enliven

ENHANCING SOCIAL HEALTH

Confronting Health & Social Disparities

CASE STUDY 2013

Integrated Health Promotion

Details of Organisation Contact

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Approval Date	November 2013

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Summary / Abstract

This casestudy focuses on tailoring interventions to reduce inequalities and disparities experienced by targeted population groups with the aim of improving health and wellbeing outcomes.

Consideration and application of health inequalities as a concept in this work is underpinned by Braveman's (2006) concepts and approaches in this area. Such an approach embeds the notion of social justice within the definition of health inequalities while also actively identifying specific social groups in the community that need specific support and resources in order to minimise health inequity.

A range of activities were undertaken by 14 **enliven** member agencies in the three objectives of Social inclusion; Employment, training and volunteering; and Housing-support for people living in insecure community/public housing and neighbourhoods under stress and challenge.

Examples of types of activities facilitated included, homework support, social soccer, passport to work training, Women's Wellbeing Groups, Mums and Bubs Groups, Pathway to Wellness Group, IT training, Volunteering, Mentoring, Men's Sheds and a diverse range of community events.

An evaluation was conducted using agency and participant surveys. 17 completed the online agency survey and a further seven agencies implemented the participant survey which was completed by 88 community members involved in 14 activities.

The most reported activities were under 'social inclusion' - facilitating or supporting cultural and community events (11) and establishing new community groups, clubs or programs (7). The least reported activity was under 'employment, training and volunteering' - providing new employment/ training opportunities within agencies to community members.

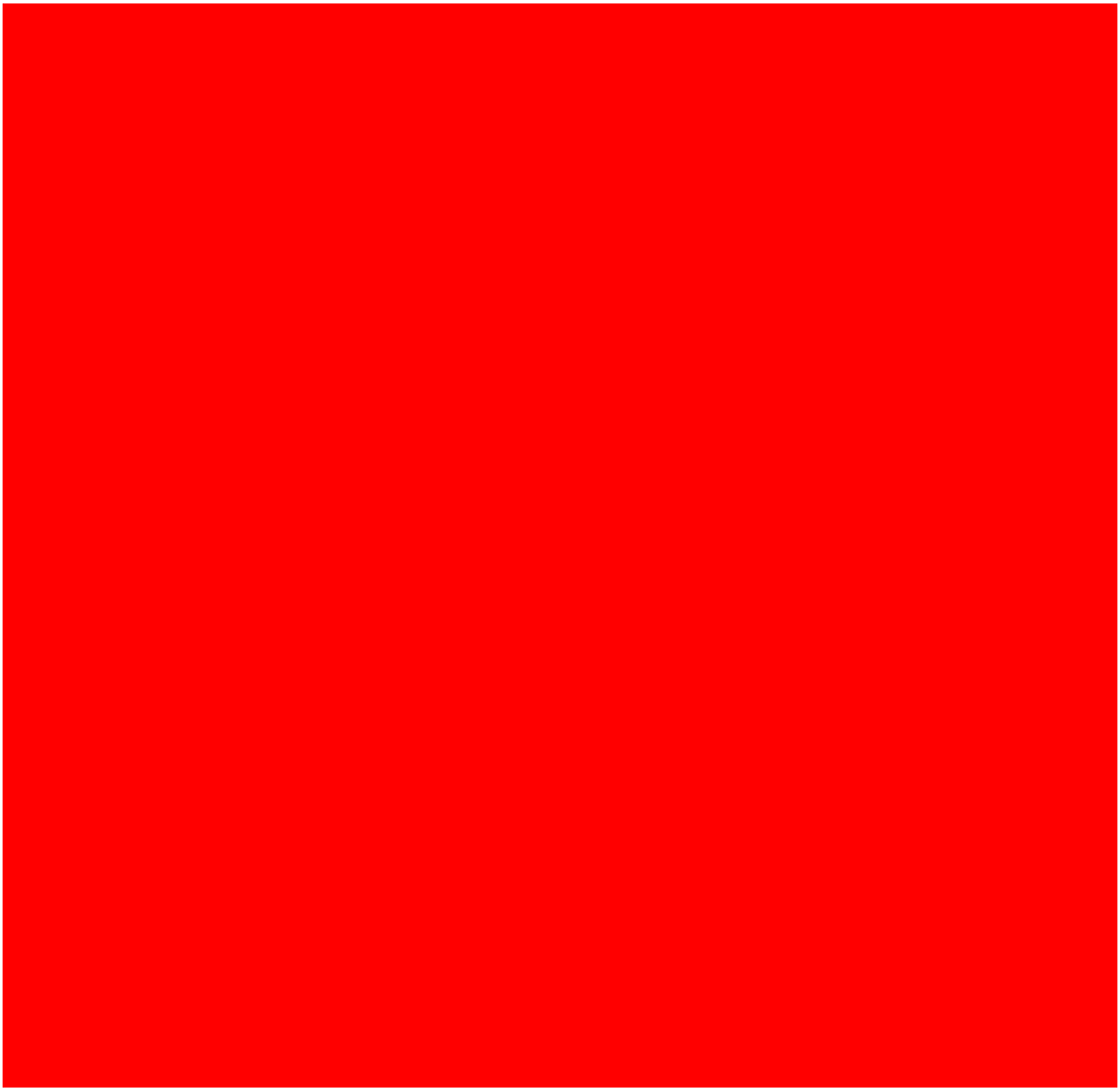
Overall participants were positive about their experiences with the majority reporting feeling more valued (59%) and a part of their local community (50%) as a result of taking part.58% were born outside of Australia with main groups being from Afghanistan, Italy, South Sudan and Sri Lanka and the largest number being under 20years. 56% were male.

Participants also cited a range of differences that the activities had made in their lives, including increased social inclusion, and feeling supported with housing, employment and education issues. Many people said making new friends and feeling more connected with their community were the key benefits.

In conclusion, progress in this area was small but significant and a positive start to a new priority with participant feedback indicating that activities had made a real difference to their wellbeing. Progress at the process level has been made, however the long-term impact of this change is not measurable at this stage.

Background

Name of Project/Strategy	Health Inequalities and Disparities
Priority issue(s)	Health inequalities and disparities that are not shared evenly across society.
Priority goal	To tailor interventions to reduce inequalities and disparities in health and wellbeing outcomes.
Target group	Socio-economic disadvantaged/unemployed, people living in insecure community/public housing and neighbourhoods under stress and challenge, people with disability, seniors, mothers and babies, young people at risk of leaving school early/low education, cultural groups, those at risk of chronic disease and high prevalence mental health conditions.



Background cont.

Rationale

The health inequality priority area relates to three purposes in enliven's charter:

1. Prevent health conditions and social disadvantage and vulnerability through improving social determinants of health on a population-wide basis;
2. Improve the social determinants of health and building community and individual capacity to prevent health conditions, respond effectively to these and offer appropriate support; and,
3. Influence formation and implementation of government and organisational policy to increase the integration and coordination of services and encourage initiatives for health-related community development.

These three purposes are in concert with current thinking and research regarding health inequalities.

According to Braveman (2003), the literal meaning of health inequalities refers to "any difference in health, without specifying the kinds of differences that might be of interest" (p.306). However, Braveman notes that over the past 30 years health inequalities (or disparities) have been used to refer to "social inequalities in health – differences in health between different social groups" (p. 306).

