

COMMUNITY HEALTH PLAN

Southern Grampians & Glenelg Primary Care Partnership



For the period 1 July 2004 – 30 June 2006

Submitted: 30 September 2004

Introduction

The Southern Grampians and Glenelg Primary Care Partnership has developed this Community Health Plan ('the Plan'), 2004-2006 to guide its key activities for June 2004-June 2006.

The Plan will be submitted to the Department of Human Services on 30 September 2004 and will be reported against in July 2005 and July 2006.

Acknowledgements

The PCP team extend their thanks to the following organisations for assisting with the development of the Plan. We look forward to working with the PCP Executive Committee, Reference Groups and extended networks to achieve the goals identified.

ASPIRE, a Pathway to Mental Health Inc
Balmoral Bush Nursing Centre Inc
Casterton Memorial Hospital
Coleraine District Health Service
Community Connections (Vic) Ltd
Dartmoor and District Bush Nursing Centre Inc
Glenelg Shire Council
Heywood Rural Health
Mulleraterong Centre Inc
Otway Division of General Practice Inc
Portland District Health – Primary Care
Portland District Health
Southern Grampians Shire Council
Western District Health Service

Winda Mara Aboriginal Corporation
Southern Grampians Glenelg Women's Health Resource Worker
South West Sports Assembly
Department of Veterans Affairs
Primary Mental Health Team

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Part 1 PCP VISION & PRIORITY SETTING PROCESS

Vision

To work together to improve the health and well-being of the community in the Southern Grampians and Glenelg Shires.

Key focus of activity

Partnerships - Supporting existing & new partnerships, particularly with other sectors such as education, arts, sports and local business.

Capacity building -Assisting innovation and supporting the network of primary care health professionals with training and development opportunities.

Facilitation and leadership - Providing a neutral mechanism for change, including assistance with strategic planning, partnership development etc.

PCP Service Coordination

Priorities:

1. To support priority human services agencies, which are **new** to service coordination, to implement the Better Access to Services operational framework.
2. To support priority **General Practice(s)** improve the quality of referral and care planning and in particular implement the General Practice Statewide Referral form.
3. To continue to support **existing** agencies to implement the Better Access to Services operational framework for assessment and care planning.

The Service Coordination project is being implemented as a Regional Initiative in conjunction with PCP-SW and South West Alliance of Rural Health (SWARH). Both PCP's were involved in establishing the priorities for the Plan, including input from members of the Service Coordination Working Party.

PCP Integrated Health Promotion

Priorities:	physical activity; mental health
Target groups:	early childhood; young people; elderly
Rationale:	refer to Background section for each program goal in Part 2
Stakeholders:	health, education, local government, arts, sports, local business
Focus:	addressing social, environmental, economic barriers for those marginalised/socially isolated

Process to identify priorities

The PCP implemented the following process to agree on the priorities for the Integrated Health Promotion Catchment Strategy:

- i) a survey was emailed to the health promotion network, seeking their input into the ranking of issues according to importance to the Southern Grampians & Glenelg area. Mental health and physical activity were ranked highest;
- ii) a forum, "The Health Promotion Connection", was held in May 2004 to develop the framework for the Integrated Health Promotion strategy, including a discussion of their vision for health promotion; identifying barriers and exploring strategies for moving forward relevant to the target audiences – early childhood, young people and the elderly.
- The event was facilitated by a Theatre Company and aimed to enhance the connections between health promotion professionals and to link them with non-health sectors.
- iii) collaborative projects have been stimulated by the forum and enhanced the partnerships now forming the basis of the PCP's Integrated Health Promotion Catchment Strategy.

Integration

The PCP is operating at a high level of integration with collaboration occurring with a range of health and non-health sectors. Collaboration on initiatives involves integrating the core business of various partners to achieve a common goal, equal commitment of resources and developing innovative approaches to extend their capabilities. It is exciting to see the partnership with non-health sector partners, such as the arts, sports and increasingly, local business.

Part 2 SERVICE COORDINATION

Being implemented as a regional initiative with PCP-South West; Southern Grampians and Glenelg PCP and South-West Rural Alliance for Health (SWARH).

Major Area of Service Coordination Activity	Goal (What is the projected outcome over 2 years?)	Strategies (How will the projected outcomes be achieved and by whom?)	Timelines (When will each of the key tasks be completed?)	Measures (How will the PCP decide whether it has reached its goal?)
<p>Support priority human services agencies, which are new to service coordination, to implement the Better Access to Services operational framework.</p>	<p>Goal 1. To implement the SCoTT, regional feedback forms, e referral, the South West Region Practices and Processes of Service Coordination and the electronic Statewide Service Directory in the following areas/services</p> <p>Disability: Vantage, mpower, Mulleraterong, Glenelg Shire DHS Disability Services</p> <p>Mental Health: South West Healthcare, Aged Persons Mental Health Service</p> <p>Drug and Alcohol: The WRAD Centre</p> <p>Carer Respite Services: Commonwealth Carer Respite Centre</p> <p>Sub Acute Services: Lyndoch and South West Healthcare</p> <p>Acute Services: Western District Health Service – Post Acute Care, Terang</p>	<p>Training provided for key agency staff by DHS and Regional Project Coordinators</p> <p>Service Coordination Project Coordinators to work with managers/key staff to develop a plan for</p> <ul style="list-style-type: none"> - Implementation of the SCoTT and regional feedback forms - use of appropriate Service Directories - Practice Standards outlined in the Practices and Processes Manual <p>Agency Service Coordination Representative supports the change management process providing house training as required</p>	<p>August 2004</p> <p>September – November 2004</p> <p>December 2004 – February 2005</p>	<p>Pre and post survey of attendees indicates that staff have an increased knowledge of service coordination, use of SSD and use of the SCoTT.</p> <p>Listed agencies have developed an implementation plan complete with timelines</p> <p>Agency using the tools for all aspects of service coordination</p> <p>Agency has a process for updating its information for Services Directories and staff use the nominated service directory to assist in information provision and referrals</p> <p>Agency has audited its practice against Regional standards and has developed a continuous improvement plan to address gaps</p> <p>Relevant agencies referring electronically</p>

Major Area of Service Coordination Activity	Goal (<i>What is the projected outcome over 2 years?`)</i>	Strategies (<i>How will the projected outcomes be achieved and by whom?`)</i>	Timelines (<i>When will each of the key tasks be completed?`)</i>	Measures (<i>How will the PCP decide whether it has reached its goal?`)</i>
	<p>and Mortlake Health Services (2005) and preliminary work with South West Healthcare (2006)</p> <p>Chronic Illness: South West Healthcare</p> <p>Indigenous Services: as requested</p> <p>and other agencies interested in participating in Service Coordination</p>	<p>Service Coordination Project Coordinators and SWARH Clinical Development Manager provide training and support agencies undertaking e referral as requested</p> <p>Progress of implementation reviewed by agencies and through Regional Service Coordination Working Party</p> <p>Service Coordination Project Officers includes agency representatives on mailing lists and encourages representation on the Regional Service Coordination Working Party</p>	<p>Feb to April 2005</p> <p>Monthly</p> <p>Ongoing</p>	<p>Aspects of Service Coordination regularly reviewed as part of continuous improvement</p> <p>New agencies represented on the Regional Service Coordination Working Party</p>
<p>To support priority General Practice(s) improve the quality of referral and care planning and in particular implement the General Practice Statewide Referral form</p>	<p>To implement secure transmission of clinical information including the SCoTT between GP practices and other agencies e.g. South West Health Care Mental Health Services and District Nursing Services</p> <p>Initially the following agencies will be involved:</p>	<p>Service Coordination Project Coordinators/SWARH Clinical Development Coordinator facilitate training re Argus mail for SWARH and ODGP IT practitioners</p> <p>SWARH and ODGP IT staff install Argus mail and PKI encryption in relevant GP practices and technology tested</p>	<p>May 2004</p> <p>August 2004</p>	<p>Training completed</p> <p>Installation completed</p>

Major Area of Service Coordination Activity	Goal (<i>What is the projected outcome over 2 years?)</i>	Strategies (<i>How will the projected outcomes be achieved and by whom?)</i>	Timelines (<i>When will each of the key tasks be completed?)</i>	Measures (<i>How will the PCP decide whether it has reached its goal?)</i>
	<p>Jamieson Street Clinic, Warrnambool Hopkins Medical Clinic, Warrnambool Warrnambool Medical Clinic, Warrnambool Port Fairy Medical Clinic, Warrnambool Wimmera Medical Clinic, Warrnambool Robinson Medical Clinic, Camperdown Timboon Clinic</p> <p>Following successful implementation in the above GP practices, it is expected that e referral will be extended to other GPs in the region e.g. Hamilton, Portland, Terang.</p>	<p>South West Healthcare practitioners and GPs commence secure electronic referral using medication management template Argus provider completes additional programming to enable seamless GP to GP communication using Medical Director and to enable secure referral of ScoTT directly from Medical Director</p> <p>Service Coordination Service Coordinators and ODGP IT consultant provide training and assistance in generation of forms electronically and in e referral for GPs and their referring partners</p>	<p>August 2004</p> <p>October 2004</p> <p>November 2004 – June 2005</p>	<p>Nominated GPs choose Argus mail to communicate electronically with other service providers and to refer electronically using the ScoTT.</p>
To continue to support agencies that have already successfully implemented the Better Access to Services operational framework for Initial Contact and Initial Needs Identification, and	Goal 1. To implement the South West Region Practices and Processes of Service Coordination, the electronic Statewide Service Directory and e referral (where not implemented) in 82 services within 35 agencies across the region	<p>Service Coordination Working Party to provide the forum for coordination of Practice Standard and Service Directory implementation</p> <p>Service Coordination Project Coordinators to work with managers/key staff to develop a plan for the implementation of -Practice Standards outlined in</p>	<p>Monthly</p> <p>Progressive implementation October 2004 – June 2005</p>	<p>Meetings well attended and ongoing implementation demonstrated</p> <p>All agencies will have developed an implementation plan complete with timelines</p> <p>Agencies have audited practice against</p>

Major Area of Service Coordination Activity	Goal (<i>What is the projected outcome over 2 years?)</i>	Strategies (<i>How will the projected outcomes be achieved and by whom?)</i>	Timelines (<i>When will each of the key tasks be completed?)</i>	Measures (<i>How will the PCP decide whether it has reached its goal?)</i>
to support those agencies to move on to implement the Better Access to Services operational framework for assessment and care planning.		<p>the Practices and Processes Manual -use of appropriate Service Directories</p> <p>Agency Manager/Service Coordination Representative supports the change management process initiating actions/strategies to meet standards</p> <p>Service Coordination Project Coordinators and SWARH Clinical Development Manager provide training and support agencies undertaking e referral as requested</p> <p>Progress of implementation reviewed by agencies and through Regional Service Coordination Working Party</p>	<p>Progressive implementation October 2004 – June 2005</p> <p>Progressive October 2004 – June 2005</p> <p>Monthly</p>	<p>Regional standards and have developed a continuous improvement plan to address gaps</p> <p>Agencies have a process for updating its information for Services Directories and staff use the nominated service directory to assist in information provision and referrals</p> <p>Relevant agencies referring electronically</p> <p>Aspects of Service Coordination regularly reviewed as part of continuous improvement</p>
	Goal 2. To support the above agencies agencies to reach minimum service coordination baseline requirements as set by the Service Coordination Working Party.	<p>Service Coordination Working Party to endorse Regional Service Coordination baseline.</p> <p>Service Coordination Project Coordinators to work with managers/key staff to meet baseline</p>	<p>November 2004</p> <p>Ongoing to June 2005</p>	<p>Baseline requirements established, endorsed and published</p> <p>Agencies have reached Service Coordination baseline</p>
	Goal 3. To support practitioners in agencies with advanced	Service Coordination Working Party to provide the forum for discussion/resolution of	Ongoing	Meetings well attended and agreed positions on practice issues documented

Major Area of Service Coordination Activity	Goal (<i>What is the projected outcome over 2 years?</i>)	Strategies (<i>How will the projected outcomes be achieved and by whom?</i>)	Timelines (<i>When will each of the key tasks be completed?</i>)	Measures (<i>How will the PCP decide whether it has reached its goal?</i>)
	implementation with ongoing practice issues related to service coordination and to include service enhancements in devising solutions	practice issues Service Coordination Project Coordinators to work with managers/key staff		Service Coordination system enhancements evident
	Goal 4. To facilitate a common approach to assist in care planning (2005) and preliminary work in assessment (2006)	Service Coordination Working Party to establish a care planning sub group inclusive of nominated agencies to participate in pilot activity Nominated agencies to review care planning practice and develop regional model PCP to facilitate regional care planning workshop Service Coordination Working Party to consider assessment practice as guided by DHS initiatives	February 2005 February - April 2005 May 2005 July 2005 - 2006	Representative Group established Regional model for care planning developed Care Planning workshop well attended Preliminary work on agreed assessment practice completed
	Goal 5. To assist selected agencies to participate in the DHS review of SCoTT	Service Coordination Working Party to nominate a sub group of selected agencies for participation in review process and to coordinate review findings	As designated by DHS	Findings communicated to DHS as per DHS process

3.1 PLANNING & IMPLEMENTATION

Problem Definition: - Issue background

This component of the Southern Grampians & Glenelg PCP's Community Health Plan ensures that an integrated, sustainable approach to health promotion is nurtured.

