

Victorian Primary Care Partnerships

Contributing to better health and wellbeing outcomes for our communities

Examples from around Victoria
September 2019



ACKNOWLEDGEMENTS



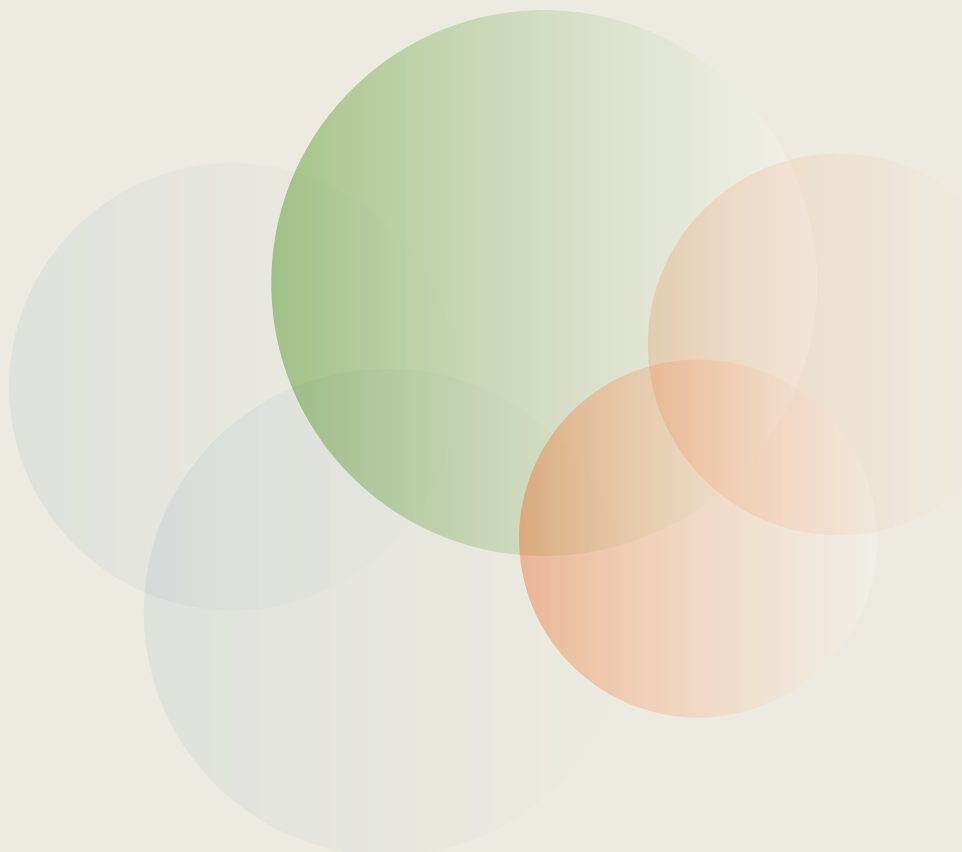
Victorian Primary Care Partnerships (VIC PCP) acknowledge the support of the Victorian Government.

Victorian Primary Care Partnerships acknowledges the Traditional Custodians of the land on which our work in the community takes place. We pay our respects to their culture and their Elders past, present and emerging.

ABOUT THIS PUBLICATION

This publication captures some exceptional examples of case studies of PCP work across Victoria. The case studies have been presented in line with the Victorian Public Health and Wellbeing Plan 2016-19 and the following key priority areas:

- ▶ healthy eating and active living
- ▶ mental health and social inclusion
- ▶ family violence
- ▶ cultural responsiveness
- ▶ reducing harmful alcohol and drug use
- ▶ climate change
- ▶ other



What are Primary Care Partnerships?

Primary Care Partnerships (PCPs) have significant knowledge and experience in building partnerships dedicated to improving the health and wellbeing of their local community. This work is done across the continuum of care from prevention to service access and treatment.

There are currently 28 PCPs across the state of Victoria, with two thirds located in rural and regional Victoria and one third in metropolitan Melbourne (see Appendix 1 for the list of all PCPs). Across this network, PCPs connect over 850 organisations from many different sectors. The combination of their broad membership, cross-sector partnerships, engagement across the continuum of care, and operation at local, regional and state levels make PCPs a unique feature of the Victorian health and human services landscape.

Each PCP is supported by a small team who have significant knowledge and experience in developing, sustaining and leveraging these partnerships to:

- ▶ deliver health and wellbeing outcomes through place-based approaches in their local communities
- ▶ drive and facilitate sustainable systems by building the capacity of partner organisations to implement, evaluate and sustain evidence informed practices
- ▶ reduce the impact of changes to the service system on our most vulnerable populations by addressing access barriers as well as facilitating how various parts of the system integrate with each other
- ▶ support local networks that include service providers and consumers with lived experience
- ▶ assist health and social services to understand how to support consumer choice
- ▶ provide significant capacity for sharing of ideas, innovation and strategic thinking, identifying areas where collaboration is possible and which can deliver greatest public value.

In a recent evaluation partners described the PCP partnership platform as a “long term constant that synergises effort and shares skills, delivers projects with a shared vision; a platform that has a common purpose, joint responsibility and common objectives”.¹

WHAT IS VIC PCP?

Vic PCP is a voluntary alliance of the 28 PCPs in Victoria. Vic PCP was created, and is supported, by the 28 PCPs. It exists to support and promote best practice in health and community care. It does this particularly through the promotion of partnerships to achieve improvements in population health and well-being.

Vic PCP...

- ▶ contributes combined expertise and practice wisdom to ensure that Victorians have access to the best quality care available
- ▶ advocates for future investment in partnerships to improve health and wellbeing outcomes for the whole community, and
- ▶ supports PCPs to deliver excellent outcomes that will improve the health status of all Victorians.

¹ Chapman, R; and Neilson, C; Making the Invisible Visible. A report into the partnership approach of seven rural and regional Primary Care Partnerships in Victoria. Adapted for Publication. January 2019.

Healthy Eating and Active Living

Sea Change Portland & Genr8 Change

BACKGROUND

In 2014, Southern Grampians Glenelg Primary Care Partnership (SGGPCP) acknowledged that their programmatic work towards healthy eating and physical activity was not making an impact on obesity in the community. Partners agreed a drastically different approach was required. A partnership was formed with Global Obesity Centre (GLOBE) at Deakin University and they commenced co-creating an approach towards changes at multiple levels of the system, and mobilisation of the broader community to become change makers.

There was an agreement that children need to be the primary target group for this work, whilst recognising the whole community needs to engage in taking action to provide universal benefit.

PARTNERS

- ▶ **SEA Change Portland:** Glenelg Shire Council, Portland District Health, SGGPCP and GLOBE
- ▶ **GenR8 Change:** SGGPCP, GLOBE, Western District Health Service, Southern Grampians Shire Council and Windamara Aboriginal Corporation

METHOD

GenR8 Change and SEA Change Portland aim to achieve a sustained reduction in prevalence of childhood overweight and obesity by creating an environment where healthy choices are easy, especially for children.

From the outset, Systems Thinking, Collective Impact and Asset Based Community Development (ABCD) have together guided the project's approach.

Across both communities, 230 people participated in systems mapping workshops to unpack the complexity of obesity and identify areas with the strongest leverage for action. These maps were then used in action planning workshops, with community members identifying areas of interest that they had the capacity to lead action to help make the healthier choice the easier choice.

Changes have and continue to be achieved across; retail and hospitality, sporting clubs, education settings, active transport, workplaces, breastfeeding and broader community settings/events. Some examples of action to date include:

- ▶ Changes to school canteen menus and introduction of broader school health policy
- ▶ Changes to accessibility and availability of Sugar sweetened beverages (SSB's) in health services, sporting hubs, clubs and community events
- ▶ Increased access to and promotion of drinking water
- ▶ Development of school drop off points for active transport.

Community-led actions are ever evolving. Connecting community members, sharing stories of change and creating further opportunities for community members to come together and explore ideas around topics of interest, has continued to see participation and contribution grow.

SGGPCP has played a vital role in catalysing this new way of working, including forming relationships with GLOBE, facilitating partner's commitment to reorientate resources to this approach, leading and supporting the change in practice, learning from the emerging science and translating into local context and vice versa, and maintaining the connection of key community leaders into the work.

OUTCOMES

- ▶ Monitoring data indicates that the proportion of children in Portland overweight or obese decreased by 7.9% from 2016 to 2017, whilst across Southern Grampians it indicates that there was a 3.6% reduction from 2015 to 2017
- ▶ Portland children reported increases to adherence to guidelines around consumption of; vegetables, fruit, water, sugar sweetened beverage's (SSBs) and take-away foods, as well as increases in active transport. Slight decreases in physical activity and increases in sedentary behaviour were reported
- ▶ Southern Grampians kids increased their consumption of vegetable, fruit, water and take-away food whilst decreasing consumption of takeaway foods and SSB's. Engagement in both physical activity and active transport increased, sedentary behaviour remained stable.

GenR8 Change and SEA Change Portland aim to achieve a sustained reduction in prevalence of childhood overweight and obesity by creating an environment where healthy choices are easy, especially for children.

Healthy & Well South West

BACKGROUND

A community needs assessment conducted in 2012 identified that children and adults across the south west region of Victoria had poor dietary intakes and physical activity practices within the key settings of; early year's services, schools, workplaces and community spaces. In response, South West Primary Care Partnership (SW PCP) partners formed place-based working groups and agreed on key risk and protective factors to inform the selection of mutually agreed evidence-based strategies. Partners focused their efforts on enabling children and adults in key settings to:

- ▶ Choose water over sweet drinks
- ▶ Meet the recommended physical activity guidelines for their age
- ▶ Access affordable fruit and vegetable options and
- ▶ Access supportive environments for breastfeeding & good oral health.

PARTNERS

- ▶ Southwest PCP
- ▶ Beaufort and Skipton Health Service
- ▶ Warrnambool City Council
- ▶ South West Healthcare
- ▶ Corangamite Shire
- ▶ Moyne Shire
- ▶ Moyne Health Services
- ▶ Timboon and District Healthcare Service
- ▶ Terang and Mortlake Health Service
- ▶ South West Sport
- ▶ Lyndoch Living

METHOD

A whole of community approach was implemented across three Local Government Area's to build the capacity of community champions in key settings of; early years, schools, workplaces and community spaces.

Partner agencies achieved the project objectives by skilling up settings-based champions to deliver evidence-based strategies sustainably. A range of strategies were used, including; social marketing of key messages, delivering education, assessment of catering and canteen menu's, creating healthy policies, incentivising and promoting strategy uptake. Initiatives included Walk to School, Active April, Lunch Box Blitz, Park Run, Smiles 4 Miles (S4M), Achievement Program (AP), H3O, Stephanie's Kitchen Garden, Heart Moves, Live Well, Move Well, Breastfeeding Welcome Here, Walking Track Development. In many of the strategies, partners engaged community using rich picture system mapping to identify strategies they wanted delivered.

SW PCP's role provided vital support over the course of this project, including:

- ▶ partnership brokerage, support between partners, setting champions, and external service providers
- ▶ administration, reporting progress, action planning and shared indicator development
- ▶ collation of partner activity, advocacy for resources, training in systems thinking, policy development, and forums to share, review and extend practice and reach between partners.

OUTCOMES

- ▶ Delivery of over a 1000 actions in creating supportive environments and improved population health outcomes in healthy eating and active living over many years of concentrated support and effort by partners
- ▶ Interventions are currently reaching 25,000 people, and have engaged;
 - 90% of Kindergartens (73/81)
 - 68% of primary schools (30/44)
- ▶ 30% have already achieved AP benchmarks and S4M accreditation
- ▶ Between 2015 and 2017 there has been a reduction in the prevalence of childhood overweight and obesity in two of the three local government areas
- ▶ Self-reported improvements in drinking more water, reduction in sweet drinks consumption, increased fruit intake, and uptake of active transport.

Good Tucker Good Health

BACKGROUND

Wimmera Primary Care Partnership (PCP) coordinated The Good Tucker Good Health project to address the priority areas of healthy eating, physical activity and social connection. The project aimed to provide an opportunity for Horsham Primary School students, parents/guardians and Aboriginal community members to physically contribute to the development and maintenance of a school fruit, vegetable and bush tucker garden.

