



# Well for Life in Public Housing Evaluation

North and West Metropolitan Region

2008



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# Introduction

Well for Life in Public Housing (WFLPH) is set within the context of two of the most important issues currently facing Australia – the ageing population and housing.

Well for Life is an innovative program, providing a new approach in the aged services sector. Operating in Victoria since 2003, it maintains a health promoting approach through improving physical activity and nutrition among frail older people. It focuses on change in policies and practices of providers of Home and Community Care (HACC) Program planned activity groups (PAGs) and among public sector residential aged care (PSRAC) services.

To take this approach directly to older public housing residents (55+ years) and service providers working in public housing settings is a further innovation in a program that challenges established attitudes and practices about what is possible and achievable in improving functional capacity and the quality of life of frail older people.

A range of policies, programs and strategies address the significance of physical health, nutrition and place. Funded programs exist within a broader policy context that recognises the importance of:

- ▶ assisting people to live in their own homes
- ▶ preventing premature admission to residential care
- ▶ continuing access to mainstream services
- ▶ promoting positive ageing
- ▶ building sustainable housing communities.

The Victorian Government has funded several programs that embody these principles including the:

- ▶ Older Persons High Rise Support Program
- ▶ Housing Support for the Aged Program
- ▶ Supported Residential Services (SRS) Service Coordination Program
- ▶ Community Connections Service Program
- ▶ Aged Care Support for Carers Program.

Neighborhood Renewal is an Office of Housing strategy that aims to rejuvenate and build stronger communities in an effort to narrow the gap between the most disadvantaged communities in Victoria and the rest of the state. To achieve this aim it tackles local causes of disadvantage, not just the symptoms, and focuses on people and the places they live, learn, work and play. It engages residents and fosters partnerships between government, business, service providers and the local community. There are 19 Neighborhood Renewal areas in Victoria.

Well for Life in Public Housing was conducted for 12 months over 2006/2007 in the North and West Metropolitan Region of Victoria. The Department of Human Services funded eight projects: four in communities designated as Neighbourhood Renewal locations, three specifically in public housing, including the Older Persons High Rise blocks in Footscray and Williamstown, and one residents' association. Auspice organisations receiving grants to implement the initiative were predominantly community health services (CHSs) (Banyule, North Yarra, Dianella and Doutta Galla CHS) with one city council (City of Darebin) and one residents' Association (Atherton Gardens Residents' Association). Activities focused on improving nutrition and physical activity for older people living in public housing.

# Well for Life in Public Housing

## Objectives

Well for Life in Public Housing has six main objectives.

1. Improve motivation, knowledge, and skills of:
  - a. relevant staff associated with older people in Public Housing
  - b. carers of older peopleto promote the health and wellbeing of older people with a focus on *nutrition and physical activity*.
2. Engage management and staff in developing organisational culture and initiatives that promote older persons' health and wellbeing.
3. Increase opportunities for health and active living within public housing through grants-based incentives to support increasing nutrition and physical activity.
4. Support staff by encouraging professional information exchange and linkages with government-funded and private sector programs and services in the local community. For example: falls prevention programs, Lifescritps, Walk and Talk, strength training, gentle exercise and delivered meals.
5. Engage management and staff support in embedding Well for Life health promoting principles in policy and practice to ensure sustainability beyond the funded period.
6. Support staff in the practise of continuous improvement through regular monitoring and evaluation.

### RE-AIM Evaluation Framework

The evaluators selected an innovative evaluation approach, known as RE-AIM, which is designed to capture effects of health promotion interventions in real world settings and to encourage the translation of research and evaluation findings into better practice. RE-AIM captures vital areas of interest – target group **reach**, program **effectiveness**, **adoption** of program principles, components or resources in partner organisations, **implementation** issues and quality of implementation processes, and finally, potential for **maintenance** of the program over time

#### The RE-AIM Framework

**R**each – engagement and participation of the target population for the intervention

**E**ffectiveness – the effects or impacts of the program, both positive and negative

**A**doption – uptake of the intervention in organisations and settings

**I**mplementation – the extent to which the intervention is implemented as intended in the real world

**M**aintenance – extent to which a program is sustained over time.

# Well for Life in Public Housing

## Evaluation findings



### Reach and participation

Resident participation was a little higher in Neighbourhood Renewal projects than in the public housing estates. An average of 88 per cent of staff and 75 per cent of participants were reached in Neighbourhood Renewal projects, while an average of 73 per cent of staff and 32 per cent of participants were reached in public housing estates. It should be noted however, that the intensity and duration of participation shows a different picture as many of the older people participating in Well for Life in the Neighbourhood Renewal areas were involved in 'one-off' information or awareness raising events, while public housing estate initiatives offered programs of activity over a longer time frame.