The PCP has implemented a number of initiatives over the last 3 years to support the implementation of integrated health promotion practice in the catchment. These include:

- o Small grants scheme – to fund Integrated Health Promotion projects that required agencies to work with a range of partners and to use the program logic approach for planning and evaluation
- o HP Reference Group – monthly meetings of key stakeholders to plan integrated health promotion initiatives; agree on catchment priorities; network and share ideas/successes/failures; develop new skills/knowledge and report on key outcomes.

The capacity building approach has continued its focus on building practical skills. This has been complimented by a recent focus on agencies broadening the range of partnerships with non-health sectors (eg. the arts) and participating in Integrated Catchment Planning.

The PCP's Health Promotion Reference Group has identified the key needs for their network over the next two years as:

- i) Networking – sharing ideas;
- ii) Capacity building – gaining skills/knowledge
- iii) Strategic planning – setting health promotion priorities.

Program Goal

To increase sustainable, best practice, integrated health promotion in Southern Grampians and Glenelg Shires

Program Objectives

1. To improve health promotion knowledge and skills by providing a practical, educational process and support by June 2006.
2. To provide an appropriate mechanism for PCP agencies to support the implementation of an Integrated Health Promotion Catchment Strategy to address priority issues in the catchment area by June 2006.

Population Target Groups

All PCP member agencies are invited to participate in the Health Promotion Reference Group and to submit for project funding. Other agencies are also encouraged to be a part of project consortia.

The following have been participating on a regular basis, in the Health Promotion Reference Group or as a part of a PCP funded consortia - Western District Health Service, Portland and District Community Health Centre/Portland Hospital; Women's Health Resource Service; Portland Neighbourhood House; Casterton Neighbourhood House; Hamilton Community House; Winda Mara Aboriginal Co-op; Casterton Memorial Hospital; Department of Veteran Affairs; Heywood Rural Health; Primary Mental Health Team; Aspire; SW Sports Assembly; Peshurst Health Service; Portland Leisure and Aquatic Centre; Southern Grampians & Glenelg Drug Treatment Service; Greater Green Triangle University Department of Rural Health.

Solution Generation

The following interventions focus on capacity building

i) **Workforce Development**

- Health Promotion Forums will be held per year focussing on topics of specific interest as agreed by the Health Promotion network.
 - Priority topics agreed by the network include – evaluation skills, physical activity, mental well-being/social connectedness. Various settings will be explored. Focus will be given to partnerships with non-health sectors including education, training, sports, local business and the arts.
 - Format will include ½ day of presentations (key note speakers/local case studies/training) and ½ day for networking/sharing & strategic planning at relevant times of year.
- PCP will explore a partnership with RMIT Professional Development Centre, where topics or speakers are of interest to other professionals or the general community.

ii) **Settings and supportive environments**

- PCP will use the series of Health Promotion Forums to support, recognise and reinvigorate the network of health promotion professionals.
- PCP will use the networkseries of Health Promotion Forums to consult with and seek agreement on HP priorities/strategic planning.
- PCP to maintain a matrix of health promotion activities relevant to the priorities of the PCP's Catchment Strategy. This matrix will be attached to the Community Health Plan and made available on the PCP website. It will form a valuable document to share who is doing what in health promotion and will provide links to relevant agency websites/plans/reports/resources. As such, agencies will be encouraged to check this document prior to planning new projects, to ensure they are learning from what others have done/are doing.
- PCP to maintain a weekly Bulletin to advise the PCP network (currently over 300 recipients) of upcoming events, initiatives and to recognise local successes.

iii) **Social marketing and health information**

- - media coverage of HP forums – outcomes/topics/discussions -keynote speakers

iv) **Organisational Development**

- Memorandum of Understandings to be developed with additional agencies/organisations as relevant, eg. the LLEN.

Evaluation and dissemination planning

Summary Evaluation framework:

<u>Objective</u>	<u>Evaluation Question</u>	<u>Indicator</u>	<u>Measurement tool</u>
To improve health promotion knowledge and skills by providing a practical, educational process and support by June 2006	Has there been an increase in health promotion skills/knowledge? Has the process provided by the PCP been effective? Have a range of sectors attended?	i) 4 Health Promotion Forums held/yr ii) Participants report increased skills, knowledge & networks resulting from Health Promotion Forums iii) Well attended Health Promotion Forums iv) Range of non-health sectors represented v) Increased partnership activities between agencies/organisations	-Survey of participants after each Forum -Forum attendance list -Forum attendance list -Survey HP network, June 05 and June 06
To provide an appropriate mechanism for PCP agencies to agree on/input to the Integrated Health Promotion Catchment Strategy to address priority issues in the catchment area by June 2006	Have health promotion professionals had the opportunity to input to setting of priorities for HP Catchment Strategy?	i) Consultation held on integrated catchment health promotion decisions/priorities ii) Health promotion network report satisfaction with process for planning/decision making.	Survey of Health Promotion Network June 05 and June 06

Dissemination of findings -

The process used and outcomes of evaluation will be reported on and disseminated in the following ways:

Professional networks

- PCP and DHS Health Promotion websites
- PCP Bulletin
- Submission to relevant conferences
- SGG PCP Health Promotion Forums
- PCP statewide health promotion network

The dissemination of outcomes of the Health Promotion Forums will be disseminated to the above and the following community networks, as relevant:

Community networks

- Local media
- Relevant websites – PCP, Health Services and other stakeholders
-

Estimated budget allocation for evaluation and dissemination:

From PCP's Health Promotion budget = \$4,600

*Southern Grampians & Glenelg Primary Care Partnership
Community Health Plan 1 July 2004 – 30 June 2006*

Integrated Health Promotion Summary planning grid

Priority Goal:	To increase sustainable, best practice, integrated health promotion in Southern Grampians and Glenelg Shires				
Objective 1:	<ol style="list-style-type: none"> to improve health promotion knowledge and skills by providing a practical, educational process and support, utilising a program logic approach by June 2006 To provide an appropriate mechanism for PCP agencies to support the implementation of integrated health promotion projects to address priority issues in the catchment area by June 2006. 				
Est. Impacts² (Qual/ Quant) for Objective 1	<p>Process impacts:</p> <ul style="list-style-type: none"> 4 Health Promotion Forums held/yr Well attended Health Promotion Forums Consultation held on integrated catchment health promotion decisions/priorities Range of non-health sectors represented <p>Outcome impacts:</p> <ul style="list-style-type: none"> Participants report increased skills, knowledge & networks resulting from Health Promotion Forums Health promotion network report satisfaction with process for planning/decision making Increased partnership activities between agencies/organisations 				
PCP key stakeholders³	Summary of mix of Interventions & CB strategies⁴	Population Target Group/s:	Estimated timelines	Estimated Reach⁵	Resources per key stakeholder for Obj1⁶
Deakin University		Agencies + families involved	July -Dec 2005	40 families all agencies	
PCP HP capacity building⁷	-Coordination of Health Promotion Forums -Assistance with grant submission -Assistance with evaluation framework -Assist with social marketing/health information	Health and non-health sector agencies involved	Oct 04-June 06	12 Agencies	\$46,000
Estimated Total Budget per Goal⁶: \$46,000					

3.2 PHYSICAL ACTIVITY

I. ACTIVE SCRIPT

Problem Definition

Physical activity has been commonly described as the 'best buy in public health'. It is a national, state and regional health priority.

Using methodology the World Health Organisation's Global Burden of Disease, it has been revealed that 50% of disease and disability was considered preventable with tobacco and physical inactivity as the two leading contributors. Physical inactivity has been shown to be a major risk factor for Cardiovascular Disease (CVD), which is reported to be the leading cause of premature death and disability nationally. CVD accounts for 41% of all Victorian deaths.

The benefits of physical activity have not only been identified for CVD but for a broad range of health issues. These include – diabetes; falls prevention; cancer prevention; mental health; risk factors such as blood pressure, cholesterol, weight, arthritis, stroke.

Active Script has been chosen as one of the key physical activity strategies within the Community Health Plan. This is a result of international evidence demonstrating the impact of GP referral programs on those who are inactive.

To date, over 1000 GPs are involved in Active Script across Victoria, representing 27 Divisions of General Practice. Research has identified that Active Script is effective in increasing the levels of physical activity amongst the inactive. The evidence shows that:

- 85-90% of people access a GP once every 12 months
- 60 % of the inactive population report they would like to be more active;
- 80 % of those surveyed report that GPs are the most significant influencers on their lifestyle decisions;
- GPs can not act alone to be effective – a support mechanism (ie. via an centralised referral point) significantly increases the effectiveness of a physical activity referral;
- A single referral destination is best to support GPs in facilitating increased activity levels in their patients.

Active Script forms part of a broader vision of the Victorian Physical Activity Strategy for 'All Victorians to enjoy regular physical activity as part of their everyday lives". It is consistent with the intent of the newly released Commonwealth Guidelines, 'Be Active Australia'.

Program Goal

To implement a sustainable referral pathway (Active Script) to support GPs in advising their patients to be more active in Hamilton.

Program Objectives

1. To increase the level of physical activity amongst inactive members of the community serviced by 3 Hamilton GPs by October 2005
2. To increase the level of referrals for physical activity from GPs to the WDHS Community Health Centre/Enabler
3. To increase the linkages and the awareness of practices between the 3 Hamilton GPs and the Community Health Centre by October 2005

Population Target Groups

Adult members of the community who are currently inactive, particularly as this relates to:

- i) falls prevention in middle aged and older adults over 65 years of age
- ii) specific health conditions - including mental health

Solution Generation

- i) **Risk assessment/screening**
 - GPs to identify inactive patients who would benefit from increasing their level of physical activity
 - GPs to complete patient assessment and documentation of requirements
 - GPs to refer patient via Active Script process to the 'enabler' funded by WDHS
- ii) **Social marketing and Health Information**
 - WDHS enabler to liaise with the client and provide physical activity information specific to the client's health needs, interests and preferences
 - Enabler to provide follow-up support to the client for 12 months with feedback on progress to the GP
 - Partnership to promote the program via media coverage; GP clinics; WDHS Community Centre etc
- iii) **Community action**
 - WDHS and South West Sports Assembly to work with local sports providers and activity clubs to facilitate their engagement of patients referred via the Active Script process. For example, work with the local walking club to ensure that any new members referred to them are adequately supported etc.
 - Local community participants encouraged to feedback on whether their physical activity needs/preferences were met, eg. feedback on barriers to accessing physical activity via passive facilities (eg. current walking tracks) or active programs (eg. accessibility of gyms) etc. This input will be collated for input to the Municipal Public Health Plan.
- iv) **Settings and supportive environments**
 - WDHS and SWSA call for Expressions of Interest from activity providers to establish suitable referral options. WDHS will collect previous data on physical activity options –eg: Exercising Safely, Southern Grampians Sports and Recreation Brochure.
 - Southern Grampians Shire to consider barriers to access by inactive people in the planning for their new or upgrading of their existing facilities - for example, accessible swimming programs with childcare to be planned for the new Hamilton Aquatic Centre.
- v) **Workforce development**
 - Otway Division of General Practice to train/up-skill GPs in Active Script
 - VICFIT to train the WDHS enabler on supporting individual's linkages to physical activity based on their health needs
- vi) **Resources**
 - Otway Division of General Practice to produce and disseminate consumer and GP information.
- vii) **Organisational development**
 - Regular consultation between WDHS and local GPs to up-skill both organisations in each other's services

Capacity Building-Support and Resources

Role	Who
Project Coordination & Communication <ul style="list-style-type: none"> Project documentation; convening of meetings; reporting 	PCP
Pathway development <ul style="list-style-type: none"> As agreed by WDHS and local GPs based on effective models 	PCP, DGP, WDHS WDHS CHC, VICFIT
GP Consultation & Training <ul style="list-style-type: none"> Provision of initial training and ongoing process of consultation to ensure processes meet needs of GPs 	DGP, WDHS CHC, PCP, VICFIT
Activity provider training & liaison <ul style="list-style-type: none"> convening of initial information session, training program and ongoing liaison provision of any documentation, as required 	SWSA, PCP, DGP, WDHS CHC
Enabler training <ul style="list-style-type: none"> training in Active Script processes and physical activity linkages to medical conditions 	VICFIT, DGP
Resource development <ul style="list-style-type: none"> documented processes for the enabler and GPs; information for clients; information for activity providers 	PCP, DGP, WDHS CHC
Communication with other providers <ul style="list-style-type: none"> other health providers that may be interested in making physical activity referrals 	PCP, WDHS CHC
Evaluation <ul style="list-style-type: none"> process and impact evaluation throughout project and longitudinal with clients 	VICFIT with input from PCP, DGP
Reporting <ul style="list-style-type: none"> progress and final reports with lessons learnt 	VICFIT, PCP, WDHS CHC

PCP - Southern Grampians and Glenelg Primary Care Partnership
 WDHS CHC - Western District Health Service Community Health Centre
 SWSA - South West Sports Assembly

DGP - Otway Division of General Practice
 VICFIT

Capacity Building Strategies

1. Formation of Steering Committee

- The Steering Committee has been used to facilitate the partnership with key stakeholders, including their commitment to a shared goal.
- The Committee includes representatives from WDHS, Otway Division of GPs, local GP clinic, South West Sports Assembly, VICFIT and the PCP.