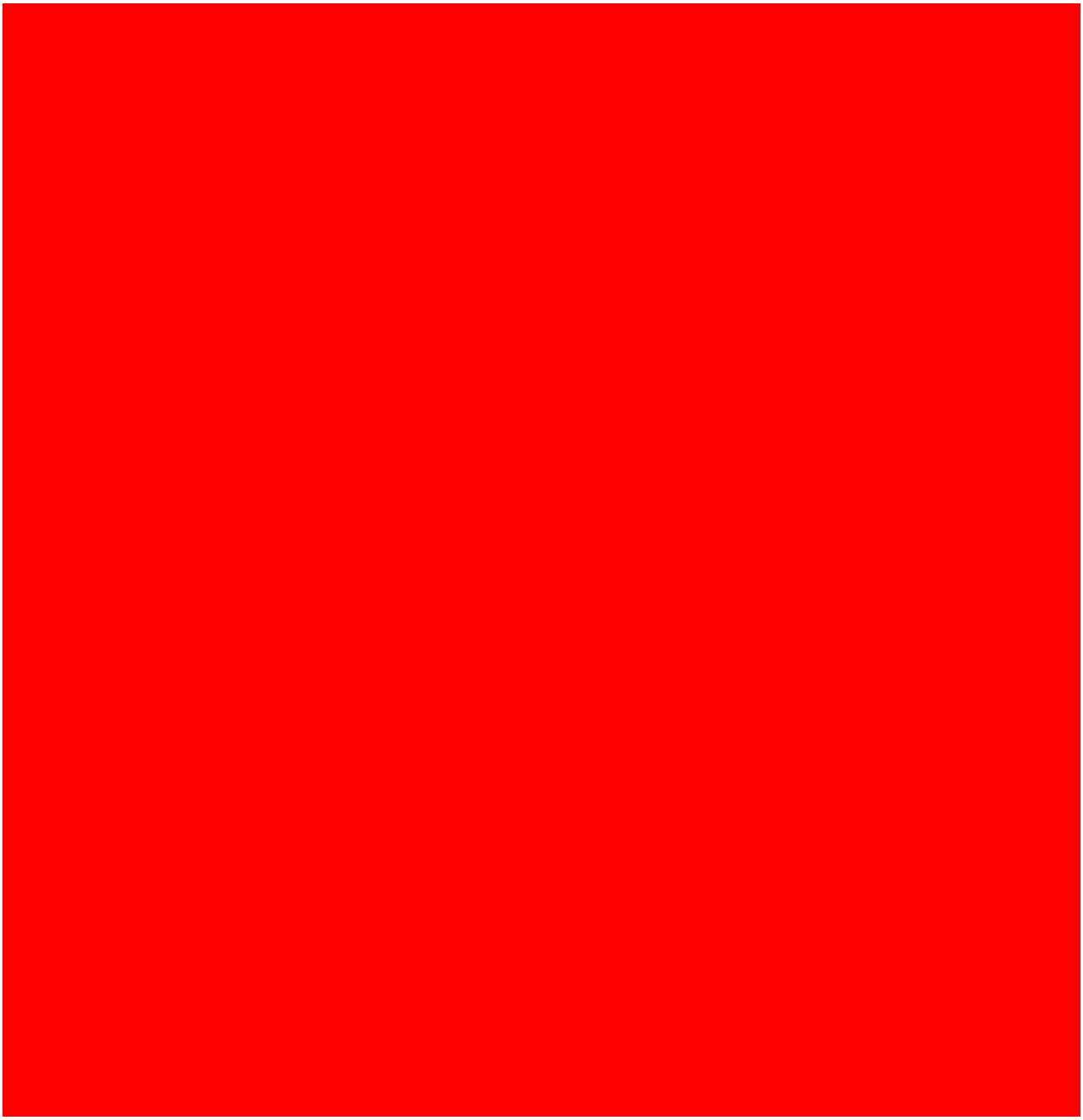
While health inequalities (or disparities) are frequently used terms in government policy and the literature, it is important to note that they are different concepts.

As Braveman (2003) concludes, "based on ethical principles and consistent with human rights concepts, public policy should actively seek to equalise opportunities to be healthy" (p.308). This, Braveman and others argue will facilitate enhanced health equity.

In respect to **enliven's** consideration and application of health inequalities as a concept Braveman's work in this area is used. Such an approach embeds the notion of social justice within the definition of health inequalities while also actively identifying specific social groups in our community that need specific support and resources in order to minimise health inequity. This approach approach ensures that the true impact of health inequalities is appreciated, as health inequalities are not shared evenly across all of society.

Background cont.

Objectives	Social inclusion - contribute towards a socially inclusive south east in which people feel valued and have the opportunity to participate fully in the community. Employment, training and volunteering-advocate and provide opportunities for learning and meaningful work/volunteering for those most disadvantaged. Housing-support people living in insecure community/public housing and neighbourhoods under stress and challenge.



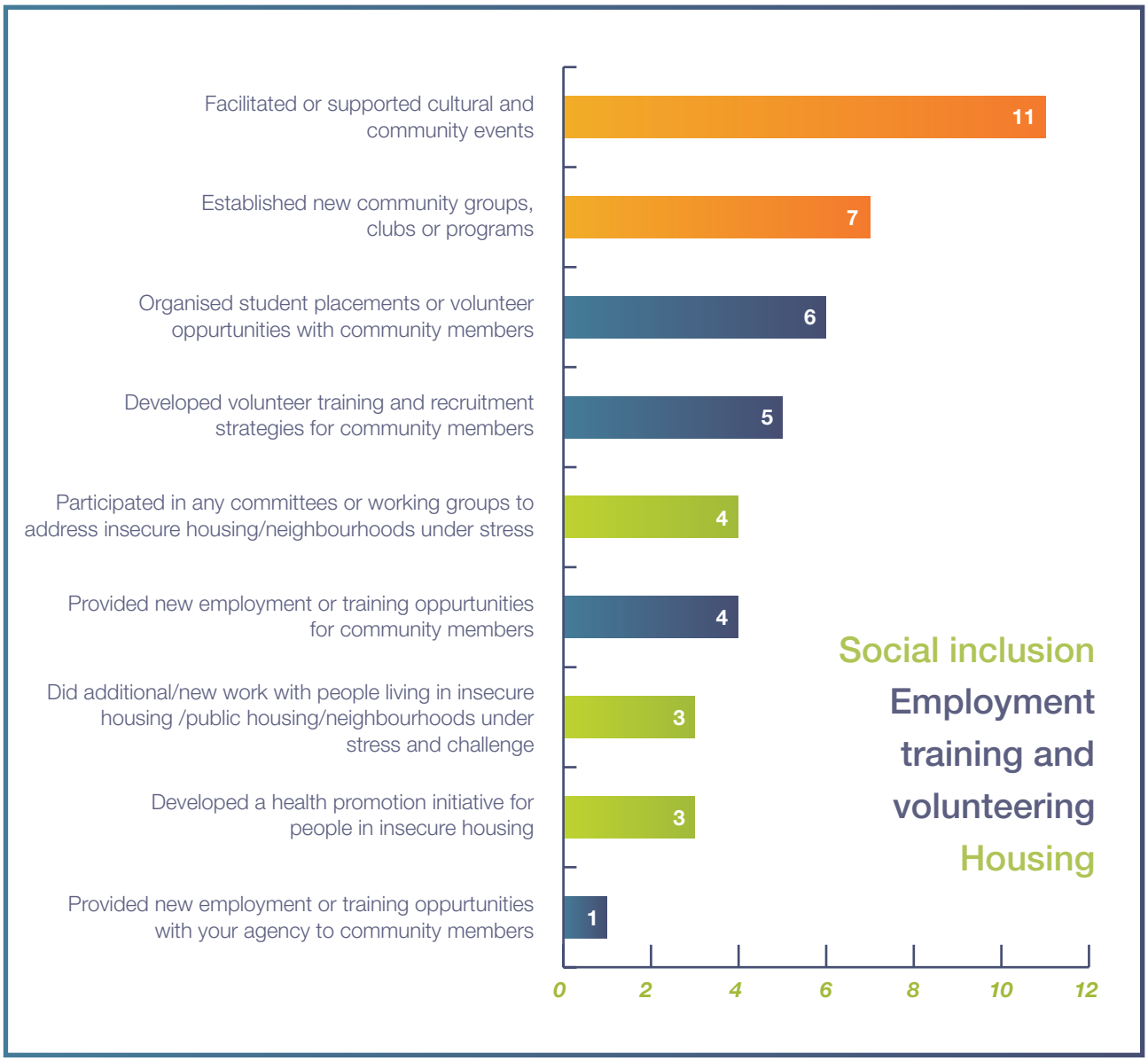
Methodology and Approach

IMPLEMENTATION:

A range of activities were undertaken by 14 member agencies in the three objective areas (Table 1). The most reported activities were under the 'social inclusion' objective (orange) - facilitating or supporting cultural and community events (11) and establishing new community groups, clubs or programs (7). The least reported activity was under 'employment, training and volunteering' (blue) - providing new employment/training opportunities within agencies to community members. Only one agency reported doing this, however, four agencies had provided new employment/training opportunities for community members externally. The three activities under the 'housing' objective (green) had between three and four agencies undertaking this work.

Table 1:

Social inclusion, employment, training and volunteering, and housing activities undertaken (n=14)



Methodology and Approach cont.

SOCIAL INCLUSION:

Table 2:
Examples of cultural and community events

Sudanese Women's Drop in Centre	Harmony Week Film Event	Immunisation Awareness Training	Pathways to Better Living Expo- Dandenong through CALD Network
African Refugee Young Persons Group	Refugee Week Tour	Cultural Awareness Training	Pizza nights
Beach Fest	Refugee Week Cultural Sport and Music event	'Growing Diverse Communities' forum	Woodlands Walk-Cranbourne
Reconcilliation Week event	Aboriginal Back to School Day Event	Library has Legs	Teddy Bears Picnic
NAIDOC Week	Multiple expos: Vietnamese, Chinese, Indian with a stand at shopping centres	Youth-focused South Sudanese community event organised by The Union of Greater Upper Nile States	Southern Integrated CALD CSF Network Pathways to Better Living Expo
Music on the Grass	Dads breakfasts	Car workshops	Shuffle party for youth
BBQ for youth and older people	Carer sessions with local communities	Mens shed events	Community garden workshops

Table 3:
Examples of new community groups, clubs or programs established in the past year:

'Boredom Busters'	Social soccer for refugees/asylum seekers	Afghan women's conversation group at Doveton College in partnership with Good Beginnings	Established a Registered Training Organisation
Health Benefits of Return to Work project	Cardinia Hub Afghan Women's Group	Group for female refugee minors	Group for young refugee women aged 17 - 25
Coffee club	Dads group	Green walks with Heart Foundation and Cardinia Shire	Saturday morning in the Hub - social group garden, craft etc

A number of agencies indicated that they had become more involved with a range of groups within the target population. Most notably, cultural groups (69%) and socio-economically disadvantaged people (63%). Unemployed people were the group agencies were least involved with, however 38% indicated an increased level of involvement over the past year.