Of the seven projects funded in North and West Metropolitan Region staff participation across both Neighbourhood Renewal and public housing projects was strong.

**The seven projects reported 79 staff participants, 27 in Neighbourhood Renewal-based projects and 52 in public housing estate projects.**

**The seven projects reported 565 residents, 325 in Neighbourhood Renewal-based projects and 240 in public housing estate projects.**

Somewhat surprisingly, given the socially isolated and hard to reach nature of the target group, participation by older residents was relatively strong, and each project reported very positively about the characteristics and continuity of resident participation.

A range of drivers and challenges were identified that affect participation by public housing and primary care staff and older residents in the Well for Life in Public Housing initiative, both positively and negatively.

### Drivers to staff participation

Positive factors or drivers for staff participation were varied, but the most common responses cited strong collaborative relationships developed throughout the project with professionals, services and organisations, and promotion of the project through connections within the community.



## Drivers

### General

- ▶ An appropriate and representative management group to oversee the initiative.
- ▶ A supportive program coordinator.
- ▶ Project time allocated accordingly.
- ▶ Management and staff keen to circulate information/flyers and participate in the project.

### Links and support:

- ▶ Collaboration in developing the funding application.
- ▶ Strong partnership processes, including planning days and provision of opportunities for mainstream services to engage with participants.
- ▶ Local council responding well to feedback provided by surveys, conducting its own surveys and offering extended services to the target group throughout the area
- ▶ Collaboration between services, workers and residents, for example, with the local leisure centre and neighbourhood house; staff contributing time through a community lecture series; dietician introducing dietary education to the community gym and training staff in delivery; community centres assisting with promotion and community groups creating cooking sessions.
- ▶ Local Neighbourhood Renewal Working Group overseeing the project.

### Logistical

- ▶ Organisations, local parish, and local leisure centres providing community space for activities.

### Cultural

- ▶ Staff focusing on older people and becoming more aware of the target audience and their needs.
- ▶ Better understanding of Well for Life.
- ▶ Existing good relationships between staff.
- ▶ Explanation of cultural issues and important factors to all involved.
- ▶ Fostering good will.

## Challenges to staff participation

Challenges to staff participation included time constraints and competing demands, including the complex and urgent circumstances of clients who required immediate responses. However, project staff were particularly tenacious and adaptive in dealing with such challenges. The short time frame of the project (12 months) was also a significant challenge, but did not result in lack of success or effectiveness.



## Drivers to resident participation

Drivers for resident participation included factors such as resident enthusiasm, development of mutually beneficial relationships with other organisations working with the same target group (tapping into existing activities to engage residents), cultural appropriateness of activities, insights gained from a needs assessment and relationships of goodwill fostered throughout the project.

### Drivers

#### General

- ▶ Having a willing core group of residents, including existing planned activity groups.
- ▶ Allied health assistants calling participants directly to improve attendance.
- ▶ Facilitating social connectedness (morning teas).
- ▶ Attending activities, to learn about the needs of residents.
- ▶ Using surveys to find out reasons behind fluctuating involvement of residents.
- ▶ Involving residents in planning and participating in community development network.
- ▶ Posting flyers in prominent positions on the estate, including translation into relevant languages.
- ▶ Having programs that are always available for participation.

#### Links and support

- ▶ Involving key community leaders – this was an effective way to invite participation, particularly from established groups in the community. Doorknocking recognised community leaders was a great way of meeting those not engaged and helped build trust and recognition.
- ▶ Having key project workers already established, and strengthening and expanding on existing networks. For example, Older Persons' High Rise staff already have established links with residents and were able to promote the program.
- ▶ Involving numerous local health services, ethnic clubs and community groups.