2. Involvement of physical activity expertise - VICFIT

- Nancy Huang, Director of VICFIT has been involved in the pre-planning for the project and initial project planning sessions. Nancy's presentation to PCP stakeholders presented the evidence for the effectiveness of Active Script.
- The input of VICFIT has resulted in project resources being committed from WDHS, Otway Division of GPs and in-kind resources from SWSA, Shire, local GP clinic

Summary of resource commitments

Organisation	Financial support	In-kind support (approx)
WDHS	0.2 EFT (\$10,000)	0.05 EFT
VICFIT	\$3,000	0.08 EFT
PCP		0.10 EFT
Otway Division GP	\$500	0.08 EFT

Evaluation and dissemination planning

<u>Objective</u>	<u>Evaluation Question</u>	<u>Indicator</u>	<u>Measurement tool</u>
To increase the level of physical activity amongst inactive members of the community serviced by 3 Hamilton GPs by October 2005	a) How well has the referral pathway (including GP referral, enabler role and support structures) operated to enhance GPs' use of the ASP to advise their patients to be more active?	<ul style="list-style-type: none"> - Increase in physical activity levels of patients referred by GP to the Enabler - ongoing participation of patients at referral destinations and activity groups 	<ul style="list-style-type: none"> - Pre and post intervention patient questionnaire - Project monitoring processes
To increase the level of referrals for physical activity from GPs to the Community Health Centre's Enabler	a) How well has the referral pathway (including GP referral, enabler role and support structures) operated to enhance GPs' use of the ASP to advise their patients to be more active?	<ul style="list-style-type: none"> - Changes in GP practice in promotion of physical activity to their patients - at least 30 people referred by target GPs to the Enabler 	<ul style="list-style-type: none"> - Pre and post intervention GP questionnaire - Project monitoring processes
To increase the linkages and the awareness of practices between the 3 Hamilton GPs and the Community Health Centre by October 2005	b) How sustainable is this referral pathway within the local context of the Southern Grampians and Glenelg PCP and its resources?	<ul style="list-style-type: none"> - Established networks of referral pathways and referral destinations for patients referred from GPs - Ongoing commitment from stakeholders to ongoing support of referral pathway 	<ul style="list-style-type: none"> - Post-intervention consultation with key stakeholders involved in the intervention - As above

Dissemination

Portland District Health will be involved as observers to key components of the project, including training sessions etc. This will assist in disseminating information from the pilot for potential use in an Active Script project that may develop in Portland.

Dissemination of findings will also occur via:

1. Professional networks

- PCP, VICFIT, SWSA and Otway Division of GPs websites
- PCP Bulletin
- Submission to relevant conferences
- SGG PCP Health Promotion Forums
- PCP statewide health promotion network
- Direct distribution to key stakeholders

2. Community networks

- Local media
- GP networks
- Relevant websites – Shire, PCP, Health Services, Otway Division of GPs

Estimated budget allocation for evaluation and dissemination:

VICFIT Budget = \$2,000

PCP's Health Promotion budget = \$1,000

Integrated Health Promotion Summary planning grid

Priority Goal:	To increase the incidence of physical activity in the Southern Grampians & Glenelg Shires				
Objective 1:	To increase the opportunities to access physical activity by June 2006				
Sub-Objectives	i) To increase the level of physical activity amongst inactive members of the community serviced by 3 Hamilton GPs by October 2005 ii) To increase the level of referrals for physical activity from GPs to the WDHS Community Health Centre/Enabler iii) To increase the linkages and the awareness of practices between the 3 Hamilton GPs and the Community Health Centre by October 2005				
Est. Impacts² (Qual/Quant) for Objective 1	Process: <ul style="list-style-type: none"> • 3 Hamilton GPs participating in program • at least 30 people/year referred to the Enabler Impact: <ul style="list-style-type: none"> • Increase in physical activity levels of patients referred by GP to the Enabler • Ongoing participation rates of patients at referral destinations and activity groups • Changes in GP practice in promotion of physical activity to their patients • Established networks of referral pathways and referral destinations for patients referred from GPs • Ongoing commitment from stakeholders to ongoing support of referral pathway 				
PCP key stakeholders³	Summary of mix of Interventions & CB strategies⁴	Population Target Group/s:	Estimated timelines	Estimated Reach⁵	Resources per key stakeholder for Obj1⁶
WDHS Health Community	Social marketing; health information to Active Script referrals; workforce development; Community Action	Inactive adults accessing GPs in Hamilton	Sept 05 04-Sept	30 people/year	\$10,000 In-kind = \$2,000
Local GPs	Risk assessment/screening of inactive patients	Inactive adults accessing GPs in Hamilton	Sept 05 04-Sept	30 people/year	In-kind = \$3,000
Otway Division of GP	Workforce development of local GPs Resources – GP flyers + information	GPs	Sept 04 – Dec 04	3 GPs	In-kind = \$4,000 \$500

VICFIT	Workforce development of key stakeholders	Program partners	Sept 05	04-Sept 05	6 partners	In-kind \$3,000	=
SWSA	Workforce development of local sporting/activity providers; Community Action	Activity/sporting providers/clubs in Hamilton	Sept 05	04-June 05	8 activity/sporting providers	In-kind \$2,000	=
Local Government	Settings and supportive environments	Active Script referrals	Feb 05	Sept 05	30 people/yr	In-kind \$1,000	=
Sporting/physical activity providers	Settings and supportive environments	Active Script Referrals	Nov 04	Sept 05	30 people/yr	In-kind \$5000	=
PCP HP capacity building ⁷	Securing resources and support; project coordination.	Project partners	Sept 05	04-Sept 05	6 partners	\$5,000	
Estimated Total Budget per Objective ⁶: \$33,500							
Estimated Total Budget per Goal ⁶: \$33,500							

II. ELDERLY – STRENGTH & BALANCE

Problem Definition

Australia has an ageing population. It is predicted that by 2011, 31.5% of the Southern Grampians Shire and 23% of the Glenelg Shire will be over 60 years of age. This higher proportion of older people will have a significant impact on health policy, expenditure and planning.

Ensuring older people remain physically and mentally active is an important intervention to maintaining their independence and reducing admissions to hospital.

Program Goal

To increase the incidence of physical activity in the Southern Grampians & Glenelg Shires

Program Objectives

To increase the opportunities to access strength and balance training in outlying townships of Southern Grampians & Glenelg Shires by June 2006.

Population Target Groups

Older people aged over 65 years (Koori 45 years) in the following townships –
Dunkeld/Penshurst/Glenhompson; Heywood/Narrawong; Casterton & Coleraine;
Dartmoor/Nelson; Balmoral/Cavendish.

Solution Generation

Risk Assessment/Screening:

- Collaboration with the Otway Division of General Practice – *Active Script Project* to increase service demand based on increasing number of referrals to appropriate older persons exercise programs using an enabler at WDHS
- Formulation & implementation of falls prevention referral guidelines for service providers that recommend exercise programs for older people who are at *low to medium risk* of experiencing a fall

Social Marketing:

- Marketing of S&B Training Programs/Tai Chi Class with support of local service providers, sporting & community groups utilising media/local newsletters, sporting clubs, libraries, community groups and health professionals to promote the benefits of participation;
- Promotion of *Falls Prevention for Seniors* self-assessment booklet that includes physical program directory for service providers & community groups
- Demonstration of S&B Training/Tai Chi to community groups in target areas of Dunkeld, Glenhompson, Penshurst, Dartmoor, Casterton, Coleraine & Heywood.

Community Action:

- Implementation of a Men's Shed pilot program to increase retired men's physical activity through the provision of community services such as lawn mowing, handyman repairs to isolated older people in their homes
- Training of community members to undertake Certificate 3 – Fitness Instructor (4)

Workforce Development:

- Training of Health Professionals to undertake Certificate 3 – Fitness Instructor (4);
- Development of Regional Fitness Instructors Network that will meet on a monthly to second monthly basis to decrease FI isolation, promote networking and sharing of programs and ideas, and professional support
- Implementation of S&B Programs at Dartmoor, Glenthompson, Casterton and Dunkeld specifically targeting older people
- Submission of additional funding for capacity building of Falls Prevention Project through Active Ageing and Vic Health funding bodies to promote physical activity, social connectedness through alternate activities such as the performing arts and music.
- Tai Chi Instructors to complete Wolf's 10 Steps *Tai Chi Chuan* Training Program
- Implementation of Tai Chi Programs (4) at Peshurst, Dunkeld, Merino & Narrawong/Heywood with minimum attendance of 10 people per session
- Participation of Fitness Instructors at South Australia *Active Ageing* Training Program (half day sessions) for Falls Prevention

Resources:

- Development of falls prevention referral guidelines for service providers

Capacity Building-Support and Resources

Role	Who
Project Co-ordination & Communication <ul style="list-style-type: none"> Project documentation; convening of meetings; reporting 	PCP
Pathway & Guideline development <ul style="list-style-type: none"> As agreed by local service providers 	PCP, NARI, Otway Division of General Practice, West Vic Division of General Practice, SWSA, local service providers: PDHS, HRH, CMH, CDHS, Bush Nursing Centres – Dartmoor, Balmoral, Merino
GP Consultation & Training <ul style="list-style-type: none"> Provision of falls prevention training and ongoing consultation to ensure processes meet needs of GPs 	Otway & West Vic DGPs, NARI,
Allied Health & Nursing Training <ul style="list-style-type: none"> Provision of falls prevention training and ongoing consultation 	PCP, NARI, local service providers- Otway Division of General Practice, West Vic Division of General Practice, SWSA, local service providers: PDHS, HRH, CMH, CDHS, Bush Nursing Centres – Dartmoor, Balmoral, Merino
Resource Development <ul style="list-style-type: none"> Acquirement of resources – booklets, self assessment tools, education videos 	PCP local service providers- Otway Division of General Practice, West Vic Division of General Practice, SWSA, local service providers: PDHS, HRH, CMH, CDHS, Bush Nursing Centres – Dartmoor, Balmoral, Merino
Training of Fitness Instructors/Tai Chi Instructors <ul style="list-style-type: none"> Health professionals and community members 	PCP, SWSA, South West Tafe
Communication with other providers and community groups <ul style="list-style-type: none"> Other health providers may be interested in making physical activity referrals, risk screening, training of community members in Fitness Training/Tai Chi 	PCP, SWSA, Fitness Instructors & Tai Chi Instructors
Work Force Development: <ul style="list-style-type: none"> Submission of additional funding for capacity building of Falls Prevention Project through Active Ageing and Vic Health funding bodies to promote physical activity, social connectedness through alternate activities such as the performing arts and music. 	PCP
<ul style="list-style-type: none"> Casterton Men's Shed Pilot : Implementation and training of participants 	PCP, Casterton Memorial Hospital, Mulleraterong Disability Services, RSL, DVA
Evaluation <ul style="list-style-type: none"> Process and impact evaluation through project interventions 	PCP and local service providers - Otway Division of General Practice, West Vic Division of General Practice, SWSA, local service providers: PDHS, HRH, CMH, CDHS, Bush Nursing Centres – Dartmoor, Balmoral, Merino
Reporting <ul style="list-style-type: none"> Progress and final reports with lessons learnt 	PCP, SWSA, NARI, local service providers- Otway Division of General Practice, West Vic Division of General Practice, local service providers: PDHS, HRH, CMH, CDHS, Bush Nursing Centres – Dartmoor, Balmoral, Merino

PCP – Southern Grampians & Glenelg PCP; SWSA – South West Sports Assembly, PDHS – Penhurst District Health Service, HRH – Heywood Rural Health, CMH – Casterton Memorial Hospital, CDHS – Coleraine District Health Service

- Dr. Keith Hill, National Aged Research Institute and Mr. Adrian Schoo, Deakin University – Greater Green Triangle are both members of the FOS Steering Committee. Both are “experts” in falls prevention and physical activity interventions, presenting the evidence for the effectiveness of Falls Prevention and physical activity/balance interventions.
- The input from Keith Hill and Adrian Schoo has provided expertise, project credibility and injected confidence of key stakeholders in the strategies and interventions adopted.