Methodology and Approach cont.

EVALUATION:
The evaluation was conducted using an evaluation framework and a range of qualitative and quantitative data collection tools, including surveys and case studies. Overall, participation of member agencies was high, with all 17 completing the agency survey and a further seven agencies taking part in the participant survey, while eight agencies submitted a case study.

A half-day information and training session was held with agency representatives prior to the evaluation implementation to outline the process and tool requirements. The information session focused on data collection at the agency level through the participant and agencies surveys and case studies.

Agency survey - The agency survey was administered via the internet using Survey Monkey. It was sent to one agency operational staff member who was responsible for its completion, in collaboration with other relevant staff aimed to capture information about the progress made in relation to the priority areas.

Participant survey - The participant survey was administered by member agencies to community members who participated in strategic plan activities between August 2012 and June 2013. The aim of the survey was to capture information about people's experiences of the different activities and find out what impact it had on them. Surveys were administered via a mail out (with covering letter and reply paid envelope) or via email. Some participants required assistance to complete the survey (e.g. those whose preferred language was not English). Where this was the case, agencies were asked to complete the surveys with the participant.

MONITORING OR CONTINUOUS QUALITY IMPROVEMENT STRATEGIES EMPLOYED:
In addition to the evaluation tools described above, an evaluation tracking record was developed to assist agencies to keep an ongoing record of their involvement in the area of health inequalities. Agencies were asked to note down any activities or work that had been completed in relation to the priorities and objectives throughout the year, ensuring that the work done was captured and recorded to help complete the surveys. Contact was made periodically by the evaluators to remind participants to complete the tracking tool and to provide support on request.

Describe any relevant communication and/or engagement strategies.
Communication and engagement was supported through strategies such as **enliven**'s monthly members bulletin, website, facilitation of members quarterly breakfast functions, training/forums/ seminars and regular email contact with members.

Results

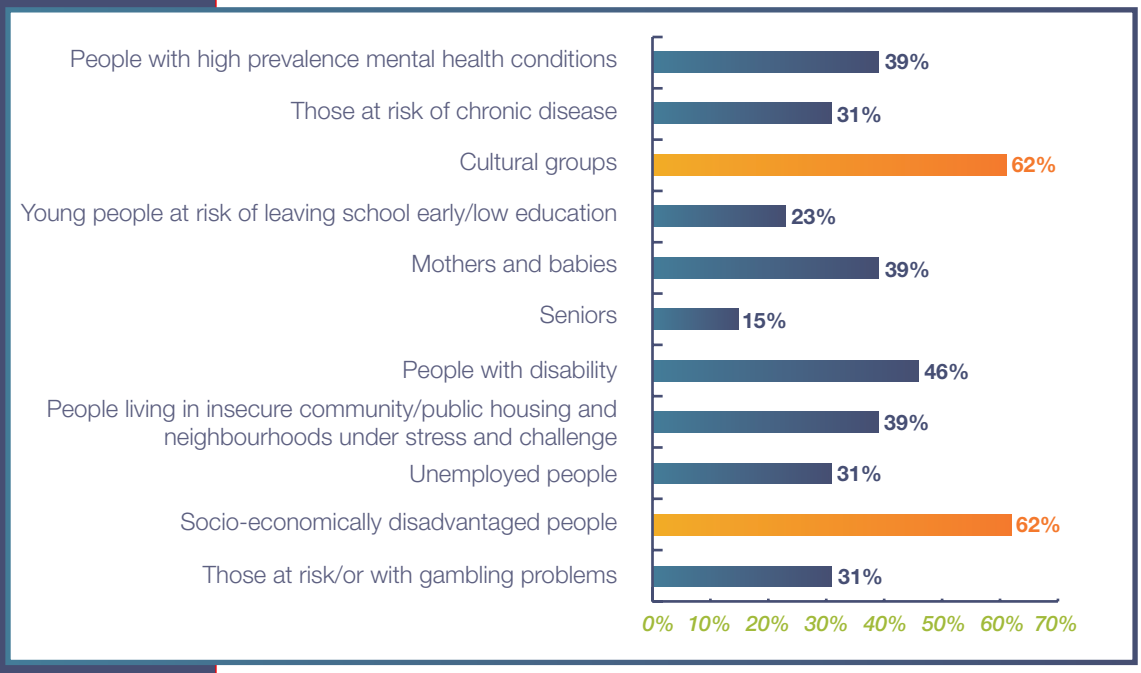
Table 4:
Indicators/measures

Process and impact indicators/measures	**SOCIAL INCLUSION** Contribute towards a socially inclusive South East in which people feel valued and have the opportunity to participate fully in the community	• Number of agencies to support cultural and community events • Number of agencies to identify gaps and develop/support new community groups, clubs and programs • Number of agencies to review their service models to be more inclusive • Number of agencies to implement a social inclusion pilot re problem gambling Plus qualitative responses
	EMPLOYMENT, TRAINING AND VOLUNTEERING Advocate and provide opportunities for learning and meaningful work/ volunteering for those most disadvantaged	• Number of agencies to provide employment and training opportunities within agencies to target groups • Number of agencies to develop volunteer training and recruitment strategies • Number of agencies to support student placement and volunteer opportunities within agencies Plus qualitative responses
	HOUSING Support people living in insecure community/ public housing and neighbourhoods under stress and challenge	• Number of health promotion initiatives for people in insecure housing • Number of committees and working groups participated in Plus qualitative responses
	THE RESULTS **AGENCY SURVEY** • Greatest number of activities was centred on social inclusion – facilitating/supporting cultural and community events and establishing new community groups/clubs/programs. • 62% of agencies implemented a social inclusion program for cultural groups and socio-economically disadvantaged people, compared to 15% for seniors.	

Results cont.

Process and impact indicators/measures cont.

Table 5:
Agencies that implemented a social inclusion program in response to target groups (n=14)

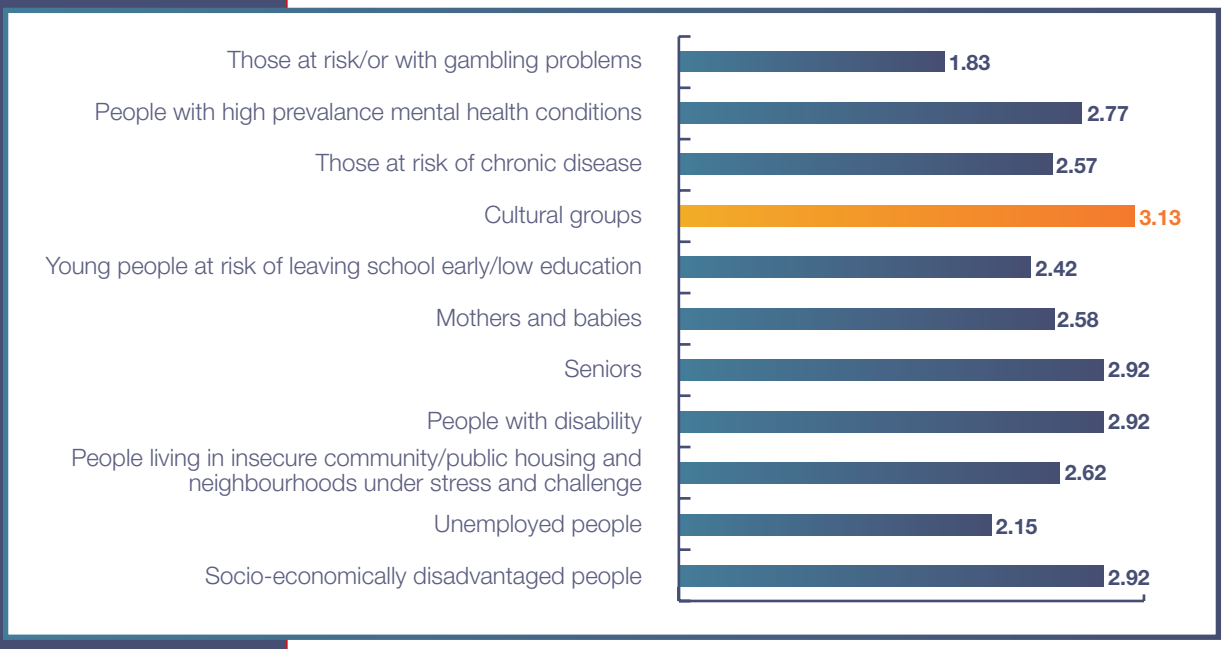


- Least activity was reported for **employment, training and volunteering.** However, five agencies developed volunteer training and recruitment strategies, four agencies advocated for meaningful work and volunteering opportunities for those unemployed, and a range of student placements and volunteer opportunities were offered.
- 44% of agencies reported being more involved with people living in insecure community/public **housing** and neighbourhoods under stress and challenge – three developed health promotion initiative, four participated in committees/working groups, and three undertook additional/new work done in past year.
- Agencies rated themselves highest for responding to the health inequalities of cultural groups (average 3.13 out of 5), and lowest for those at risk/or with gambling problems (1.83 out of 5).

