



Inner South East Partnership in Community and Health (ISEPICH)

Doing our best to promote social inclusion



*A resource for workers and community members in
the inner south east*

May 2010

Acknowledgements

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This is a living document which we plan to review and update regularly. Comments and suggestions from readers are welcome and can be directed to isepich@portphillip.vic.gov.au or phone the ISEPICH Health Promotion Coordinator on (03) 92096394.

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Inner South East Partnership in Community and Health

The ISEPICH vision for mental wellbeing promotion

We believe that mental wellbeing for all can best be promoted by creating communities and environments that are inclusive and sustainable, guided by the principles of equity, non-violence and respect for all.

The Inner South East Partnership in Community and Health (ISEPICH) is a partnership of over 45 health and community organisations in Glen Eira, Port Phillip and Stonnington.

The promotion of mental wellbeing is a key priority for the partnership.

We use the term mental wellbeing, rather than mental health, because we understand mental health as the social, psychological and emotional wellbeing of individuals and communities.

We recognise that people's wellbeing is affected by economic, social and environmental factors (often called the social determinants of health), not just by their own individual actions or choices.

We are aware that economic disadvantage, discrimination, social exclusion, isolation and violence, both physical and emotional, increase the risks of mental health problems and mental illness for individuals and communities.

Our aim is to create communities that promote mental wellbeing for everyone, including people with existing mental illness.

In promoting mental wellbeing we aim to:

- Work collaboratively
- Be guided by the best evidence available
- Be committed for the long-term
- Aim for sustainability in all we do
- Support community participation in, and community ownership of, health promotion practice.

Developed in 2007-08 by participants in the October 2007 ISEPICH Mental Wellbeing forum and members of the ISEPICH Mental Wellbeing Action Group

1. Aim

The aim of this resource is to provide a “tool kit” for local workers and community members who are interested in promoting social inclusion.

Sections 3-6 of the resource include information about Victorian, national and international resources on social inclusion and effective strategies for promoting social inclusion. These are key background reading for anyone planning or implementing a local strategy or project and we urge readers to consult them, if you haven't already done so.

Sections 7-8 focus on what people are doing locally to promote social inclusion and, particularly, what they feel is working and why. Section 9 includes recommendations for future improvement in local practice.

2. Background – how and why we developed this resource

The Inner South East Partnership in Community Health (ISEPICH) is a partnership of over 50 health and community agencies, and community members. ISEPICH's vision is:

To improve the health and wellbeing of the inner south east community, through working in partnerships, with a commitment to equity and inclusion.

ISEPICH has identified “social inclusion and inclusive communities” as a key priority for 2009-12.

In 2009, Nicola Kolb, a Health Promotion graduate working as a volunteer with ISEPICH, conducted a scoping project to look at local examples of good practice in promoting social inclusion. This project built on earlier work, including the development of a shared ISEPICH vision for mental wellbeing promotion in 2007, and a mapping of mental wellbeing promotion activities in 2008.

The 2008 Mapping Exercise identified 91 activities aiming to promote mental wellbeing, ranging from support groups for people with chronic conditions to advocacy on national policy. These activities were mapped against the VicHealth Mental Health Promotion Framework (VicHealth 2008). This showed that over 60% focussed on improving social connection, about 25% on preventing discrimination and violence and about 15% on improving access to economic resources.

The 2009 Scoping Project was part of ISEPICH's Integrated Health Promotion Action Plan for 2009-10, and aimed to:

scope good practice and innovative approaches to social connection and social inclusion in the ISEPICH catchment and identify opportunities for enhancement of existing strategies or development of new strategies.

The project was conducted in collaboration with the ISEPICH Social Inclusion working group, and other interested ISEPICH members. The results of the Scoping Project have led to the development of this resource. This resource is a living document, which we plan to update from time to time as our projects change, our evaluation improves and our knowledge grows.

3. Definitions - what do we mean by social inclusion?

Social inclusion is a term that has been widely used in recent years, but is not always well defined. For this resource, we have looked at definitions from VicHealth (the Victorian Health Promotion Foundation) and the Australian Government Social Inclusion Board.

