

|  |
| --- |
| Social Inclusion Action Groups |
| Guidelines for Local Government Areas |
|  |
|  |

|  |
| --- |
|  |
| To receive this document in another format [email](mailto:MHWPO@health.vic.gov.au) the  [Wellbeing Promotion Office](mailto:mhwpo@health.vic.gov.au), <MHWPO@health.vic.gov.au>.  Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.  © State of Victoria, Australia, Department of Health, April 2023.  In this document, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people. ‘Indigenous’ or ‘Koori/Koorie’ is retained when part of the title of a report, program or quotation.  ISBN 978-1-76131-158-1 (pdf/online/MS word)  Available at the [Department of Health website](https://www.health.vic.gov.au/mental-health-wellbeing-reform/social-inclusion-action-groups) < https://www.health.vic.gov.au/mental-health-wellbeing-reform/social-inclusion-action-groups>. |
|  |

Contents

[Glossary 5](#_Toc138673616)

[Background 6](#_Toc138673617)

[Royal Commission into Victoria’s Mental Health and Wellbeing System 6](#_Toc138673618)

[The Wellbeing Promotion Office 7](#_Toc138673619)

[The role of local government and communities in supporting mental health and wellbeing 7](#_Toc138673620)

[Purpose 8](#_Toc138673621)

[Social Inclusion Action Groups 8](#_Toc138673622)

[Objectives 8](#_Toc138673623)

[Principles 8](#_Toc138673624)

[Priority groups 9](#_Toc138673625)

[Needs analysis 10](#_Toc138673626)

[Membership 10](#_Toc138673627)

[Staffing and coordination 11](#_Toc138673628)

[Social Inclusion Action Group Coordinator 11](#_Toc138673629)

[Partnership with Aboriginal communities to support self-determination 12](#_Toc138673630)

[Cultural safety 12](#_Toc138673631)

[Social Inclusion Action Group design 13](#_Toc138673632)

[Funding 13](#_Toc138673633)

[Remuneration for group members 14](#_Toc138673634)

[Remuneration principles 14](#_Toc138673635)

[Funding principles 15](#_Toc138673636)

[Reporting and evaluation 16](#_Toc138673637)

[Reporting to Wellbeing Promotion Office 16](#_Toc138673638)

[Evaluation 16](#_Toc138673639)

[Statewide Governance 17](#_Toc138673640)

[Social Inclusion Action Group Implementation Committee 17](#_Toc138673641)

[Training and development 17](#_Toc138673642)

[VicHealth Local Government Partnerships 17](#_Toc138673643)

[Social Connection Literacy Training 18](#_Toc138673644)

[Community of Practice 18](#_Toc138673645)

[Related policies, reforms and initiatives 19](#_Toc138673646)

[Wellbeing in Victoria: A Plan to Promote Mental Wellbeing 19](#_Toc138673647)

[Municipal Public Health and Wellbeing Plans 19](#_Toc138673648)

[Interim Regional Bodies 19](#_Toc138673649)

[Local Public Health Units 20](#_Toc138673650)

[Place-based reform 20](#_Toc138673651)

[Latrobe Health Innovation Zone 20](#_Toc138673652)

[Additional resources 20](#_Toc138673653)

[Summary and checklist for Local Government 22](#_Toc138673654)

[Further information 22](#_Toc138673655)

# Glossary

**Collective impact:** is a collaborative approach to addressing complex social issues, consisting of five conditions: a common agenda; continuous communication; mutually reinforcing activities; backbone support; and shared measurement[[1]](#footnote-2).

**Community-led:** an approach where local community members and organisations are active leaders in the development of goals, policies and programs that impact their respective communities.

**Community development:** a process where community members are supported by agencies to identify and take collective action on issues which are important to them. Community development empowers community members and creates stronger and more connected communities[[2]](#footnote-3)

**Equity:** isthe absence of unfair and preventable differences between groups of people, whether on the basis of social, economic, geographical or other attributes (for example, gender, ethnicity or disability). Equity recognises that everyone has different needs and interactions of power, which should be identified and addressed to allow everyone to experience their full potential for wellbeing[[3]](#footnote-4).

**Inclusion:** where regardless of personal characteristics or circumstance, people feel, and are, valued, respected and afforded the opportunity to fulfil their individual or combined potential[[4]](#footnote-5)

**Loneliness**: a subjective unpleasant or distressing feeling of a lack of connection to other people, along with a desire for more, or more satisfying, social relationships[[5]](#footnote-6).

**Place-based approach:** targets the specific circumstances of a place and engages local people from different sectors as active participants in development and implementation of policies and initiatives[[6]](#footnote-7).

**Social Capital**: the value that is inherent in the bonds and connections among people who live and work in a particular society, which enables that society to function effectively.

**Social connection**: a continuum of the size and diversity of one’s social network and roles, the functions these relationships serve, and their positive or negative qualities[[7]](#footnote-8).