Results cont.

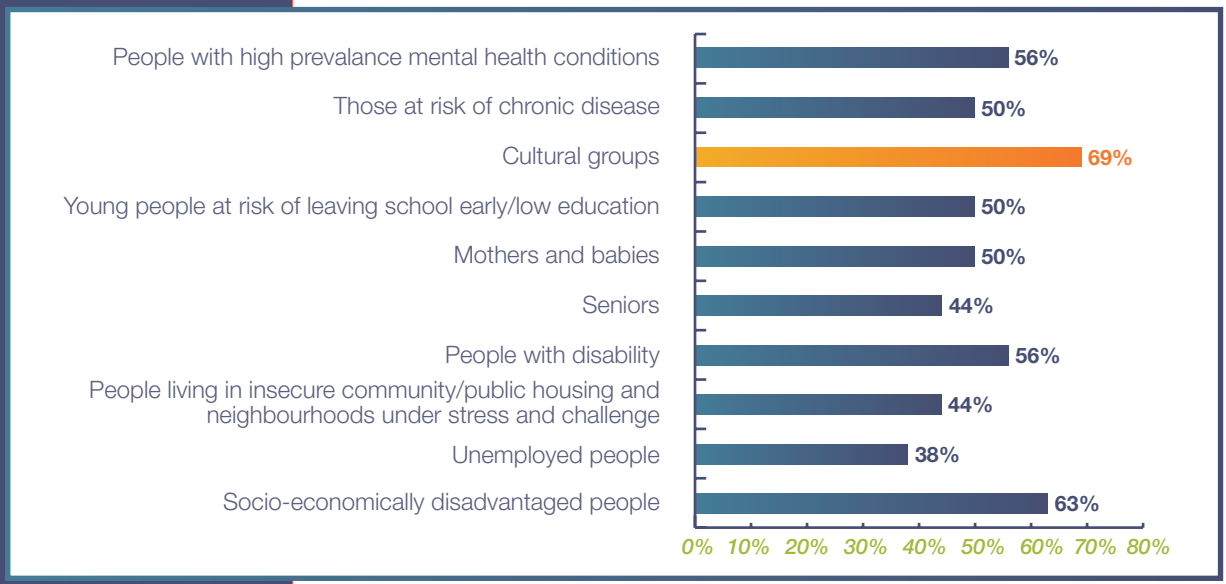
Process and impact indicators/measures cont.

Table 6:
Average current response to health inequalities (n=14)



- 69% of agencies reported being more involved with cultural groups over the past year, compared to 38% for unemployed people.

Table 7:
Proportion of agencies reporting increased involvement with target groups (n=14)



Overall agencies were positive about their collaboration efforts with other agencies. Most gave themselves a rating of 'excellent' (47%) or 'good' (29%) in this area. While the majority believed collaboration had improved over the past year (71%).

Results cont.

Process and impact indicators/measures cont.

PARTICIPANT SURVEY

- Seven member agencies returned 88 participant surveys covering 14 strategic plan activities.
- Respondents were a mixture of males (56%) and females, ranging in age with larger numbers aged under 20 years (n=21), living in the City of Greater Dandenong (49%), Cardinia Shire (28%) and the City of Casey (9%).

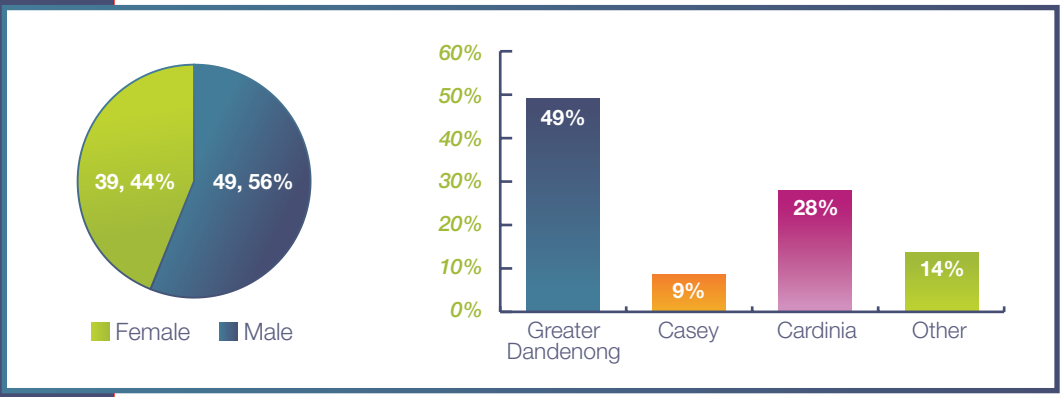


Table 8:
Participant survey
Respondents by gender (n=88)

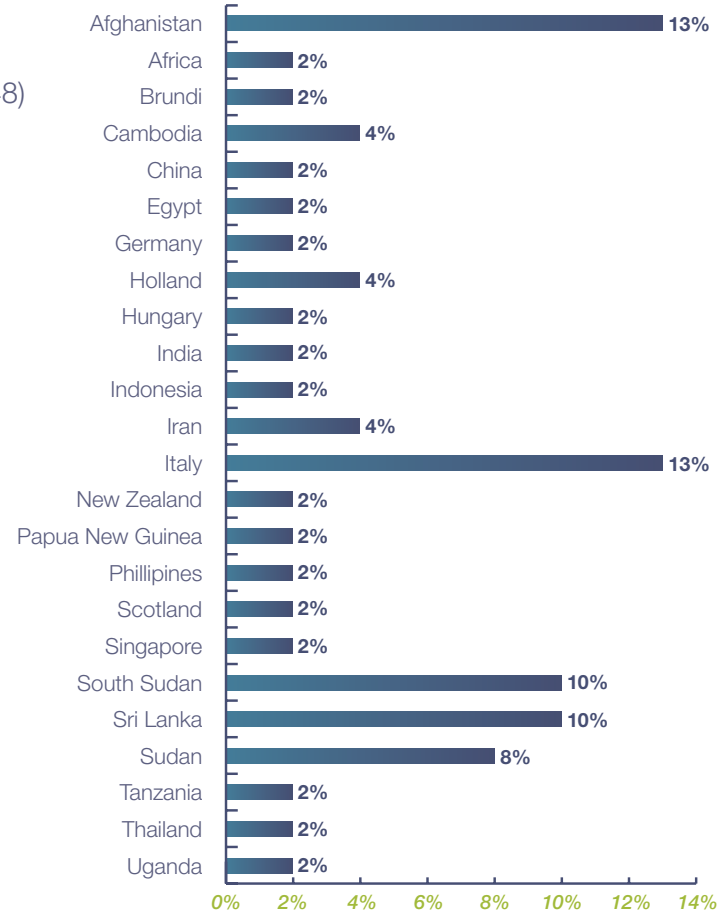
Table 9:
Participants' LGA (n=86)

- Respondents had diverse cultural backgrounds: 58% were born outside Australia and 26% whose preferred language was not English. Respondents were born in 24 countries other than Australia, the most represented cultural groups were those born in Afghanistan, Italy, South Sudan and Sri Lanka.

Results cont.

Process and impact indicators/measures cont.

Table 10: Participants' birthplace (n=48)



- Activities participated in covered a variety of target group populations and both priority areas. The largest response was from a social soccer activity (n=20).