VicHealth (2005) provides the following definition of social inclusion and exclusion:

A socially inclusive society is defined as one where all people feel valued, their differences are respected, and their basic needs are met so they can live in dignity. Social exclusion is the process of being shut out from the social, economic, political and cultural systems which contribute to the integration of a person into the community

VicHealth (2005) also provides a definition of social capital:

Social Capital is the term used to describe particular features of social relationships within a group or community. This includes such things as the extent of trust between people; whether they have a shared understanding of how they should behave and care for one another; and the extent of participation in civic organisations, such as sporting clubs and school councils.

The VicHealth *Participation for Health Framework* (2009) identifies the following key aspects of social inclusion:

1. *Social connection: Supportive relationships; Involvement in community and group activities; Civic engagement*
2. *Freedom from violence: Social, emotional, physical and economic security; Equitable and respectful relationships*
3. *Freedom from discrimination: Valuing diversity; Physical security and respect; Equality of opportunity*
4. *Access to economic resources: Work; Education; Housing; Money*

The Australian Government Social Inclusion Board (2010) provides the following definition of social inclusion:

The Australian Government's vision of a socially inclusive society is one in which all Australians feel valued and have the opportunity to participate fully in the life of our society.

Achieving this vision means that all Australians will have the resources, opportunities and capability to:

1. *Learn by participating in education and training*
2. *Work by participating in employment, in voluntary work and in family and caring*
3. *Engage by connecting with people and using their local community resources*
4. *Have a voice so that they can influence decisions that affect them.*

The Social Inclusion Board does not currently provide readily accessible definitions of social exclusion or social capital.

While the definitions have some features in common, we recommend that ISEPICH adopts the VicHealth definitions, because they are broader definitions including reference to individual needs, differences and dignity, suggesting in turn that communities and societies have a responsibility towards ensuring needs are met, difference respected and dignity protected. The Australian Government's definition focuses mainly on individuals and does not clearly refer to the responsibilities of communities and societies.

4. What are the links between social inclusion and health and wellbeing?

There are several VicHealth resources that provide evidence about the links between social inclusion, health and wellbeing. In some of the earlier resources the term “social inclusion” is used interchangeably with “social connection”. However, as discussed, we are using a broader definition of social inclusion that also encompasses freedom from discrimination and violence and access to economic resources, as well as social connection.

The following VicHealth summaries of evidence are particularly relevant.

Social connection

Social Inclusion as a determinant of mental health and wellbeing (2005)

This resource summarises international and Australian evidence about the links between mental wellbeing, social connectedness and social capital. It also touches on the impact of disadvantage on mental wellbeing.

Freedom from violence

Violence against women as a determinant of mental health and wellbeing (2008)

This summarises international and Australian evidence about the impact of violence against women on mental wellbeing. It also includes a summary of Australian evidence showing that intimate partner violence is the leading contributor to death, disability and illness (mental and physical) in Victorian women aged 15-44.

Freedom from discrimination

Building on our strengths: A framework to reduce race-based discrimination and support diversity in Victoria (2010)

Pages 21-22 provide a summary of recent evidence about the impact of race-based discrimination on mental and physical health.

Ethnic and race-based discrimination as a determinant of mental health and wellbeing (2008)

This summarises international and Australian evidence about the impact of discrimination on mental wellbeing. It also summarises some evidence about the prevalence and experience of discrimination in Victoria.

Access to Economic Resources

Workplace stress in Victoria: developing a systems approach (2006)

Chapter 1 summarises international and Australian evidence on the impact of job stress. Chapter 5 looks at the impact of job stress on the health of Victorians.

Access to economic resources as a determinant of mental health and wellbeing (2005)

This summarises international and Australian evidence, mainly about the impact of poverty, unemployment or inadequate employment and the social gradient on mental wellbeing. It also touches on the impacts of income inequality and education on mental health and wellbeing.