**Social inclusion**: a “population or community-level approach to not leaving anybody behind”[[8]](#footnote-9), it is about all people being able to participate in society and creating the conditions for equal opportunities for all[[9]](#footnote-10).

**Social exclusion:** the process of being shut out from the social, economic, political and cultural systems that help a person integrate into the community[[10]](#footnote-11).

**Social isolation:** Social isolation refers to having objectively fewer social relationships, social roles, group memberships, and infrequent social interaction[[11]](#footnote-12).

# Background

## Royal Commission into Victoria’s Mental Health and Wellbeing System

The Royal Commission into Victoria’s Mental Health System (Royal Commission) made nine recommendations in its interim report, released in 2021 and 65 recommendations in its final report, released in early 2022. The Victorian Government committed to implementing all 74 of the Royal Commission’s recommendations.

Recommendation 15 of the Royal Commission’s final report focusses on supporting good mental health and wellbeing in local communities. It recommends that the Victorian government:

* 1. **establish and recurrently resource ‘community collectives’ for mental health and wellbeing in each local government area**
  2. **support each community collective to bring together a diversity of local leaders and community members to guide and lead efforts to promote social connection and inclusion in Victorian communities**
  3. **test and develop a range of initiatives that support community participation, inclusion and connection**
  4. by the end of 2022, establish one social prescribing trial per region (refer to recommendation 3(3)) in Local Mental Health and Wellbeing Services to support healthcare professionals to refer people, particularly older Victorians, living with mental illness, into community initiatives.

These guidelines refer to the Recommendation 15.1, 15.2 and 15.3, the establishment of community collectives. Community collectives have been renamed to Social Inclusion Action Groups (SIAGs).

Further information about recommendation 15 can be found in Volume 2, Chapter 11 of the Royal Commission’s [final report](https://finalreport.rcvmhs.vic.gov.au/).

## The Wellbeing Promotion Office

The Royal Commission also recommended that the Victorian Government establish a Wellbeing Promotion Office as per recommendation two of the Royal Commission’s final report.

The Wellbeing Promotion Office was established in September 2021. It sits in the Department of Health and is led by the State Mental Health and Wellbeing Promotion Adviser. The Wellbeing Promotion Office aims to promote good mental health and wellbeing in the places Victorians live, learn, work and play and in the mental health system.

The Wellbeing Promotion Office will be overseeing the design, implementation and evaluation of the SIAGs. However, it is the community members who will lead the SIAG, including making decisions about the use of the Local Social Inclusion Investment Fund to support social inclusion and connection, supported by the council-employed coordinator.

## The role of local government and communities in supporting mental health and wellbeing

The reformed mental health and wellbeing system (**Figure 1**) includes six levels. It will take ten years for reform to be implemented and for all six levels to reflect the objectives and intent of the recommendations of the Royal Commission.

**Figure 1. The six levels of the reformed mental health and wellbeing system**

Diagram illustrating the six levels of the reformed mental health and wellbeing system. At the top are Families, Carers and supporters, informal supports, virtual communities of place, identity and interest. Underneath that are a broad range of government and community services, followed by primary and secondary mental health services. Below that are Local Mental Health and Wellbeing Services, followed by Area Mental Health and Wellbeing Services; these two are guided by Regional mental Health and Wellbeing Boards. At the bottom are Statewide services.

Communities are part of the first level of the reformed mental health and wellbeing system and are experts in their own right.

The Royal Commission recognised that communities are best placed to create social connection and inclusion at a local level. SIAGs are an opportunity to:

* support grassroots work
* build on the strengths of the community to support mental health and wellbeing
* focus on social inclusion and connection.

Local Government Areas (LGAs) are auspiced to deliver SIAGs. SIAGs will identify local needs related to social inclusion and connection and flexibly fund prevention initiatives in their local area. LGAs will employ staff to bring together community members and leaders to form a SIAG.

# Purpose

These guidelines are to be used by LGAs to support the delivery of SIAGs.

The guidelines have been developed by the Wellbeing Promotion Office, in consultation with the first five LGAs selected to deliver SIAGs.

These guidelines will be reviewed at the following intervals and approved by the Mental Health and Wellbeing Promotion Adviser:

* initial six-monthly review – with input from newly appointed staff in each LGA
* annual review – with input from LGAs, community members and leaders.

# Social Inclusion Action Groups

## Objectives

The objectives of SIAGs are to bring together community members and leaders to:

* identify local needs, existing initiatives and gaps related to social connection and social inclusion
* test, develop and support a range of funded initiatives that prevent social exclusion and support community participation, inclusion and connection
* promote mental health and wellbeing through place-based coordination and activities/initiatives addressing social inclusion and connection.

SIAGs are intended to:

* prevent social exclusion
* increase social inclusion
* increase social connection

Definitions for these and other key terms can be found in the [glossary](#_Glossary).