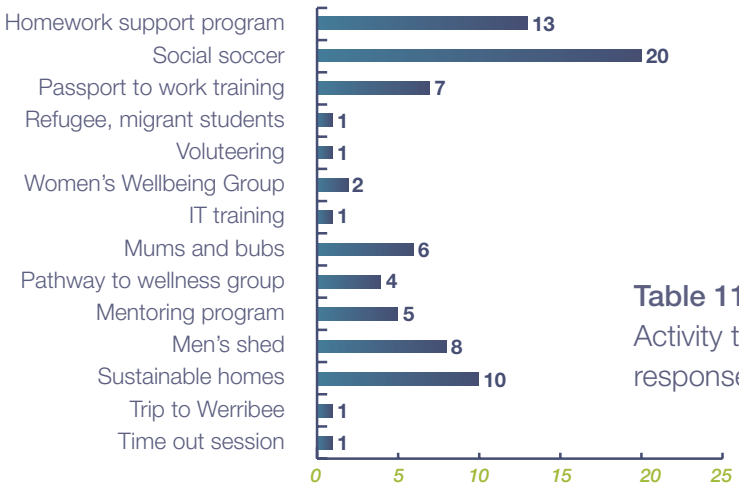


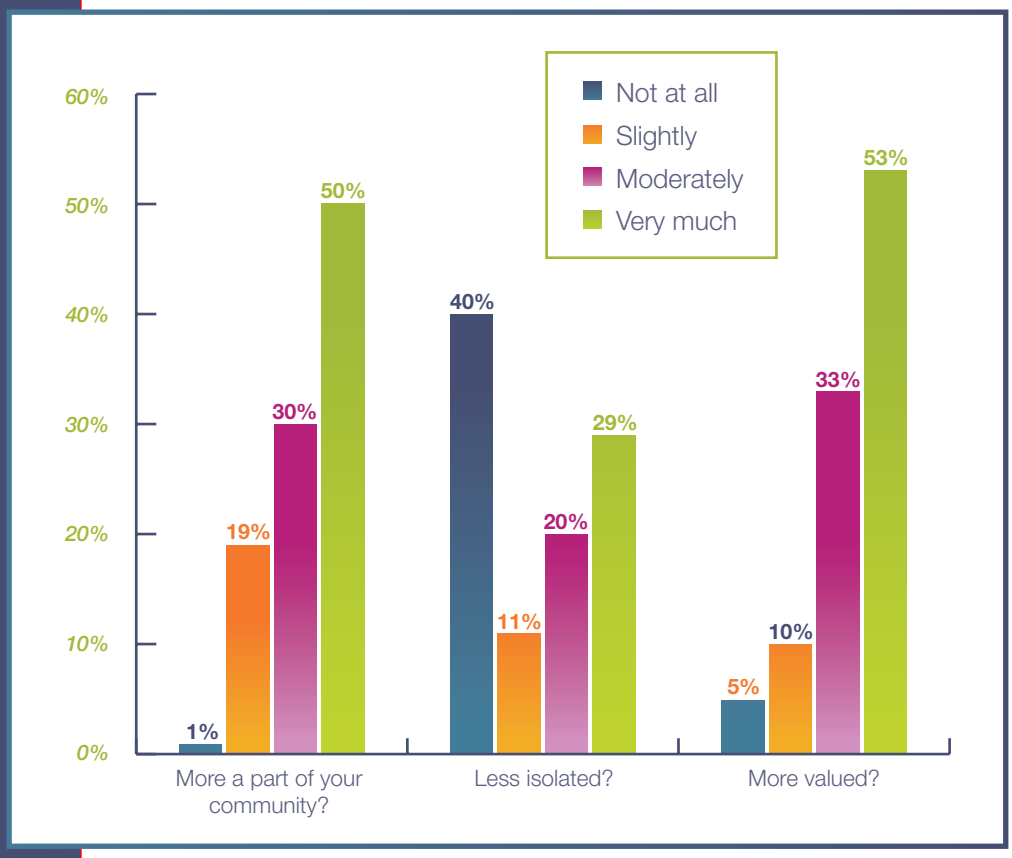
Table 11: Activity type by number of responses (n=80)

- Overall participants were positive about their experience in the activity. The majority reported feeling more valued (59%) and a part of their local community (50%) as a result of taking part. However, fewer felt less isolated (40% 'not at all') indicating an area for future consideration.

Results cont.

Process and impact indicators/measures cont.

Table 12:
Did the activity help you feel … (n=80)



- Participants cited a range of differences that the activities had made to them, including increased social inclusion, and feeling supported with housing, employment and education issues.
- Many people said making new friends and feeling more connected with their community were the key benefits:

Enjoyed meeting other people with similar experiences and loved sharing with them.

Status and sustainability

Health inequalities will continue as a priority in the **enliven** 2013/2017 Strategic and Operational Plan.

Whilst health inequalities was a new area in 2012/2013, the activities delivered in relation to the priority are a positive start which we can now build upon. Tools and techniques applied throughout the first year will be reviewed based on the learnings of the one year evaluation.

Finding from 2012/2013 will be made available on the **enliven** website and disseminated via our member agency and evaluation participant email address books.

Conclusions

KEY SUCCESS FACTORS

Overall, the progress achieved in the 'Bridging Year' 2012-13 was small but significant. While the plan only involved a short 12 month period, work was commenced in the priority areas that will enable further work to be continued into the future. As work in health inequalities was a new area for this year, the activities delivered in relation to this priority are a positive start. Furthermore, participant feedback was very positive indicating that activities had made a real difference to participants' wellbeing.

Overall, progress at the process level was made for health inequalities priority area. The long-term impact of this change was not measurable at this stage. However, positive results were found in terms of 11 new community events run throughout the 12 month period and 7 new programs and groups. Agencies on average rated themselves highly (3.13 out of 5) for responding to the health inequality issues faced by cultural groups.

Table 13:
Key achievements for Healthy Inequalities

Health inequalities	
Community events	• 20+ cultural/community events
New programs/groups	• 7 new community groups, clubs or programs
Agency self-rating	• Agencies rated themselves highest for responding to cultural groups (average 3.13 out of 5)

Note: Some overlap across strategic plan activities may occur, for example, one person from the target group may have participated in a number of groups.

On the whole participant feedback was positive. Seven member agencies returned 88 participant surveys covering 14 strategic plan activities. Most reported feeling more valued (59%) and more part of their local community (50%) as a result of taking part in their local activity run as part of the strategic plan. Participants cited a number of benefits from participating, including increased social inclusion, and feeling supported with housing, employment and education issues.

Participants were less likely to report that they felt less isolated as a result of participating, however this may have been due to respondents not fully understanding the question as they were inclined to say participating had increased their sense of social inclusion. Many said they particularly enjoyed meeting other people and forming new friendships and being supported:

Loved the social contact with people who understand my difficulties.

It brings the community together

Conclusions cont.

KEY CHALLENGES

No work to implement a social inclusion program was described by agencies in the evaluation survey for: those at risk/or with gambling problems, people living in insecure community/public housing and neighbourhoods under stress and challenge and seniors and those at risk of chronic disease.

This may have been partly due to the fact that work with some of these population groups was occurring in other areas of the enliven's work, for example Service Coordination and Integrated Chronic Disease Management Alliance, Responsible Gambling Project (where 7 new social isolation groups were established) and the Older Adults e-careplanning project.

LIMITATIONS OF THE PROJECT

As this was a one year evaluation only, limited analysis at an impact level was able to be carried out. However, some positive results in the establishment of new activities indicates progress towards making an impact. A further limitation was the small number of agencies taking part in the evaluation (17 agencies), even though this represented 100% of the member agencies that submitted agency plans. The response to the participant survey (88 responses) was a positive result.

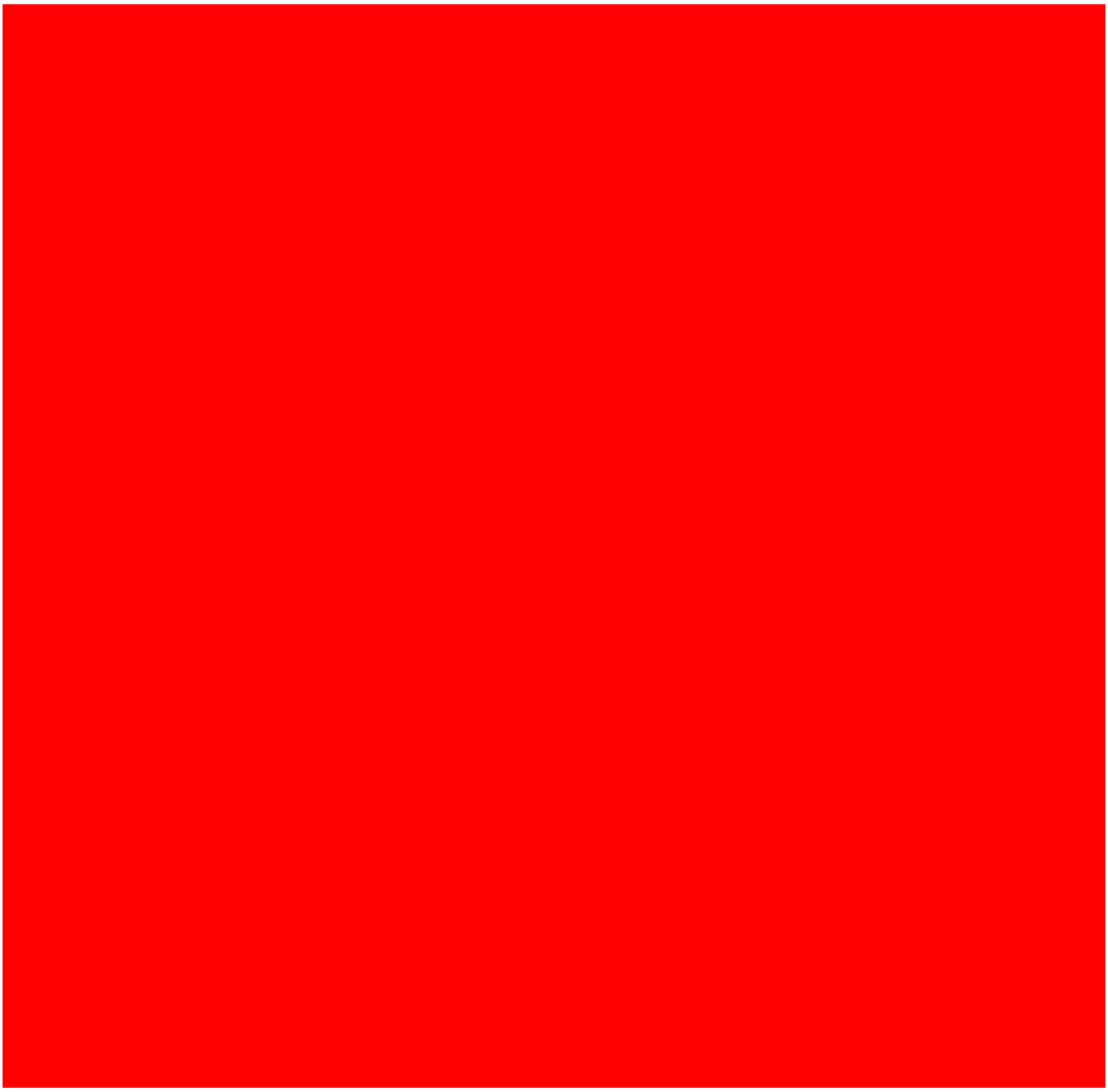
HOW ACTIVITIES AND IMPROVEMENTS WILL BE SUSTAINED