There is also further information about the impact of social exclusion on health and wellbeing in the documents referred to in the following sections 5 and 6.

5. The impact of inequality on health and wellbeing – why inequality is bad for us all

Poverty and disadvantage are amongst the key reasons for social exclusion. Thus it is not surprising that health and wellbeing are closely related to the social gradient, with more disadvantaged groups suffering reduced health and wellbeing.

The VicHealth resource *Research Summary: Burden of Disease related to health inequalities* (2008) summarises evidence showing that more disadvantaged groups experience worse health with higher rates of mortality and morbidity and lower self-assessed health. It also identifies some groups that are particularly disadvantaged and at risk of health inequalities, including Aboriginal people, new migrant arrivals and refugees, and people with disabilities.

There is also growing international evidence that inequality is bad for the health and wellbeing of people at all levels of society. Wilkinson and Pickett have summarised much of this evidence in *The Spirit Level* (2009). Their analysis shows that greater income inequality in developed countries is associated with worse outcomes on a wide range of key social and health inequalities, including:

- Child health and wellbeing
- Life expectancy
- Self-rated health
- Education
- Obesity
- Trust
- Mental illness
- Mental health and drug use
- Imprisonment
- Violence

More information about Wilkinson's and Pickett's analysis is available from The Equality Trust at <http://www.equalitytrust.org.uk/>.

While the poorest and most disadvantaged are the most affected by inequality, people at all levels of society in more unequal societies have reduced health and wellbeing compared to their counterparts in more equal societies. Australia is a relatively unequal society compared to most of the developed societies in the study, and our ratings on mental health and drug issues in particular are poor compared with more equal societies in the study, although our overall life expectancy is still relatively good. We also have relatively high and increasing rates of overweight and obesity.

The inner south east is an area of marked inequality, with rich and poor living in close proximity. While the area overall is generally wealthy, it also includes some small pockets that are amongst the most disadvantaged in Victoria. The associations found by Wilkinson and Pickett apply to nations and large cities, and can't be generalised directly to smaller areas such as this, but the inner south east can be seen as an example of the way our society is becoming more unequal.

Reducing poverty and disadvantage, and reducing the gap between rich and poor, are therefore both particularly significant in the inner south east. Working to increase equity and reduce health inequalities is a key aspect of ISEPICH's overall approach and is highly relevant to the social inclusion priority area.

6. Good practice in promoting social inclusion – international, national and local evidence

The World Health Organisation's evidence based practice framework, outlined by the Commission on the Social Determinants of Health in *Closing the Gap in a Generation* (2008), is an important resource for anyone interested in promoting social inclusion and reducing health inequalities. This resource reviews the evidence about health inequalities and effective approaches to addressing health inequalities. It provides three major principles for action:

1. *Improve the conditions of daily life – the circumstances in which people are born, grow, live, work, and age.*
2. *Tackle the inequitable distribution of power, money, and resources – the structural drivers of those conditions of daily life – globally, nationally, and locally.*
3. *Measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the social determinants of health, and raise public awareness about the social determinants of health.*

There are twenty eight specific recommendations for action underlying these principles. They include recommendations on the importance of early life and education, the need for fair work and income policies, for gender equity, and for health impacts to inform social and economic planning. They also stress the need for universal access to health care and a health workforce that is trained in health promotion and in addressing the social determinants of health. The need to collect evidence about health inequalities and use evidence based approaches is also highlighted. While many of these are recommendations for action at the national level, the importance of community action is also stressed.

VicHealth has produced the *Evidence Based Mental Health Promotion Resource* (2006) and a number of specific resources in certain areas, shown below. The links are current at the time of writing (April 2010).

Social connection

VicHealth does not provide an overall resource on good practice, but there is some evidence about effective programs at <http://www.vichealth.vic.gov.au/en/Programs-and-Projects/Social-Connection.aspx>. These include in particular Community Arts programs and programs and projects working with young people.