Summary of resource commitments

Organisation	Financial Support
Marion’s Fashions	Travel: \$30 per greater than 60 kms = Total: \$600
South West Sports Assembly	2 participants to undertake Certificate 3 FI = \$1200
Dartmoor Bush Nursing Service & Western District Health Service- Peshurst	Fitness Instructor each @ \$40/hour = \$120/week or \$5760 for 48 weeks/per annum
Casterton Memorial Hospital	Shed Venue and consumables \$500 per annum
Department of Veteran’s Affairs	\$1000 equipment purchase for Men’s Shed Program

Evaluation and dissemination planning

<u>Objective</u>	<u>Evaluation Question</u>	<u>Indicator</u>	<u>Measurement tool</u>
To increase the number of physical activity instructors with Certificate III qualifications	How many additional people have completed their Certificate III course	7 participants complete Certificate III in fitness	TAFE participation records
To increase the number of strength and balance programs in Dunkeld, Glen Thompson and Dartmoor	Have strength and training programs commenced in the target towns?	Strength and balance programs are available at Dunkeld, Glen Thompson and Dartmoor.	
To increase the number of Tai Chi programs in Peshurst, Dunkeld, Merino and Narrawong/Heywood	Have Tai Chi instructors completed additional training? Have new Tai Chi programs commenced in the target towns?	-4 Tai Chi instructors have completed Wolf’s 10 Steps program. -Tai Chi programs have commenced in the 4 target towns.	Course attendance record Survey
To enhance the participation rate in Tai Chi and strength and balance programs in people over 65 years in the target towns	Has there been an increase in participation rate?	25% increase in participation rate in strength and balance and Tai Chi in target towns	Attendance records

Dissemination of Findings

The program's outcomes will be reported on and disseminated in the following ways:

1. Professional networks

- PCP and DHS Health Promotion websites
- PCP Bulletin
- Local media
- Submission to relevant conferences
- SGG PCP Health Promotion Forums
- PCP statewide health promotion network
- Direct distribution to key stakeholders – NARI, GGT UDRH, SWSA, ODGP, HACC etc

2. Community networks

- Local media
- Community newsletters
- Relevant websites – Shire, PCP, Health Services

Estimated budget allocation for evaluation and dissemination:

PCP's Health Promotion budget = \$1,000

Supplemented by Falls Prevention project funds

Integrated Health Promotion Summary planning grid

Priority Goal 1:	To increase the incidence of physical activity in the Southern Grampians & Glenelg Shires				
Objective 1:	To increase the opportunities to access physical activity by June 2006				
Sub-Objectives	<ol style="list-style-type: none"> 1. Increase the number of Physical Instructors with Certificate 3 qualifications 2. Increase the number of S&B Training Programs in the rural communities of Dunkeld, Glenthompson, & Dartmoor 3. Enhance the participation rate of people over 65 years participating in the S&B Training Programs at Peshurst, Casterton, Coleraine & Heywood 4. Increase the number of Tai Chi Programs in the rural communities of Peshurst, Dunkeld, Merino & Narrawong/Heywood 5. Enhance the participation rate of people aged of 65 years attending Tai Chi Classes at Casterton 				
R1. Est. Impacts² (Qual/ Quant) for Objective 1	<p><i>Include whether process or outcome impacts</i></p> <p>Process:</p> <ul style="list-style-type: none"> ▪ 7 Physical Instructors (Dunkeld, Glenthompson, Balmoral & Dartmoor) to complete Certificate 3 Fitness Instructor Training ▪ 4 Tai Chi Instructors to complete Wolf's 10 Steps <i>Tai Chi Chuan</i> Training Program <p>Impact:</p> <ul style="list-style-type: none"> ▪ 3 Strength & Balance Training Programs to be implemented at Dunkeld, Glenthompson, Dartmoor and Balmoral with minimum 10 participants each attending weekly ▪ 4 Tai Chi Programs to be implemented at Peshurst, Dunkeld, Merino and Heywood/Narrawong ▪ 25% increase in participation rates at each S&B Training Programs at Peshurst, Casterton, Coleraine & Heywood ▪ 25% increase the participation rates at Tai Chi Program at Casterton 				
A. Agency name + other stakeholders involved³	B. Summary of mix of Interventions & capacity building strategies⁴	C. Population Target Group/s:	D. Estimated timelines	E. Estimated Reach⁵	F. Resources per key stakeholder 2004-2006
South West Sports Assembly	<p>Workforce Development: Facilitate training Certificate III Fitness</p> <p>Social Marketing/Health Information Settings/Supportive environments: Providers' mentor network</p>	Physical activity providers + health services	June 04-June 06	15 providers	In-kind: \$4,000

Local health services	Social Marketing/Health Information Encouraging participation in activity programs Promotion of Falls Prevention booklets Community Action Men's Shed pilot Casterton	Elderly	June 04-June 06	Elderly	In-Kind=\$4,000
Glenelg and Southern Grampians Shires	Screening and Assessment Social Marketing/Health Information Encouraging participation in activity programs	HACC clients	June 04-June 06	400 people	In-Kind=\$3,000
Physical activity providers	Social Marketing/Health Information Demonstration of S&B Training/Tai Chi to community groups in target areas of Dunkeld, Glenthompson, Penshurst, Dartmoor, Casterton, Coleraine & Heywood	Elderly	June 04-June 06	200 people	In-Kind=\$500
Western District Health Service; Otway Division of General Practice; VicFit	Risk Assessment/Screening: Linkage with Active Script Resources Referral guidelines for service providers	Elderly Service providers	Nov 04-June 05	18 service providers	In Kind = \$12,000
PCP Falls Prevention budget + other grants	Workforce Development – training Resources - printing	Service providers/physical activity providers	June 04-June 06	30 people	\$20,000 \$1200
PCP HP capacity building ⁷	Workforce development Capacity building Project Coordination	Stakeholders/community	June 04-June 06	18 organisations	\$10,000
Estimated Total Budget per Goal: \$54,700					

3.2 MENTAL WELL-BEING/SOCIAL CONNECTEDNESS

I. EARLY CHILDHOOD – Reading Discovery Program

Problem Definition: - Issue background

The identification of early childhood as a key setting for the PCP's Community Health Plan recognises the importance of early intervention.

Dr Fiona Stanley, CEO, Australian Research Alliance for Children and Youth has reported on the findings of a British survey that identified that individuals with the following characteristics were found to be more at risk of CVD, obesity, diabetes, blood pressure, mental illness in their adult years:

- low birth weight,
- low height at 7 years,
- were not read to by their parents between 0-2 years of age; and
- had low school attendance

The National Early Years Policy Framework supports the importance of reading to early children. Two of the indicators for child wellbeing are:

- Parental education – including literacy;
- Child literacy – including parental time reading to child; literacy; benchmark for reading.

Reading to children does not only influence the child's literacy but increases the bonding time between parent and child; enhances the child's feeling of security and trust; provides crucial cognitive and emotional development.

The rate of reading to children is influenced by socio-economic conditions. Research in the USA identified that children from middle class families had an average of between 1,000 to 1,700 hours of one-to-one reading with parents or care givers before school entry age. This contrasted with an average of 27 hours of reading time for children from disadvantaged families.

Parental reading time is therefore an early intervention approach with a range of critical health promotion outcomes for the child and whole family.

Program Goal

To increase social connectedness and mental well-being of communities in the Southern Grampians and Glenelg Shires.

Program Objectives

1. To increase the frequency of reading to children amongst 40 marginalised families within the Southern Grampians & Glenelg Shires by June 2006

Sub-Objectives

- 1.1 To form a Reading Discovery program partnership by February 2005
- 1.2 To secure resources to fund a program coordinator by May 2005
- 1.3 To implement a sustainable Reading Discovery program by June 2005

Population Target Groups

40 marginalised families, with children under 5 years, with a low level of literacy, including indigenous families.

Solution Generation

i) Risk assessment/screening

- Assessment of risk to be conducted by Community Connections; Shire Maternal and Child Health staff (Portland and Hamilton) and Community Health Centres (Portland and Hamilton);

Neighbourhood and Community Houses. This will identify marginalised families with children under 5 years with low levels of literacy;

- Contact details of target marginalised families to be referred to the Reading Discovery Project Coordinator for contact and inclusion in the program with consent.

ii) Social marketing and Health Information

- Communication/education strategy to be developed and implemented to increase awareness of the value of reading to children from birth – strategy to include media stories for general public + targeted to play groups; preschools; pre-natal sessions; first time mum's groups.
- Information strategies to include testimonials from parents/children involved in the pilot in Warrnambool and impact on their lives resulting from the program. Strategies to also include high profile advocates such as local author Paul Jennings or Dr Fiona Stanley.
- Children's section of libraries to include parenting/family health information and books to encourage parents to browse this information while in the library with their children.
- 'Books for Babies' strategy to include health benefits of reading to children from birth.

iii) Community action

- Support to be sought from Rotary to resource the 'Books for Babies' strategy. This will provide every new baby with a free book and information flier about the importance of reading to babies from birth.
- To support community interest in Toddler Book-clubs via first time mum's groups, playgroups etc
- Community volunteers to be recruited to support Reading Discovery project with individual families.
- Marginalised parents to be involved in project planning/implementation.
- Community input to identify follow-up strategies, such as after-school clubs (to promote home work and reading amongst marginalised students); parenting clubs; creative writing clubs; indigenous story-telling projects.

iv) Settings and supportive environments

- Supportive libraries initiative to be designed and implemented – to include the physical layout of libraries and the strategies adopted by librarians to enhance access to marginalised families. This to include the 'faces' of books facing out in the entry section of the library; support for Toddler Book-Clubs. Marginalised parents to be consulted in design of these strategies.
- Early childhood services to use the Reading Discovery project to support reading – including childcare centres etc incorporating reading into programs.

v) Workforce development

- Early childhood literacy and links to health outcomes to be incorporated into training/information sessions for all relevant sectors including:
 - Shire staff (including - librarians, maternal and child health, playgroup coordinators, pre-school teachers).
 - general health and welfare workers (in community centres, counsellors, social workers, accommodation programs, Community/Neighbourhood House workers, foster parents, etc)
 - education (including SW TAFE – for training of childcare professionals)
 - indigenous education coordinators

vi) Organisational development

- Reading Discovery program to be incorporated into the Southern Grampians and Glenelg Shires' Early Years Plans and Municipal Public Health Plans.