The project specifically targets Aboriginal students at the Rasmussen Road campus because of the high incidence of social and economic disadvantage. The school is located on the northern edge of the City of Horsham and has a total enrolment of 90 students, 26 (29%) of whom identify as being of Aboriginal or Torres Strait Islander descent. The majority of the target group live in public housing in single parent/guardian households. According to the current Australian Bureau of Statistics Socio-economic Index for Areas (SEIFA), the Horsham north region is shown as being in the first decile (most disadvantaged).

The project aims to improve health outcomes for Aboriginal children and their families in the Horsham area and establish and strengthen existing social networks by providing opportunities to learn about growing fresh food and the importance of a balanced diet and regular exercise which can prevent the onset of chronic disease.

PARTNERS

- ▶ Wimmera PCP
- ▶ Department of Education and Early Childhood Development
- ▶ Wimmera Southern Mallee LLEN
- ▶ Wimmera Health Care Group
- ▶ Uniting
- ▶ Delkaia Aboriginal Best Start
- ▶ Goolum Goolum

METHOD

Wimmera PCP coordinated partner groups and assisted with funding applications, project delivery and evaluation. Information and support was provided to ensure work was carried out within an Aboriginal Health Promotion framework.

Wimmera PCP submitted the successful grant application to the Department of Health and Ageing for the Good Tucker Good Health project. They recruited the project partners and coordinated the community consultations and the formation of the steering committee.

In June 2012 an Action Plan was formulated and presented to the steering committee by Wimmera PCP in conjunction with the School Principal. Culturally appropriate material was distributed to families and a plan for the launch of the project was constructed. Wimmera PCP has helped to recruit garden experts to the project and has been involved in the evaluation of all stages of the project. Evaluation has taken a variety of forms including minutes of meetings, surveys, numbers at events, anecdotal responses from staff, students, parents and partners, and a photographic representation of progress.

OUTCOMES

- ▶ Key aspects of the project integrated into all areas of the school curriculum at all year levels – building knowledge and understanding of healthy eating, nutrition, aboriginal cultural education and environmental sustainability
- ▶ Students having “hands on experience” in the growing, harvesting, preparing and sharing of fresh seasonal food
- ▶ Partners working collaboratively to achieve project outcomes and build relationships
- ▶ Development of a sustainable garden (demonstrated by student activities including seed germination, plantings, harvesting, composting)
- ▶ Parent and community consultation and involvement (steering committee representation, garden plans, events, excursion, watering roster and working bees)
- ▶ Increased awareness of Aboriginal cultural heritage

The garden has produced a positive focus for the school community and the partner organisations. The Aboriginal students at the school have developed a renewed sense of pride in their Aboriginality and the cultural understandings of the school community have been enhanced.

The project has provided a valuable platform for all partners to guide their work in health promotion.

Place-Based Approaches to Improving Food Security

BACKGROUND

Longwarry (pop. 2,004 people) has been identified as an area of low socio-economic status and of high disadvantage, including a greater risk of experiencing food insecurity. Furthermore, in 2014, a snapshot fruit and vegetable survey was conducted in Longwarry found 27% of residents did not meet the recommended intake of fruit each day, and 92% did not meet the recommended intake of vegetables each day.

The aim of this initiative was to increase access to, and consumption of, healthy and nutritious food for the residents of Longwarry and surrounding communities; especially children and people on low incomes who are at higher risk of food insecurity, through enabling and empowering community action.

PARTNERS

- ▶ Longwarry community
- ▶ Local government
- ▶ Baw Baw Food Movement
- ▶ Baw Baw Emergency Food Relief Network
- ▶ Longwarry & District Lions Club (LDLC)
- ▶ Local health and human service providers
- ▶ Longwarry Primary School
- ▶ SecondBite
- ▶ Foodbank Victoria
- ▶ Eat Up
- ▶ Heart Foundation Longwarry Walking Group
- ▶ Victoria Police
- ▶ Longwarry food retailers

METHOD

Since 2014, an intensive, multi-pronged, place-based approach has been used to improve food security in Longwarry. Central West Gippsland Primary Care Partnership (CWGPCP) initially supported the Longwarry project by facilitating, supporting and building partnerships between community, local government and members of the Baw Baw Food Security Coalition's working groups. CWGPCP also provided capacity building to members to develop their skills to implement and take ownership of projects and provided research, monitoring and evaluation support.

Over time this has led to the development of a sustainable community owned and led food security project in Longwarry. As part of this project, a significant number of activities have been undertaken in the Longwarry community over the past four years. CWGPCP continues to support this initiative through the broader Baw Baw Food Security Coalition, in which the members of the Longwarry initiative are provided with capacity building and networking opportunities, as well as ongoing collective impact, evaluation and monitoring support.

OUTCOMES

The Longwarry Intensive Food Security Project continues to actively work towards reducing food insecurity within the Longwarry and wider Baw Baw community.

Key outputs of the project to date include:

- ▶ 170 attendees at “Let’s Talk About Food” event
- ▶ 1,436 people exposed to the two edible landscape sites in township
- ▶ 180 students at Longwarry Primary School regularly involved in food activities and programs
- ▶ 12 regular Longwarry Community Garden & Orchard members
- ▶ 390 community lunches served annually
- ▶ 60-80 volunteers involved in LDLC food relief program
- ▶ 4 volunteers coordinate Longwarry Primary School breakfast club
- ▶ 80-100 families accessing Secondbite produce every fortnight, amounting to 30,000 kilograms of produce annually
- ▶ 160 Foodbank hampers distributed in Longwarry and across Baw Baw fortnightly
- ▶ 500 pre-made sandwiches distributed across Baw Baw schools and early education centres each month
- ▶ 200 vegetable seedlings distributed annually at Australia Day events

The Longwarry project has achieved a wide range of positive outcomes for the community including:

- ▶ Increased access to, and consumption of fruits and vegetables in the community through both emergency food relief programme and community lunches, and more sustainable initiatives such as the Community Garden and Orchard, and edible landscape sites in the township
- ▶ Increased knowledge and understanding of healthy eating and nutrition, food growing and cultivating, and cooking skills for children, parents and adults through various community activities and workshops including at the school and community garden and exposure to edible landscapes
- ▶ Increased access to healthy food for all residents through healthier menu options being made available and promoted at local businesses and food retailers
- ▶ Increased access to healthy and nutritious food for students at Longwarry Primary School through improvements in school breakfast program
- ▶ Increased volunteerism, community participation and connection through involvement in a wide range of food related activities
- ▶ Increased income for the Longwarry Community Garden & Orchard ensuring financial sustainability of the garden through a monthly stall at the Longwarry Market
- ▶ Increased access to cooking facilities for school community and students through the installation of a new kitchen at Longwarry Primary School
- ▶ Increased community capacity to lead and own projects and activities and advocate for change which support food security e.g. approaching local government for new edible landscape sites

FOR MORE INFORMATION:

WWW.CENTRALWESTGIPPSLANDPCP.COM/CASE-STUDIES/

Having a Field Day: Growing Collaborative Partnerships in Health Promotion

BACKGROUND

Reaching rural and remote populations, especially men, for social marketing and health information has its challenges for health promotion workers. The Wimmera Machinery Field Days event, the largest agricultural event in Western Victoria, covering 20ha, with 600 exhibitors occupying 1000 sites and attracting over 20,000 people, provides a unique opportunity for services to engage with the community.

For 11 years now, Wimmera PCP Field Day's collaborative has brought together 23 different agencies who showcase a range of services, activities and giveaways aimed to help you stay healthy, active and connected to your community.

Participating agencies are located in and around a health and wellbeing hub of the Moore Exhibition Centre. At its centre, a communal space features a variety of activities based on the theme of healthy living with opportunities for Wimmera residents to keep fit, learn new skills and explore new social networks. Other hub highlights include the Men's Shed toy making workshops and displays.

PARTNERS

- ▶ Wimmera PCP
- ▶ Breastscreen Victoria
- ▶ Centre for Participation
- ▶ CAFS
- ▶ Grampians Community Health
- ▶ Horsham Aquatic Centre, YMCA
- ▶ Rural Northwest Health
- ▶ Wimmera Health Care Group
- ▶ Wimmera Regional Library Corporation
- ▶ West Wimmera Health Service
- ▶ Wimmera West Grampians Neighbourhood House

METHOD

Having a Field Day takes a collaborative approach, with Wimmera PCP providing crucial backbone support through the coordination, promotion and evaluation of the health and wellbeing hub. Partner agencies are brought together during the six months prior to the field day event to workshop themes, graphics, layout, Communal Space activities and marketing.



A cooking demonstration by West Wimmera Health Service

Artwork, including shop signs and posters promoting the event, is developed around the theme and a full set of promotional items are printed for all agencies. Wimmera PCP also sends out a media release to local newspapers, pays for all sites and organises the transport of materials to and from the communal space for agencies.

On the day, agencies from across the sector have stalls promoting their service with information available to the community. Communal Space activities are held, such as gentle exercise classes, and a passport competition with prizes is run to encourage community members to ask agencies questions about their services. Visitors can easily identify the health sites through common branding and large colourful shop signs, while each site is also tied together by the overarching theme. Each field day is then evaluated by Wimmera PCP, and a report is prepared and delivered back to the group.

OUTCOMES

Ongoing evaluation shows that as a result of this collaborative activity, agencies have increased their visibility in the community and the number of visitors seeking health information continues to grow. Service visits from traditionally hard to reach populations are also increasing each year, and pathways and referral to other health and community services are connecting these clients to a range of supports. The collaborative approach shares the load of promoting the health hub and creates a great deal of media interest.

—
“The collaborative approach is ‘a one stop’ shop/area for all things related to health - we were easily able to refer participants to other sites for a plethora of health information.”

—
“I like the way we collaborate each year. Having the collaboration even means that we mix and mingle during field days and get to find out what each other are currently working on.”

—
“I really liked this theme as it ties in well with the event and farming focus. It helped to visually identify the area and our collaboration. The ticket concept was a good conversation starter and helped direct visitors to other sites in the health hub. Good that competition prizes were locally based.”

Mental Health and Social Inclusion

Fight for your life

BACKGROUND

South West Victoria has the highest percentage of registered mental health clients in the state (24.7% in 2013 compared to the Victorian average of 13.8%). In 2015, a study revealed that the rate of suicide across South West Victoria had doubled between 2009-2014. In 2013, a multi-agency partnership was developed to address increased demand for crisis support, suicide prevention and postvention services.

Initially, partners focused their efforts on coordinating postvention responses to support; families, schools, work-places, and sporting clubs following a suicide. Member agencies would come together at short notice following a suicide and deliver an integrated response.

PARTNERS

- ▶ South West Primary Care Partnership
- ▶ South West Healthcare
- ▶ Brophy Child and Family Services
- ▶ Victoria Police
- ▶ Ambulance Victoria
- ▶ Western Victoria Primary Health Network
- ▶ Wellways
- ▶ Deakin Rural Health
- ▶ Headspace

In 2013, a multi-agency partnership was developed to address increased demand for crisis support, suicide prevention and postvention services.

METHOD

In 2013, the Fight For Your Life (FFYL) network was established and set a vision of halving the rates of suicide by 2023. The partners adopted the Life Span approach, which included strategies such as:

- ▶ Partners delivering over 800 training sessions to community to; recognise, respond and refer people at risk
- ▶ Completion of a whole of community attitudes study towards suicide
- ▶ Developing a call back response service, to follow up and support people who attempted suicide
- ▶ Developing a whole-of-community postvention plan via three community forums, linking a large range of community donations and support services to families post a suicide
- ▶ Developing a lived experience support group.

South West PCP's role was to provide; partnership brokerage and backbone support, resources to deliver community forums, and a data repository for partnership documents. SW PCP also mapped mental health support services across Victoria's south west, which triggered an extensive review of suicide prevention and postvention support services by Western Victoria PHN.

OUTCOMES

- ▶ Suicide rates in the South West Victoria have reduced from 16 per 100,000 to 12 per 100,000 since 2013
- ▶ All three LGA's now have social and emotional wellbeing as a priority health issue in their Municipal Public Health and Wellbeing plans
- ▶ Government have funded a Suicide Prevention Trial, bringing an additional \$250,000 per year to focus on suicide prevention for South West Victoria
- ▶ A Hope Trial funded by government will enable people who have attempted suicide to be supported sustainably into the future.