Preventing discrimination

VicHealth information about good practice in preventing discrimination is available at <http://www.vichealth.vic.gov.au/Programs-and-Projects/Freedom-from-discrimination.aspx#content>

The resource *Building on our strengths: A framework to reduce race-based discrimination and support diversity in Victoria* (2010) identifies key themes and areas for action. Areas for action include:

- Organisational development
- Communications and social marketing
- Legislative and policy reform
- Direct participation programs
- Community strengthening

Under each action area the resource identifies a number of strategies that are seen as *effective* (found to be effective through rigorous evaluation) or *promising* (found to be effective in less rigorous evaluation or have been implemented and have a sound basis in theory and experimental research) (p 37).

Preventing violence

VicHealth's major focus is on violence against women. Information about good practice is available at <http://www.vichealth.vic.gov.au/en/Programs-and-Projects/Freedom-from-violence.aspx>.

The resource *VicHealth Partnership Activity to Prevent Violence against Women* (undated) identifies the most promising areas for action to prevent violence against women and current initiatives being supported by VicHealth in those areas.

Improving access to economic resources

VicHealth does not provide an overall resource about good practice in improving access to economic resources, but there is information about a number of programs and projects at <http://www.vichealth.vic.gov.au/Programs-and-Projects/Access-to-economic-resources.aspx>

These activities particularly focus on improving access to paid work for Indigenous young people, for young people in the justice system, and for refugees, and also look at activities to reduce workplace stress for the population more generally.

Promoting equity in health

VicHealth and the Victorian Department of Health have also produced some resources on promoting health equity. The resource *Fairer Health: Case studies on improving health for all* (2009), produced by VicHealth and the Victorian Government Department of Human Services (now Health), provides information on some Victorian health promotion programs that can be considered examples of good practice. The resource identifies some key themes in these programs (pages 1-2):

- Planning for impact (good planning using program logic)
- Multi-sector approach (partnerships with organisations outside the health sector)
- Community ownership
- Re-thinking inclusion (asking questions about why some people or groups are excluded from programs or activities)
- Connecting to the wider causes of health (the social determinants)

The VicHealth resource *People, places, processes* (2008) aims to help practitioners identify the best ways to reduce health inequalities when designing programs. This resource was trialled by the Banyule Nillimbuk Healthy Communities Alliance in 2007-08. The evaluation report *Enhancing Equity Based Planning for Health Promotion* (2009) (available at <http://www.bnpc.org.au/news/items/2009/08/290787-upload-00001.pdf>) found that the resource was a useful tool for planning but that there was a need to develop a more supportive context for promoting health equity, including:

- A supportive policy environment, including the development of equity indicators
- More training of senior management and increased organisational support
- Improved collaboration with a broader range of services

Women's Health Victoria provides a general clearing house of resources on social inclusion at <http://whv.org.au/publications-resources/clearinghouse-connectors/chc-social-inclusion> . This includes a wealth of information about social inclusion and ways promoting social inclusion, with a particular focus on gender and social inclusion.

7. Local programs and activities

The Social Inclusion Scoping Project consulted with 13 agencies in the ISEPICH's catchment. They were asked to identify approximately three programs/activities they were running to increase social inclusion which they believed were innovative or showed good practice. Appendix 1 includes a list of the questions agencies were asked. Altogether the Project collected information about 34 programs or activities. A summary is provided in Table 1 below and more details about the programs are available in Appendix 2.

Table 1 Programs and activities included in the Scoping Project

Organisation	Program/Activity
Bentleigh Bayside Community Health	New Horizons
	Youth Self Harm Prevention
Caulfield Community Health Services	Carers Support Program - Caulfield and Malvern
	Support for Parents Program
	Social Meals Pilot
Christ Church Mission Inc	Garden Nomads
	Open House
	Step Out
Glen Eira City Council	Explorers Program
	Older Adult Recreation Program
City of Port Phillip	The Eco-Centre (Settings Based Social Inclusion)
	St Kilda Social Inclusion Project
	Street/Block Parties
Hanover	Women's Soccer
	\$30 Challenge
Inner South Community Health Service	Digital Stories
	Our Rainbow Place
	Outside to Included
	Some Space for Me
Jewish Care	Person Centred Social Inclusion
Moongala Women's Community House	Shared Tables, Shared Stories
New Hope Migrant & Refugee Centre	Café Bazaar
	English Classes
	Strength Training
Port Phillip Community Group	Connect Ed
	A Local Response to Welfare to Work
	Turn About
St Kilda Drop in Centre	Art Group
	Drama Group
	Knowledge Seekers
	Women's Program
Women's Health in the South East (WHISE)	Connecting Women, Connecting Communities
	Friendly Faces
	Mums on the move