Capacity Building-Support and Resources

Roles and Responsibilities

Primary Stakeholders	Role	Resources 2004-2006
Community Connections	i) Auspice for Program Coordinator	0.5EFT for Coordinator (0.5 EFT to be sought from other funding) In-kind = \$10,000
Southern Grampians & Glenelg Shires	i) Risk assessment/screening -referral to program ii) Key implementation role with early childhood services, including: - maternal & child health; playgroups; pre-schools; childcare services	In-kind = \$20,000
Community Health Centres - Portland & Hamilton	Risk assessment/screening -referral to program	In-kind = \$2,000
Rotary, Progress Associations	Resources for Books for Babies initiative; potential source for program Volunteers	\$5,000
Indigenous organisations	Risk assessment/screening Volunteer	In-kind = \$3,000
Deakin University	Evaluation/research	In-kind = \$15,000
PCP	Program coordination; capacity building	\$23,000

Secondary Stakeholders	Role	Resources
SW TAFE	i) Workforce development for childcare workers Support for creative writing/adult literacy initiatives for marginalised families	In-kind = \$4,000
Acute sector of Portland and Western District Health Services	ii) information via pre-natal sessions; ii) Support for implementation of Books for Babies initiative	In-kind = \$2,000
Health/welfare agencies - Drug and Alcohol services, housing programs, Centrelink etc	Risk assessment/screening -referral to program	In-kind = \$2,000

Capacity Building

Steering Committee

- PCP will coordinate the formation of a Steering Committee to oversee the program and obtain commitment of additional partners
- Potential membership to include – representatives from Community Connections, Southern Grampians and Glenelg Shires, Community Health Centres, DHS Children's Services, childcare coordinators and consumers. Additional membership will be co-opted as relevant to initiatives being planned – eg. SW TAFE and Rotary
- PCP will initially Chair and provide secretarial support to Committee

Program Planning and Resourcing

- PCP will assist the Committee to document and agree on a project plan, including evaluation framework
- PCP will assist the Steering Committee to source resources to extend funding of the Program Coordinator by 0.5EFT to allow her to work across the SW.

Evaluation/Dissemination of findings

- PCP to assist with implementing evaluation process, including assisting with process and content of surveys.
- Deakin University to assist with evaluation.
- Community Connections Coordinator to coordinate dissemination of findings.

Evaluation and dissemination planning

<u>Objective</u>	<u>Evaluation Question</u>	<u>Indicator</u>	<u>Measurement tool</u>
To form a Reading Discovery program partnership by February 2005	Has the partnership been formed?	Membership of Steering Committee and number of related stakeholders	-Attendance at meetings -Commitment/interest from related stakeholders to receive program updates
To secure resources to fund a program coordinator by May 2005	Have funds been secured to appoint the coordinator?	Successful grants or funding commitments from stakeholders	Funds received
To implement the Reading Discovery program by June 2005	Has a project plan been developed and agreed to be key stakeholders?	Project plan signed by key stakeholders	Process evaluation Consultation with key stakeholders
To increase the frequency of reading to children amongst 30 marginalised families within the Southern Grampians & Glenelg Shires by June 2006	Have 30 marginalised families been involved in the program? Has the family's reading increased in frequency as a result of the program?	At least 40 families involved 100% families reporting higher frequency of reading to their children. 100% of families reporting they have made active	Process = number of families involved from participant database Impact = pre and post survey of families

		<p>changes to their family, such as:</p> <ul style="list-style-type: none"> - Making changes to physical layout of the house (bookshelves) - Changes to their parenting approach (reading to settle children) - Take-up of other creative writing/reading activities - Borrowing/buying more books <p>100% of families reporting other benefits, including:</p> <ul style="list-style-type: none"> - Enhanced mental wellbeing - Additional connection with local community - Improved behaviour of children 	
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Dissemination of findings -

The program's outcomes will be reported on and disseminated in the following ways:

1. Professional networks

- PCP and DHS Health Promotion websites
- PCP Bulletin
- Local media
- Submission to relevant conferences – early childhood; health promotion etc
- SGG PCP Health Promotion Forums
- PCP statewide health promotion network
- Direct distribution to key stakeholders – including Dr Fiona Stanley; early childhood academics; relevant state and federal government agencies

2. Community networks

- Local media
- Community newsletters – playgroup, first time mum's, preschool, Community Health, Shire etc
- Relevant websites – Shire, PCP, health Services

Estimated budget allocation for evaluation and dissemination:

Program budget = \$6,000, includes reimbursement for consumer participation

PCP's Health Promotion budget = \$2,000

Integrated Health Promotion Summary planning grid

Priority Goal:	To increase social connectedness and mental wellbeing				
Objective 1:	To increase the frequency of reading to children amongst 40 marginalised families within the Southern Grampians & Glenelg Shires by June 2006				
Sub-Objective	1.4 To form a Reading Discovery program partnership by February 2005 1.5 To secure resources to fund a program coordinator by May 2005 1.6 To implement the Reading Discovery program by June 2005				
Est. Impacts² (Qual/ Quant) for Objective 1	Process impacts: <ul style="list-style-type: none"> - Resources secured for project coordinator - Reading Discovery Project implemented with 40 marginalised families in SGG Shires - 30 Community Health and Council staff attending information sessions/in-services Outcome impacts: <ul style="list-style-type: none"> - Target families report higher frequency of reading as a result of the project - Target families report actions to change their family lifestyle - Target families report health benefits, including enhanced mental well-being + connection to community - Professionals report enhanced awareness of importance of reading in early years - Professionals taking additional action to increase the awareness of their clients to the need of reading to their children 				
PCP stakeholders³ key	Summary of mix of Interventions & CB strategies⁴	Population Target Group/s:	Estimated timelines	Estimated Reach⁵	Resources per key stakeholder for Obj1 04-06⁶
Community Connections	<ul style="list-style-type: none"> -Risk assessment and screening -Auspice project coordinator who will implement: <ul style="list-style-type: none"> -Workforce development (by project coordinator) -Social marketing/health information -Community Action 	<ul style="list-style-type: none"> -marginalised families with young children and low levels of literacy -CC staff 	Nov 04-June 06	40 marginalised families	\$90,000 (includes in-kind) +additional \$80,000 pending grant.
Southern Grampians and Glenelg Shires	<ul style="list-style-type: none"> -Risk Assessment and screening -Settings and supportive environment -Organisational development -Social marketing/health information -Community Action 	Marginalised families with young children and low levels of literacy	May 05-June 06	40 marginalised families	In-kind =\$40,000

Western District Health and Portland District Health – Community Health + acute	-Risk assessment and screening -Health information -Settings/supportive environments	Marginalised families with young children and low levels of literacy	May 05-June 06	40 marginalised families	In-kind=\$8,000
Health/welfare agencies + drug and alcohol, housing, Centrelink, indigenous organisations	-Risk assessment and screening -Health information -Settings/supportive environments	Marginalised families with young children and low levels of literacy	May 05-June 06	40 marginalised families	In-kind=\$10,000
SW TAFE	-Workforce development -Community Action	Childcare students Marginalised parents	By July 2005	All intake of childcare students	In-kind=\$8,000
Rotary/community organisations/ consumer representatives	-Community Action -Social marketing/health information	General community All new parents	Feb-July 2005	500 new parents	\$10,000 (pending)
Deakin University	-Evaluation	Agencies + families involved	July -Dec 2005	40 families All agencies	In-kind=\$15,000
PCP HP capacity building ⁷	-Steering Committee coordination -Assistance with grant submission -Assistance with evaluation framework -Assist with social marketing/health information	Agencies involved	Oct 04-June 06	12 Agencies	\$44,000
Estimated Total Budget per Objective ⁶: \$305,000 (\$90,000 pending support)					
Estimated Total Budget per Goal ⁶: \$44,000					

II. YOUTH STRATEGY

Problem Definition

The PCP has completed a series of consultations with 175 marginalised youth in the Southern Grampians and Glenelg Shires. This project aimed to map the needs of marginalised youth for input into the PCP's health promotion initiatives. The key priority of the Project was to bring together key stakeholders, including young people, to develop the context, policy framework and an action plan to address the health and well-being of young people. This project specifically focussed on the needs of marginalised youth as mainstream youth have generally been well consulted by health and education providers.

Results of the consultations have been compiled in the PCP's Youth Issues Report. Recommendations from this Report forms the basis for the youth component of the PCP's Community Health Plan.

The Youth Issues Report identified 3 key issues for marginalised youth, i) bullying, ii) sexual health information and iii) alcohol abuse. A planning forum held with key agencies agreed that the issue of alcohol abuse be referred to the local Drug and Alcohol Plans. The need to enhance the network of youth support services in the Southern Grampians was also identified.

The Report makes specific recommendations that seek to achieve the following core goals:

1. to provide a safe and inclusive school environment to prevent early school leavers; with particular focus on anti-bullying;
2. to ensure health/support services are accessible for those 'at risk', particularly sexual health; and
3. to support recreational opportunities and youth outreach services in local towns.

Program Goal

To increase the social connectedness and mental well-being of young people in the Southern Grampians and Glenelg Shire

Program Objectives

1. To enhance the network of youth services in Southern Grampians Shire by June 2005;
2. To facilitate the implementation of key recommendations of the PCP Youth Issues Report, 2004 by June 2006, including focus on:
 - i) school bullying;
 - ii) access of marginalised youth to sexual health information.

Population Target Groups

- ⇒ marginalised young people in the Southern Grampians & Glenelg Shires, between the ages of 12 and 25 years.

Solution Generation

i) Risk assessment/screening

- Tour by Somebody's Daughter Theatre Group to be used as a catalyst for self-assessment screening of young people needing range of support. Avenues for follow-up support to be provided via:
 - i) follow-up discussions/workshops by Somebody's Daughter Theatre Group;
 - ii) provision of Service Information via Youth Card
 - iii) follow-up with teachers
- PCP to facilitate discussion of the need for a common risk assessment tool for youth at risk with youth networks

ii) Social marketing and Health Information

- PCP to work with RMIT, LLEN and Glenelg Shire to arrange tour of Somebody's Daughter Theatre Group to raise awareness of issues for rural youth and provide outreach support.

- Service information to be made available via a Youth Card, one for Southern Grampians Shire and one for Glenelg Shire. The Local Learning and Education Network (LLEN) to coordinate the update (potentially annually as a re-print for school diaries). Dissemination of the cards to initially focus on those attending the Somebody's Daughter Theatre performances, Sept 2004 (500 people). Additional dissemination via local youth health and support services and via the website. Youth cards to include discounts at local businesses.
- PCP to work with Community Health Centres and Women's Health Resource Worker to implement social marketing and health information strategies relevant to the Sexual Health recommendations of the PCP Youth Issues Report – including via youth magazines such as the Purple Couch.
- Youth Issues Report findings to be disseminated to key stakeholders, community via media, websites.
- Youth Network – dissemination of plans, initiatives, outcomes
- Promotion of Youth Network via local media.
- PCP to work with education sector to facilitate their input into the implementation of the school based (bullying) recommendations of the Youth Issues Report.

iii) Community action

- Community support model (using community mentors) to address bullying to be trialled in the Glenelg Shire via the Glenelg Youth Network
- Local Progress Associations to be encouraged to address recreational opportunities for youth in outlying townships, including Balmoral
- PCP to encourage service providers to incorporate youth consultation/participation into service planning – including 'first time mum's peer support program in Glenelg; youth cards, Somebody's Daughter program and WDHS strength training pilot.
- PCP to encourage agency links with churches, community organisations and local businesses to support youth strategy

iv) Settings and supportive environments

- PCP to work with LLEN and Brophy to implement school based (bullying) recommendations of the PCP Youth Issues Report
- PCP to encourage Shire councils to consider enhancements to their maternal and child health services to ensure greater access by marginalised young parents
- Networks to advocate for youth issues

v) Workforce development

- PCP to assist in establishing a Youth Services Network in the Southern Grampians Shire, as per recommendations of the Youth Issues Report. Initial catalysts to include:
 - the collaborative planning/implementation of the tour and workshops by Somebody's Daughter Theatre company
 - production of the Youth Card
 - Southern Grampians Youth Network meeting, November 2004
- Dissemination of findings of Youth Issues Report to raise awareness/inform support services of needs of marginalised youth
- PCP to include focus on youth health promotion via its quarterly Health Promotion Forums – to include keynote speakers and local youth
- Women's Health Resource Worker to implement workforce development sessions for teachers regarding sexual health education.
- Capacity building/encouragement of agencies to consult with marginalised populations
- RMIT Professional Development Centre to assist with professional development of education/health sectors + general community development via seminars/key note speakers on youth related issues –eg. parenting topics.

vi) Organisational development

- PCP to influence culture of key support organisations to act as 'safety nets' that identify youth at risk and have processes in place to refer youth to additional support.
- PCP to implement recommendations of Youth Issues Report regarding supporting more agencies to develop Memorandums of Understanding with the local indigenous

services and to participate in the implementation of the cross-cultural awareness program.