FOR MORE INFORMATION:

WWW.SWPCP.COM.AU/FIGHT-FOR-YOUR-LIFE-SUICIDE-PREVENTION-STRATEGY/

Suicide Prevention: Place-based approach

BACKGROUND

Mount Alexander Shire has a statistically significant higher rate of suicide compared to the Australian rate.² In response to these statistics Castlemaine District Community Health (CDCH) and Central Victorian Primary Care Partnership (CVPCP) organised a community forum to discuss suicide concerns within Mount Alexander. Over 60 community members attended the forum and the suicide prevention community network, Every Life Matters (ELM), was subsequently established.

CVPCP successfully applied for a Murray PHN tender to develop a local, evidence-based integrated suicide prevention action plan on behalf of the Mount Alexander Suicide Response Network and ELM.

The aim of this 12 month project (2017-18) was to build the capacity of the local community and service providers to:

- ▶ Raise community awareness of suicide and suicide prevention
- ▶ Identify and respond to people at risk of suicide
- ▶ Improve local service response for people at risk of suicide
- ▶ Continue this work beyond the project time limits.

PARTNERS

- ▶ CDCH (auspice of CVPCP)
- ▶ Murray PHN (funding body)
- ▶ Castlemaine Health
- ▶ HALT (Hope Assistance Local Tradies)
- ▶ ELM
- ▶ Standby (Lifeline)
- ▶ Headspace: School Support
- ▶ Vic Police
- ▶ Mount Alexander Shire Council
- ▶ General Practice manager (Mostyn Street Medical Clinic)

METHOD

A place-based approach was applied to this work. Support and authorisation for this project was provided by the established CVPCP Board.³ A local governance structure for this project was developed and included shared decision making between all steering group members.

As agreed by the CVPCP partners, the PCP staff applied for the funding, formed the governance structure and recruited and managed the project worker. For the project, it was agreed to use the evidence-based LifeSpan Model (Black Dog Institute) as the framework.

² National Coronial Information System data (2001-2012) procured and shared by Macedon Ranges Suicide Prevention Action Groupary 2019.

³ CVPCP Board includes CEOs/senior managers of local government; health and social services.

OUTCOMES

This project has resulted in:

- ▶ Skills-development in fundraising, communications and marketing for ELM members to support sustainability of their work
- ▶ 150 community members participating in awareness raising events held in local parks
- ▶ 120 community members participants in awareness raising events held through sporting clubs
- ▶ Capacity building of local community members, who have participated in the project and are delivering SafeTALK training (community suicide prevention training), Applied Suicide Intervention Skills Training and Mental Health First Aid
- ▶ Local service providers have undergone training including 75% of General Practitioners in Mount Alexander
- ▶ A whole of community suicide prevention plan has been developed and sits with the Mount Alexander Health and Wellbeing Alliance.

Community members receiving their SafeTALK Trainer certificates



ELM



Over 60 community members attended the forum and the suicide prevention community network, Every Life Matters (ELM), was subsequently established.

2009 Bushfire Community Support Project

BACKGROUND

February 2019 marked the 10-year anniversary of the 2009 Black Saturday bushfires. The bushfires devastated communities across the five local government areas of Murrindindi, Mitchell, Yarra Ranges, Whittlesea and Nillumbik. One-hundred and seventy-three people died in the fires, many more were injured and lost their homes, and there was extensive damage to public and private property.

Recognising that significant anniversary dates can trigger feelings of distress from the disaster period, a joint funding application was submitted to the Department of Health and Human Services (DHHS) in October 2018 for the 2009 Bushfire Community Support Project. This outlined a partnership approach to respond to the anticipated increase in mental health needs in the lead up to and during the 10-year Black Saturday anniversary. The project's objectives were to ensure appropriate and trauma-informed mental and community health supports were accessible to communities across the bushfire-affected regions, and that service providers were adequately supported during a time of heightened need.

PARTNERS

- ▶ Australian Primary Mental Health Alliance
- ▶ Murray PHN
- ▶ Eastern Melbourne PHN
- ▶ Murrindindi Shire Council
- ▶ Goulburn Valley Health
- ▶ The Kilmore & District Hospital
- ▶ Department of Health & Human Services
- ▶ Nexus Primary Health
- ▶ Alexandra District Health
- ▶ Mitchell Shire Council
- ▶ Lower Hume Primary Care Partnership
- ▶ Hume Whittlesea PCP
- ▶ Outer East PCP
- ▶ North East Healthy Communities

METHOD

A working group was established to develop and implement a collaborative plan that provided a unified response to the 10th anniversary of the 2009 bushfires. Existing mental health services were provided with additional resources to respond to potential heightened needs, and access to these services was heavily promoted during the lead up and over the time of the anniversary. Available supports for the community were promoted locally through flyers, social media, and local events, and mental health clinicians were available to support the community at commemorative events.

Each partner organisation played a key role in providing support to bushfire-affected communities in a respectful and discrete manner that was responsive to the individual community's needs. Lower Hume PCP coordinated the dissemination of information and resources within Murrindindi and Mitchell shires, as well as to the other 3 PCPs within the affected areas - Hume Whittlesea PCP, Outer East PCP and North East Healthy Communities. The PCPs provided a vital link to the broader community and stakeholders within their local area to embed communication throughout communities using existing networks, contacts and local information.

OUTCOMES

The following outcomes have been achieved as a result of the 2009 Bushfire Community Support Project:

- ▶ Extensive, consistent distribution of information and key messages across communities, which increased knowledge of how to access services
- ▶ Partners coordinated to attend a total of 28 local events, including 18 commemorative events, to promote referral pathways and offer support to over 2,000 people
- ▶ 3 mental health first aid training sessions were provided and online training distributed across extensive health professional networks
- ▶ 18 people were referred into mental health services. Referrals were predominantly from Murrindindi Shire
- ▶ 56% (n=10) were via self-referral
- ▶ 28% (n=5) chose to access telephone support
- ▶ the remaining 13 people accessed local providers
- ▶ 11% (n=2) were stepped up into PHN funded services for ongoing support following their 4 initial sessions
- ▶ The referral process for the 2009 Bushfire Community Support initiative has been built into Health Pathways to support ongoing access to mental health services.

An extensive evaluation of the project is currently being conducted.

Buloke Living Project; A Book Of Connection

BACKGROUND

Recognising that ongoing drought conditions in the Buloke Shire pose major challenges to the community, Southern Mallee Primary Care Partnership (SMPCP) initiated, coordinated and facilitated the SMPCP Buloke Community Wellbeing Drought Collaboration meeting in December 2015. This brought together 24 people from local agencies, businesses and community members to discuss resilience and the community's support needs.

As a result of, the Southern Mallee PCP Buloke Community Resilience Working Group (BCRWG) was formed to work collaboratively on initiatives addressing:

- ▶ resilience
- ▶ connectedness
- ▶ enhancing community skills and capacity.

The Southern Mallee PCP BCRWG commenced in January 2016 and decided to initiate a photo story book project, focusing on the resilience of the Buloke people and created by the community. It aims to build community capacity through photography and storytelling, and strengthen local networks.

The Buloke Living Project; A Book of Connection was officially launched in February 2016, followed by sub launches in all ten Buloke towns.

PARTNERS

- ▶ Southern Mallee Primary Care Partnership
- ▶ East Wimmera Health Service
- ▶ Buloke Shire Council
- ▶ Wimmera Uniting Care
- ▶ Communities of Berriwillock, Birchip, Charlton, Culgoa, Donald, Nandaly, Nullawil, Sea Lake, Watchem, Wycheproof

METHOD

The Buloke Living Project used an inclusive model of practice and demonstrated the benefit of collective effort. Using photography and storytelling, the project brings together narratives around the themes of community connectedness and resilience, revealing the desire of the local community and to be part of the diverse and often challenging story that is Buloke.

SM PCP harnessed existing relationships and networks across the Buloke Shire to engage the community throughout the project, including finding local photographers, writers and story tellers. Strong relationships were essential throughout the project, from its initial promotion to the launch. These relationships enabled SMPCP to use existing communication platforms, professional and personal connections, and develop a deeper understanding of the community's perceptions of Buloke and the region's challenges.

OUTCOMES

This project has produced visual, tangible outcomes that were created by and for the community.

The capacity of individual residents and families to address climatic challenges continues to give heart to observers and encourage service providers to continue their support through challenging times.

This project has seen:

- ▶ Community photographers and local authors further developing their photographic and writing skills
- ▶ Local story tellers sharing the resilience and the strengths of Buloke communities
- ▶ The book launched across all 10 communities in Buloke Shire
- ▶ 300 copies of the book printed, with more requested.

It is anticipated that the photos and stories will be used by local communities and agencies well into the future

“Buloke communities and individuals continue to thrive and adapt to new ‘normals’ thrust upon them by the changing demographic, ecological and economic climate confronting rural Victoria. The Buloke Living project is an observation and reminder of how Buloke people, family and communities rise through adversity and support each other and their community.” Mayor of Buloke Shire

MORE INFORMATION:

ISSUU.COM/FOCUSONCOMMUNITY/DOCS/BULOKE_LIVING_BOOK_FULL_FINAL

A Seat At The Table

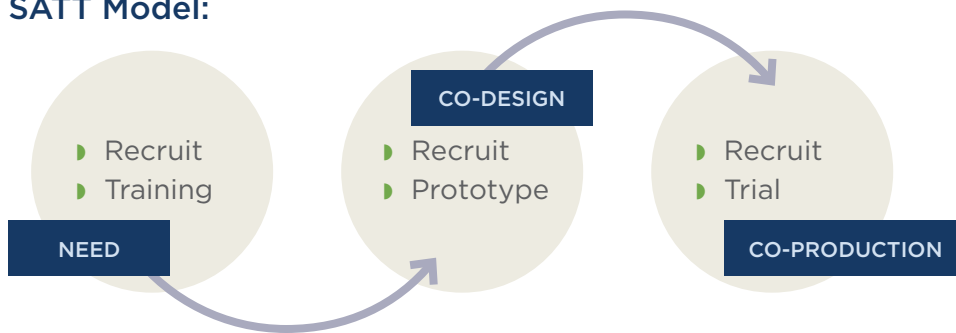
BACKGROUND

Seat at the Table (SATT) brought young people from refugee and asylum seeker backgrounds together with mental health service providers in Melbourne's western suburbs.

SATT was designed to explore whether co-design is an appropriate and effective method in health promotion. This was highlighted as important because of the recent trend in using co-design as a model for community engagement, when it is in fact a labour and resource intensive model.

SATT ran from 2016 -to2018 and actively worked to engage stakeholders throughout this time (both young people with lived experience and service providers from across the HealthWest catchment).

SATT Model:



PARTNERS

- ▶ Foundation House
- ▶ Asylum Seeker Resource Centre
- ▶ Western Health
- ▶ Liberian Youth Association Inc.
- ▶ Headspace
- ▶ Neami
- ▶ Orygen Youth Health
- ▶ Carers Victoria
- ▶ cohealth
- ▶ Hobsons Bay City Council
- ▶ Brimbank City Council
- ▶ Maribyrnong City Council

METHOD

The project used its co-design (and later co-production) approach to design and pilot ideas around barriers and stigma to help-seeking behaviour in mental health.

The co-design model incorporates all stakeholders in solving a problem. Co-production incorporates all these stakeholders further, in the trial and implementation of the proposed solution(s). Both attempt to develop an “equal and reciprocal relationship between health services, people using the services and their families”⁴.

Co-design is not JUST engagement or consultation. It aims to further build capabilities and capacities of people to enable the change they want to see.

This design introduces issues of power imbalances between the young people and the service providers. To manage the issues around power (for example perceived authority, experience, privilege and decision-making control), SATT involved a shifting of responsibility over time.

⁴ Boyle, D., Coote, A., Sherwood, C. and Slay, J. 2010. Right here, right now: Taking co-production into the mainstream. NESTA, NEF, The Lab. London. P. 3

At the beginning of the project the service providers played a vital role (with a high level of contribution). As the project developed young people began taking more control in the piloting and co-production.

HealthWest Partnership was responsible for bringing all stakeholders together, both mental health service providers and young people from refugee and asylum seeker backgrounds, and managed the project's co-design process.

OUTCOMES

Evaluation findings from SATT indicate that a co-design and co-production process can help young people from refugee and asylum seeker backgrounds to engage in the process of reducing stigma around mental health.