#### Logistical

- ▶ Maintaining a current mailing list was a key factor in gaining participation – personal invitations were very successful.

#### Cultural

- ▶ Having a culturally sensitive environment.
- ▶ Persisting with contact to build trust and encourage participation.



### **Challenges to resident participation**

A number of logistical issues such as transport difficulties; the short time frame in busy, high demand environments; and the frailty and complexity of some residents' conditions; posed a challenge.

The most common feedback involved engaging socially isolated or marginalised residents, flagged particularly in the public housing estate projects. Internal community dynamics and cultural issues influenced participation. Some individuals and groups simply didn't wish to be involved and there were ongoing interpersonal conflicts amongst some residents and community groups that impeded resident engagement in the project.

One project cited the lack of cultural sensitivity in mainstream services as a barrier to increasing participation, by some residents, in activities held in mainstream community settings. In another project, a history of violence and disengagement at the site led to strong resistance and suspicion that took time and persistence to overcome. It's of note that the presence of the housing worker's dog was the focal point for engagement and trust building in a less than receptive environment.

### **Diversity in participation by residents**

Interestingly there were mixed findings within the public housing estate and Neighbourhood Renewal groups. While an inner suburban project found that, as a result of Neighbourhood Renewal activities, the community was well informed, relatively connected and therefore easier to engage in this initiative. An outer suburban project in a large Neighbourhood Renewal district found the community dispersed and disconnected, requiring the project officer to work with established community groups, mainly ethnically-based, to implement Well for Life activities. The project officer commented that this was a 'vastly different and much harder' scenario than working with known planned activity groups as had occurred with the organisation in an earlier round of Well for Life funding.

# Well for Life in Public Housing

## Implementation

Evaluators reported sound implementation as a feature of all of the projects that provided detailed information. While there were some difficulties encountered, project staff tackled challenges with great energy and determination and in most instances overcame any problems to implementation. It was apparent to evaluators that staff commitment, energy and health promotion expertise were important underpinnings for successful delivery of project activities.

### **Prior experience in Well for Life**

Three projects (and their project officers) had prior experience in Well for Life and their success in attracting funds for the public housing projects and implementing them effectively, reflect the good work and strong foundations undertaken in earlier projects under the Well for Life banner. As with reach, key barriers to implementation often involved time restrictions on staff and the duration of project funding (most project staff had part-time positions), as well as the challenges posed in engaging with socially isolated residents. Drivers also had much in common with factors promoting participation – in addition to prior Well for Life experience, links with community groups and organisations, along with resident enthusiasm, were stand-out factors enhancing implementation.



## Drivers for implementation

### Planning and organisation

- ▶ Clear project framework and timelines and a project advisory group.
- ▶ Support and supervision structures provided by the organisation.
- ▶ Existing activities on the estate provided a foundation to build on.
- ▶ The community connected through Neighbourhood Renewal initiatives.
- ▶ Local information centres were a valuable platform for distribution of information.
- ▶ Existing resident networks, and the power of word of mouth.

### Logistics

- ▶ Appropriate resources.
- ▶ Additional funding grants.