- PCP to encourage local health services to address individual issues highlighted in this report via the PCP's Community Health Plan.

vii) Resources

- PCP to assist with the development of and sourcing of resources for the local Youth Cards + PCP to assist with facilitating a sustainable process for maintaining the cards
- Hamilton network to support lobbying for ongoing funding of Southern Grampians Youth Worker position.

Capacity Building-Support and Resources

Capacity building strategies:

i. Providing a catalyst for change

- The PCP will use the arts as a mechanism for creating change amongst service providers. This will occur via a series of workshops + performances by Somebody's Daughter Theatre Group. The creative process used by the theatre group will:
 - i) capacity build agencies in the use of arts sector in health promotion and community development work
 - ii) will aim to connect the network of youth agencies in the SGG shires.
- The PCP will use the task of arranging for the performances to schools and community members as a collaborative project to build a network of local youth support agencies in Southern Grampians Shire.

ii. Southern Grampians Network meeting + formation of Committee in SGG

- A Youth Network meeting will be held in November 2004 in Southern Grampians Shire to agree on the need for and commitment to a Southern Grampians Youth Network, potential members to include: WDHS-Community Services, GSG LLEN, Southern Grampians Shire, SGG Women's Health Resource Worker, Centrelink, WestVic Workforce, Western District Employment Access (WDEA), SW TAFE, Southern Grampians Adult Education, Hamilton Housing Program, Quamby Drug and Alcohol, Winda Mara, churches, schools, local businesses, sporting clubs, consumers.
- PCP will offer to convene and provide initial secretarial support for 3 months to assist in network establishment, as needed.

iii. Regional Linkages

- PCP will support the linkages between the newly formed Southern Grampians network, the Glenelg Youth network and the SW Rural Youth Area Network (RYAN), under the Victorian Office of Youth.

iv. Ongoing support/workforce development

- Integrated Health Promotion forums – the PCP will include a youth health promotion focus for its quarterly Health Promotion Forums – to include keynote speakers and local youth, raising awareness of the recommendations and actions of the Youth Issues Report, and fostering youth networks in SG & G.
- PCP will assist local youth workers to enhance their skills, including via mentoring with other youth workers in the SW.
- PCP will provide additional support as identified by the network, including:
 - Capacity building: facilitating links between youth and services; up-skilling of agency staff; up-skilling of local youth
 - Partnership development: generating commitment of agencies to work together on key actions
 - Recognising the importance of consultation and value of ideas generated from marginalised youth
 - Implementation of new programs to address local youth issues raised during consultations by various agencies in catchment area

Roles and Resources

Stakeholders	Role	Resources 2004-2006
Portland District Health and Western District Health Services -Youth Worker positions -Women's Health-Community Services position	Risk assessment/screening Community action Social marketing/health information	In-kind = \$10,000
Glenelg Shire -Youth Worker position - Cultural Arts Officer	Risk assessment/screening Community action Resources	In-kind = \$5,000 \$3300 – SD performance/tour
LLEN	Settings and supportive environments Organisational development Workforce development Resources	In-kind = \$45,000 \$1600 – for Youth Cards \$3300 – SD performance/tour
RMIT	Settings and supportive environments Organisational development Workforce development	In-kind = \$20,000
Women's Health Resource Worker	Social marketing/health information Workforce development Resources via Wholewoman Grant	\$3300 – SD performance/tour
Brophy - School Focussed Youth	Settings and supportive environments Resource development	In-kind = \$5,000
Hamilton based Youth agencies - Centrelink, WestVic Workforce, WDEA, SW TAFE, Sth Grampians Adult Education, Hamilton Housing Program, Quamby Drug and Alcohol, Winda Mara, churches, schools, local business, sporting clubs	Community action Settings and supportive environments	In-kind = \$16,000
Youth consumer reps	Resource development Community action	Consumer reimbursement: \$2000
PCP	Capacity Building, Organisational development Workforce development, Resources, settings and supportive environments	\$46,000

Summary Evaluation Framework

Objective	Evaluation Question	Indicator	Measurement tool
To enhance the network of youth services in Southern Grampians Shire by June 2005	Has a network been successfully implemented in the Southern Grampians? Have partnerships been enhanced in Southern Grampians? How well the Network functioning?	i) Commitment to Youth Network, with key stakeholders from health/welfare/education sectors, community organisations, local businesses, youth representative – by November 2004. ii) Key agencies engaged and regularly attending network meetings/initiatives. iii) Collaborative projects implemented by the Network iv) Input as a Network to the South West RYAN	Meeting attendance list, ongoing.
To facilitate the implementation of key recommendations of the PCP Youth Issues Report, 2004 including focus on: i) school bullying; ii) access of marginalised youth to sexual health information by June 2006	How engaged are agencies to take action re: key recommendations? What action has been taken in response to key recommendations?	i) Key agencies identify plans for action to address bullying and increasing sexual health information, as per recommendations of the Youth Issues Report ii) Key agencies have implemented initiatives to address findings of the Youth Issues Report and, where possible, agencies report on impact measures.	Survey of key stakeholders, February 2005 Survey of key stakeholders, June and December 2005

Dissemination of findings –

The program's outcomes will be reported on and disseminated in the following ways:

1. Professional networks

- PCP and DHS Health Promotion websites
- PCP Bulletin
- Local media
- Submission to relevant conferences – youth; health promotion etc
- Quarterly SGG PCP Health Promotion Forums
- Reports to PCP statewide health promotion network meetings
- Direct distribution to key stakeholders - Office of Youth, etc

2. Community networks

- Local media
- Relevant websites – YouthBiz, Shire, Health Services, PCP
- Youth magazines/newsletters – eg. 'Purple Couch'

Estimated budget allocation for evaluation and dissemination:

Non PCP contribution Program budget = \$114,500 includes reimbursement for consumer participation

PCP's Health Promotion budget = \$46,000 over 2004-2006

Integrated Health Promotion Summary planning grid

Priority Goal 1:	To increase the social connectedness and mental wellbeing of young people in the Southern Grampians and Glenelg Shires				
Objective 1:	To enhance the network of youth services in Southern Grampians Shire				
Est. Impacts² (Qual/Quant) for Objective 1	<p>Process</p> <p>i) Commitment from key stakeholders to the Youth Network (including health/welfare/education sectors, community organisations, local business, youth representatives.)</p> <p>ii) Key stakeholders regularly attending network meetings/initiatives.</p> <p>Outcome</p> <p>i) At least one collaborative project developed by the Network</p> <p>ii) Network providing input into the South West RYAN</p>				
PCP key stakeholders³	Summary of mix of Interventions & CB strategies⁴	Population Target Group/s:	Estimated timelines	Estimated Reach⁵	Resources per key stakeholder for Obj1⁶
WDHS– Youth Worker	Settings and supportive environments	Youth Stakeholders	Ongoing – to June 2005	25+ Southern Grampians youth related organisations/ agencies/ businesses	In kind: \$2,500
LLEN	Settings and supportive environments				In kind: \$20,000
RMIT	Social marketing and Health Information Workforce development				In kind: \$20,000
South West RYAN	Settings and supportive environments	Office for Youth Relevant Government Ministers		Key decision makers	In kind: \$400
PCP capacity building⁷ HP	Securing resources and support; project coordination. Organisation development – alliances developed Workforce development of key stakeholders – information dissemination, support network, planning,				\$16,000
Estimated Total Budget per Objective: \$58,900					
Estimated Total Budget per Goal: \$140,900					

Priority Goal 2:	To increase the social connectedness and mental wellbeing of young people in the Southern Grampians and Glenelg Shires				
Objective 2:	To facilitate the implementation of key recommendations of the PCP Youth Issues Report, 2004 including focus on: i) school bullying; ii) access of marginalised youth to sexual health information - by June 2006				
Est. Impacts² (Qual/Quant) for Objective 2	<p>Process</p> <ul style="list-style-type: none"> - Key agencies identify plans for action to address bullying and increasing sexual health information - Key agencies have implemented initiatives to address findings of the Youth Issues Report <p>Outcome</p> <ul style="list-style-type: none"> - key stakeholders implementing strategies to address key recommendations of the Youth Issues Report - agencies reporting the impact from anti-bullying programs - agencies reporting increase in access by marginalised youth to sexual health information 				
PCP key stakeholders³	Summary of mix of Interventions & CB strategies⁴	Population Target Group/s:	Estimated timelines	Estimated Reach⁵	Resources per key stakeholder for Obj1⁶
WDHS – Youth Worker / Portland District Health	Workforce development Settings and supportive environments Social marketing and Health Information	Marginalised Youth 12 – 25 years	Ongoing – to June 2006	All community	In kind: \$7,500
LLEN	Workforce development Settings and supportive environments Social marketing and Health Information			All secondary schools, general community	In kind: \$25,000
Adult Education Centre (TAFE, SGAE)	Settings and supportive environments			All students	In kind: \$5,000
Schools	Settings and supportive environments			All upper primary and secondary schools	In kind: \$5,000
Women’s Health Resource Worker	Workforce development Social marketing and Health Information Settings and support environments			All youth related agencies, general community	In kind: \$2,000

Southern Grampians & Glenelg Shire Councils	Settings and supportive environments			Clients of Maternal & Child Health service	In kind: \$2,500
Youth/Community Members	Community action			General Community	-
Brophy Family & Youth Services	Settings and supportive environments			All upper primary and secondary schools	In kind: \$5,000
PCP HP capacity building⁷	Securing resources and support; project coordination. Workforce development of key stakeholders – information dissemination, support network, planning				\$30,000
Estimated Total Budget per Objective: \$82,000					
Estimated Total Budget per Goal: \$140,900					

III. ELDERLY – ACTIVE AGEING

Problem Definition

Refer to page 18

Program Goal

To increase social connectedness and mental wellbeing

Program Objectives

To increase the opportunities for social connectedness and mental wellbeing by June 2006

Sub-Objectives

- To enable older people to plan, implement, monitor and evaluate falls prevention and physical activities for the rural communities where they live through participation on geographical falls prevention coalitions
- To facilitate opportunities for older people to socialise through falls prevention health promotion and physical activity programs.
- To optimise capacity for social connectedness and mental wellbeing of older people living in rural communities through additional funding opportunities

Population Target Groups

Older people aged over 65 years (Koori 45 years +) belonging to target community groups including – Dunkeld/Penshurst Group; Heywood/Narrawong; Casterton/Coleraine; Dartmoor/Nelson; Balmoral/Cavendish.

Solution Generation

Screening and Risk Assessment:

- Fashion parades as a demonstration and marketing to target group of hip protectors – by local business operator 'Marion's Fashions'
- Linkages with Active Script project in Hamilton to identify 'at-risk' patients to refer to strength and balance training in target towns – Otway Division GPs, WDHS.

Environment/settings:

- Participation of consumer representatives as subsidiaries of community target groups on the five geographical coalitions for the falls prevention project
- Men's Shed Pilot in Casterton – to improve social connectedness, increase physical activity of retired/disabled older men to provide community services to isolated older people in their homes
- Dept of Veteran Affairs to encourage input from veteran community via relevant incentives
- Mulleraterong Disability Services to supervise men with a disability in Men's Shed pilot

Social Marketing/Health Information:

- Newsletter articles + generation of feedback to communities on progress and upcoming events for falls prevention/physical activity programs -Shire HACC services; SWSA; local physical activity providers; health services; community group bulletins; Dept Veteran Affairs
- Fashion Parades for women's groups to market falls prevention, Risk Screening, hip protectors & alarms – Local business
- Local media coverage focussing on social connectedness initiatives – local coalitions
- Inclusion of social activities, refreshments and health promotion, for example: Asthma self-management, based on the Active Penshurst Model – by physical activity providers.
- SWSA and other key stakeholders to include mental well-being and social connectedness outcomes in their conference/seminar presentations.

Community Action:

- Leadership Training of service provider volunteers and/or consumer representatives of coalitions to undertake peer education training in falls prevention

- Local mental well-being and social connectedness projects to be planned and implemented by local coalitions to meet their community needs/interests
- Dept of Veteran Affairs to facilitate community involvement/action

Resources:

- Submission of additional funding for capacity building of Falls Prevention Project through Active Ageing and Vic Health funding bodies to promote physical activity, social connectedness through alternate activities such as the performing arts and music.
- Use of Department of Veteran Affairs resources, including relevant activities.

