is a Collaborative Wellness Recovery Workshop?**

A Collaborative Wellness Recovery Workshop is an interactive dialogue process.

All workshop attendees shall have the opportunity and choice to meaningfully and positively participate in the proposed model’s development.

**The Key Assessment Issues.**

1. **The key principles of intervention and the roles of different disciplines in treating, managing and supporting people with schizophrenia, addiction and/or intellectual disability.**
2. **The merits, challenges and opportunities in facilitating/providing individualised, person-centred, integrated, collaborative and transitional care for this community.**

**The study.**

**“Behind the Work-Driven Wellness Recovery Study”**

**What is the Behind the work-driven wellness recovery study?**

The study shall look at effective models/approaches of self-sustaining “Work-driven wellness recovery” in terms of needs and gaps in infrastructure and services. Therefore,

1. **How does one access efficient person-centred wellness recovery programs?**
2. **How does the dual disability community respond to the changing times?**

**The philosophical framework.**

* **Community wellbeing.**
* **Maintaining ecological integrity.**

**Community wellbeing.**  A more sustainable community recognizes and supports people’s evolving sense of wellbeing which includes a sense of belonging, a sense of self-worth and a sense of connection with nature. It provides goods and services which meet people’s needs both as they define them and as they can be accommodated within the ecological integrity of natural systems.

**Maintaining ecological integrity.**  A more sustainable community is in harmony with natural systems, including the sound management of waste and by utilizing the natural ability of the environmental resources for human needs without undermining their ability to function overtime.

Within the overarching paradigm, it is believed that the following are the cornerstones of wellbeing and natural development.

**Rights and responsibilities.**  A more sustainable community enables people to feel empowered and take responsibility based on a shared vision, equal opportunity, ability to access expertise and knowledge for their own needs as well as to understand and grasp their rights.

**Economic security.**  A more sustainable community includes a variety of businesses and organizations which are financially viable, flexible, committed to human resources development and supports the local economy. A more sustainable community is also one in which capital is utilized and retained within the community.

**For your information some quote taken from the Victorian Current Acts.**

Fencing Act 1958-

Section 6

When is a dividing fence a sufficient dividing fence?

1. The existing dividing fence (Yes, there is an existing dividing fence)
2. The type of dividing fence used in the locality ( Yes, it will be the same typical fence)

Section 7.

General principle – owners are liable to contribute in equal proportions to a sufficient dividing fence.

1. If there is no dividing fence between adjoining lands, the owners of the adjoining lands are liable to contribute in equal proportions to fencing works and any subsidiary for the construction of a sufficient dividing fence for the adjoining lands.
2. If there is a dividing fence between adjoining lands for which fencing works and any subsidiary works are required so that the dividing fence would be a sufficient dividing fence, the owners of the adjoining lands are liable to contribute in equal proportions to the fencing works and any subsidiary works for a sufficient dividing fence.

Section 13

Seeking agreement to proposed fencing works under the Act – giving a fencing notice.

1. If an owner of land proposes to undertake fencing works and any subsidiary works for a dividing fence for the land and any adjoining land, the owner must give a notice under this section to the owner of the adjoining land seeking the agreement of the owner of the adjoining land to the proposal to carry out the fencing works and any subsidiary works.
2. In a notice given under subsection (1) the notifying owner may require the adjoining owner to contribute under this Act, to the fencing works and any subsidiary works.
3. The boundary line on which the fencing works and any subsidiary works are proposed to be carried out or, if it is impractical to carry out the works on the common boundary line because a waterway or other obstruction (whether natural or manmade) is on, or forms the common boundary, the line on which it is proposed to carry out the works.
4. The estimated amount that the adjoining owner will be required to contribute.
5. A statement that either owner may seek assistance from the Dispute Settlement of Victoria to resolve any disputes about the proposed fencing works or any subsidiary works.

Section 17.

Procedure if adjoining owner responds but owners do not agree.

If an adjoining owner responds to a notifying owner within 30 days, the owners have not agreed about any one or more of the matters specified in the notice, either owner may seek an order under section 30C by filing a complaint in the Magistrates’ Court.

**Section 30C**

**Orders about fencing works.**

1. The Magistrates’ Court may make an order in relation to any one or more of the following matters in respect of a complaint filed under the Act, if the case so requires: a) The line in which the fencing works are to be carried out, whether or not that line is on the common boundary of the adjoining lands b)The line that is the common boundary of the adjoining lands c) Whether or not a dividing fence is required and whether or not fencing works and any subsidiary works should be carried out, and if any works should be carried out, and the nature of the works to be carried out. J) Whether an owner is to pay compensation to the owner of the adjoining land for loss of occupation of land arising from the placement of a dividing fence (including because of loss of an unrealized possessory right) and if so, the amount of any compensation to be paid.

The full Fencing Act can be down loaded from the internet, if you wish.

Date 24th March 2015

Frank Filardo

1-23 Godber Road Diamond creek 3089

To the attention of

**Mr. and Mrs. Lee**

51 Godber Road Diamond Creek 3089

Dear Sir/Madam,

I’m writing in reference to our 23/3/15 mediation session at the Dispute Settlement of Victoria.

Unfortunately, it resulted in a negative resolution to our fencing dispute.

Therefore I’m giving you notice (30 days) to resolve our three years old dispute before seeking a resolution in the Magistrates’ Court.

What is required to resolve our continuing fencing dispute?

It is my understanding of the Fencing Act that the fencing and related works should be equally shared.

I have provided you with an estimated fencing quote $15350.00

Your equal share is $7675.00 + legal costs + out of pocket expenses + loss of land occupation

For your information this is only an estimated cost. The final cost will be the real fence length, including any subsidiary fence related works and access points.

You’ll be also required to contribute an equal share of any subsidiary works that need to be carried out in order to erect the fence.

I’m also including for your information, some relevant points, in my view, from the Victorian current fence Act. But you could search for the Act yourself.

I hope this will go some way towards us reaching a resolution without having to go and undertake a costly legal process.

Kind regards,

Frank Filardo