## Principles

SIAGs are a prevention initiative that will:

* be **community led and owned**, empowering communities to identify their own needs, make decisions and develop solutions at a local level
* consider **equity and inclusion** for SIAG membership and when making decisions about the use of the Local Social Inclusion Investment Fund. The SIAG needs to reflect the diversity of the community it serves
* apply a **place-based approach**
* be **informed by evidence and local knowledge**
* operate from **community development** and **collective impact** approaches and principles.

Each SIAG will be supported by a coordinator who will work to support members to make informed decisions to prevention social exclusion and promote social inclusion and connection.

SIAGs will also consider evidence of successful initiatives across the state and within other jurisdictions, testing these in the local context.

**Figure 2. The community is at the centre of this project**

Demonstration that community is at the centre of this project. Depicts community surrounded by three key groups: the Mental Health and Wellbeing Promotion Office, local government and Social Inclusion Action Groups.

## Priority groups

Priority groups within the community include those who may be more likely to experience social exclusion. SIAG’s will work with groups and individuals to understand their needs, barriers to inclusion and interests in how they wish to connect by conducting a local needs analysis.

Community members, supported by the coordinator, should lead this work. Where priority groups are not reflected in SIAG membership, the coordinator should engage these communities and work with them to address barriers to participation.

People who may be more likely to experience exclusion and social isolation include:

* young people
* single parents
* people who are not in education, training or employment
* people from Culturally and Linguistically Diverse Communities (especially refugees)
* Aboriginal and Torres Strait Islander people
* people with a disability
* LGBTQIA+ communities
* older people.

People experiencing psychological distress, mental illness or addiction will also be priority groups, noting that stigma and discrimination compounds isolation of people who experience a mental illness and can impact on their recovery.

## Needs analysis

Members of the SIAG, supported by the coordinator, will lead a needs analysis of the current state of social exclusion, inclusion and connection within the local community. This includes applying both quantitative and qualitative data to build a shared understanding of:

* socio-demographic profile of community
* community groups who may have experiences of social exclusion, social isolation and who do not have positive experiences of social connection
* existing programs or initiatives to support social connection and inclusion
* which groups are not currently engaged in the community
* gaps in current responses available.

The coordinator should support SIAG members to work in partnership with the broader community to undertake the needs analysis. Engagement with the broader community should be accessible and provide a range of participation options. It may also build on existing work in some communities.

SIAG coordinators should work to understand what information and data is already available to support this process. This may include information available at council, via a Local Public Health Unit or Interim Regional Body.

Where possible, the Wellbeing Promotion Office will support coordinators to access relevant data sets.

## Membership

Membership of SIAGs should reflect the demographics of the local community. Membership should also reflect that SIAGs are a mental health and wellbeing prevention initiative. It is expected that membership will:

* include a variety of lived and living experiences including members with experience of mental illness, psychological distress, addiction and/or social exclusion, isolation and discrimination
* reflect diverse communities (defined as people with a disability, LGBTIQ+ people and people from CALD background)
* include Aboriginal and Torres Strait Islander people, young people and older adults.

Please also refer to the section on [priority groups](#_Priority_groups).

Membership is expected to evolve over time, informed by the needs analysis and work to understand and support people to participate, especially people who have a greater likelihood of experiencing social exclusion and isolation.

While representatives from organisations who provide perspectives on social inclusion, connection and mental health and wellbeing promotion may be members of SIAGs, SIAGs majority membership should be community members.

Organisational representatives may include:

* local mental health and wellbeing services
* community health organisations
* Aboriginal Community Controlled Organisations (ACCO)
* multicultural organisations
* organisations that provide community activities and initiatives.

### Expressions of interest

LGAs will undertake an expression of interest (EOI) process to recruit members.

The EOI process should be fair and accessible, with flexibility in how they can be submitted, including written and verbal submissions. LGAs should share EOI advertisements with a broad range of local networks, actively support and create opportunities for community members from priority groups to apply and ensure membership reflects the demographics of the community.

## Staffing and coordination

Each LGA will be funded to employ 1.0 FTE coordinator, at a minimum level band six, and part-time administrative support, to lead and support the SIAG. Administrative support funding will vary depending on the size of the LGA.

## Social Inclusion Action Group Coordinator

The SIAG coordinators will be experienced leaders who will be required to:

* lead needs analysis and understanding of social inclusion and connection activities in their community, including understand and applying relevant data
* identify and engage partners, including a diversity of community members and leaders, organisations, Mental Health and Wellbeing Interim Regional Bodies and other experts
* ensure that SIAG membership reflects the community
* advocate for and support the elevation of community voices
* create safe and welcoming spaces to ensure all groups and individuals within the community may participate in and drive local governance of the SIAGs
* provides leadership, including in the areas of co-design, cultural safety and being an advocate and ally for diversity
* lead management and delivery of the Local Social Inclusion Investment Fund to support social inclusion and connection initiatives, including understanding of evidence-based solutions
* support SIAGs to align with the Statewide Wellbeing Plan (when released) and Municipal Public Health and Wellbeing Planning.

