

WE'RE ALL IN IT TOGETHER

ROBBI CHAPLIN: Thanks heaps, Peter, for that kind introduction. I'd also like to acknowledge the traditional owners of this land, the Kulin nation.

Not surprisingly, I'm here to talk about partnerships, partnerships with agencies, partnerships with disadvantaged community members and with whole communities. It's entitled 'We're all in this together'.

My talk will cover who and what our PCP consists of. We have the unfortunate acronym of ISEPICH, which tends to denote grim reapers or lost mountaineers, none of which are actually members of our PCP. I want to talk about our vision for social inclusion and how we continue to move closer to it in partnership, the challenges involved, because not everyone gets social inclusion, and three examples of our work, how the PCP helped and some of our real challenges for the future.

So ISEPICH - who are we? We cover the three local government areas of Glen Eira, Port Phillip and Stonnington. We have 45 member agencies and integrally, absolutely integrally, a vibrant, self-determining community advisory group, with another questionable acronym, the CAG. We have a very broad membership with not just a narrow health focus. We consist of local government, welfare, NGOs, disability and ethnospecific agencies, RDNS, members of the acute sector, community mental health providers, neighbourhood houses, housing associations and more. Our demographics: the inner south-east. Generally we're viewed as a pretty healthy, wealthy kind of society but with pockets of severe disadvantage. Gentrification is rife, and there's clear evidence that people on lower incomes living beside great privilege and consumption can experience a further kind of disadvantage in their comparative lack of wealth. The pockets of disadvantage consist of residents of rooming houses, pension-level SRSs, and many of the residents have high levels of mental illness, psychosocial issues and chronic disease. We also have many public housing tenants, sole

parents, pensioners, cold groups and refugees, and the inner south is also a traditional gathering place for Indigenous community members.

We are very privileged to work in close partnership with our local Indigenous community members. In these partnerships, Indigenous community members control the program's agendas, the activities of their meeting place, known as Our Rainbow Place, and the future directions of the activities and programs that they determine that they want. This is a photograph of local elders at the 2008 Carers Camp, one of a number of camps directed by the community with support from ISEPICH members.

So to our vision. 'We're all in this together' is a plain language way of talking about social inclusion. It's not about excluding disadvantaged community members or shutting people out from the social, economic, political and cultural systems but about striving to include. An inclusive community is one wherein all people feel valued, their differences are respected and their basic needs are met so that they can live in dignity. This connection also has a powerful protective effect on health.

'Disadvantaged community members' is a shorthand term but I want to stress what it means. It's about people suffering hardship or disadvantage through poverty, violence - either global or family based - homelessness, mental illness, addiction, but most of these inequalities are preventable. They are not genetic, they are not biological; rather, they are related to the inequalities in access to things that we all need for good health, such as income, education, good living and working conditions. Despite these structural constraints, these community members have much to contribute and are key partners in our work.

This is Mary Reark. Mary came as a refugee from the Horn of Africa and is now a community educator. Mary is shown here addressing an ISEPICH forum providing education to ISEPICH agencies about refugee health issues.

Our vision is about working with people, not about seeing disadvantaged groups as targets that we do things to or for but,

rather, as partners and leaders of activities to address their needs.

The annual Golden Ball is an initiative led by residents of the older persons high-rise public housing estates and supported by ISEPICH agencies. The ball fits within a range of health promoting activities developed in partnership with public housing tenants in the inner south-east. But not everyone gets social inclusion, despite there being compelling evidence for it. I'm not sure if you can read the yellow print, but depression, social isolation and lack of quality social supports can have as great an effect on a person's risk of heart disease as other better-known risk factors such as smoking, high cholesterol or high blood pressure. Socially isolated people are also two to five times more likely to die in a given year than those with strong ties to family, friends and community. And yet on the side of getting it, we've obviously got wonderful Barack Obama, who has a vision and the practice about bringing people together, and yet our Rupert clearly doesn't get it. Rupert Murdoch in his recent Boyer Lectures described people on welfare as bludgers. Is this the face of a bludger, Rupert? I'd like to suggest that that's a galling assertion.

This is Ivan, a public housing tenant, who contributes greatly to his community and has recently contributed his life story in a series of digital stories in a collaboration between public housing tenants, Inner South Community Health Service and Swinburne Uni, recently launched at the very groovy Chapel off Chapel, and with further funding just received from the Office of Housing a fourth series is planned, and the Office of Housing are hoping to use the outcomes of the digital stories in future communication strategies to break down stigma about public housing tenants.