For stakeholders involved in the project, the project:

- ▶ Developed the capacity of mental health services providers
- ▶ Changed young people's perception of service providers
- ▶ Assisted young people in talking about mental health
- ▶ Provided peer support.

SAAT acted as an exemplary model of participation for service providers when engaging community, and its findings can be applied by service providers in future initiatives.

Respin Gambling Awareness Speakers Bureau

BACKGROUND

Harm from gambling impacts not only people who gamble but also their loved ones, communities and workplaces. In addition, that harm extends beyond high-risk gamblers - Victorian studies have shown that low and moderate risk gambling accounts for 85% of gambling harm. The total cost of gambling to the Victorian community is estimated to be \$7 billion, with people who gamble, their families and social networks bearing 75% of this cost.

Funded by the Victorian Responsible Gambling Foundation since 2014, North East Healthy Communities oversees and coordinates the ReSPIN Gambling Awareness Speakers Bureau. North East Healthy Communities recognises that people who have overcome the effects of gambling harm have considerable expertise on the issue, which is of value to others. Many of these people want to share their story to lend hope and inspiration to others and bring the often hidden experience of harm from gambling into the open. People struggling with gambling harm want to hear the stories from those who have lived through the same struggles. The broader community also benefit from hearing personal stories of gambling harm, increasing their knowledge, understanding and empathy for those affected.

PARTNERS

- ▶ ReSpin Gambling Awareness Speakers Bureau
- ▶ Victorian Responsible Gambling Foundation

METHOD

ReSPIN recruits, trains and supports people with lived experience of gambling harm to share their story of gambling harm and recovery across Victoria, thereby:

- ▶ addressing stigma associated with gambling and help seeking
- ▶ enhancing community education
- ▶ addressing myths about gambling
- ▶ influencing public discussions about gambling harm, and
- ▶ giving a voice to people who have experienced various types of gambling.

From its inception to current expansion, North East Healthy Communities has refined, developed and promoted the ReSPIN Gambling Awareness Speakers Bureau, winning the Minister for Health Volunteer Award for Outstanding Achievement by a Volunteer: Innovation in 2016. The ReSPIN program has developed sought-after expertise in harnessing the passion and experience of volunteers who have been affected by gambling harm.

OUTCOMES

ReSPIN has developed into an award-winning volunteer program that supports people to share their story safely, and incorporates comprehensive training, ongoing professional development, and debriefing.

Evaluation shows the value of lived experience in busting myths and reducing stigma and shame about gambling harm.

In 2019, ReSPIN has 32 active speakers, ranging in age from 22 to 78, who have reached over a million people by bravely sharing their story of hope and recovery with community groups, students, professionals, leadership groups, decision making bodies, and the media.

—
"Hearing her story was very powerful. She was tremendously moving and brave. I don't think there was a dry eye in the house and she is to be commended for speaking so openly about her pain and shame. Hearing her story has given me so much more insight into what it could be like to live with such a harmful addiction and in fact any addiction. I have thought about it often and I feel that I am more empathetic, knowledgeable and aware than I ever was before. Thank you for your courage and openness"

Client Journey Mapping: Improving Mental Health Pathways and Service Access

BACKGROUND

In 2018, the Outer East PCP was engaged by the Department of Health and Human Services (DHHS) to work with local services to better understand the impacts of reforms, such as the National Disability Insurance Scheme (NDIS) and recommissioning on the community based mental health service sector.

An initial consultation with key stakeholders (acute mental health, EMPHN and community mental health) indicated:

- ▶ emerging service gaps particularly for those with moderate mental illness requiring support with psychosocial needs
- ▶ increasing demand on the clinical mental health system
- ▶ uncertainty about referral and service pathways.

While it was clear that the service system was evolving and changing, it was uncertain whether the system could continue to meet the support needs of mental health clients. It was this that led to focus on the client experience and to use client journey mapping as a mechanism for gaining a deeper understanding of the impacts of system change for mental health clients.

PARTNERS

- ▶ Department of Health and Human Services
- ▶ Outer East Primary Care Partnership
- ▶ EMHPHN
- ▶ Eastern Health
- ▶ EACH
- ▶ NEAMI
- ▶ NDIS
- ▶ Mentis assist
- ▶ Eastern Mental Health Service Coordination Alliance (EMHSCA)
- ▶ Alcohol and other Drug (AOD) Planning Council
- ▶ Wellways

METHOD

The project was initiated by the PCP conducting a broad service sector consultation. This led to a focus on gaining a deeper understanding of how mental health clients are experiencing changes to the mental health services system.

The PCP in partnership with Mesh Communications:

- ▶ Developed four mental health client personas, two which were based on personas previously developed by EACH
- ▶ Conducted further consultations to validate the personas
- ▶ Engaged key mental health providers (practitioner and management) to participate in two client journey mapping workshops
- ▶ Conducted additional consultations with specialised service providers to fill data gaps
- ▶ Conducted client consultations to ensure that the journey maps were true representations of the client experience.

- ▶ Continue to ensure the personas and journey maps are updated and widely accessible to stakeholders across the region to inform planning and service system review
- ▶ Continue to promote and present the outcomes and engage new stakeholders to ensure the work remains relevant and current.

This process unpacked key “pain” points (e.g. service availability, access, continuity etc.) for client cohorts represented by these personas. The personas and the client journey maps are being used by the sector to develop a common understanding of the challenges faced by clients as they journey through the mental health service system, the current and emerging service gaps and how best to respond to them in a coordinated and integrated way.

OUTCOMES

This work has been used by the Primary Health Care Network and local service providers to understand how new psychosocial services in the region will impact on a particular client group represented by one of the personas. “This is a powerful way to visualise the different process a client experiences as they move through the mental health service system” (workshop participant)

The Eastern Region Mental Health Service Coordination Alliance has integrated this work into their regional agenda seeing it as foundational to strengthening a more coordinated and client centred approach.

This work will continue to benefit mental health clients, as service providers will have a deeper, shared understanding of how respond to key “pain points” clients experience as they travel through the mental health service system.

FOR MORE INFORMATION
OEPCP.ORG.AU/PORTALS/MENTALHEALTHACCESS/

Leading the Way for Social Inclusion

BACKGROUND

In 2017, the Inner East Primary Care Partnership (IE PCP) led the development of an Integrated Health Promotion strategic plan (IHP) between three Community Health Services, Women’s Health and the PCP in the Inner East catchment of Melbourne. Social inclusion was identified as a key regional priority, identified by the Eastern Metropolitan Social Issues Council. As this is an emerging priority area for the State and a social determinant of health, there is a limited cache of knowledge and resources to guide this work.

Based on the Collective Impact⁵ the IEPCP was nominated as the backbone organisation for the social inclusion priority area. This work aims to increase the capacity of community to learn, work, engage and have a voice, as a primary prevention approach to improving mental health.⁶

⁵ Kania and Kramer (2011). Collective Impact. Stanford Social Innovation Review. Retrieved from https://ssir.org/articles/entry/collective_impact

⁶ Commonwealth of Australia (2012): Social Inclusion in Australia: How Australia is faring— 2nd Edition definition of social inclusion

The following six objectives have been identified:

- ▶ Reduce social exclusion associated with place-based disadvantage
- ▶ Increase volunteering rates
- ▶ Increase community-based programs and leadership development
- ▶ Enhance capacity building for program design, implementation and evaluation
- ▶ Contribute to the evidence base
- ▶ Strengthen partnerships.

PARTNERS

- ▶ Inner East PCP
- ▶ Access Health & Community
- ▶ Carrington Health, Link Health & Community
- ▶ Women's Health East
- ▶ Deakin University

METHOD

As the backbone support for social inclusion work, IEPCP has led partners to integrate their work and resources to effect change and facilitated collaboration with local services.

To date the IEPCP has established and coordinated a Social Inclusion Partnership involving:

- ▶ a health promotion leadership group, with strategic and operational oversight
- ▶ a Community of Practice (CoP) for people from a range of organisations including Councils, working towards social inclusion, supported by academics, and
- ▶ a practitioner working group (PWG) for health promotion practitioners working together on a shared community engagement strategy and delivering actions in designated locations with public and social housing (Ashburton-Alamein, Ashwood-Chadstone and Wattle Hill, Burwood)
- ▶ an inclusive volunteering governance group and network.

The IEPCP has commenced the development of a social inclusion primary prevention framework, to support practitioners to address a key determinant of health. Given the lack of an existing evidence base, the IEPCP has begun to develop a practice model to guide the partnership. A multi-sectoral Social Inclusion Platform is also currently being explored, that will aim to build the capacity and expertise of a wider group of partners to support the community and the integrated partnership to effect change.

IEPCP, in partnership with Deakin University, has also supported and guided health promotion practitioners to engage with public housing communities in each neighbourhood. This is providing important insights into how social housing tenants living in the study areas actually experience liveability and how this impacts their resources, opportunities and capabilities to learn, work, engage, and have a voice. As a result, the health promotion plan is now focused on community engagement and activation, which represents a shift in power and influence away from the health services and towards the community members most at risk of social exclusion.

The community engagement process has been supplemented by extensive interviews with key organisations and agencies working across each neighbourhood. The outcomes are informing the next phase of the project, which involves the health promotion practitioners working with communities to jointly agree upon activities and opportunities to improve liveability and build community connectedness as part of action planning.

In addition, IEPCP coordinates a regional Governance Group of Volunteer Resource Centres, Volunteer Involving Organisations, Local Government representatives and Community representatives, aiming to promote social inclusion of people with disabilities and Chinese speaking residents in volunteering. Communication and information sharing is supported by IEPCP through the management of an online basecamp group for CoP, the PWG and the Volunteering Governance Group.

Finally, IEPCP has hosted a series of forums and workshops on social inclusion that have brought together academics, leading practitioners, government, local government, community health services and other community sector organisations to discuss key enablers and barriers to social inclusion.

OUTCOMES

As the plan spans 2017-2021 and primary prevention activity take some time to be established, the outcomes of this work are not yet fully realised. The social inclusion primary prevention framework will be completed by June 2021 in consultation with other PCPs working on this issue. Interim outcomes include building a shared resource approach to community engagement, data gathering and analysis, bringing in the community voice to the centre of the planning process, building partnerships and governance structures, and establishing a consortia to seek funding.

Strengthening Seniors Inclusion And Participation

BACKGROUND

enliven was selected to coordinate one of seven Strengthening Seniors Inclusions and Participation (SSIP) projects across Victoria, funded by the Department of Health and Human Services (DHHS) over the course of 18 months.

The Strengthening Seniors Inclusion and Participation in Local Communities initiative is a key component of the Victorian Government's response to the Commissioner for Senior Victorians' report Ageing is everyone's business. This report found that seniors need more opportunities to join, attend and participate in clubs, groups, organisations and activities in the community.

Objectives were co-designed in partnership with the established Project Leadership group, who have either a lived experience of ageing in Greater Dandenong, or an intimate knowledge of the health and social support needs of those ageing locally. The project aimed to increase the availability of social activities and supports for older people through place-based interventions designed by older people and the organisations working with them.

PARTNERS

- ▶ Bolton Clarke
- ▶ Monash Health
- ▶ Uniting AgeWell
- ▶ Greater Dandenong Council
- ▶ Dandenong Neighbourhood Community and Learning Centre
- ▶ Victorian Multicultural Commission
- ▶ Legacy
- ▶ Living & Learning Libraries Greater Dandenong

METHOD

enliven facilitated the collective impact and collaborative planning between older people themselves, and key agencies who have an interest in reducing social isolation and promoting healthy ageing. enliven played a key role in bringing all participants together, ensuring both that all found value in participating and were valuable to the group.

A survey with South Eastern Legacy and their clients in Greater Dandenong was undertaken to establish baseline data.

The leadership group were instrumental in identifying local projects that would aid in reducing social isolation and promote healthy ageing.

The following programs were subsequently established: Homework Club at CGD Library (student mentor program initiative being trialled using senior community members as mentors); Robotics class for 50+; Technology for all; OASIS.