As agencies were invited to participate, the project relied on them having time to do so. Unfortunately we could not include all agencies within the catchment due to these constraints, however we felt this was a good overview of the types of activities being run. Organisations that were not able to contribute within the time limits but were interested in doing so in future included the City of Stonnington, The Salvation Army, Sacred Heart Mission and ReLink.

Program/ Activity Objectives – what were they aiming to achieve?

The objectives of these programs/activities are shown in Table 2. They have a strong focus on reducing social isolation and increasing social connection. Two also focus on safety or preventing violence (including the Self-Harm project), three on preventing stigma or discrimination, and three on increasing access to economic resources.

The majority of activities aimed to increase knowledge, skills, connection, participation and wellbeing in the specific population groups that were engaged. About eight also have an explicit focus on creating more supportive environments or communities. These are shown in italics in the table. (The Self-Harm project focuses on responding to self-harm and organisational development, but also includes capacity building through training staff and looking holistically at social inclusion in the schools, so it is included in this category.)

Table 2 Program/activity objectives

To reduce mental illness and isolation (for bereaved carers)
To develop a procedure for and referral protocol regarding self harm; <i>To look holistically at social inclusion in schools</i> (For schools)
To support carers and to reduce isolation faced by carers.
To increase parents' knowledge; To connect them with other parents
Connecting individuals who may be isolated with others whilst connecting them into existing services
To support independent living; To increase social networks and support; To improve safety for elderly living at home.
To provide a nutritious meal to people who otherwise may go without; <i>To provide a nice social atmosphere in which people can build social networks and relationships.</i> (Drop-in style).
To stay fit; To build social networks.
Increase social connection by providing the group with opportunities to connect and do exciting things.
<i>Being a central hub for various activities; Working towards a sustainable future and protecting resources for future generations; Creating social connections.</i>
<i>To provide excluded and marginalised people with improved points of connection necessary to increase access of opportunity in economic, social and civic life.</i>
<i>To create cohesive, safer and friendlier neighbourhoods.</i>
To provide a space for women to participate and gain social support.
To increase levels of comfort and social engagement within local community; To encourage shopping on a budget and planning meals; To promote healthy eating.
To help people in public housing connect with the wider community; <i>To reduce stigma and to educate the wider community.</i>
To provide a social outreach to the Indigenous community by providing them with an informal meeting place for the Indigenous community members to meet and access services.
To provide opportunities for social interaction and inclusion <i>as well as advocacy in public housing.</i>
To help individuals reconnect and enhance self esteem (for women post domestic violence)
Helping residents (of Jewish Care facility for people with disabilities) build broad social connections with the community
To create an inclusive and supportive environment for senior women. To promote social inclusion and positive ageing.
To address social isolation in elderly people with CALD backgrounds.
To provide English education for people with CALD backgrounds; To help them gain the skills, integrate and participate in social, economic and civic life
To provide individuals with the opportunity for physical activity that is enjoyable and culturally appropriate; To provide people with the opportunity to build social networks.

Improve responsiveness to client needs and to reduce avoidable emergency department presentations of clients with complex psychosocial needs.

To raise awareness and increase knowledge about the Welfare to Work program; To collect stories from people affected by Welfare to Work; To advocate for policy change.