The lady on the right in this picture is Anna Rogalina. Anna is a former long-serving member of the ISEPICH CAG. Anna is an active member of the large Russian-speaking community, and she's shown here with a Russian singing group that she helped to set up.

So now that I've told you a bit about our vision for social inclusion and some of the challenges we face, what specifically have we done?

Here are three examples of the numerous and multilayered activities that occur in partnership. The first example is about an advocacy project, a local response to Welfare to Work. As many of you are clearly aware, a key determinant of health outcomes is access to economic resources. The Welfare to Work program was introduced by the previous Howard Government in an attempt to shift people from welfare benefits to the work force. However, ACOSS and other peak bodies recognised that this approach was much too much about stick and not enough carrot and potentially harmed vulnerable people. As it was, in less than one year, 8,900 welfare recipients were cut off benefits for eight weeks or more. ISEPICH, led by community members, developed a project to give voice to the personal impacts of Welfare to Work. Sixty ISEPICH and other local agencies and community members collated dozens of stories of the impacts of the policy. Here are some quotes from some of the stories: 'The last time he was breached for missing appointments he ended up starving and got into considerable debt'; 'Unable to get food for the kids, who were also affected. As a single mum, this was very harsh. She doesn't like to visit welfare agencies for help, but this extra pressure has now contributed to her getting behind in her bills'; 'Mary Ann's mental problems related to abuse that she suffered as a child. Treatment by Centrelink evokes feelings similar to the feelings of that childhood trauma. She suffered her first major relapse in seven years after being breached.'

These stories were collated and presented in an advocacy document. ISEPICH members were subsequently invited to meet with ministerial advisers to discuss our findings and recommendations. We obviously can't take full credit for the changes made to the policy by the Rudd Government, but the ISEPICH community believes that we definitely had an influence.

A second example is our work in rooming houses. Rooming houses or boarding houses provide housing for mostly

disadvantaged single folk who often experience mental health issues, addiction, chronic homelessness and chronic disease. Often bedrooms are shared or, if not, facilities are. In the Inner South area there are over 1,500 beds in 78 rooming houses. Typically rooming houses are fraught places, despite there being some excellent providers, and it's very commonplace for there to be conflict and violence, illegal activities and theft.

Inner South's work began in 2002 and now includes taking health services to rooming houses, GPs, dentists, physios, OTs, casework counsellors, and also engaging in strong resident-led community development activities. This model has been emulated across Victoria. Importantly, residents report an improvement in their health and their well-being, including considerable increased levels of participation and choice in their lives and improvement in their physical living environments. Residents produced a survival guide for other residents entitled 'One step off the street', which is currently being updated. This project also influenced the development of the local HARP project ConnectED, which works with people with complex psychosocial issues who frequently use ED departments. In '05-06 a southern metropolitan DHS-funded project resulted in a report called 'Is this a halfway house or a home?' After considerable and persistent lobbying - aka a dog with a bone - we've recently been funded for a social inclusion project out of the City of Port Phillip, and last week we also participated in a CAV rooming house roundtable that directly feeds into the interdisciplinary ministerial on rooming houses.

And, just finally, physical activity and social inclusion, Stepping Stones and Stepping Out. With a small grant from Go For Your Life, Stepping Stones was born. It was originally a working group for bereaved people but now includes over a hundred people with seven networked agencies. The ISEPICH and Kingston Bayside PCP have also joined forces to provide coordinated falls prevention based on social inclusion practices. We now have 21 agencies across the two PCPs providing a no-wrong-door point of entry to any local falls group. We have 12 peer

educators from seven community languages and last year reached over 2,000 seniors through peer education sessions, half from cold backgrounds. And the photos are of some of the Stepping Out walking groups, and on the right newly trained peer educators from six language groups receiving their certificates from the Mayor of Glen Eira.

Now, could this all have been achieved without PCPs? We don't believe it could have. We believe that while pockets of partnership work definitely pre-existed the advent of PCPs, the PCP structures, processes, the committees, the working groups, the plans, the policies, the protocols and the amazing PCP staff teams have all contributed to truly collaborative partnership work.

So what for the future? We want to look at violence prevention, increasing access to economic resources, improving links between clinical services and community programs, continuing to strengthen an equity focus and, importantly, introducing a sustainability focus.

These new challenges present opportunities for further partnership work, and it's a truism to say that solutions to the social determinants of health lie outside the health sector. So we will continue to expand our new partners from different sectors. We extend a heartfelt invitation to new partners who are interested in working with us in meeting these challenges. Thank you.

END OF TRANSCRIPT