Skills required of the coordinator role include:

* community development and engagement, including working with and engaging diverse communities
* understanding the impact of social connection and inclusion on mental health and wellbeing and of mental health and wellbeing promotion more broadly
* leadership and project management skills
* the ability to oversee place-based funding.

### Administrative Support

Administrative or project support may be used flexibly to support SIAGs.

## Partnership with Aboriginal communities to support self-determination

The Local Social Inclusion Investment Fund will be split across two streams, a general and Aboriginal stream.

Each LGA should work to identify suitable Aboriginal partners to determine the best use of the Aboriginal Social Inclusion Investment stream, supporting the principles of self-determination. This may include an ACCO, a partnership of ACCOs or an established Aboriginal Advisory Group. Decision about the use of the Aboriginal Social Inclusion Investment stream should be made by community members and leaders representative of the Aboriginal community in each LGA. LGAs are required to discuss their approach with the Wellbeing Promotion Office prior.

Community members supporting decision making of the Aboriginal funding stream that are not members of organisations, should also be remunerated as per these guidelines.

The General Social Inclusion Investment stream may still be used to support initiatives that are inclusive of the Aboriginal community and SIAGs should continue to seek Aboriginal representation within their membership.

## Cultural safety

Everyone has a responsibility for the cultural safety of Aboriginal people. Each LGA is required to embed cultural safety in the design and implementation of SIAGs.

The Department of Health’s Aboriginal and Torres Strait Islander cultural safety framework provides a continuous quality improvement model to strengthen the cultural safety of individuals and organisations. SIAGs are encouraged to actively engage with the framework, including the cultural safety continuum reflective tool, to support ongoing learning. The framework and reflective tool can be found here:

<https://www.health.vic.gov.au/health-strategies/aboriginal-and-torres-strait-islander-cultural-safety>

Framework part 1: <https://content.health.vic.gov.au/sites/default/files/2021-11/Aboriginal-and-Torres-Strait-Islander-cultural-safety-framework-part-1-20190620.pdf>

Framework part 2 (reflective tool): <https://content.health.vic.gov.au/sites/default/files/2021-11/Aboriginal-and-Torres-Strait-Islander-cultural-safety-framework-part-2-Cultural-safety-continuum-reflective-tool-20190620.pdf>

## Social Inclusion Action Group design

LGAs will have two options for group design:

* to create a new stand-alone SIAG and membership; or
* to leverage existing groups to form the SIAG and meet the initiatives objectives.

Governance structures should be explicitly designed and agreed upon by members and may evolve to suit local contexts. SIAGs are encouraged to have terms of reference and other relevant governance supports.

### Stand-alone Social Inclusion Action Group

A stand-alone SIAG will bring together community members and leaders into a new group that will work to understand social inclusion and connection needs, The group will also make decisions about and fund initiatives in the local community.

Membership will reflect requirements as defined in these guidelines.

### Leveraging existing groups to form the Social Inclusion Action Group

LGAs may also decide to leverage existing groups they work with to understand social inclusion and connection needs and make decisions about the use of the Local Social Inclusion Investment Fund.

This may include the coordinator working with several existing groups to form the SIAG. If this model is applied, coordinators will be required to identify community members whose voices may not be included and bring their voices to the table.

Membership in this model will reflect the requirements as defined in these guidelines and community members and leaders will retain ownership and decision-making responsibilities, supported by the coordinator.

# Funding

Ongoing funding is provided to each LGA to support sustainable SIAGs and funded initiatives. Funding is provided for staffing, remuneration and a Local Social Inclusion Investment Fund.

Funding principles have been developed to guide decision making and distribution of the Local Social Inclusion Investment Fund. SIAGs are encouraged to develop their own assessment criteria to support allocation of funding.

The Local Social Inclusion Investment Fund is split into two streams:

* General stream – 80 per cent of investment fund
* Aboriginal stream – 20 per cent of investment fund

Each Local Social Inclusion Investment Fund is tiered based on the size of the LGA. Where possible, longer-term funding should be provided to enable communities to sustain activities.

The Aboriginal Social Inclusion Investment stream will be led by Aboriginal community members, with guidance for councils described [here](#_Partnership_with_Aboriginal).

## Remuneration for group members

The Royal Commission states that community members should be remunerated for their time and the contribution they make to SIAGs. SIAGs are funded to remunerate all members that are not participating as part of their role in an organisation.

A minimum remuneration rate of $35 per hour should be offered for governance meetings in recognition of the skills, expertise, and lived experience that members contribute. LGAs may consider a tiered approach to remuneration to recognise the different roles and level of responsibility that community members may have.

## Remuneration principles

### Remunerating activities and contributions

Remuneration is required to be offered to community SIAG members for governance and other core meetings. Members may choose to decline remuneration.

Engagements outside of governance meetings such as learning and development, mentoring opportunities or desktop-based work may be remunerated at the discretion and agreement of the co-ordinator and SIAG member. Remuneration for additional work should fairly reflect the type of work, the level of skills and contributions required and the individual circumstances of the SIAG member.