OUTCOMES

A consultant has been engaged to evaluate all SSIP projects. Key lessons learnings to date include:

- ▶ Primary Care Partnerships are well connected facilitators to tackle isolation and loneliness in older people
- ▶ **enliven** acted as a conduit between organisations to expand opportunities to engage seniors in activities and initiatives
- ▶ bringing different community groups together resulted in meaningful and sustainable partnerships and unexpected outcomes
- ▶ engaging seniors to support and mentor youth and their learning (i.e. The homework club) invigorated and energised older people
- ▶ trialling different approaches to engage and support seniors in technology is crucial. Further research on this approach would be valuable
- ▶ the robotics class improved participants' confidence to explore other digital technologies, such as mobile phone and computers.
- ▶ common interests bring people together regardless of where they live, even if beyond municipal boundaries.

Family violence and the Prevention of Violence Against Women

INCEPT 2.0 Shared measurement and evaluation in prevention of violence against women and gender equity

BACKGROUND

The Inner North West Collaborative Evaluation Project (INCEPT) began in 2014 as a partnership between Inner North West Primary Care Partnership (INW PCP) and the University of Melbourne. Informed by elements of a collective impact framework, its primary focus was to develop a joint framework for agencies to define and monitor common indicators and progress measures in Prevention of Violence Against Women (PVAW) work. This included co-designed evaluation indicators and sample survey questions that could be applied to various PVAW projects.

In 2017, INW PCP was awarded a Community Partnerships for Primary Prevention grant to support INCEPT's further development by engaging and working with a broader range of priority population groups and settings. This led to the development of INCEPT 2.0, an online, interactive collective evaluation resource.

One of the key challenges to tracking progress in this prevention is the absence of data collection mechanisms (Our Watch, 2017). While monitoring indicators have been developed recently at a national level, there is no minimum data set requirement for monitoring prevention of violence against women (PVAW) across Australian states and territories.

INCEPT 2.0 seeks to fill this gap by providing consistent measures for shared data collection in preventing family violence and all forms of violence against women, and gender equity (GE). It aims to create a platform for shared evaluation of projects that systematises and streamlines shared measurement processes.

PARTNERS

- ▶ Access Health and Community
- ▶ Campbellpage
- ▶ City of Melbourne
- ▶ City of Yarra
- ▶ cohealth
- ▶ Merri Health
- ▶ Women's Health in the North
- ▶ Women's Health West
- ▶ The University of Melbourne

METHOD

INW PCP continues to play a vital role in streamlining and strengthening collective evaluation of prevention of violence against women and gender equity work. The INCEPT 2.0 project supports and strengthens evaluation practice via several mechanisms:

- ▶ development of a practical, online, interactive evaluation resource
- ▶ building shared evaluation infrastructure and data collection mechanisms
- ▶ supporting shared data collection for regional partnerships
- ▶ supporting evaluation at a local level and building evaluation capacity in partnership work
- ▶ contributing data analysis support.

OUTCOMES

INW PCP is pioneering a shared data collection platform for monitoring prevention of violence against women and gender equity where no other data collection mechanisms or shared evaluation infrastructure exist.

INW PCP is signatory to regional prevention of violence against women partnerships in the Northern and Western regions. Supporting regional collective evaluation has seen a significant increase in agency engagement in collective evaluation the northern region and supported data collection for a regional campaign in the western region.

INCEPT 2.0 seeks to fill this gap by providing consistent measures for shared data collection in preventing family violence and all forms of violence against women, and gender equity (GE).

Buloke Family Violence Prevention Project

BACKGROUND

Southern Mallee Primary Care Partnership (SMPCP) Buloke Strategic Health and Wellbeing Partnership (BSHWP) was established in 2012 in response to local agencies identifying a greater need to build on their local relationships and work at a local government area level.

The BSHWP platform, facilitated by SMPCP, creates opportunities for the local Buloke agencies to collectively plan, create change and action initiatives, such as the Buloke Family Violence Prevention Project.

Family violence causes significant harm to mental and physical wellbeing and is the leading cause of preventable illness, disability and death for women aged 25-44.⁷ Between 2016 and 2017, the number of family violence incidents reported in the Buloke Shire increased by 11.6%.

Recognising family violence as a serious health and wellbeing issue that affects the local community, the SMPCP Buloke Strategic Health and Wellbeing Partnership 2017 – 2021 Action Plan identified preventing family violence as a key priority area. Being an isolated rural community, it is important that Buloke community members have the opportunity to participate in primary prevention initiatives locally.

The project was developed for the rural communities of the Buloke Shire; Sea Lake, Wycheproof, Charlton, Donald, Birchip, Berriwilllock, Culgoa, Nullawil, Nandaly and Watchem. It sought to involve 400 people and work to create change within a minimum of ten settings across these communities. The primary aim of this work is to create an equal and respectful Buloke community, free from family violence, through the implementation of an evidence-based, co-designed partnership prevention action plan. To achieve this, the following objectives were identified:

- ▶ To build commitment, knowledge and capacity among Buloke agencies and project partners in the primary prevention of family violence
- ▶ To develop an evidence-based, co-designed SMPCP Buloke Partnership Prevention Action Plan for the primary prevention of family violence with partner agencies and the Buloke community
- ▶ To build community awareness, knowledge and skills about the links of gender inequality and family violence through the implementation of the SMPCP Buloke Partnership Prevention Action Plan.

PARTNERS

- ▶ East Wimmera Health Service
- ▶ Buloke Shire Council
- ▶ Mallee Track Health & Community Service
- ▶ Women's Health Loddon Mallee
- ▶ Wycheproof Community Resource Centre

METHOD

The Buloke Family Violence Prevention Project built upon a collective impact approach and used a co-design philosophy to work together to reduce the rate of family violence incidents, and create an equal and respectful Buloke community. The project was led by SMPCP Partnership Prevention Project Officer, who coordinated all aspects of the project including establishing the Working Group and facilitating meetings, community consultation and engagement, developing, implementing and evaluating the action plan, supporting partners and establishing new networks to deliver project initiatives.

With a strong prevention focus and gender equity approach, the project has enabled the community to build their inclusiveness and resilience through the implementation of a shared localised Action Plan.

OUTCOMES

The Project has successfully created conversations within communities about family violence and helped to identify the gender drivers and link of gender inequality to family violence.

The project has also strengthened local partnerships, built connections with new agencies and created links with organisations to local service providers. The project has also created communication platforms for local agencies to promote key messages of gender equality and respect.

Action Plan initiatives have reached a large portion of the Buloke population targeting multiple settings:

- ▶ 'North Central Football League Stands Up to Family Violence' prevention clip - reached over 50,000 people online
- ▶ Gender neutral book donation to early learning centres - 20 early learning centre facilities received a shared of 180 books
- ▶ 'Why Can't I? Real Talk about Equality' event - 150 community members attended
- ▶ Buloke United Walk - 240 community members attended
- ▶ Buloke Workplace Gender Equality Workshop -15 people attended from 7 organisations

The establishment of the Buloke Wellbeing and Equity Network confirms the commitment of the Project Working Group to continue to address family violence and implement the Action Plan.

Working Group members have experienced a change in their attitude towards gender equality and family violence:

—
"I have become a lot more informed and have used this information to develop awareness and programs in the community and started many conversations"

PROJECT WORKING GROUP MEMBER

—
"It has helped me identify that gender stereotyping is an enabler of family violence. That a multiagency, social clubs and education approach, laying of messaging and working together is very important"

PROJECT WORKING GROUP MEMBER

Early Interventions in Family Violence

BACKGROUND

A needs assessment conducted by local PCPs in April 2014 across Melbourne's north and west metropolitan region revealed that a large number of frontline staff from health services were not well prepared to recognise the signs of family violence, due to a lack of policies and procedures in place and limited or no training. These findings are consistent with the 2016 Royal Commission into Family Violence enquiry which identified the need for guidelines and training to support all services in family violence early intervention.

The Identifying and Responding to Family Violence Project is a 5 year regional project delivered in partnership by the four Primary Care Partnerships (PCPs) in the region; Inner North West Primary Care Partnership, North East Health Communities, HealthWest Partnership, and Hume Whittlesea Primary Care Partnership. The project aims to improve early intervention responses to family violence by building the capacity of health and community services to identify and respond appropriately.

PARTNERS

- ▶ Inner North West PCP
- ▶ North East Healthy Communities
- ▶ Health West Partnership
- ▶ Hume Whittlesea PCP

The project has been supported by 16 expert advisors who have ensured that best practice principles have informed the project's design and generated outputs.

METHOD

Collaboration between key partners has provided an effective platform for delivering the following project outputs:

- ▶ A client policy template containing best practice principles for identifying family violence and responding to support women and children experiencing violence
- ▶ A workplace policy template containing best practice principles for responding to staff disclosures of family violence
- ▶ Guidelines for identifying and responding to people who cause family violence harm
- ▶ Provision of family violence training to 375 managers across 48 partner organisations
- ▶ Development of a training package to support organisations to train their staff internally.

OUTCOMES

An external consultant was engaged to evaluate the impact of this project. The evaluation found that actual change is happening within organisations as a result of participating in the project. This includes:

- ▶ Policy and procedure changes have occurred, including changes to salary structures and leave provisions
- ▶ Organisations have changed the way they work with clients and staff in relation to family violence, which has resulted in internal resources to support staff experiencing family violence, clearer referral procedures, and, for some organisations, the establishment of dedicated family violence officer roles.

In addition, organisations report that:

- ▶ The advice and support provided by this project to review how their organisation identifies and responds to women experiencing family violence was positive
- ▶ That it was good to have “someone with family violence expertise and an external point of view”. They appreciated having the latest research, best practice and new information brought to their attention for action in an area undergoing rapid change. One agency stated that it was “very useful to have assistance as there was a lot of work and time needed to be put in to progress policies”.

Benefits of the regional project are ongoing, with regular data collection and evaluation findings contributing to Victoria’s evidence base on addressing family violence.

“If it were up to individuals, we would not be able to get it off the ground and to the same quality. We would end up with siloed policies and practices- this is the real value in PCP projects.” PARTNER

“The changes in our organisation were entirely attributed to the project, as it was a catalyst which initiated change.” PARTNER



Cultural Responsiveness

Building Cultural Security In The Workplace

BACKGROUND

Despite all of the efforts to close the gap, Aboriginal and Torres Strait Islander people working in mainstream organisations report that they are still regularly exposed to racism in the workplace. Inner North West Primary Care Partnership (INW PCP) identified that one-off cultural awareness training and other actions addressing individual employee behaviours and attitudes cannot alone address the systemic nature of this issue.

Between 2012-2016, through Closing the Health Gap and Koolin Balit funding, INWPCP supported partner organisations to embed cultural responsiveness practices and address barriers to improving health outcomes for Aboriginal and Torres Strait Islander people. The Working in Two Worlds initiative was established in 2017 in partnership with The Long Walk to further the longer term work required to support mainstream organisations to become more accessible, culturally safe and appropriate for Aboriginal people.

PARTNERS

- ▶ The Long Walk,
- ▶ Inner North West Primary Care Partnership



Supporting
Aboriginal Workers



Asking The Question
Training Package



Welcoming
Environments Guide



Culturally Responsive
Communication Guide



Graphic Artwork
Templates

METHOD

INW PCP convenes a local Wellbeing Partnership which meets regularly to share information, and drive the direction and implementation of the work. The partnership is made up of Aboriginal and non-indigenous representatives from across the North/West Metropolitan Region.

Using self-determination principles, a working group was established consisting of 10 Aboriginal and Torres Strait Islander community members to lead the Working in Two Worlds Initiative.

OUTCOMES

The project has developed a number of resources in collaboration with ACCOs and the Aboriginal community designed to build the capacity of mainstream organisations to recruit, employ and retain Aboriginal employees. Evidence from two external evaluations show that the work has resulted in fundamental and lasting change within over 20 mainstream organisations and leaves a legacy beyond the funded projects.

The benefits and impacts of this initiative are:

- ▶ Increasing the capacity of mainstream service providers and their workforce to engage with and meet the needs of Aboriginal people by facilitating stronger links and relationships between Aboriginal and non-Aboriginal services
- ▶ This project contributes toward a vision of all people being valued and treated as active citizens by engaging Aboriginal people in the planning, development, implementation, monitoring and evaluation of all components of the project
- ▶ The **Walk With Us** resource video alerts CEOs, Boards and managers to factors impacting on Aboriginal people who work in their organisation and guidance on how to address those factors. As well as addressing a major information gap, the project created a paid acting, interviewing and video resource production opportunity for a young Koorie journalism student
- ▶ In 2017 **A Working in Two Worlds Forum** was held with over 60 Aboriginal people employed in mainstream organisations. The participants shared their thoughts, concerns and ideas about how mainstream health and community service sector work impacts them and how employers can more effectively support Aboriginal workers. Feedback from this forum informed the development of the From Symbols to Systems Framework
- ▶ The **From Symbols to Systems** cultural security framework has been informed by the local community and also state and national policy frameworks and offers cultural security templates to guide organisations, go seeking to address culturally based hazards and improve cultural security. The framework was piloted in 2018.