### Staff related

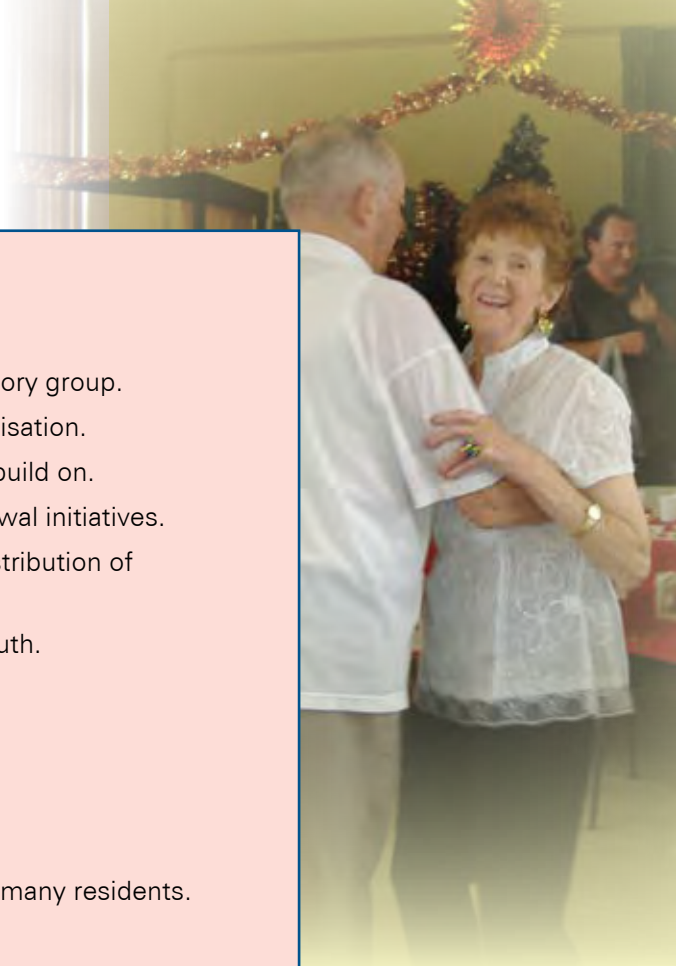
- ▶ Workers with health promotion experience and known to many residents.
- ▶ Clear definition of roles and responsibilities.
- ▶ Motivation.
- ▶ Bilingual allied health assistants.
- ▶ A supportive program coordinator.
- ▶ Improved rapport between staff and residents.
- ▶ Using the same staff member for all activities to build trust.
- ▶ Signalling a presence on the estate visually and symbolically – such as a fruit basket positioned prominently so residents could approach in their own time.

### Resident related

- ▶ Willingness of residents to engage in dialogue about their current physical activity and nutritional behaviours.
- ▶ Participant enthusiasm and interest. Some residents were passionate about services in their community, and willing to volunteer their time.
- ▶ Purposeful informality used to create an environment for resident participation.
- ▶ Resident driven choices and preferences in food buying and preparation.
- ▶ Taking account of economic disadvantage of residents by buying high quality, varied fruit and vegetables and running food events on the day before pension payment when many residents are short of food.
- ▶ Over-catering in food so that residents could take excess home, thereby encouraging future participation.

### Links and support

- ▶ Strong networks with enthusiastic community groups and services.
- ▶ Engagement of key community leaders and volunteers.
- ▶ Assistance from Melbourne University with evaluation of data.
- ▶ Increased assistance from health professionals.



# Well for Life in Public Housing

## Partnerships

### Partnerships developed as part of WFLPH

- ▶ Meetings between working groups and organisations will continue monthly.
- ▶ Community members are now more comfortable attending the centre – some have attended health services for the first time as a result of the project, and group members are now visiting on a regular basis.
- ▶ An outcome of the project is the partnership between agencies and local leisure centres and parishes, which will be sustained through ongoing meetings and communication.
- ▶ Future projects will take place involving the same collaborating partners.
- ▶ Partnerships will be mostly sustained through allied health staff and a dietician.
- ▶ Partnerships will strengthen with involvement of other agency staff (other than the project officer), and management's support.

Projects built on a wide range of organisational and professional links. This added value through sharing or provision of:

- ▶ resources (for example, community transport buses)
- ▶ professional expertise not available in the funded organisation (such as allied health staff)
- ▶ use of facilities or space
- ▶ dissemination and promotion of events and activities
- ▶ direct assistance in engaging residents.

The partnerships developed in the projects were highly valued by organisations and their staff and considered a very positive driver for project success. Public housing projects reported developing more partnerships and links than the Neighbourhood Renewal projects. The Darebin project in particular was established within an existing partnership model, using a formalised partnership framework. Well for Life sits under the 'Our Homes Our Health' initiative, which is based on a 'joined up' community approach to ensure coordination and synergies across a range of health promotion initiatives in aged public housing.

## Successes

Reported achievements were numerous and varied, and far outnumbered the challenges to success. The most commonly listed achievements related to changes in participant's attitudes and behaviour. These were reflected in the increased awareness of nutrition and physical activity options, greater willingness to engage in Well for Life activities, and acceptance and promotion of the project by passionate community leaders. The greatest identified successes for staff were in education and training. The development of partnerships with other organisations and professionals was a standout achievement, and as in the 'parent' Well for Life initiative, is one of WFLPH's major successes.