### Payment considerations

Remuneration amounts will be clearly communicated to SIAG members prior to the commencement of the engagement, including through the EOI process. Co-ordinators are encouraged to have open discussions with members to allow considerations for individual circumstances where required, including additional non-financial supports.

Remuneration should be:

* clearly communicated during the EOI process
* discussed and agreed upon before commencing the engagement
* provided in a way that ensures a wide range of views and experiences are represented
* offered to all group members who are not contributing as part of their substantive role in an organisation.

### Remuneration methods

Methods of remuneration can be tailored to meet local needs and contexts. Considerations should be made for the challenges some remuneration methods may present. This may include consideration of flexible remuneration methods in line with organisational payment processes. Further considerations may be required for members who have barriers to using technology.

### Reimbursements

In addition to remuneration, group members may require reimbursements to support them to fully participate and ensure they are not financially disadvantaged. Community members may be compensated for costs they incur as part of their contribution, such as travel costs. Additional supports may also be arranged as required.

### Learning and development

LGAs are encouraged to support group members to engage in formal and informal learning and development opportunities such as mentoring, skills training and network building. Learning and development opportunities can be flexible to meet local contexts and individual interests. Formal opportunities will be budget dependent.

### Additional support for members

LGAs are also required to provide appropriate supports for their group members, this may include onboarding, access to peer-support, de-briefing and access to the LGAs employee assistance program or similar.

### Encouraging people to seek independent financial advice

For some people, the payments they are given may affect their government benefits or tax. Members receiving payments should be encouraged to seek independent tax advice on any impacts extra income may have. Members may also be directed to the Australian Tax Office’s Tax Help program:

<https://www.ato.gov.au/Individuals/Your-tax-return/Help-and-support-to-lodge-your-tax-return/Tax-Help-program/?=redirected_taxhelpprogram>

## Funding principles

### Flexible funding (Local Social Inclusion Investment Fund)

SIAGs are encouraged to take a whole of community approach to deciding local priorities for preventing social exclusion and supporting social inclusion and connection. SIAGs are encouraged to consider funding allocation methods that prioritise collaboration and collective impact over competitive approaches.

### Shared and informed decision making

Informed and collective decision making should be used to decide how the Local Social Inclusion Investment Fund is used. Community members should be supported to understand and prepare for decision making meetings ahead of time. This may include information sharing, pre-briefings and de-briefings, and the provision of additional supports to address perceived or potential power imbalances.

SIAGs should be supported to have the decision-making power sit with community members.

### Values based

SIAGs are encouraged to develop a set of shared values to guide their work in supporting social inclusion and connection, including the allocation of the Local Social Inclusion Investment Fund.

Shared values can be established through the process of developing a shared vision, objectives, principles or a similar framework as decided by the SIAG to act as a foundation for guiding the priorities and focus of the group.

### Evidence based

SIAGs should consider current research, evidence and local knowledge to inform decision making for funding local initiatives. This may include scaling up or replicating past or existing initiatives.

Where there is a gap in evidence, SIAGs may choose to test ideas and evaluate learnings to contribute to the evidence base. scale up or replicate past or existing initiatives.

### Promoting equity

SIAGs must consider how funded initiatives contribute to promoting fair and equitable communities. This may include tailoring initiatives to meet the needs of diverse community members or considering target approaches for reducing inequities.

### Collective impact

SIAGs should consider how funded initiatives can complement and build upon what is already happening in the community to work towards shared priorities. This includes taking a structured approach to facilitating and mobilising activities, leveraging existing community strengths, resources and assets, and supporting collaboration and engagement across local efforts.

### Supporting sustainability

SIAGs should consider how the Local Social Inclusion Investment Fund can be used to support sustained delivery of new and existing initiatives. Where possible, long-term funding and support is encouraged to enable sustained outcomes. This may include practical supports to build self-sustained delivery of initiatives and trialling new and innovative approaches

### Continual learning

SIAGs are encouraged to consider testing new ideas and applying iterative approaches to the delivery of initiatives. Foster a safe to fail, free to learn environment is encouraged. SIAGs should also share learnings with funded initiatives, the broader community and other SIAGs.

A Community of Practice established by the Wellbeing Promotion Office will support shared learnings across SIAGs (See below).

# Reporting and evaluation

## Reporting to Wellbeing Promotion Office

Funded LGAs will be responsible for reporting to the Wellbeing Promotion Office quarterly to support evaluation of this new initiative and to share learnings for broader mental health and wellbeing prevention work. Reporting will align with the Mental Health and Wellbeing Outcomes Framework.

Reporting will include:

* SIAG achievements and outcomes
* Learnings, barriers and enablers to SIAG operation
* acquittal of funds, including an overview of funded initiatives.

A reporting template will be provided to LGAs.