—
“Our participation has been a key enabler in our developing a plan to create meaningful changes for Aboriginal children and their families. The project has been instrumental in providing our organisation with support and practical resources for building our capacity to work with Aboriginal children and their families” PARTNER ORGANISATION

Addressing Workforce Diversity Through the Healthwest Standards for Workforce Mutuality

BACKGROUND

Workforce Mutuality describes the *extent to which the diversity of the workforce of an organisation or a sector reflects the actual diversity of the community.*

In 2016, members of HealthWest raised concerns about a ‘diversity gap’ between the diversity of the community across Melbourne’s west and the relative lack of diversity in the health and community sector workforce. Research indicated that closing this diversity gap would:

- ▶ Improve equity and access to opportunity for local communities, and
- ▶ Improve health and social outcomes, that results when the community is supported by services that reflect the community’s diversity.

In early 2017, HealthWest and partners committed to address the diversity gap and create important system level change through the development and pilot of the Standards for Workforce Mutuality.

PARTNERS

The Standards were developed with the support of Expert Advisory Panel members:

- ▶ Migrant Resource Centre North West
- ▶ Western Health
- ▶ Ethnic Communities’ Council of Victoria
- ▶ Monash University
- ▶ Campbell Page
- ▶ Brimbank City Council
- ▶ Westgate Community Initiatives Group
- ▶ Commonwealth Bank of Australia
- ▶ Victorian Multicultural Commission
- ▶ University of Melbourne
- ▶ Centre for Culture, Ethnicity and Health
- ▶ cohealth
- ▶ Local community representatives

The Standards were piloted by five HealthWest member organisations:

- ▶ commUnity+
- ▶ Tweddle Child and Family Service
- ▶ IPC Health
- ▶ cohealth
- ▶ Bolton Clarke

METHOD

The Standards for Workforce Mutuality were developed with the support of an Expert Advisory Panel, including representatives from community, private sector, peak bodies, universities and HealthWest members. The Standards were launched at the Ethnic Communities' Council of Victoria Statewide Conference in May 2018. The Standards and associated tools were then piloted with five HealthWest members to determine their effectiveness and useability. Participants met over four months piloting two Standards each, including self-assessment and development of an actionable workplan. External consultants evaluated the pilot through stakeholder interviews.

OUTCOMES

The Standards for Workforce Mutuality appear to be an effective mechanism for building workforce mutuality by creating systems-level change. External evaluation of a pilot of the Standards for Workforce Mutuality found:

- ▶ The Standards were reported to be exceptionally thorough in their breadth and application, while generally remaining tangible enough to be of practical help to organisations. All five pilot organisations agreed that meeting the Standards would lead to improvements in workforce mutuality
- ▶ Pilot organisations indicated that engagement with the Standards led to deepened understanding about issues of diversity and inclusion, and new insights about the organisations level of responsiveness to community diversity
- ▶ The process of completing a self-assessment was typically found to be manageable, with pilot organisations highlighting how easy it was to pick up and use the Standards straightaway. Pilot organisations had already begun building workforce mutuality into their goals, strategic plans and workforce planning during the pilot period
- ▶ The Standards were considered to have a strong future in health, community and human service sectors, as well as the potential to make an impact in other sectors such as the government and corporate sectors.

FOR MORE INFORMATION:
[HEALTHWEST.ORG.AU/PROJECTS/WORKFORCE-MUTUALITY/](https://healthwest.org.au/projects/workforce-mutuality/)

Reducing Harmful Alcohol and Drug Use

Strengthening the Alcohol and Other Drug Service System in the East to Improve Client Experiences

BACKGROUND

While Alcohol and Other Drugs (AOD) agencies in the east are providing a number of high quality treatment services, opportunities for improvements were identified by the partnership. Across the region, inconsistencies exist in both service demand and waiting times. Factors identified as contributing to this inconsistency include the ineffective transfer and sharing of client information, limited referrals between services, and the impact of systematic changes due to re-commissioning and reform.

The Inner East Primary Care Partnership (IE PCP) was funded to work with AOD services in Inner and Outer Eastern Melbourne to improve the AOD service system. This two year initiative aims to:

- ▶ Develop a shared understanding amongst local AOD services, of current referral patterns and the practice and system changes required to improve access for AOD clients
- ▶ Achieve greater consistency in service referral, assessment and response to balance service use and capacity across the region
- ▶ Use the consumer experience to guide the development and implementation of service system changes
- ▶ Support agencies to undertake system level improvement strategies
- ▶ Collaboratively develop a set of measures that will enable success to be monitored and evaluated.

PARTNERS

- ▶ Department of Health and Human Services
- ▶ Outer East Primary Care Partnership
- ▶ EMR AOD Planning Council
- ▶ Consumers of the AOD system (PEAK Consumer groups/committees)
- ▶ Eastern Health
- ▶ Access Health and Community
- ▶ Link Health and Community
- ▶ Inspiro
- ▶ Salvation Army - Salvocare Eastern
- ▶ SHARC
- ▶ EACH
- ▶ Anglicare

METHOD

In November 2017 CEOs, Executives and senior managers of state-funded AOD services came together to authorise the progression of a collaborative initiative to improve the AOD service system in the East.

In early 2018 the PCP engaged an independent consultant to conduct individual consultations with a range of AOD managers and staff to better understand some of the current service delivery and system challenges. A report was developed and the findings were presented at a stakeholder forum coordinated by the PCP in May 2018. From this forum four priority areas of work were identified:

- 1 Developing a consistent approach to care and recovery coordination
- 2 Improving promotion and client awareness of services
- 3 Workforce development
- 4 Improving information sharing and discharge planning

Between July-September 2018 the PCP conducted a small scale consultation with people with lived experience to gain their insights into what it is like for them or their carers to locate, access, receive, use, and exit AOD services in the East. Feedback from both service provider and client perspectives were used to validate the key priorities for this initiative.

The first priority identified was Care and Recovery Coordination (CRC). The PCP brought stakeholders together to undertake a quality improvement process and use Plan Do Study Act (PDSA) cycles to drive system and practice change, build trust, and foster the exchange of knowledge and experience.

Following six PDSA workshops the group has completed a range of agreed actions and PDSA workshops are now being coordinated to progress priorities 2 and 4.

OUTCOMES

AOD agencies across the Inner and Outer Eastern Melbourne:

- ▶ Increased their understanding of each service's capacity to provide CRC, the variations between services in how it is provided, and the different referral pathways and processes used
- ▶ Have agreed on shared eligibility criteria, what activities will be provided as part of CRC and what will be recorded as a CRC contact
- ▶ Have agreed on evaluation criteria to measure impacts on client access to CRC.

A participant survey indicates that the workshops:

- ▶ 89 % of participants agree that the workshops have helped the region align CRC activity
- ▶ increased trust between agencies (78%)
- ▶ assisted clinicians to make decisions and embed decision-making processes into agencies systems (100%)
- ▶ facilitated collaborations that will lead to better health outcomes for clients (89%)
- ▶ and enhanced their ability to positively influence health and wellbeing outcomes for their clients.

“The workshops have been really useful so far and we really appreciate the opportunity to get together and work on important issues with support from the project team.” PARTNER

“The work that you are doing here is useful to our organisation as we are finalising a restructure This process and the information will be directly used in the updated the CRC Model... it will assist worker in the program to know the agreed process across the region and consortium about the role of CRC.” PARTNER

East Gippsland Drug and Alcohol Prevention Alliance

BACKGROUND

From its inception in January 2015, the work of the East Gippsland Ice Prevention Working Group (now known as the Drug and Alcohol Prevention Alliance) has reflected the needs of the local community. In response to community concerns about the use of crystal methamphetamine, the group focussed on providing accurate information about use of the drug across East Gippsland. As a result of these information sessions, a group of committed community champions were identified to be involved in designing local solutions to local problems.

PARTNERS

- ▶ East Gippsland Primary Care Partnership
- ▶ East Gippsland Shire Council
- ▶ Victoria Police
- ▶ Bairnsdale Regional Health Service
- ▶ Save The Children
- ▶ Australian Community Support Organisation Limited
- ▶ Gippsland Lakes Community Health
- ▶ Orbost Regional Health Service
- ▶ Omeo District Health Service
- ▶ Latrobe Regional Hospital
- ▶ Department of Health and Human Services
- ▶ Department of Education
- ▶ Gippsport
- ▶ Headspace

METHOD

Over 3 workshops, the EGPCP led the working group and collaborated with a diverse group of community champions from across all of East Gippsland to map the local causes of first drug use. .

Over 50 local causes of first illicit drug use and over 200 relationships between these causes were identified.

This map was then presented by PCP and agency staff at a large community forum to over 60 community leaders. The forum focussed on primary prevention, leadership across the community, and focussing on addressing causes that would have the greatest impact across the system. Over 160 community action ideas were canvassed.

These were then refined by community members and professionals and prioritised in conjunction with the municipal public health and wellbeing plan objectives.

An outcomes thinking approach was applied to this, forming the basis of DAPAs shared plan and measures.

This is one of the first times that this approach has been implemented in Gippsland. The work continues to adapt over time, depending on the needs of the community and the Working Group.

OUTCOMES

Some achievements as a result of this work include:

- ▶ EGPCP has been successful funding submissions to support this work, building capacity of partners and progressing learning in this space
- ▶ DAPA was successful in its application to be the East Gippsland Local Drug Action Team (LDAT), supported by the Alcohol and Drug Foundation
- ▶ Drug and alcohol prevention was prioritised in the local municipal public health and wellbeing plan
- ▶ In 2018, EGPCP and the East Gippsland Shire Council connected the work of DAPA to the East Gippsland Communities That Care initiative, resulting in a single, coordinated network for the primary prevention of drug and alcohol use in East Gippsland
- ▶ We have refined our prevention focus to first use of alcohol. Accordingly, we have implemented programs to increase protective factors and prevent first use of alcohol, such as youth and teen mental health first aid (to equip young people to identify and respond to their own mental health issues and others around them at risk of developing a mental health issue)and the Incredible Years Parenting Program
- ▶ Family protective factors in young people have increased over this time, particularly in the areas of family attachment, opportunities for prosocial involvement and rewards for prosocial involvement
- ▶ We have commenced re-delivery of the Smart Generation supply monitoring scheme in East Gippsland, which has seen sale of alcohol at bottle shops to people who look underage reduce from 75% in 2013 to 47% in 2018. We are on track for reducing this number again in 2019.

Along with our partners, we have

- ▶ developed a strong skill set in building our community to drive change
- ▶ learnt to be more adaptable, to be able to mould implementation in response to outcomes, even if it means that those outcomes have changed slightly along the way.

Climate Change

Community Resilience in the Face of Climate Change

BACKGROUND

In 2008, Southern Grampians Glenelg PCP (SGGPCP) developed the *Policy Signpost #3. Climate Change Adaptation: A Framework for local action*⁸ in response to agencies requesting support to guide local action that addresses the health and social impacts of climate change and rural adjustment.

The goal of this framework was to create communities that are resilient to the social, environmental and economic changes by:

- ▶ Identifying local priority issues of climate change and rural adjustment
- ▶ Guide local planning and action by agencies and by the PCP as a collective
- ▶ Encourage the development inter-sectoral partnerships and integrated planning.

This was the beginning of a journey for SGG PCP, which raised awareness and developed the capacity of partners to respond to climate change and facilitated relationships with government departments, policy makers and researchers.