Capacity Building-Support and Resources

Local Coalition working groups

- PCP to support the formation of local coalition working groups to facilitate local community ownership of initiatives to encourage mental health/social connectedness
- Membership includes – representatives from local health services; Shire; Winda Mara (where relevant); range of community groups, eg. Probus, Senior Citizens, Carer Support Groups, Country Women’s Associations; Progress Associations; Veterans; etc.

Workforce Development

- PCP to identify and facilitate workforce development opportunities for local health service staff; physical activity providers and local community representatives -eg. Leadership training.

Program Planning and resourcing

- PCP will assist local coalitions to plan and implement local mental well-being/social connectedness projects (pending funding approval)
- PCP will assist with coordinating funding submission to seek local community resources to plan and implement mental well-being/social connectedness projects that meet local needs.

Evaluation/Dissemination of findings

- PCP to assist with implementing evaluation process, including assisting with process and content of surveys.

Role	Who
Project Co-ordination & Communication <ul style="list-style-type: none"> Project documentation; convening of meetings; reporting 	PCP
Resource Development <ul style="list-style-type: none"> Media, newsletter articles for target group Acquisition of resources for implementation by FP Community Leaders 	PCP, Service Providers: Heywood/ Narrawong; Peshurst & District Casterton & District, Balmoral Dartmoor/ Nelson, Merino Bush Nursing Centres, SG&G Shires
Marketing/Risk Screening in a Social Setting <ul style="list-style-type: none"> Fashion parades as a demonstration and marketing to target group of hip protectors 	Marion's Fashions, PCP
Education and Training of Consumer Representatives <ul style="list-style-type: none"> Peer leadership training in falls prevention 	PCP, Consumer Representatives of local coalitions
Support of Men's Shed Pilot at Casterton <ul style="list-style-type: none"> Increase physical activity of retired men, decrease social isolation of participants whilst providing community service to isolated older people in their homes 	PCP, Casterton Memorial Hospital, local community groups, Mulleraterong Disability Services, Department of Veterans Affairs, RSL – Casterton
Communication with other providers/community groups <ul style="list-style-type: none"> Other service providers may be interested in participating in falls prevention strategies/coalitions 	PCP, local service providers: Otway Division of General Practice, West Vic Division of General Practice, SWSA, local service providers: PDHS, HRH, CMH, CDHS, Bush Nursing Centres – Dartmoor, Balmoral, Merino
Evaluation <ul style="list-style-type: none"> Process and impact evaluation 	PCP, local service providers: Otway Division of General Practice, West Vic Division of General Practice, SWSA, local service providers: PDHS, HRH, CMH, CDHS, Bush Nursing Centres – Dartmoor, Balmoral, Merino
Reporting <ul style="list-style-type: none"> Progress and final reports with lessons learnt 	PCP, Steering Committee & Local Coalitions

Resource commitments have been made in response to the Falls Prevention Steering Committee and Local Coalitions involving community groups. Expertise on the Steering Committee from Dr. Keith Hill, NARI and Dr. Adrian Schoo, Deakin University- Greater Green Triangle have added credibility and service provider confidence in providing support to the FOS project.

Organisation	In Kind Financial Support
Marion's Fashions	Travel: \$600
Casterton Memorial Hospital	Venue for men's shed \$500 initial + consumables
Department of Veteran's Affairs	equipment purchase: \$1000
Mulleraterong Disability Services	Supervision of men with a disability: 240
Local Health Services: Balmoral, Merino and Dartmoor Bush Nursing Services, Casterton Memorial Hospital, Western District Health Service Peshurst, HRH	Provision of Refreshments/Guest Speakers at Fitness Programs Exercise programs by health professionals Catering \$4872

Summary Evaluation

Objective	Evaluation Question	Indicator	Measurement tool
To enable older people to plan, implement, monitor and evaluate falls prevention and physical activities for the rural communities where they live through participation on geographical falls prevention coalitions	Have older people been represented in the local coalition working groups? Are they satisfied/have they enjoyed participating? Did the Leadership training receive positive feedback from participants?	-At least 2 elderly representatives on each of the 5 coalition working groups. -Regular attendance of community reps at meetings -75% of representatives report their enjoyment of participating -75% of participants in Leadership training report high satisfaction.	Coalition membership list Meeting attendance record Survey Post-training survey
To facilitate opportunities for older people to socialise through falls prevention health promotion and physical activity programs.	Do local physical activity programs include social activities?	100% of strength and balance programs include a social activity.	Survey
To optimise capacity for social connectedness and mental wellbeing of older people living in rural communities through additional funding opportunities	Has additional funding been sourced to support health and well-being projects of local coalitions?	Funding sourced to support at least 3 local coalitions to implement projects that support social connectedness & mental wellbeing.	Documented funding approval

Dissemination of findings -

The program's outcomes will be reported on and disseminated in the following ways:

1. Professional networks

- PCP and DHS Health Promotion websites
- PCP Bulletin
- HACC newsletter
- Local media
- Submission to relevant conferences
- SGG PCP Health Promotion Forums
- PCP statewide health promotion network
- Direct distribution to key stakeholders

2. Community networks

- Local media
- Community newsletters
- Relevant websites – Shire, PCP, Health Services

Estimated budget allocation for evaluation and dissemination:

PCP's Health Promotion budget = \$1,000 - Supplemented by Falls Prevention budget.

Integrated Health Promotion Summary planning grid

Priority Goal:	To increase social connectedness and mental wellbeing				
Objective 1:	To increase the opportunities for social connectedness and mental wellbeing by June 2006				
Sub-Objectives	<ol style="list-style-type: none"> To enable older people to plan, implement, monitor and evaluate falls prevention and physical activities for the rural communities where they live through participation on geographical falls prevention coalitions To facilitate opportunities for older people to socialise through falls prevention health promotion and physical activity programs. To optimise capacity for social connectedness and mental wellbeing of older people living in rural communities through additional funding opportunities 				
R1. Est. Impacts² (Qual/Quant) for Objective 1	<p><i>Process:</i></p> <ul style="list-style-type: none"> Minimum of 2 community representatives on each of the geographical coalitions (5) for the falls prevention project Regular attendance of community representatives at each coalition meeting 75% Leadership training participant satisfaction <p><i>Impact</i></p> <ul style="list-style-type: none"> 75% satisfaction rate of Coalitions' consumer representatives 75% satisfaction of target group participants who undertake social activities as part of falls prevention and physical activity programs 				
A. Agency name + other stakeholders involved³	B. Summary of mix of Interventions & capacity building strategies⁴	C. Population Target Group/s:	D. Estimated timelines	E. Estimated Reach⁵	F. Resources per key stakeholder June 04-June 06
SWSA	Workforce Development Social marketing/Health Information	Physical activity providers	June 04-June 06	15 providers	In-kind: \$2,000
Local health services at target townships: -Balmoral and Dartmoor Bush Nursing Services -Casterton and Coleraine memorial hospitals	Social Marketing/Health Information Environment/settings: Men's Shed project – Casterton services	Elderly	Feb 05-June 06	-General community -initially 10 men in Casterton	In-kind: \$3,000 \$500
Local community representatives from 5 local coalition communities	Environment/settings: Participation of consumer representatives on local coalition groups Community Action Leadership training	Elderly	June 2006	15 across 4 coalition areas 300 people	Reimbursement: \$1800 \$950
Dept Veteran Affairs	Social Marketing/Health Information Resources Environment/settings Community Action	Elderly	June 04-June 06	200 people	In-kind: \$2000 Equipment: \$1000

Southern Grampians & Glenelg Shires - HACC services	Social Marketing/Health Information: Newsletter articles generation of feedback to communities on progress and upcoming events	Elderly	Quarterly and monthly newsletters June 2006	600 people	\$750
Local Business - Marion's Fashions	Risk assessment/screening + health information: Fashion Parades for women's groups to market falls prevention, Risk Screening, hip protectors & alarms	Elderly	Bimonthly	360 people	\$800
Physical Activity Providers – private + part of health services	Health Information: Inclusion of social activities, refreshments and health promotion into local coalition meetings/activities	Elderly	Monthly- ongoing	70 people min.	In kind: \$4,900
Otway Division GPs/WDHS	Screening/Risk Assessment: Linkages to Active Script project in Hamilton for referral of 'at risk' elderly to strength and balance programs	Elderly	November 04- June 06	20 people	In-kind: \$1,000
Mulleraterong Disability Services	Environment/settings: Supervision of pilot for men	Elderly men with a disability	November 04- June 06	10 people	In-kind: \$250
Local coalitions + Falls Prevention Steering Committee	Social Marketing/Health Information Resources: Submission for funding for Active Ageing to support health and well-being projects of local coalitions. Community Action: Implementation of local funded projects (pending funding approval)	Elderly	Ongoing November 04 December 04- June 06	5 local coalition areas	In-kind: \$1,000 In-kind: \$800 \$20,000 (pending funding approval)
PCP HP capacity building ⁷	Resources Workforce Development Capacity Building	Health and sporting providers Local community	June 04-June 06	Southern Grampians and Glenelg Shires	\$5,000 in addition to Falls Prevention project funds
Estimated Total Budget per Goal⁶: \$45,750					

IV. FAMILY VIOLENCE

Problem Definition: - Issue background

ABS data (1996) and the 2002 Victorian Family Violence Database report that approximately 23% of women who have been married or in a de-facto relationship have experienced violence in that relationship. Data shows, however, that 18% of the women experiencing violence never report it and less than 20% of women had any contact with support services.

A WA study revealed that indigenous women were 45 times more likely than non-indigenous women to be victims of family violence.

Family violence can include physical, sexual, psychological, emotional, social, spiritual and financial abuse.

The SGG PCP has responded to the request of local service providers to assist with better coordination of services involved in assisting clients impacted by family violence.

Source: 101 ways great and small to prevent family violence – Victorian Resource Kit by Domestic Violence and Incest Resource Centre, Sept 2004.

Program Goal

To increase the social connectedness and mental well-being of communities in the Southern Grampians and Glenelg Shires.

Program Objective

To increase the effectiveness of services to provide for the needs of victims of family violence in the Southern Grampians & Glenelg Shires by June 2006

Sub-Objectives

- 1.1 To support the Portland Family Violence Network to meet the needs of victims of family violence;
- 1.2 To support the establishment of a Hamilton Family Violence Network;
- 1.3 To provide information to the community, including potential victims, of services available to support victims of family violence.

Population Target Groups

Victims of family violence – including men, women and children serviced by Hamilton and Portland health/welfare services.

Solution Generation

i) Risk assessment/screening

- Common assessment form to be developed, agreed and implemented by Hamilton and Portland networks.

ii) Social marketing and Health Information

- Wallet-sized service card to be developed in conjunction with the regional Healthy Communities Family Violence Task Group. Card to be made available at GP clinics; health centres; attached to injunction notices provided by police etc.
- Series of articles in local media to focus on local case studies of family violence – to be implemented as a regional approach with the Healthy Communities Family Violence Task Group.
- 'Healthy Relationships' information to be developed as part of PCP's Youth Strategy – to encourage young people affected by family violence to understand what a healthy relationship is in order to break the cycle of violent relationships across generations.
- Arts projects to be used as a mechanism for enhancing awareness about the impacts of family violence on the lives of all members of the family. Initial approach to include performing arts via 'Bring Her Home' by Somebody's Daughter Theatre – featuring a story of a young girl seeking safety from family violence. Secondly, potential use of visual arts by victims of domestic violence on tour from Ararat + follow-up workshops with clients in Portland.
- Women's Health Resource Worker to implement range of women's safety awareness programs to raise community awareness

*Southern Grampians & Glenelg Primary Care Partnership
Community Health Plan 1 July 2004 – 30 June 2006*

iii) Community action

- Client consultation and input into social marketing and health information strategies - particularly the content/format of service card and media case studies.

iv) Settings and supportive environments

- Network of service providers to operate as a 'safety-net' for victims of family violence – whereby information, support and appropriate referrals are made
- Portland Accident and Emergency Department to provide information and support for victims, including effective referrals - particularly after-hours victims of family violence
- Visual and performing arts to be used as an outreach mechanism for victims and mechanism for linking them into appropriate support services –commencing with Somebody's Daughter Theatre company – with free performances available to schools and clients of support and welfare services throughout the SW

v) Workforce development

- General training and information forums for relevant agencies to increase their understanding of issues and support available from the service system. Training to enhance their skills to more effectively deal with clients affected by family violence - training to include identifying family violence and responding to clients in need.
- Victoria Police to train service providers in the new Police Code of Conduct.
- Training for Accident and Emergency staff of Portland District Health – to cater particularly for after hours needs of family violence victims
- Women's Health Resource Worker to implement range of workforce development initiatives targetting women's safety
- Development of Portland and Hamilton service directories for providers to ensure they are aware of relevant referral destinations; what they can offer; and their eligibility for clients needing a range of crisis and ongoing services
- Development of referral pathways for Hamilton and Portland with incorporation of Service Coordination tools

vi) Organisational development

- Family Violence service directory and referral pathway to be incorporated into standard procedures for all agencies within Hamilton and Portland networks

vii) Resource development

- Service card to be produced by SW Healthy Communities Task Group;
- Training materials to be produced by Victoria Police and Regional Family Violence Worker;
- Service Directory to be produced/printed by PCP