## Evaluation

The Wellbeing Promotion Office will be seeking an independent evaluator to develop an evaluation framework and evaluate SIAGs.

Evaluation will include ability for SIAGs to meet the intent of the Royal Commission’s recommendations and evaluation of place-based initiatives funded by SIAGs to support social connection and social inclusion.

Evaluation will consider how SIAGs support the outcomes as defined in new Mental Health and Wellbeing Outcomes Framework.

Evaluation of initiatives will support possible scale up or expansion of successful initiative across the State that support promoting mental health and wellbeing.

Further information about evaluation will be provided when evaluators are onboarded in 2023.

# Statewide Governance

## Social Inclusion Action Group Implementation Committee

The SIAG Implementation Committee (Implementation Committee) provides insight, guidance, direction and input on the implementation and evaluation of the first five SIAGs.

The Implementation Committee will support collaboration between LGAs and the Wellbeing Promotion Office to support the first five SIAGs to be developed, noting that the implementation and evaluation of the first five SIAGs will inform roll out of additional groups across the State.

Members of the Implementation Committee include a representative from each LGA funded for a SIAG and members of the Programs Team from the Wellbeing Promotion Office.

The role of the Implementation Committee is to:

* provide local and operational expertise, data, and evidence to support the implementation and evaluation of the SIAGs
* provide advice and guidance to ensure SIAGs are implemented robustly and in line with local needs and interests
* share knowledge, expertise, challenges and lessons learned through implementation across LGAs and with the Wellbeing Promotion Office.

The full terms of reference can be found at **Attachment One**.

# Training and development

The Wellbeing Promotion Office is committed to supporting both SIAG members and SIAG coordinators to engage with training and development opportunities relevant to their roles. Some select examples are outlined below.

## VicHealth Local Government Partnerships

The VicHealth Local Government Partnership (VLGP) includes a range of health promotion modules that inform planning and implementation of health policy and practice change for LGAs.

The VLGP includes a module about connected and supportive communities which may support councils to deliver the SIAG. All LGAs are encouraged to engage with this module at a minimum, and can access all modules and further information via the VicHealth website:

[www.vichealth.vic.gov.au/our-work/local-government-partnership](http://www.vichealth.vic.gov.au/our-work/local-government-partnership)

The VLGP has a specific focus on Including the voices of children and young people aged 0-25 in council processes, including the implementation of actions through the Municipal Public Health and Wellbeing Plans 2021-25.

LGAs delivering SIAGs are strongly encouraged to submit an expression of interest in the VLGP during the next round of intakes.

## Social Connection Literacy Training

The Wellbeing Promotion Office has engaged Ending Loneliness Together (<https://endingloneliness.com.au>) to deliver workshops that are drawn from the latest loneliness and social isolation evidence-based research. These workshops will support both coordinators and SIAG members to better understand the impact of loneliness and social isolation on the community. The workshops will address questions including:

* What is loneliness and social isolation?
* Why is loneliness harmful? What implications can it have on health?
* What are the risk factors of loneliness?
* How can barriers to connection be overcome?

## Community of Practice

The Wellbeing Promotion Office will establish and lead a Community of Practice to bring together SIAG coordinators across LGAs. The Community of Practice will support information sharing and practice development for coordinators and SIAG members. LGAs are encouraged to support a community member from the SIAG to attend the Community of Practice alongside the coordinator.

While the terms of reference for the Community of Practice will be co-designed by members, it is intended that this group will:

* meet regularly, with a rotating Chair arrangement once established
* provide a reflective space for SIAG coordinators to share their learnings, challenges and successes
* provide an opportunity to bring experts in mental health and wellbeing promotion, social inclusion and connection in to share information with SIAG coordinators, build expertise and share ideas
* encourage collaboration between LGAs and the Wellbeing Promotion Office.

SIAGs may also consider establishing formal and informal pathways to connect community leaders and support shared learning and collaboration across funded initiatives and other related projects.

# Related policies, reforms and initiatives

## Wellbeing in Victoria: A Strategy to Promote Mental Wellbeing

The Wellbeing Promotion Office is developing Victoria’s first ever Wellbeing Plan to promote good mental health for everyone in Victoria.

Consistent with Recommendation 2 of the Royal Commission into Victoria’s Mental Health System, the Wellbeing Plan will provide a coordinated approach that brings communities, service providers and government together to focus on prevention, promotion and healing.

Since July 2022, the Wellbeing Promotion Office has been engaging with a wide range of community members and service providers to better understand community perspectives and needs in relation to mental health and wellbeing, and to develop shared priorities to support the wellbeing of everyone in Victoria. The Wellbeing Strategy will be released later in 2023.

Further information about the Wellbeing Plan can be found on Engage Victoria: <https://engage.vic.gov.au/wellbeing-in-victoria-a-plan-to-promote-good-mental-health>

## Municipal Public Health and Wellbeing Plans

The Royal Commission recommended that SIAGs align with municipal planning. Information from SIAGs is seen as a valuable resource to inform Municipal Public Health and Wellbeing Plans.