Based on participant and agency feedback it is estimated that a number of newly established activities and strategies developed to address health inequalities with the targeted population groups will be maintained. However, at this stage followup data on this has yet to be collected. A question on which activities have been sustained that have been recorded as a part of the 2012/2013 evaluation will be asked as part of the 2013/2014 agency survey and reported on.

Evaluation tools will now be reviewed (and revised as relevant to reflect 2013/2017 objectives) and feedback from both agency and participant surveys will be used generally as a baseline for measuring progress over the next 4 years.

FUTURE DIRECTIONS

Health inequalities will continue to be tackled as a priority in the **enliven** 2013/2017 Strategic and Operational Plans. Key population groups of focus for future work will include people with developmental disability, GLBTI, those at risk from climate change and Aboriginals. Service coordination and ensuring better access to service will also be integrated into this work.



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Attachment 1: enliven Bridging Year Agency Survey 2012 - 2013

1. Introduction

This Survey asks about the work your agency has undertaken as part of the Enliven 'Bridging Year' Strategic Plan 2012-2013 – 'Collaborative Integrated Solutions'. The two priority areas covered in the strategic plan are Climate Change Adaptation and Health Inequalities.

Your participation in the Survey is appreciated and will help to inform **enliven** and government about the progress that has been made in relation to the priority areas. This Survey seeks information about activities that have taken place since August 2012 to June 2013.

The Survey is divided into three sections: CLIMATE CHANGE ADAPTATION, HEALTH INEQUALITIES and questions for ALL AGENCIES. Please complete the relevant sections depending in which activities your agency has committed to in your Agency Plan (completed in 2012).

This Survey should be the collated responses of practitioners or team leaders involved in implementing Agency Plan activities, rather than senior managers. Please complete one Survey per agency and include your agency's contact details where indicated.

For any questions about the Survey, please contact either Alex Fraser or Heather Lawson at LIME on 9645 1499 or email alexandra@limegroup.net.au or heather@limegroup.net.au

PLEASE SUBMIT THIS SURVEY BY 26 JUNE 2013 BY FOLLOWING THE PROMPTS.

1. **Agency name**

2. **Contact person for the survey**

3. **Is your agency implementing**

- ☐ Climate Change Adaptation activities
- ☐ Health Inequality activities
- ☐ Both

2. Climate Change Adaptation

Please complete this section if your agency has selected the Climate Change priority and activities. The questions centre around building community resilience amongst the target population to be able to cope with the impact of climate change (eg adverse weather conditions). Please note that this is your agency's response so you will need to have coordinated this information within your agency.

Please answer every question, even if it does not apply to your agency, by selecting 'no' or writing 'N/A' in the space provided. All questions relate to the period August 2012 July 2013.

3. Building Community Resilience In Response To Climate Change

1. **How many community events have been run in partnership with your agency and community members?**

2. **How many new group activities have been set up for socially isolated people?**

3. **How many new activities have been set up that involve the participation of community members (outside existing services)?**

4. **Has your agency facilitated any links between local community groups (eg neighbourhood houses) and business groups (eg Rotary)?**

   ☐ Yes

   ☐ No

   If yes, give examples.

5. **Has your agency done any work to strengthen social networks and build strong and resilient communities?**

☐ Yes

☐ No

If yes, give examples.

6. **Overall, how would you rate your agency's current response to building community resilience over the past year (where 'poor' means no planning or action has been taken and 'excellent' is when comprehensive action has been taken)?**

☐ Yes ☐ Fair ☐ Good ☐ Excellent

4. Health Inequalities

Please complete this section if your agency has selected the Health Inequalities priority and activities. The goal of the health inequalities priority is to tailor interventions to reduce disparities and inequalities in health and wellbeing outcomes. This section asks questions about social inclusion, employment training and volunteering, as well as housing. Please note that this is your agency's response so you will need to have coordinated this information within your agency.

Please answer every question, even if it does not apply to your agency, by selecting 'no' or writing 'N/A' in the space provided. All questions relate to the period August 2012 June 2013.

5. Social Inclusion

1. **Has your agency facilitated or supported any cultural and community events in the past year.**

☐ Yes

☐ No

If yes, give examples.

Attachment 1: enliven Bridging Year Agency Survey 2012 - 2013 cont.

2. Has your agency established any new community groups, clubs or programs in the past year?

- ☐ Yes
- ☐ No

If yes, please list.

3. Over the past year, has your agency become more involved with any of the following groups? (Please tick all that apply)

- ☐ Socio-economically disadvantaged people
- ☐ Unemployed people
- ☐ People living in insecure community/public housing and neighbourhoods under stress and challenge
- ☐ People with disability
- ☐ Seniors
- ☐ Mothers and babies
- ☐ Young people at risk of leaving school early/low education
- ☐ Cultural groups
- ☐ Those at risk of chronic disease
- ☐ People with high prevalence mental health conditions

4. Has your agency implemented a social inclusion program in response to any of the following groups? (Please tick all that apply)

- ☐ Those at risk/or with gambling problems
- ☐ Socio-economically disadvantaged people
- ☐ Unemployed people

- ☐ People living in insecure community/public housing and neighbourhoods under stress and challenge
- ☐ People with disability
- ☐ Seniors
- ☐ Mothers and babies
- ☐ Young people at risk of leaving school early/low education
- ☐ Cultural groups
- ☐ Those at risk of chronic disease
- ☐ People with high prevalence mental health conditions

5. **Give an example of how your agency has supported one of the above target groups to access an existing community, mainstream or specialist service or activity. (No more than 200 words)**

6. Employment, Training And Volunteering

Please complete these questions if your agency is working with people who are unemployed. If not, please go to the Housing Section.

1. **Has your agency provided any new employment or training opportunities for community members?**

- ☐ Yes
- ☐ No

If yes, please describe.

Attachment 1: enliven Bridging Year Agency Survey 2012 - 2013 cont.

2. **Have any new employment or training opportunities been provided within your agency to community members?**

   ☐ Yes

   ☐ No

   If yes, please describe.

3. **Has your agency developed any volunteer training and recruitment strategies for community members?**

   ☐ Yes

   ☐ No

   If yes, please describe.

4. **Has your agency organised any student placements or volunteer opportunities with community members?**

   ☐ Yes

   ☐ No

   If yes, please describe.

5. **Please provide examples of how your agency has advocated for meaningful work and volunteering opportunities for unemployed community members.**

7. Housing

Please complete these questions if your agency is working with people who are living in insecure community/public housing and neighbourhoods under stress and challenge. If not, please go to the questions for All Agencies.

1. **Has your agency developed a health promotion initiative for people in insecure housing?**

   ☐ Yes

   ☐ No

   If yes, please describe.

2. **Has your agency participated in any committees or working groups to address insecure housing and neighbourhoods under stress?**

   ☐ Yes

   ☐ No

   If yes, please name the committee/working group and its main purpose?

3. **Has your agency done any additional work in the last 12 months, or any new work, with people living in insecure community/public housing and neighbourhoods under stress and challenge?**

   ☐ Yes

   ☐ No

   If yes, please describe this work.

8. Your agency's current response to health inequalities

Please complete this question if your agency implemented any health inequality activities.