The employment of a bilingual allied health assistant from the Somali community in a planned activity group involving Somali men (and ultimately their wives) clearly contributed to a project's success. The availability of staff with close working and cultural connections with the communities appears to be an important feature of participant engagement and project success.

# Well for Life in Public Housing

## Sustainability

Across the board, prospects for sustainability look extremely healthy, as all organisations reported their intention to maintain a focus on Well for Life for the next twelve months. Most organisations are incorporating aspects of Well for Life into ongoing programs, maintaining specific nutrition and physical activity initiatives established within the project, and preserving links to professionals and services in other organisations. Both public housing and Neighbourhood Renewal projects indicated the same level of commitment to sustaining Well for Life initiatives, although in different ways.

In the large outer suburban Neighbourhood Renewal district sustainability has been achieved by incorporating activities into local leisure centre and gym facilities. A number of projects have increased volunteer involvement in projects to compensate for cessation of funding. Ongoing agency and professional partnerships are also identified as an important factor in sustainability.

One public housing estate project has secured funding for an ongoing partnership-based initiative for older people in public housing based on community development principles, which represents a quite significant reinforcement of integrated health promotion approaches for this important group of people.

### Drivers enhancing sustainability

#### Well for Life activities

- ▶ Two local leisure centre staff received Tai Chi training, so Tai Chi will now be included as part of an ongoing program, with referrals encouraged from allied health staff.
- ▶ Future funding from other sources has been sought to continue a bicycle program.
- ▶ Participation in health and wellbeing working groups will continue.
- ▶ A focus on nutrition is a permanent inclusion in the community gym program.
- ▶ A gentle exercise program has been structured into the regular PAG program (weights, walking, table tennis).
- ▶ PAG morning teas are now nutritionally based.
- ▶ Nutrition education sessions will continue.
- ▶ Liaison with the local leisure centre and council regarding a swimming/exercise program for Muslim women is ongoing.
- ▶ Market bus trips will hopefully be sustained by supporting the volunteer driver and providing an agency bus.
- ▶ The walking group and bicycle group will be extended to a wider target group.
- ▶ Through the involvement of a physiotherapist and allied health assistants, and training of volunteers, the water exercise and gentle exercise groups will continue.
- ▶ The recent employment of a dietician will continue the focus on nutrition, including coordinating a number of Well for Life initiatives such as Cooking for One and the Fishing Group.
- ▶ Programs have support from more than one health professional and steps are in place to introduce volunteers, allowing the health professionals to take on a more supportive role.