LGAs funded for SIAGs are strongly encouraged to include a priority related to mental health and wellbeing promotion in their Municipal Public Health and Wellbeing Plan. Further information on Municipal Public Health and Wellbeing Plans can be found on the Department of Health’s website: <https://www.health.vic.gov.au/population-health-systems/municipal-public-health-and-wellbeing-planning>

## Interim Regional Bodies

The Royal Commission into Victoria’s Mental Health and Wellbeing System also recommended that Interim Regional Bodies are established. Through local engagement, the Interim Regional Bodies will assist and advise the Victorian Government about the needs of their local communities, as it plans for and delivers mental health and wellbeing services.

Interim Regional Bodies are led by appointed Chairs and currently supported by the Department of Health. Interim Regional Bodies will also have local members who will support the Chairs in building relationships with service providers and establishing strong community participation processes, such as community advisory committees.

Each Interim Regional Body will have a minimum of two community advisory groups. A member of the SIAG may wish to seek nomination to the advisory group.

Further information about the Interim Regional Bodies, including names of Chairs, can be found on the Department of Health’s website <https://www.health.vic.gov.au/news/chairs-announced-for-mental-health-interim-regional-bodies>

## Local Public Health Units

Local Public Health Units (LPHUs) are place-based, non-clinical organisations that were established in July 2020 as a critical part of Victoria’s COVID-19 response to help improve responsiveness to outbreak management by providing a surge-ready workforce. LPHUs work with the Department of Health, with nine LPHUs located across regional Victoria and metropolitan Melbourne, each hosted by a lead health service.

Since their establishment, LPHUs have developed their capacity with additional communicable diseases integrating into LPHUs and they work to deliver prevention and population health outcomes in their catchments. LPHUs work to build collaborative partnerships with local health services and community organisations that are tailored to meet the needs of the communities within their catchments.

Further information about LPHUs can be found via the Department of Health’s website <https://www.health.vic.gov.au/local-public-health-units>

## Place-based reform

The Victorian Government has developed a series of guides and toolkits to support [place-based reforms](https://www.vic.gov.au/working-together-place) across the Victorian Government. The resources have been developed for Victorian Public Service employees, with relevance for other sectors and stakeholders of place-based approaches.

LGAs delivering SIAGs are encouraged to consider using the place-based approaches framework, tools and guidance to support the implementation of SIAGs and management of Local Social Inclusion Investment Funds. Resources include:

* [Framework for place-based approaches](https://dhhsvicgovau.sharepoint.com/sites/TransitionandImplementationBranch/Shared%20Documents/MHW%20Promotion%20Office/Programs/Social%20Inclusion%20Action%20Groups%20(formerly%20Community%20Collectives)/Guidelines/Framework%20for%20place-based%20approaches), < <https://www.vic.gov.au/framework-place-based-approaches>
* Additional [tools and guidance](https://www.vic.gov.au/place-based-approaches), including:
  + [Best practice guide](https://www.vic.gov.au/place-based-approaches-guide)
  + [Funding toolkit](https://www.vic.gov.au/place-based-approaches-funding-toolkit)
  + [Capability Framework](https://www.vic.gov.au/place-based-capability-framework)
  + [Monitoring, Evaluation and Learning toolkit](https://www.vic.gov.au/place-based-monitoring-evaluation-and-learning-toolkit)
  + [Local data collection](https://www.vic.gov.au/finding-local-data-tips-community-led-iniatives)

## Latrobe Health Innovation Zone

Recognising the unique nature of the Latrobe Health Innovation Zone in the Latrobe Valley, Latrobe City Council will identify opportunities for collaboration with the Latrobe Health Advocate and Latrobe Health Assembly to support effective delivery of the SIAG.

For SIAGs operating in other LGAs, further information about the Latrobe Health Innovation Zone and the role of community through the Latrobe Health Assembly and Latrobe Health Advocate can be found here <https://www.health.vic.gov.au/health-strategies/latrobe-health-innovation-zone>

## Additional resources

These additional resources may support implementation and ongoing delivery of SIAGs as well as understanding of the broader mental health and wellbeing reform context.

* [Collective Impact: Evidence and Implications for practice](https://aifs.gov.au/resources/practice-guides/collective-impact-evidence-and-implications-practice#:~:text=Collective%20impact%20is%20a%20collaborative,as%20a%20framework%20for%20change.)
* [Mental Health and Wellbeing Outcomes and Performance Framework](https://engage.vic.gov.au/MHW-outcomes-and-performance-framework) (Recommendation 1)
* [Recommendation 1, Supporting good mental health and wellbeing](https://www.health.vic.gov.au/mental-health-reform/recommendation-1)
* [Wellbeing Promotion Office](https://www.health.vic.gov.au/mental-health-and-wellbeing-promotion-office)

# Summary and checklist for Local Government

In establishing SIAGs, LGAs are required to read, understand and apply these guidelines. SIAGs are asked to:

* Confirm their preferred group design model and approach to the coordinator role with the Wellbeing Promotion Office ([MHWPO@health.vic.gov.au](mailto:MHWPO@health.vic.gov.au))
* Discuss approach to Aboriginal Social Inclusion investment stream with Wellbeing Promotion Office ([MHWPO@health.vic.gov.au](mailto:MHWPO@health.vic.gov.au))
* Recruit a SIAG coordinator as outlined in these guidelines ([Social Inclusion Action Group Coordinator](#_Social_Inclusion_Action))
* Provide contact details of SIAG coordinators and any supportive roles to the Wellbeing Promotion Office when they are recruited so they can be invited to the SIAG Community of Practice
* Conduct a local needs analysis in partnership with community members ([needs analysis](#_Needs_analysis))
* Recruit and onboard community members to the SIAG through an EOI process that is shared widely through community networks ([Membership](#_Membership) and [EOI](#_Expressions_of_interest))
* Support SIAG members to take ownership of the group, develop shared values and key priorities, and lead decision making ([principles](#_Principles) and [funding principles](#_Funding_principles))
* Support SIAG members to align with funding principles as outlined in these guidelines and lead the allocation of the Social Inclusion Investment Fund for local initiatives ([funding principles](#_Funding_principles))
* Remunerate community members who contribute to the SIAG ([remuneration for group members](#_Remuneration_for_group))
* Work with SIAG to determine approach to the use of Local Social Inclusion Investment Fund, aligned with the [funding principles](#_Funding_principles) and distribute annual funding
* Regularly contribute to the implementation committee and Community of Practice, including supporting community members to attend when suitable ([statewide governance](#_Statewide_Governance) and [training and development](#_Training_and_development))
* Submit quarterly reports to the Wellbeing Promotion Office, including advice on approach to management of the Local Social Inclusion Investment Fund and distribution ([reporting and evaluation](#_Reporting_and_evaluation))
* Send any questions or feedback to [MHWPO@health.vic.gov.au](mailto:MHWPO@health.vic.gov.au)

# Further information

For further information and answers to questions, please contact the Wellbeing Promotion Office Programs Team by emailing [MHWPO@health.vic.gov.au](mailto:MHWPO@health.vic.gov.au)

1. Smart, Jessica, *Collective Impact: Evidence and implications for practice*, October 2017, < <https://aifs.gov.au/resources/practice-guides/collective-impact-evidence-and-implications-practice#:~:text=Collective%20impact%20is%20a%20collaborative,as%20a%20framework%20for%20change>> [↑](#footnote-ref-2)
2. Australian Institute of Family Studies, *What is community development?*, https://aifs.gov.au/resources/practice-guides/what-community-development [↑](#footnote-ref-3)
3. World Health Organisation, *Health Promotion Glossary of Terms 2021*, 2021 <https://www.who.int/publications/i/item/9789240038349> [↑](#footnote-ref-4)
4. Department of Premier and Cabinet Victoria, *What do we mean by diversity and inclusion?, <*https://www.vic.gov.au/dpc-diversity-and-inclusion-strategy-2019-2021/what-do-we-mean-diversity-and-inclusion> [↑](#footnote-ref-5)
5. Ending Loneliness Together, *Strengthening Social Connection to Accelerate Social Recovery: A White Paper*, July 2022, < <https://endingloneliness.com.au/wp-content/uploads/2022/08/ELT_Whitepaper_July2022-1.pdf>> [↑](#footnote-ref-6)
6. Victorian Government, *A framework for place-based approaches*, <https://www.vic.gov.au/framework-place-based-approaches> [↑](#footnote-ref-7)
7. Ending Loneliness Together, *Strengthening Social Connection to Accelerate Social Recovery: A White Paper*, July 2022, < <https://endingloneliness.com.au/wp-content/uploads/2022/08/ELT_Whitepaper_July2022-1.pdf>> [↑](#footnote-ref-8)
8. Quote from Ms Hatfield Dodds, Final Report of the Royal Commission into Victoria’s Mental Health System. Volume 2, Chapter 11, February 2021, < <https://finalreport.rcvmhs.vic.gov.au/download-report/>> [↑](#footnote-ref-9)
9. Australian Human Rights Commission, < <https://humanrights.gov.au/about/news/speeches/social-inclusion-and-human-rights-australia>> [↑](#footnote-ref-10)
10. As referenced in the Final Report of the Royal Commission into Victoria’s Mental Health System. Volume 2, Chapter 11, p. 26, February 2021, <<https://finalreport.rcvmhs.vic.gov.au/download-report/>> [↑](#footnote-ref-11)
11. Ending Loneliness Together, *Strengthening Social Connection to Accelerate Social Recovery: A White Paper*, July 2022, < <https://endingloneliness.com.au/wp-content/uploads/2022/08/ELT_Whitepaper_July2022-1.pdf>> [↑](#footnote-ref-12)