To create strategies to reduce problem gambling and reduce isolation. (Focus on women in Russian and Turkish communities)

To improve self expression and for participants to explore/redefine themselves (through Art); To explore and develop skills. (For people with mental illness)

Participation; Self expression; Community education and working within the community setting (through drama) (For people with mental illness)

To provide individuals with information and support; To provide an opportunity for social networking. To respond to needs. (For older people with mental illness)

To bring people together and build social connections. (For women with mental illness)

To reduce social exclusion; To provide individuals with information. (Recently arrived women)

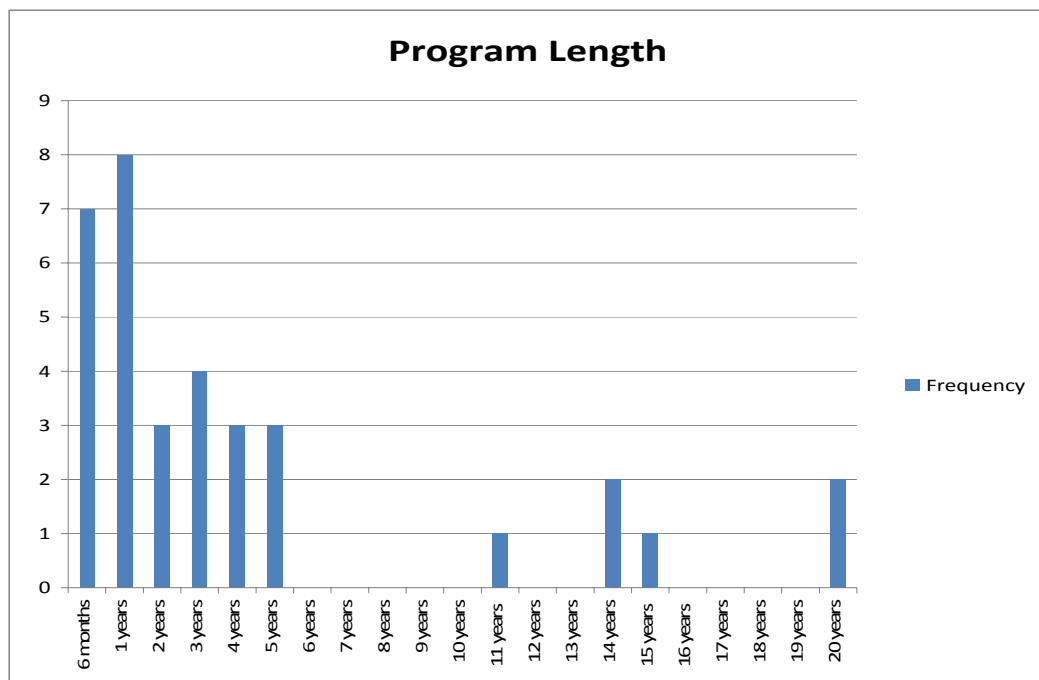
To decrease social exclusion (For residents of Nursing Homes)

To improve fitness; To increase self confidence; To build social connections (For new mothers of low socio-economic and CALD backgrounds)

Many of these programs/activities are aiming to engage at-risk or hard to reach populations within society such as groups facing discrimination and many have more than one objective, for example: physical activity and social connection or healthy eating and social connection. These combined objectives allowed organisations to engage people in a way that was not too confronting but could still increase levels of inclusion. As many people at risk of or experiencing social exclusion have complex needs, having broad objectives allowed programs/activities to help individuals in a more holistic manner.