## Drivers enhancing sustainability

### Participation of residents

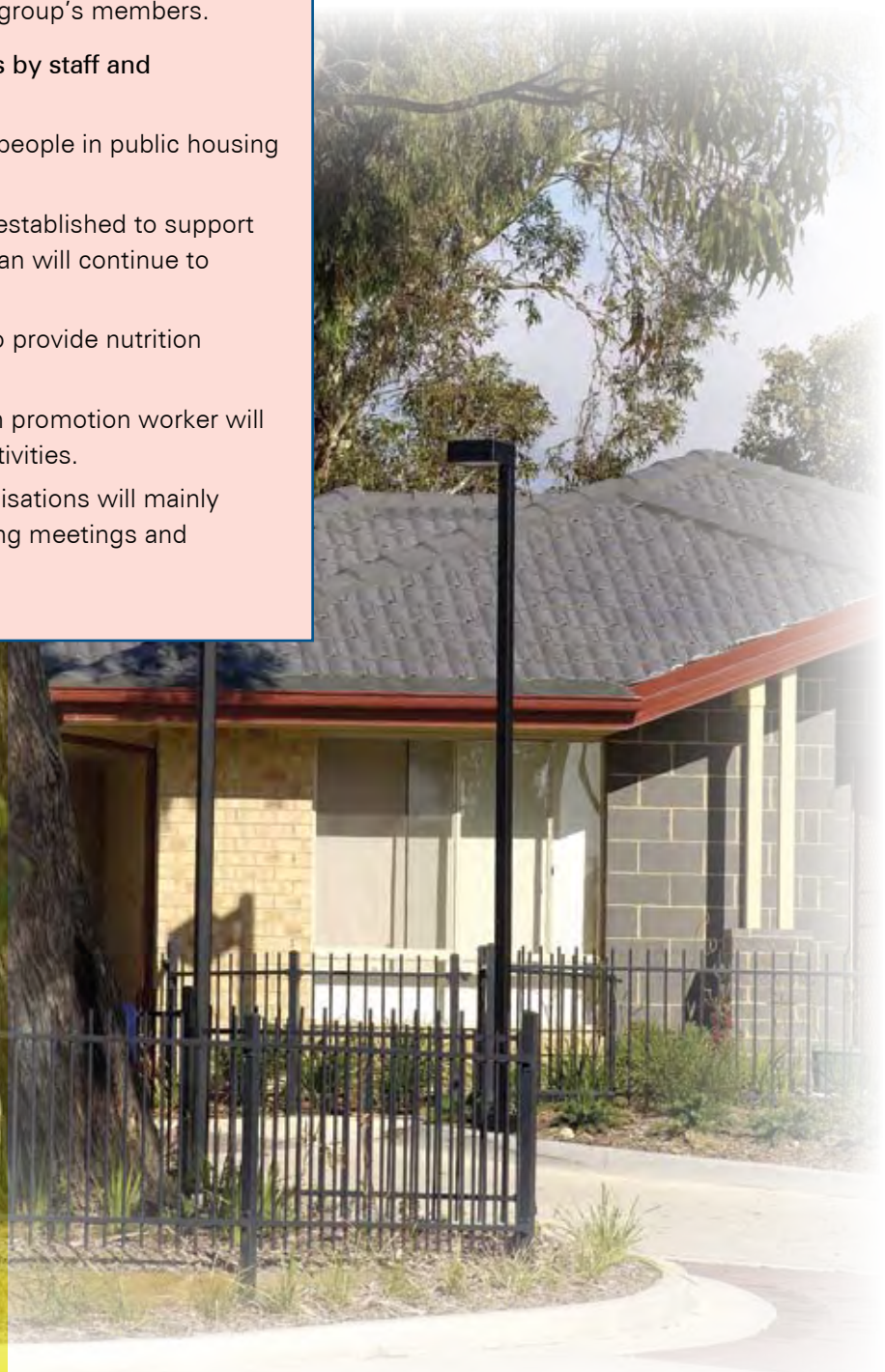
- ▶ Participants were provided with a discount card for classes at the local leisure centre.
- ▶ Well for Life activities will be ongoing, such as exercise groups, market buses, healthy morning teas and barbecues, and the fishing group.
- ▶ Provision of healthy recipe books to groups and sharing of recipes between group's members.

### Focus on Well for Life activities by staff and organisations

- ▶ Greater awareness of older people in public housing as a result of the project.
- ▶ A resource folder has been established to support staff training, and the dietician will continue to ensure it is up-to-date.
- ▶ The dietician will continue to provide nutrition support to staff.
- ▶ A physiotherapist and health promotion worker will continue to work on joint activities.
- ▶ Partnerships between organisations will mainly be sustained through ongoing meetings and communication.

## Challenges to sustainability

A key factor identified as a challenge to sustainability in a number of projects was the limited likelihood of future staff training without further funding, lessening the impact of Well for Life over time in public housing settings with relatively high staff turn over.



# Well for Life in Public Housing

## Learnings and insights

Project staff reported a range of learning and insights gained from the projects. They highlight issues specific to public housing and the differences between projects undertaken in public housing estates and those undertaken in Neighbourhood Renewal areas. Useful comparative observations were also made about Well for Life as implemented in public housing settings and in aged care settings (residential and PAGs).