PARTNERS

- ▶ Sustainability Victoria
- ▶ The Australian Government Department of Industry, Innovation and Science
- ▶ Federation University
- ▶ Deakin University
- ▶ Victorian Department of Health
- ▶ Victorian Commissioner for Sustainability
- ▶ Victorian Centre for Climate Change Adaptation and Research
- ▶ Victorian Department of Environment, Land, Water and Planning
- ▶ RMIT University
- ▶ VCOSS
- ▶ Monash University
- ▶ National Climate Change Adaptation Research Facility
- ▶ Emergency Management Victoria
- ▶ Swinburne University
- ▶ Country Fire Authority
- ▶ Lord Mayor's Charitable Foundation

⁸ Rowe, R. and Thomas, A. (2018) Policy Signpost #3. Climate Change Adaptation: A framework for local action. The MCCaughey Centre. The University of Melbourne

METHOD

SGG PCP's early work in this area focussed on the indirect effects of climate change, recognising the health implications of rising household energy efficiency, food security, water access, transport and social connection, particularly for those already experiencing disadvantage. A number of projects were implemented to raise awareness of and build capacity to respond to climate change, and to reduce vulnerability. This included developing a Heatwave toolkit for local government, which led to a partnership research project to understand tools for climate change adaptation.

Following this, SGG PCP established the Rural People; Resilient Future (RP;RF) Project, which supported SGF PCP partner agencies to understand their community's vulnerability to climate change. A systems-thinking approach was used to help partner agencies identify actions that they could embed within their systems to reduce vulnerability. This was a highly successful project, which was showcased at a number of state, national and international conferences giving wide exposure to PCPs approach and potential resulting in extended partnerships

Through this work, SGG PCP developed an appreciation for the importance of networks and partnerships for climate change resilience. This subsequently became a key focus area and the SGG PCP worked in partnership on the Enhancing Networks for Resilience Projects (Phase 1 and 2). This work examined the network ties within the SGG PCP, while the Balmoral Fire Connect Project investigated networks at a community setting.

Having gained extensive knowledge and skills in climate change and community resilience over the last 10 years, SGG PCP has now partnered with the Lord Mayors Charitable Fund for the PCPs for Community Resilience Project. This project aims to expand the learnings from the SGG PCP by using a systems thinking approach to identify areas for action for each PCP to enhance community resilience to climate change.

OUTCOMES

SGGPCP has developed strong partnerships with a diverse range of organisations, including community organisations, government departments, policy makers and researchers. SGG PCP has been recognised as a key player in the climate change resilience and adaptation space, and its work has been referenced in state-wide reports, documented in research and requested at forums and conferences. This reflects the valuable role that PCPs have as a leadership platform and an effective conduit for facilitating cross-sector partnerships.

Through this work, SGG PCP developed an appreciation for the importance of networks and partnerships for climate change resilience.

Partnership Capacity Building

Developing the Online Health Literacy Training Course for the State

BACKGROUND

Health Literacy is a strategic priority for most PCPs, who have been taking steps to embed health literacy competencies across their partnerships for over 15 years.

A lack of affordable and accessible professional development opportunities in health literacy for organisations and other barriers, such as travel and costs associated with upskilling staff, was the driving force behind the development of an online health literacy training course.

A partnership was formed between the 28 PCPs to develop a training package designed to provide free and accessible professional development in health literacy for all staff within organisations across Victoria.

PARTNERS

- ▶ Gippsland Region PCPs (Central West Gippsland PCP, South Coast PCP, Wellington PCP, East Gippsland PCP)
- ▶ HealthWest Partnership
- ▶ Inner North West Melbourne PCP
- ▶ Lower Hume PCP

METHOD

The Gippsland region PCPs in partnership with HealthWest Partnership (HealthWest) and Inner North West Primary Care Partnership (INW PCP) led the development of the online training package, which took over 18 months. The 28 PCPs and their partners were provided with opportunities to contribute to the module's content development. This process has resulted in a comprehensive and relevant resource for health and social services across Victoria.

The course contains 5 modules, with each tailored to professionals performing a range of different roles within health and human services including executives, practitioners, volunteers, infrastructure, and any other client-facing roles. Module topics include

- ▶ introduction to health literacy
- ▶ leadership
- ▶ communication
- ▶ navigation of physical and virtual environments
- ▶ partnering with consumers.

The health literacy online course is housed on an independent website, providing a stable and freely accessible platform to ensure as much access and sustainability as possible. The modules have also been built using a 'universal' platform, allowing them to be uploaded into a variety of internal e-learning systems free of charge and without the need for re-building or modification.

OUTCOMES

An external consultancy organisation conducted an evaluation of the course between August and December 2018. A mixed methods approach was used which focused on reach, relevance, effectiveness, and sustainability of the course since its launch in November 2017.

Reach

- ▶ In the first 12 months of the course's launch, the stand-alone module webpages received 4,136 visits, with each page receiving between 292 and 2040 visits
- ▶ 23 organisations embedded the online training into their internal learning management software.

Relevance

- ▶ 90% of respondents felt that the content was relevant to their roles and taking the course increased their knowledge of health literacy.

Effectiveness

- ▶ 67% of respondents indicated that their knowledge of health literacy had increased 'moderately' or 'a lot' as a result of the course
- ▶ Over 84% of respondents indicated that they intended to make changes in their work or organisation as a result of completing a module.

Practice Change

- ▶ At follow-up, 45% of respondents reported a moderate impact on their professional practice. These findings indicate evidence of the translation of learnings from the course into outcomes in professional practice, which was one of the primary objectives of the course.

The findings so far demonstrate that there has been interest in the course across a wide range of organisations in the health and human services sector across Victoria. There has been interest from organisations desiring to use the Modules of the course internally and some evidence of these Modules being made mandatory professional development for staff.

“Nurses were rapt that they finally have access to a tool that permanent night shift and part-time staff could access”.

[INTERVIEWEE]

FOR MORE INFORMATION:
VICPCPHEALTHLITERACYCOURSE.COM.AU/

Southern Mallee Primary Care Partnership Integrated Planning Process

BACKGROUND

Following the development of the Southern Mallee Primary Care Partnership (SMPCP) Strategic Plan 2017-2021 in 2016/2017, SMPCP began working with each of the three SMPCP Local Government Area Partnerships - SMPCP Buloke Strategic Health and Wellbeing Partnership (Buloke Partnership), Gannawarra Local Agency Meeting (GLAM) and SMPCP Swan Hill Health and Wellbeing Partnership (Swan Hill Partnership) - to develop a shared vision, purpose and plan for the next four years. The aim of the process was to have an integrated partnership plan (including Integrated Health Promotion Funded agencies and council Public Health and Wellbeing Plan) for each partnership to collectively work from for the four year period. SMPCP and the three LGA Partnerships identified the benefits of a collective partnership action plan, which include: pooling of resources, working towards a common goal/focus, utilising strengths, differing skill sets and capacity, strengthening relationships and shared work within each LGA, developing collective approach designed by and agreed upon by members of the partnership to work toward, creating a greater sense of ownership.

PARTNERS

- ▶ Buloke Partnership - Buloke Shire Council, East Wimmera Health Service, Mallee Track Health and Community Service, SMPCP
- ▶ GLAM - Cohuna District Hospital, Gannawarra Shire Council, Kerang District Health, Mallee District Aboriginal Services, Mallee Family Care, Murray Primary Health Network, Northern District Community Health, Victoria Police, SMPCP
- ▶ Swan Hill Partnership - Anglicare Victoria, Mallee District Aboriginal Services, Mallee Family Care, Mallee Sports Assembly, Robinvale District Health Service, Swan Hill Neighbourhood House, Swan Hill District Health, Swan Hill Rural City Council, SMPCP.

METHOD

Southern Mallee Primary Care Partnership brought the existing LGA Partnerships together to collectively develop, implement and evaluate a partnership action plan for the four year period, with a focus on priority areas to improve health and wellbeing of communities across the Southern Mallee. The need for a collective partnership action plan was identified by the partnerships, with guidance from SMPCP and the Victorian public health and wellbeing plan 2015-2019. It was clear, through the strength of existing relationships, communication and previous partnership efforts, that there was common ground, and partnership members were ready, willing and had capacity to move forward in their work together.

SMPCP facilitated and negotiated the development process, which included organising meetings for discussion and decisions, researching and developing documents and providing advice on the documents, models and processes (decision making criteria for priority, collation of local data, action plan templates), coordinating communication between meetings, utilising and strengthening existing relationships and establishing new connections. This process also incorporated or aligned with municipal public health and wellbeing plans and integrated health promotion funded agency plans in all three LGAs, enabling a dedicated partnership approach.

OUTCOMES

All of community – each of the three LGA Partnerships continues to progress their action plans throughout the four year period. Developing shared priorities and having organisational commitment for the 2017 – 2021 period has led to numerous opportunities to collaborate and improve health and wellbeing of the Southern Mallee communities at a local level that organisations would not be able to complete alone. Utilising partnerships, and making the most of differing skills and knowledge of organisations and individuals involved in the partnership, can increase capacity, resources, reach, value and success of initiatives.

Shifting to a Shared Measurement Approach

BACKGROUND

East Gippsland faces numerous challenges to health and wellbeing, including high rates of family violence, alcohol-related harm, obesity, food insecurity, and poor mental health. The prevalence of these issues in East Gippsland is statistically significant compared to the rest of the Victoria, and their causes are complex and varied. Given their complexity, East Gippsland Primary Care Partnership (EG PCP) felt there was a need to reorient the way in which we tackled these issues. Rather than just focusing on action to address them, EG PCP decided to increase the focus on identifying and measuring the changes we needed to make.

In 2017, EGPCP began the process to reorient our work and planned this with our partners using an outcomes thinking / shared measurement approach. The EGPCP has provided leadership, support and guidance on the process and is starting to make headway in this space and influence at a state-wide level.

PARTNERS

All of our local networks supporting local implementation of the East Gippsland Well Placed for Wellbeing plan including the East Gippsland:

- ▶ Healthy Eating Active Living Partnership
- ▶ Drug and Alcohol Prevention Alliance
- ▶ Partners in Violence Prevention
- ▶ Mental Wellbeing Network
- ▶ Children's Wellbeing Collective

METHOD

EG PCP, in partnership with the East Gippsland Shire Council, brought together leaders from across East Gippsland to identify four key priority areas for shared measurement. This was done by drawing on national and state datasets, considering the local evidence-base and community needs, and ensuring alignment with the Victorian Public Health and Wellbeing Plan. Twelve indicators, along with their relevant measures were developed to measure shared outcomes against the four priorities areas. This provided a platform for measuring long-term outcomes, though shorter-term, local measures were still needed to assess progress.

To do this, EG PCP coordinated a workshop to build the capacity of partners, and engaged the Department of Health and Human Services to facilitate and deliver training to collaboratively identify and develop local progress measures. EG PCP progressed this work with existing networks we facilitate and continued to build capacity of local organisations to collaboratively plan and measure local success. This culminated most recently in the EGPCP and a working group of network leaders partnering with The Australian Prevention Partnership Centre to co-design a shared measurement workshop. This workshop also informed the content delivered at a state-wide level to other PCPs working in this space.

OUTCOMES

As a result of working in this way:

- ▶ We have influenced the design of the Municipal Public Health and Wellbeing Plan to ensure it aligned with the local plan and the Victorian Public Health and Wellbeing outcomes framework. This ensured a collective understanding of the outcomes that are being targeted
- ▶ We have reoriented the planning and reporting process for our health promotion funded (and other) agencies to ensure local changes and measures are prominent and informing subsequent action that is relevant to our community
- ▶ All four networks supporting the priority areas of the Municipal Public Health and Wellbeing plan are using an outcomes thinking approach to planning and have completed, or are in the process of completing, local shared measures
- ▶ Our network leaders are exploring online platforms that will help us to demonstrate and make accessible the data, measures and outcomes for our region, with one trial commencing in May 2019.

The EGPCP has provided leadership, support and guidance on the process and is starting to make headway in this space and influence at a state-wide level.

The Well: Sharing Knowledge for Community Wellbeing

BACKGROUND

Over the years, our partners have consistently raised concerns that great work is being done but not being shared, leading to time and resources being lost through duplication and repeating past errors. This also hampers the ability of organisations to respond in innovative and collaborative ways to complex health and wellbeing problems affecting local communities. Indeed, having a knowledge hub that enables for data, best practice, tools, research and projects to be shared has been identified as a key means of facilitating collaboration and innovation.⁹

In response Outer East Primary Care Partnership (OE PCP) and Inner East Primary care Partnership (IE PCP) began developing an online open source information and knowledge hub, The Well. In 2017/2018, The Well underwent a major user testing and redesign process to streamline its functionality and enhance user experience. The end product was launched in May 2018.