Program/Activity length

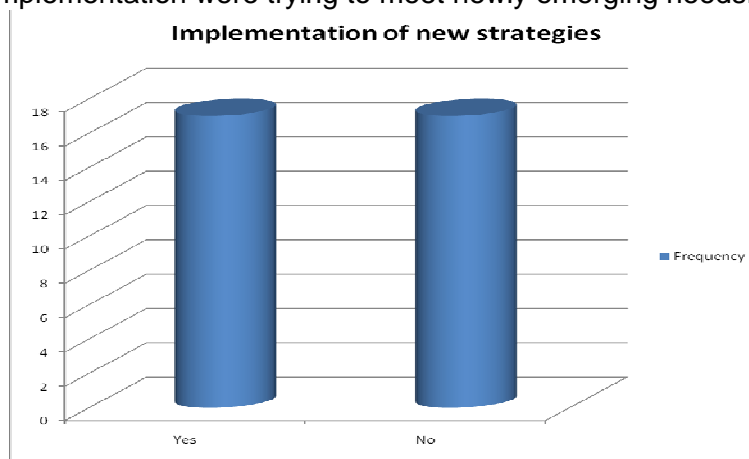
Many of the program/activities looked at in this scoping project were new programs that had been running for 6-9 months. Some organisations mentioned that as the program was in its early stages evaluation had not been completed. The most common program length seemed to be around one year, as shown below.



Program length was tied heavily with issues surrounding funding. Many organisations had trouble finding funding, had funding that could not sustain the programs or only had funding for certain periods of time. This directly affected the length of time that organisations could run programs. Organisations felt this limited the scope and effectiveness of programs/activities. The Port Phillip Community Group commented of one of their programs “We would have loved to run this program for a longer period of time. We feel that there is still a great level of need and that some people may have missed out when the program ceased as this program is based on behaviour change.” The organisations that had programs running for periods longer than one year felt that the length of time they were able to run the program improved their effectiveness and the reach of the program/activity

Flexibility and implementation of new activities/strategies

The implementation of new strategies after program commencement was linked closely to program/activity design. Fifty percent of programs/activities in this project implemented new strategies after implementation had begun or had a flexible program design. The programs with a flexible design monitored and modified their programs to meet the changing needs of individuals. Other programs/activities that introduced new strategies after program implementation were trying to meet newly emerging needs.



An example of a program with a flexible design is Moongala Women’s Community Health’s, ‘Shared Tables, Shared Stories’ program. This program changed activities to meet the needs of the individuals in attendance.

An example of a program that introduced new strategies after implementation was Christ Church’s ‘Garden Nomads’ program which introduced new policies and Occupational Health & Safety guidelines after implementation to further protect participants and volunteers.

Population Groups

The population groups the programs were aimed towards varied substantially as shown in the figure on the next page. The most common groups were general population (anyone), elderly people from CALD backgrounds and people with mental illness who may be isolated.

The majority of activities represented in this project focussed on the adult population such as parents, elderly and people above the age of 55 years. This suggests that there may be a lack of programs addressing needs of children, teenagers and young adults.

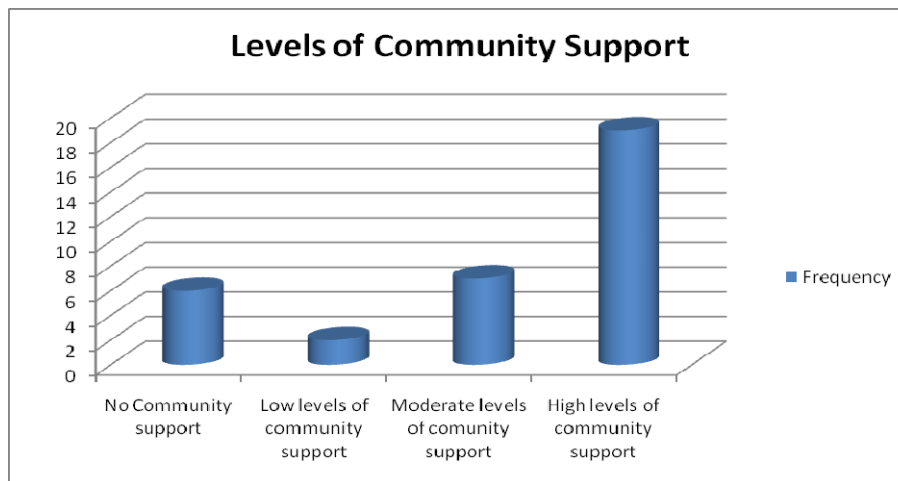
Program Target Group	Frequency
Anyone (no assessment criteria)	4
People who are 55+ years who may be experiencing isolation.	2
Elderly people from CALD backgrounds	3
People with serious mental illness who may be isolated	2
Bereaved carers at risk or experiencing isolation and mental illness	1
School communities with children who self harm	1
Carers of adult dependents	1
Socially excluded parents who have missed out on parental information due to decreased access to services	1
Socially isolated elderly persons	1
Elderly infirmed and disabled persons. (slant towards disadvantage)	1
Disadvantaged women who rely on drop in services	1
Residents of crisis accommodation	1
Public housing residents	1
Indigenous individuals (Slant towards disadvantage)	1
People age 55+ years in public housing	1
Women living post domestic violence	1
Jewish care residents with disabilities	1
Senior women at risk of/experiencing isolation	1
People with complex psycho-social needs frequenting emergency departments	1
The broader community, workers in health and community organisations, policy makers and people affected by Welfare to Work changes	1
Isolated women with problem gambling behaviours	1
People aged 65+ with serious mental illness who may be isolated	1
Women with serious mental illness who may be experiencing isolation	1
Newly arrived (6 months) immigrants	1
Elderly citizens in nursing homes at risk of isolation	1
New mothers from CALD backgrounds	1