### **Learnings and insights, as identified by project staff**

- ▶ Illustrated benefits of having existing structures, projects and networks to build on, rather than starting from scratch.
- ▶ Emphasised the need to work with a captive audience that has supportive staff to enable a train the trainer model to be utilised – for example, working with PAG staff or high-rise estate housing staff. A previous Well for Life project achieved excellent outcomes and is still being sustained one year after its conclusion, due to access to PAG staff.
- ▶ Highlighted the differences between people living alone in their homes in public housing and those in aged care facilities – public housing residents may have many long-term issues that affect their participation in activities, and it is harder to engage the ‘unseen’ members of the target group of isolated residents in public housing.
- ▶ Emphasised that in areas of scattered public housing, community development must occur before health promotion, as there needs to be an established audience – vibrant and passionate community leaders can be invaluable in the facilitation of future nutrition and physical activity programs.
- ▶ Additional funding would be advantageous – a lot of time was spent on engaging the community, planning and needs assessment, leaving little time to follow up on the needs identified.
- ▶ Proved that focusing on high-rise estates worked well.
- ▶ Emphasised the value of working with other national and statewide organisations with similar objectives.
- ▶ Highlighted the need for further linking between volunteer organisations and health centres in the West.
- ▶ Demonstrated the key role that neighbourhood houses can have in supporting innovation in engagement – without this valuable ‘first base’ of contact and development of trust other resources applied would have been under-accessed.
- ▶ Demonstrated the value of an independent organisation as a site for workers on a public housing estate.
- ▶ Illustrated the ‘cascade’ approach to develop trust and the use of ‘purposeful informality’ to make initial contact and build on it.
- ▶ Highlighted the importance of staff continuity in maintaining hard-won relationships with residents.

# Well for Life in Public Housing

## Conclusion

WFLPH in the North and West Metropolitan Region has achieved a great deal in a short period of time. Seven projects have demonstrated strong participation of targeted staff in upskilling and pleasing levels of older resident participation from a target group known to have a complex social and functional profile and a hard-to-reach reputation in relation to social and health programs.

Overall, WFLPH has been a successful extension of Well for Life, and the funded organisations and project staff should be commended on their achievements. While the seven projects are probably not a large enough sample to draw clear conclusions about the optimal setting or best practice model for WFLPH, some factors that enhanced the success of WFLPH in the North and West Metropolitan Region included:

- ▶ working with existing public housing or Neighbourhood Renewal workers and PAG staff, to provide a sound foundation for new projects with a health promotion focus and a frail older resident target group
- ▶ organisations with established credibility in the delivery of health promotion programs, or able to build on prior Well for Life experience
- ▶ links and capacity to partner with organisations to share professional expertise and resources
- ▶ staff commitment, energy and health promotion expertise
- ▶ incorporating activities into local community centres, such as local leisure centres and neighbourhood houses
- ▶ resident enthusiasm
- ▶ well-informed and connected residents
- ▶ community development established in areas of scattered public housing.

Much was learnt about working with hard to reach groups in public housing contexts. Attempting to establish Well for Life in a large geographic and socially complex area without existing workers or points of engagement is hard work and may require

a longer period of funding to achieve a range of outcomes. As observed by a project officer "in areas of scattered public housing, community development must occur before health promotion, as there needs to be an established audience".

Additionally, the needs analysis undertaken by one project was a valuable way of increasing knowledge of frail older people living alone or in isolation in public housing.

Prior involvement in a related Well for Life project appears to have been an enhancing factor for two projects that were able to consolidate and extend previous activity programs and staff capacity building. A third project with prior Well for Life experience undertook a new project in a dispersed Neighbourhood Renewal district and drew upon experience and expertise to develop new links with community groups and undertake vital development work to ensure the integration of activities into community facilities. A formalised partnership model has secured ongoing funding to continue promotion of wellbeing and community development for aged residents in public housing.

Enthusiastic, expert, health promotion staff and committed organisations gave the projects a solid foundation and momentum. Organisational partnerships, existing and new, and community credibility and links amongst staff all contributed to successful implementation. The opportunity to work with existing public housing personnel and Neighbourhood Renewal projects in the inner suburbs gave projects additional capacity and points of engagement with residents.

Importantly, there is a very positive outlook about the longer-term maintenance of Well for Life in public housing settings. Sustainability has been an explicit objective of projects since commencement. Each project has planned and worked for the longer-term maintenance of programs and each project is confident that Well for Life focus and activities will be sustained over time.

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