1. **Overall, how would you rate your agency's current response to health inequalities of the following groups (where 'poor' means no planning or action has been taken and 'excellent' is when comprehensive action has been taken)? Please tick**

	Poor	Fair	Good	Excellent
Socio-economically disadvantaged people	☐	☐	☐	☐
Unemployed people	☐	☐	☐	☐
People living in insecure community/public housing and neighbourhoods under stress and challenge	☐	☐	☐	☐
People with disability	☐	☐	☐	☐
Seniors	☐	☐	☐	☐
Mothers and babies	☐	☐	☐	☐
Young people at risk of leaving school early/low education	☐	☐	☐	☐
Cultural groups	☐	☐	☐	☐
Those at risk of chronic disease	☐	☐	☐	☐
People with high prevalence mental health conditions	☐	☐	☐	☐
Those at risk/or with gambling problems	☐	☐	☐	☐

9. All Agencies

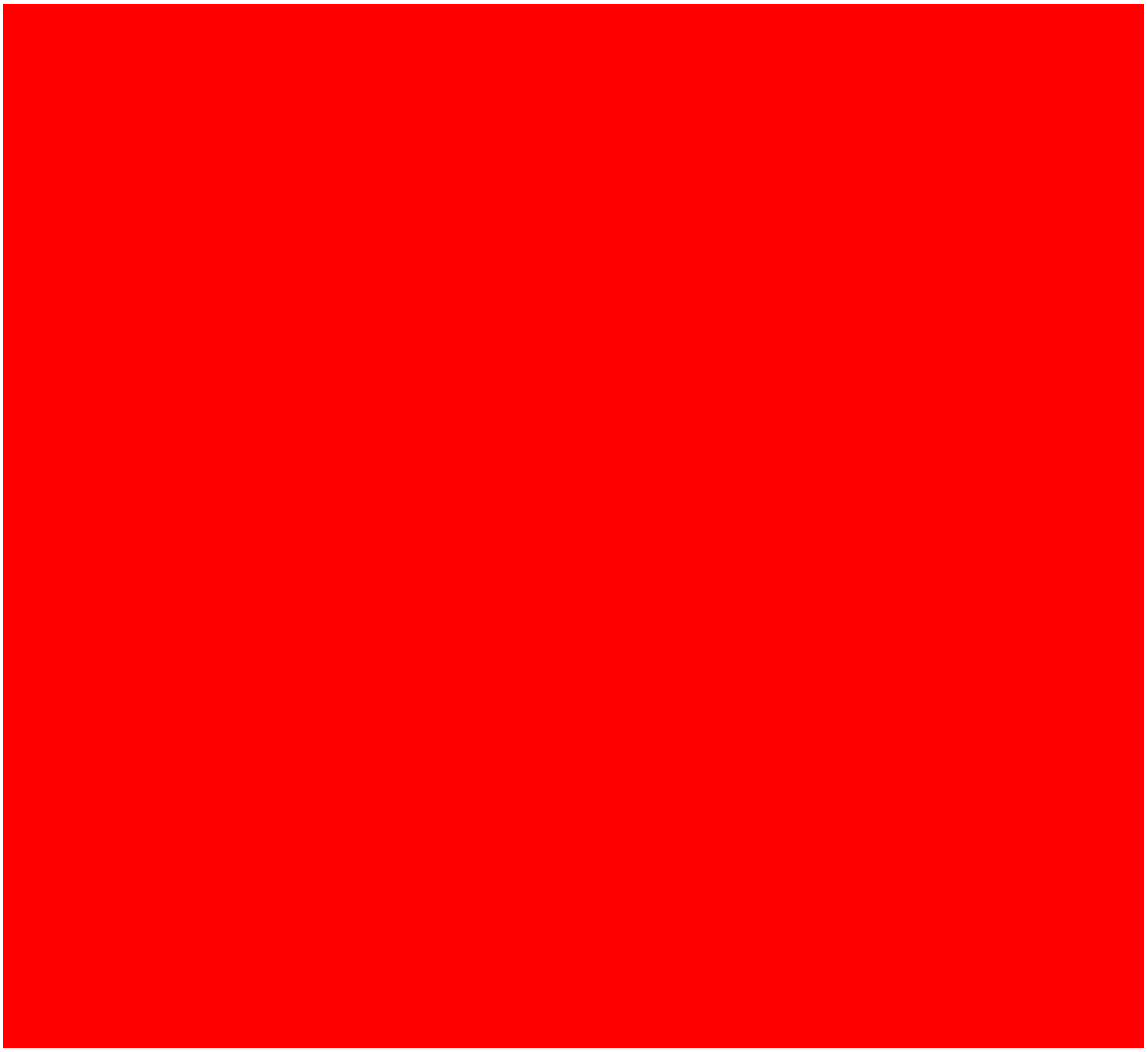
1. **Overall, how would you rate your agency's degree of collaboration with other agencies over the last 12 months?**

Poor	Fair	Good	Excellent
☐	☐	☐	☐

2. **Do you think this collaboration has improved over the past 12 months?**

☐ Yes

☐ No



Attachment 2: Participant Survey

Participant Survey

1. Are you male or female? ○ Male ○ Female

2. Which age group do you belong to?

○ Under 20 ○ 20s ○ 30s ○ 40s
○ 50s ○ 60s ○ 70s ○ 80+

3. What is your country of birth? _____

4. What is your preferred language? ○ English ○ Other _____

5. In which local government area do you live?

○ Greater Dandenong ○ Casey ○ Cardinia ○ Other

6. Name of activity that you participated in: _____

7. Did the activity help you feel more a part of your community? (tick which box is most relevant)

Not at all	Slightly	Moderately	Very much

8. Did the activity help you feel less isolated? (tick which box is most relevant)

Not at all	Slightly	Moderately	Very much

9. Did the activity help to make you feel more valued? (tick which box is most relevant)

Not at all	Slightly	Moderately	Very much

10. What difference has participating in this activity made to you? Please describe.

Thank You

TMB 8489

Attachment 3: Detail of agency strategies/programs

Twelve agencies gave examples of how they supported one of the target groups to access an existing community, mainstream or specialist service or activity. The work described included social inclusion programs for:

- socio-economically disadvantaged people (1 agency)
- people with high prevalence mental health disorders (1)
- unemployed people (2)
- mothers and babies (2)
- people with disability (3)
- young people at risk of leaving school early/low education (3)
- cultural groups (5).

Further detail about these examples are provided below (extracted from information provided by agencies as part of the evaluation survey)

Unemployed people/people with mental health conditions – young male
A 20 year old unemployed male with mental health diagnosis on youth allowance left a residential service to live with friends in a private rental accommodation which breaks down after six weeks, returns to family home and starts drinking (alcohol) heavily on a daily basis. Reapplies to residential service, is accepted, and reduces alcohol use with support from community mental health practitioner and GP. Re-engages with TAFE to continue education and re-engages with community sporting group, which has resulted in a wider circle of friends and a building self-esteem and confidence.

People with disability – individuals with intellectual and physical disabilities
Through my Exercise Physiology programs I have been educating carers and paid support workers about how to increase the physical activity levels of individuals with intellectual and physical disabilities and high care needs. Our programs have included walking initiatives, implementing portable exercise pedals so individuals who are wheelchair bound can still participate in gentle aerobic exercise, as well as educating carers and support workers about how to make their current hydrotherapy programs more active for individuals with a disability.

Attachment 3: Detail of agency strategies/programs cont.

Cultural groups – young male asylum seekers in Doveton

In response to a large number of young male asylum seekers attending the refugee health clinic at Doveton, a social soccer program was developed at a local primary school. The aim being to build social connections for the men who are very isolated and suffer mental health issues. The weekly program attracts over 20 men and is supported by community development workers and an interpreter. The relationships that the workers have built with the men has supported access to mainstream and specialist support services.

Cultural groups – Vietnamese community in Springvale

Through consultation it has been acknowledged by both the RDNS and the City of Greater Dandenong that there has been a disproportionate uptake of mainstream services by the Vietnamese Community, given the large percentage of the community that resides in the City of Greater Dandenong. The concentration of this population being evident in the Springvale area. There were a number of initiatives that were embarked on which included the following:

- A door to door approach to GP surgeries that provide care to the Vietnamese community in the Springvale area. This involved providing each of the surgeries with information regarding CGD and RDNS and how to access them.
- During wound awareness week the RDNS and CGD provided and manned a stand at the Springvale Plaza containing literature re the services that the respective organisations provide. This initiative generated a large amount of interest from the Vietnamese community on the day and subsequent feedback was very positive from all parties involved. The media was also present on the day and subsequently reported in a local Vietnamese paper. As a result of the success of the day the RDNS and CGD are planning on replicating the initiative later in the year in the Central Dandenong area.
- The RDNS and the CGD have also recently signed a service agreement which is focused on the transition of clients between the two services and ensuring they have optimum access to all aspects of the services the two organisations provide.
- We have also provided a stand at the local Vietnamese Expo held in the Springvale area which proved to be a great success.

The work to date that the CGD and RDNS have embarked on has manifested a number of very positive outcomes which includes the following:

- A more profound understanding of what each service provides both within the Vietnamese Community and individuals within each other's service.
- A realisation of what is possible, when two organisations work together, as well as the creation of a platform to explore new opportunities together.
- There has been an anecdotal increase in the number of Vietnamese clients accessing our services which will continue to increase over the next two years given our strong collaboration and focus.