Capacity Building-Support and Resources

Roles and Responsibilities

Stakeholders	Role	Resources
Portland and Western District Health Services – - A&E Dept Portland - Community Health Centres	Screening/assessment Workforce development	In-kind = \$3000
Women's Health Resource Worker	Workforce Development Social Marketing/Health Information	In-kind = \$2000
Victoria Police	Screening/assessment Workforce development Resource development	In-kind = \$3000
Portland and Hamilton Housing Programs	Screening/assessment Workforce development	In-kind = \$1500
Salvation Army	Screening/assessment Workforce development	In-kind = \$2400
Emma House	Screening/assessment Workforce development	In-kind = \$1400
Winda Mara Aboriginal Corp	Screening/assessment Workforce development	In-kind = \$1400
DHS Regional Family Violence Resource Worker	Workforce Development	\$10,000 DHS grant for assessment tool & network development
Above stakeholders operating within the Network	Screening/assessment tool Social Marketing/Health Information Settings and Supportive Environment Organisational Development	In-kind =
Consumer - Family Violence Clients	Community Action Resource development	\$500 reimbursement
SW Healthy Communities Task Group	Social marketing/health information - Resource development	\$2,000
PCP	Program coordination; capacity building; Organisational development; resource development	\$10,000

Capacity building strategies – funded by PCP integrated health promotion funding

1. Network committees

- PCP will coordinate the maintenance of the Portland network and formation of the Hamilton network
- Network committees to oversee the local training and resource development initiatives
- Membership of networks to include representatives from Portland and Western District Health Services (A&E Dept Portland and Community Health Centres); Women's Health Resource Worker; Victoria Police; Portland and Hamilton Housing Programs; Salvation Army; Emma House.
- PCP will initially convene and provide secretarial support to Committee.

2. Regional linkages

- PCP to ensure linkages made with DHS Regional Family Violence Resource Worker and SW Healthy Communities Task Group.

3. Resourcing

- PCP to assist with sourcing resources to fund initiatives, including assessment tool and referral pathway development.

4. Workforce development

- PCP will assist with coordination of training and information forums, including the sourcing of DHS and other expert input.

Evaluation/Dissemination of findings

<u>Objective</u>	<u>Evaluation Question</u>	<u>Indicator</u>	<u>Measurement tool</u>
To increase the effectiveness of services to provide for the needs of victims of family violence in the Southern Grampians & Glenelg Shires by June 2006	Do services feel more able to provide for the needs of clients impacted by FV? Are services using a common assessment form and referral protocol? Are service providers more aware of what other services offer? Has there been an increase in the number of referrals between services?	-Services report greater knowledge and confidence in assisting clients impacted by FV. -100% of services using common assessment form and referral protocol. -Services report greater knowledge of what other services can offer. -Services report greater willingness to refer clients to other services. -Increase in the number of referrals between providers.	Agency survey Agency survey Agency survey Agency survey Agency referral data pre and post
To support the establishment of a Hamilton Family Violence Network	Are service providers in Hamilton regularly attending network meetings and willing to share their issues/concerns?	Network meetings regularly attended by range key stakeholders. Stakeholders report feeling interested and willing to participate in the network.	Meeting attendance list Minutes of meeting discussion. Survey of stakeholders
To provide information to the community, including potential victims, of services available to support victims of family violence.	Has information been provided that is accessible; developed with input from clients; and meets client needs?	At least 3 consumer representatives involved in developing consumer information. Consumer information disseminated via a range of sources – including media; support services; community venues.	Meeting attendance list Audit of dissemination process

Dissemination of information

Information developed via this project will be disseminated beyond the local area via:

- SGG PCP website
- SW Healthy Communities Family Violence Task Group
- DHS' Regional Family Violence Worker
- Media
- Wholewoman newsletter/website
- Conferences/seminar opportunities, as they arise

Estimated budget allocation for evaluation and dissemination:

PCP's Health Promotion budget = \$2,000

Integrated Health Promotion Summary planning grid

Priority Goal:	To increase the social connectedness and mental wellbeing of the communities of Southern Grampians and Glenelg				
Objective 1:	To increase the effectiveness of services to provide for the needs of victims of family violence in the Southern Grampians & Glenelg Shires by June 2006				
Sub-Objectives	To support the Portland Family Violence Network's to meet the needs of victims of family violence; To support the establishment of a Hamilton Family Violence Network; To provide information to the community, including potential victims, of services available to support victims of family violence.				
R1. Est. Impacts² (Qual/Quant) for Objective 1	<p>Process Impacts: - Number of agencies involved in the Hamilton and Portland Family Violence networks + attendance at meetings</p> <ul style="list-style-type: none"> - At least 3 consumer reps involved in development of consumer resources/social marketing information - Consumer card developed and disseminated via relevant community networks - 100% of agencies using common assessment tool and referral process - increased number of referrals between providers <p>Outcome Impacts: - Increase in the knowledge and skills of agencies in dealing with clients experiencing family violence.</p> <ul style="list-style-type: none"> - greater willingness of providers to refer to other services 				
A. Agency name + other stakeholders involved³	B. Summary of mix of Interventions & capacity building strategies⁴	C. Population Target Group/s:	D. Estimated timelines	E. Estimated Reach⁵	F. Resources per stakeholder for Obj1⁶ key
Portland and Hamilton Networks – (health, welfare, community, housing, Koori, DV, police, D&A, local govt, churches, education, etc)	i) Risk assessment/ screening: development of a common assessment tool ii) Workforce development: <ul style="list-style-type: none"> - training and forums to increase understanding of issues/ service system and skills to more effectively deal with clients; ▪ development of service directory for 	-Victims of family violence – including women, men, children. -Agencies involved assisting clients. in FV	Dec 04 July 04 – June 06	70% of agencies included in network	In-kind = \$15,000

	<p>providers and networking so familiar with support services/ eligibility etc</p> <ul style="list-style-type: none"> development of referral pathway and encourage use of Service Coordination tools. <p>iii) Health information – via arts projects: Somebody's Daughter play and visual arts tour and</p>	-general community + FV clients	Sept/Oct 04	500 people attending	
SW Healthy Communities Task Group with input from Portland and Hamilton networks	Social marketing/health information – consumer card Resource development	Victims and potential victims of family violence – including women, men, children.	Feb 05	General community	\$2,000
DHS-Regional Family Violence Worker	Workforce development Organisational development	Agencies involved in Portland and Hamilton FV networks	July 04- June 06	50 agency staff	\$3,000 \$10,000-DHS grant
Consumer reps	Community action Resource development	Victims of family violence, including indigenous	Feb 05-June 06	5 consumer reps	\$800 reimbursement
PCP HP building⁷ capacity	Health information re: healthy relationships via PCP Youth Strategy Workforce development Organisational development Resource development	Agencies involved in Portland and Hamilton FV networks	July 04- June 06	50 agency staff	\$10,000
Estimated Total Budget per Objective ⁶: \$40,800					
Estimated Total Budget per Goal ⁶: \$10,000					

3.4 STAKEHOLDER ACTIVITIES MATRIX

The following matrix summarises some of the health promotion activities of a number of PCP stakeholders, as relevant to the Catchment Priorities of physical activity and mental well-being/social connectedness. This matrix is a new initiative and is considered to be a 'work in progress'.

This will be kept updated and available on the PCP website (www.sgg.com.au) for reference by PCP and other networks.

Agency	Activity Category			
	Physical Activity		Mental Well-being/Social Connectedness	
	YES	Specific Activity	YES	Specific Activity
Portland District Health Contact: Jacki Carmody	✓	<ul style="list-style-type: none"> ▪ Walking Track Project ▪ Strength Training Program 	✓	<ul style="list-style-type: none"> ▪ Illness and carer support groups
Western District Health Service Contact: Susan Brumby	✓	<ul style="list-style-type: none"> ▪ Active Script Project ▪ Strength Training ▪ Cardiac Rehabilitation Program 	✓	<ul style="list-style-type: none"> ▪ Support Groups ▪ Young Mums Group ▪ Body Image programs ▪ Illness and carer support groups
Balmoral Bush Nursing Centre Contact: Lisa Hutchins	✓	<ul style="list-style-type: none"> ▪ Strength Training Program in conjunction with Bowling Club, Development Association, SWSA. Reach = 300 people 	✓	<ul style="list-style-type: none"> ▪ Arts Project with local community arts group, schools, Development Association etc. Reach = 1000 people
Dartmoor Bush Nursing Centre Contact: Pam Godfrey-Smith	✓	<ul style="list-style-type: none"> ▪ Strength Training Program 		
South West Sports Assembly Contact: Jo Brooks	✓	<ul style="list-style-type: none"> ▪ Access for All Abilities (AAA) ▪ Participation in Community Sport and Active Recreation (PICSAR) ▪ (Participation in Community Sport and Active Recreation Grant Scheme) 		
Women's Health Resource Worker Contact: Lynda Donehue	✓	<ul style="list-style-type: none"> ▪ Hockey/Sport program –under 12yrs ▪ Lawn Bowls 'come & try' program ▪ Squash & Racquetball 'come & try' 	✓	<ul style="list-style-type: none"> ▪ In Home Child Care Service ▪ Family Violence Prevention ▪ Sexual Health & Reproduction Issues Awareness ▪ CALD program ▪ 'Wholewoman' newsletter
Casterton Memorial Hospital Contact: Sheila Bramall	✓	<ul style="list-style-type: none"> • 'The Group', a 6 session program of Physical Activity & Lifestyle Information, for people with Chronic Illnesses. 	✓	<ul style="list-style-type: none"> • LIFE Group, a community wide group to address mental health & wellbeing issues in Casterton.

Agency	Activity Category			
	Physical Activity		Mental Well-being/Social Connectedness	
	YES	Specific Activity	YES	Specific Activity
		<ul style="list-style-type: none"> Twice weekly Physical Activity program, adapted for the residents of Glenelg House Residential Care/ CMH Proposed Co- Program for first half of 2005, between CMH & Casterton Secondary College, 'Casterton Community Walks around Australia'. Modified Tai Chi for CMH staff program to commence late 2004 & 2005, in 6 week blocks. 		<ul style="list-style-type: none"> 2004 Mental Health Week Art Exhibition & Forum. 'People's Lounge' – open twice weekly, youth drop in centre, 12 –18 yrs 'Friends of Glenelg House' visit the residents weekly for various activities. Illness and carer support groups CMH Staff Inservice Month, a yearly event of alternative sessions(4-6), in physical, mental, emotional & social areas.
Mulleraterong Centre Contact: Annette Read	✓	<ul style="list-style-type: none"> Disability based gym sessions, low impact Aerobics, Pilates, Walking Programs Adventure Activities Program Bike riding program 	✓	<ul style="list-style-type: none"> 'Friends' Program –visit to retirement homes Work Experience Program Independent Living Program
Department of Veterans Affairs Contact: Keith McKenzie	✓	<p>DVA has a number programs available for Ex-service people that can also be adopted for general public.</p> <ul style="list-style-type: none"> Homefront- Falls prevention Funding to COTA re strength and Balance Grant monies – eg; strength training 	✓	<ul style="list-style-type: none"> Cooking for one or two - basic cooking skills program The right mix - your health and alcohol www.therightmix.gov.au Men`s Health Peer Education Kit Keeping you safe in the riders seat-motorised scooter safety education kit Mediwise - using your medications correctly Grant monies- eg; Social connectedness programs
Winda Mara Aboriginal Corporation Contact: Denis Rose	✓	<ul style="list-style-type: none"> Youth Suicide Prevention Program – Winda Mara Lifestyle Team: gym, physical activity programs 	✓	<ul style="list-style-type: none"> Community Dreaming Project Youth Suicide Prevention Program: nutrition education, youth workers, recreation activities Mental Health Programs Education Program