The aim of The Well is to provide a place where practitioners can go to Learn, Plan, Share and Connect around a range of health and wellbeing topics including Family Violence, Alcohol misuse, Food Security, Obesity, Mental Illness, Healthy Ageing. It also provides access to information and practice insights on topics such as collective impact, co-design, evaluation, health literacy. The users of The Well are health and social professionals working on improving complex health and wellbeing issues for people in the Eastern metropolitan area of Melbourne, comprised of; Yarra Ranges, Knox, Maroondah, Boroondara, Monash, Whitehorse and Manningham.

PARTNERS

- ▶ Outer East Primary Care Partnership (OEPCP)
- ▶ Inner East Primary Care Partnership (IEPCP)
- ▶ Action on Alcohol Flagship Group (AAFG)
- ▶ Women's Health East (WHE)
- ▶ Together for Equality and Respect Partnership (TFER)
- ▶ Eastern Metro Region Aged Care Collaboration
- ▶ Australian Urban Research Infrastructure Network (AURIN)
- ▶ Honest Fox
- ▶ Fireworks PR

METHOD

This initiative is based on both formal and informal consultations with PCP partner agencies who identified a common problem of “knowledge loss” and the need for a “one stop shop” to access reliable quality information about complex health issues, local knowledge and practice wisdom. The PCPs have taken a leadership role in assisting partners to define the problem and design, build and test The Well as a creative solution.



⁹ Wilkins Peter, Phillimore John & Gilchrist David: Working together: Evidence on collaboration from the reports on independent watchdogs: The Australian and New Zealand School of Government, 2015

Throughout this process the PCPs have sourced and provided significant resources to progress the work, engaged numerous experts and key stakeholders to develop and test The Well, create its content, brand and market it and to evaluate its effectiveness. The PCPs have a key role in engaging with and growing The Well user base, content management and quality and monitoring and evaluating the effectiveness of The Well.

OUTCOMES

Through improved access to information, knowledge and practice wisdom and other practitioners The Well is:

- ▶ Positively influencing the practice of the users and assisting them to provide better health and wellbeing outcomes for the clients/communities they work with
- ▶ Strengthening their collaboration enhancing their capacity to respond to complex health issues.

The average number of users per month has been steadily increasing since The Well was launched. A recent user survey evaluated if The Well is delivering the expected outcomes and found:

- ▶ 75% said that The Well is improving their access to evidence based theory
- ▶ 81% said that it is improving access to tools and resources
- ▶ 71% said that it improved access to information about other local work
- ▶ 51% agree that The Well is enhancing their ability to positively influence health and wellbeing outcomes
- ▶ 38% are confident The Well has enhanced their capacity to collaborate to improve health and wellbeing.

Feedback from the evaluation included:

—
"I have used The Well to continue my learnings in areas connected with my workalcohol and Drug misuse and family violence."

—
"I have used the Well to discuss health and wellbeing opportunities with community through newsletters."

—
"I'm new to working in health and it has provided me with great information to stay informed and to be able to learn from others."

—
"Sharing information on The Well with my colleagues has been beneficial."

FOR MORE INFORMATION:
THEWELLRESOURCE.ORG.AU/

Loddon Shire Municipal Public Health and Wellbeing Plan

BACKGROUND

Having worked in and with Loddon Shire communities and services providers over the last 18 years, Bendigo Loddon PCP (BLPCP) has developed trusting relationships that enabled it take a lead role in facilitating the Loddon Municipal Public Health and Wellbeing Plan (MPHWBP) development. The MPHWBP in Victoria provide guidance for action on priority areas of preventable poor health and wellbeing that align with the Victorian Public Health and Wellbeing (VPHWB) priority areas⁹.

The project ran between February and March 2017 and involved key stakeholders in the region including local council and health and community services. Done on behalf of the Loddon Shire Council, the local community is the primary beneficiary of the intended MPHWBP actions and outcomes.

The objectives for this project were to:

- ▶ support the provision of relevant health and wellbeing data
- ▶ review the current Loddon MPHWP 2013-2017
- ▶ review the Victorian Public Health and Wellbeing Plan 2015-2019
- ▶ facilitate key stakeholder consultation
- ▶ identify key strategic priorities for the municipality
- ▶ identify the work currently being undertaken by agencies in each of those priority areas
- ▶ identify the agreed outcomes to be achieved for each priority area.

PARTNERS

- ▶ Inglewood District Health Service
- ▶ Bendigo Loddon Primary Care Partnerships
- ▶ Boort District Health
- ▶ Department of Health and Human Services, Loddon Mallee Region
- ▶ Dingee Bush Nursing Centre
- ▶ Loddon Mallee Oral Health Network
- ▶ North Central LLEN
- ▶ Centre for Non-Violence
- ▶ Local Community House representatives
- ▶ Loddon Healthy Minds Network
- ▶ Strong Families, Strong Children Network
- ▶ Goldfields Library Network
- ▶ Northern District Community Health Service
- ▶ Loddon Shire Council key staff

METHOD

MPHWBP take a place-based approach, which recognises that people and places are inter-related and that the places where people spend their time play an important role in shaping their health and wellbeing. This enables a focus on local needs and priorities, and engages the community as an active partner in developing solutions.

To ensure a coordinated local prevention effort, local health and community services, including those with expertise in health promotion and primary prevention, come together with council and DHHS to establish a common approach to the preparation of health and wellbeing plans.

Alignment of organisational strategic plans across the catchment with the MPHWP provides the greatest opportunity for collective impact.

The evidence base for the Loddon MPHWP Plan development included the Loddon Gannawarra Health Needs Analysis (2017), which was conducted by BLPCP and commissioned by the Loddon Gannawarra Health Services Executive Network (LGHSEN). This provided the most current health and wellbeing data available at a local level.

BLPCP held two consultation sessions and was able to leverage off established partnerships across the Loddon Shire, resulting in broad participation. A Strategic Plan alignment analysis of participating organisations was conducted, demonstrating the strong association of the health and wellbeing outcomes in scope. Local demographic data and health profiles for the Loddon Shire were presented highlighting the SEIFA disadvantage and top four health priorities of heart and respiratory health, diabetes, mental health and oral health that had been identified.

BLPCP used the VPHWB as a complementary framework to develop the Loddon MPHWP Plan and ensure alignment to state-wide priorities at a local level. Areas for action were explored under the state priorities of Healthy and Well, Safe and Secure, Able to Participate, Connected to Culture and Community, and Liveable. Data measures for success were considered and the Public Health and Wellbeing Framework Data Dictionary was used as a guide to nominate indicators of success.

Finally, BL PCP designed and facilitated the Loddon MPHWP Plan development process in consultation with the Loddon Shire Director of Community Wellbeing. As many of the participant organisations were BLPCP members, the existing partnership platform facilitated the collaborative planning and agreed outcomes and measures. These were provided to Loddon Shire for incorporation in the Loddon MPHWP Plan.

OUTCOMES

Through these extensive efforts, BLPCP produced the Loddon Municipal Public Health and Wellbeing Plan 2017-2021 "*Living Well in Loddon*". This is framed by and aligns with the Victorian Public Health and Wellbeing Outcomes Framework, incorporates four pillars of action and includes the required family violence initiatives and outcomes measures. This has ultimately benefited the Loddon Shire Council, health and community services, and the Loddon Shire community.

The final MPHWP can be viewed here: [Municipal Public Health and Wellbeing Plan](#)



Appendix 1

There are 28 Primary Care Partnerships in Victoria:

Barwon South Western Region

Southern Grampians Glenelg Primary Care Partnership

comprises the Southern Grampians and Glenelg shires

South West Primary Care Partnership

comprises the Corangamite, Moyne and Warrnambool shires.

G21

comprises the Borough of Queenscliffe, the City of Greater Geelong, and the Colac Otway, Golden Plains and Surf Coast shires.

Eastern Metropolitan Region

Inner East Primary Care Partnership

comprises the cities of Boroondara, Manningham, Monash and Whitehorse

Outer East Primary Care Partnership

comprises the cities of Maroondah and Knox, and the Yarra Ranges Shire

Gippsland Region

East Gippsland Primary Care Partnership

comprises East Gippsland Shire in far eastern Victoria.

Wellington Primary Care Partnership

comprises Wellington Shire.

Central West Gippsland Primary Care Partnership

comprises Latrobe City and Baw Baw Shire.

South Coast Primary Care Partnership

comprises the Bass Coast and South Gippsland shires.

Grampians Region

Wimmera Primary Care Partnership

comprises Horsham Rural City, and the West Wimmera, Hindmarsh and Yarriambiack shires.

Grampians Pyrenees Primary Care Partnership

comprises Ararat Rural City, and the Northern Grampians and Pyrenees shires.

Central Highlands Primary Care Partnership

comprises the City of Ballarat and the Golden Plains, Moorabool and Hepburn shires.

Hume Region

Lower Hume Primary Care Partnership

comprises the Mitchell and Murrindindi shires.

Goulburn Valley Primary Care Partnership

comprises the Greater Shepparton, Moira and Strathbogie shires.

Central Hume Primary Care Partnership

comprises the rural cities of Benalla and Wangaratta, and the Alpine and Mansfield shires.

Upper Hume Primary Care Partnership

comprises the City of Wodonga and the Indigo and Towong shires.

Loddon Mallee Region

Northern Mallee Community Partnership

comprises Mildura Rural City and the town of Robinvale

Southern Mallee Primary Care Partnership

comprises Swan Hill Rural City (excluding Robinvale) and the Buloke and Gannawarra shires.

Bendigo Loddon Primary Care Partnership

comprises the City of Greater Bendigo and Loddon Shire.

Campaspe Primary Care Partnership

comprises Campaspe Shire in northern Victoria.

Central Victorian Primary Care Partnership

comprises the Mt Alexander, Macedon Ranges and Central Goldfields shires.

North and West Metropolitan Region

HealthWest Partnership

comprises the cities of Brimbank, Melton, Wyndham, Hobson's Bay and Maribyrnong.

Hume-Whittlesea Primary Care Partnership

comprises the cities of Hume and Whittlesea

Inner North West Primary Care Partnership

comprises the cities of Melbourne, Moreland, Moonee Valley and Yarra

North East Healthy Communities

comprises the cities of Banyule and Darebin, and Nillumbik Shire

Southern Metropolitan Region

Southern Melbourne Primary Care Partnership

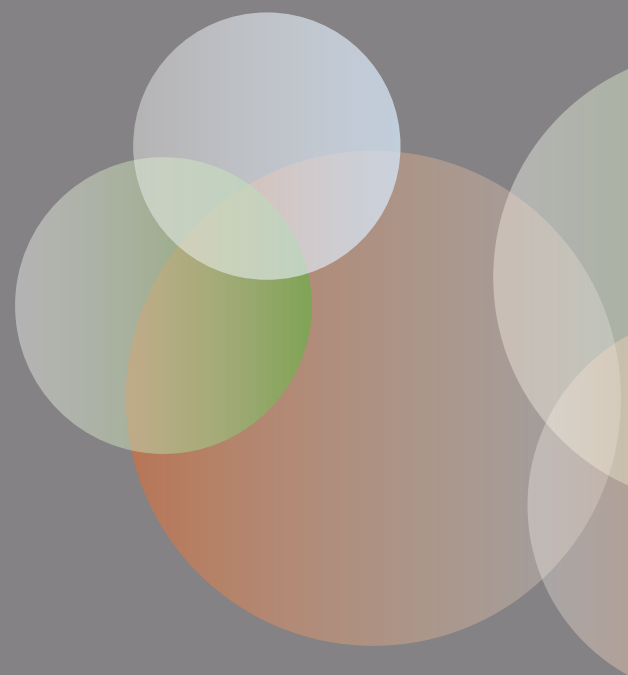
comprises the cities of Port Philip, Stonnington, Glen Eira, Kingston, Inner South East and Bayside.

Enliven Victoria

comprises the cities of Greater Dandenong and Casey, and the Shire of Cardinia

Frankston-Mornington Peninsula Primary Care Partnership

comprises the City of Frankston and the Mornington Peninsula Shire



FOR FURTHER INFORMATION CONTACT
VICPCP@VCOSS.ORG.AU | WWW.VCOSS.ORG.AU