Cultural groups

We have a Diversional Therapist on staff who assists our clients to engage in community activities where relevant. She links clients to existing community groups, where this meets the client needs and access / transport can be arranged.

Attachment 3: Detail of agency strategies/programs cont.

Young people at risk of leaving school early/low education – Lyndhurst Primary School
The School Focussed Youth Service co-ordinator for Casey and Cardinia has been working with Lyndhurst Primary School, Monash Health and Meditation Capsules to create a Mindfulness project for the whole school. The Assistant Principal attended a workshop facilitated by the SFYS Co-ordinator at a Student Wellbeing Network meeting. Both are keen to implement the practice of mindfulness into the school as a means of reducing the increasing levels of anxiety and behavioural problems in the yard. SFYS has previously successfully funded a large-scale multi school mindfulness project with Mediation Capsules and Monash Health as part of a clinical study for Monash University.

The Lyndhurst Primary School project will consist of a whole school professional development session, then six in-classroom all day training sessions followed by two post classroom reflective and debriefing sessions for the whole staff. Pre project surveys will be created by Monash Health and will be a modified version of two clinical questionnaires. The surveys will be administered by classroom teachers and will form the basis of the post project evaluation.

Mothers and babies – young mothers
We run a house for young mums and their babies and have across the last year worked collaboratively with hospitals, housing agencies, including Maternal and Child Health Nurses and Centrelink, to ensure that these young women connect with and utilise existing supports in the community.

Attachment 3: Detail of agency strategies/programs cont.

Cultural groups/unemployed people/ socio-economic disadvantaged – South Sudanese men

The South Sudanese Employment Project, in which the agency was a partner, aimed to increase employment/training opportunities for the South Sudanese Australian men aged 25 and over. The project included the development of linkages with many organisations in the employment/ training sector - including Department of Employment, Education & Workplace Relations (DEEWR), Centrelink, Job Service Providers, Training Organisations and a range of community agencies - and included both access to training provided by a specialist provider and more general facilitation of access to relevant organisations.

Mothers and babies/people with a disability – young mums with a vision impairment

Young Mums Vision Australia Group in partnership with CGD. Young Mums with a vision impairment are being supported to become independent and involved in the community through support in Dandenong. Transport is provided and participants are taught life skills enabling them to participate in the community and reduce their social isolation.

Cultural groups/young people at risk of leaving school early/low education – female refugee minors

In partnership with the Refugee Minor Program, WHISE planned and conducted an eight week program for female refugee minors that focused on education, skill building and personal development. These young women were given the opportunity to meet with other young women who are in similar situations to them and learn ways to improve their health and wellbeing.

Young people at risk of leaving school early/low education – community garden for youth

Introduction to Horticulture program, a partnership initiative with taskforce introduced disengaged youth aged 14-17 years into the community garden space in an Introduction to Horticulture program. The program achieved the goal of providing a practical horticulture/landscaping program for young people in the Cardinia Region to gain new skills, create relationships between SEYC and KWR youth workers and to be linked into SEYC services. Seven to 10 participants weekly.

Attachment 3: Detail of agency strategies/programs cont.

Taskforce (SEYC)
- the program achieved its objectives in terms of running an engagement program for the Youth. The outcomes include:

- Activities were linked with and supported by regional services and key community stakeholders
- Activities increased young peoples' resilience, social skills and self esteem
- Young people moved from Type 3 activities to individual case managed support
- Activities identified and connected with young people who were severely disengaged from education, family, or community.

Kooweerup Regional Health Service
The program achieved its objectives in terms of running a community program at the Men's Shed Community Garden. The outcomes include:

- Working in partnership with TaskForce (SEYC) Community garden maintenance
- Providing a community driven program in Cardinia Program was structured to enable participants to achieve
- White Card/Safety training at beginning of program, OH&S information, including bullying

Each session to include a health/nutrition aspect as well as 'get to know you' games and activities each week – team building.

People with disability
BrainLink delivered programs and support services to carers and families of a person living with an ABI. BrainLink also delivered a recreational group and information services to people living with an ABI.

Employment, training and volunteering
New employment or training opportunities provided by agencies for community members included:

- Linking with specialist employment agencies resulting in individuals gaining training/employment or further education
- Via the work that is done 'day to day' by our Homeless Persons Project
- The South Sudanese Employment Project included:
    - employment of a bicultural worker (South Sudanese background) to coordinate community linkages to the project
    - delivery of a new training/mentoring program
    - promotion of other training opportunities to community
    - facilitation of links between job-seekers and job service providers
- Computer workshops.
- Five agencies reported developing volunteer training and recruitment strategies for community members. Many have an established volunteer service or program, some that recruit from the local community and provide training.

Attachment 3: Detail of agency strategies/programs cont.

- A range of student placements or volunteer opportunities were offered by agencies to community members. These included ongoing student placements, placements in community nursing, health promotion, social work, community development and social media.

- Four agencies provided examples about how they have advocated for meaningful work and volunteering opportunities for unemployed community members.

- Supporting individuals to access specialist employment agencies, helping to write resumes and in some instances “cold calling”.

- With a project aim to increase employment/training opportunities for South Sudanese Australian (and other) community members, all aspects of the Employment Project involved advocacy to this end. For instance, links and collaboration with a variety of stakeholders, particularly those in the employment and training sector, involved discussion of the nature and magnitude of the impacts of unemployment on South Sudanese Australians, the community’s experiences of job-seeking and its expressions of need for support with this issue. Advocacy led to DEEWR facilitating contact with a training provider who delivered the job-readiness and mentoring program for community members - and overall learning from the project, to opportunities to explore closer relationships with key local stakeholders.

- WHISE advocates for the needs of newly arrived refugee women who are looking at education and work opportunities. We support them to develop resumes, search for work and provide references for some women.

- Advocacy across the health service to expand opportunities for people who are unemployed has opened up opportunities. Expanding the role of the volunteer coordinator to encompass community areas not only aged care as in past. Volunteers are interviewed and areas of interest discussed. Volunteers are then oriented to health services and then specific roles, e.g. gardening, learner driver mentoring. Adverts on ‘Go volunteering’ and Cardinia Council website.

Attachment 3: Detail of agency strategies/programs cont.

Housing

Three agencies developed a health promotion initiative for people in insecure housing:

- Accompanying clients to the doctor for relevant referrals, e.g. Dietician
- Via a Homeless Persons Outreach program
- Health and Wellbeing Program.

Four agencies participated in committees or working groups to address insecure housing and neighborhoods under stress:

- Planning and management with disability services through SAIF-Australian Government Supported Accommodation Innovation Fund
- Via a Homeless Persons Outreach program
- Financial Stress in the Growth Corridor, LASN
- Southern Integrated CALD network.

Three agencies described the additional/new work done in the last 12 months with people living in insecure community/public housing and neighborhoods under stress and challenge:

- Have had a house donated which is being used to house one family at a time until more stable/long term accommodation can be secured
- Supported Residential Services support for older people
- Support for men's shed to include men from local caravan park.

Attachment 4:

Further Participant Feedback Comments from Survey.

Participants were asked to rate whether the activity they took part in helped them to feel more a part of their community, less isolated and more valued. The majority of participants said the activity helped them feel more valued (53% 'very much') and more a part of their community (50% 'very much'). However, when asked whether they felt less isolated, the majority answered 'not at all' (40%), with only 29% answering 'very much'.

Social inclusion examples:

- More involved in the community.
- Make me feel better.
- Feels more sociable; some new people to meet.
- Meet different people.
- Good to get up each day.
- Loved the social contact with people who understand my difficulties.
- Enjoyed meeting other people with similar experiences and loved sharing with them.
- It was good to meet other people with similar experiences and be able to share.
- I found the group informative and inspiring.
- Had lots of fun and wished the group could have lasted much longer.
- Meeting new people.
- Making new friends.
- Really enjoyed and felt free! Thanks.
- Happy make new friend!
- It's a good opportunity to meet new people and have fun.
- Brings the community together.
- Social connection.
- Making new friends and happy.
- I am very happy with the program.

Housing examples:

- A place to live.
- Get myself sorted out.
- Housing - stable housing for me and my child.
- Given me security of having permanent accommodation.
- Helpful with housing.
- Helped get accommodation and a job.

Attachment 4 cont.:

General support examples:

- Made me be a more positive influence to my child and taught me how to manage her behaviour.
- More confident.
- Makes me more aware and understanding.
- It made me feel more valued and giving back to the community.
- Identified my strengths and weaknesses, gained more confidence to conduct community activities.
- Gives me something to do.
- Self-esteem.
- Increased knowledge and skills.

Employment examples:

- Strategies to look for work.
- Communication styles.
- Time management.
- Understanding about Australian work culture.
- Job search.

Education examples:

- Did homework on time.
- Better understanding with homework.
- Doing more homework.
- Better understanding in homework, made new friends and making sure my homework is completed on time.
- Doing my homework much better.
- Getting high scores on test.
- They can help me.