Levels of Community Support

More than half of the programs reviewed in this project had moderate to high levels of support. These programs had support from:

- Other community and health organisations who referred people to their programs and shared resources and knowledge
- Organisations that formed partnerships
- Strong attendance
- Knowledge of program spread by word of mouth.
- Support by volunteers.

This improved the functioning and effectiveness of the programs. Some programs relied on this support to spread knowledge and awareness of programs and other issues. For example: The Port Phillip Community Group's Local Response to Welfare to Work project relied on this support to draw awareness to the needs of people being affected by welfare to work changes. This allowed them to advocate for pivotal policy changes.



The programs that did not have community support often found it more difficult to engage the individuals being targeted by the program and also to obtain funding and resources. Some of these programs may have found it harder to gain community support as they were only offered to a select audience. An example of this is Hanover's '\$30 Challenge' which is only offered to residents of crisis accommodation.

Evaluation

These programs are seen to be good practice or innovative by the organisations providing them. As such they have been evaluated by the organisations providing them. These evaluations have been conducted by various methods, some being stronger than others. Summary information about the evaluation methods used (where available) is provided in Appendix 2.

Many organisations that took part in this scoping project suggested that they would like to have conducted more evaluation or more rigorous evaluations of their programs. For many this was hindered by a lack of funding, time and resources. For some this may have also been hindered by a lack of knowledge of evaluation methods. Several organisations found that not enough weight was given to the benefits of conducting thorough evaluations. These factors directly affect the quality of evaluation, evidence based practice and therefore good practice and innovation.

Evidence of effectiveness is frequently classified on levels ranging from strong evidence of effectiveness (often understood as evidence from random controlled trials or RCTs) through to weaker evidence of effectiveness (impact evaluation from pre- and post-testing only) (Department of Health 2009). The evidence used in this project cannot be classified on these levels, partly because the evaluation was not as good as it might have been, but also because 'evidence based practice' though a widely used term, is by no means simple and can be problematic at times. This is particularly relevant in regard to innovative approaches or settings and community based approaches, where there may be limited evidence available. In regard to settings or community based approaches there may be a lack of evidence because most RCTs have focused on individual approaches, yet in order to address the social determinants of health, community and settings based approaches are generally equally or more important than individual approaches.

The process of bringing about social change is slow and complex and the results often cannot be measured by random controlled trials. Even so-called 'random community trials' are not always reliable as people conducting the trial don't have complete control over communities; for example members of the 'control' community may decide to

introduce some of the programs used in the 'experimental' community, meaning that differences in impacts won't occur or will be reduced.

Nevertheless it is valuable to have some clear indicators of intended impacts and more pre- and post- testing could be possible. In working with disadvantaged or hard-to-engage groups, it is often useful to think about qualitative indicators including a mixture of observation and participant feedback or story methods rather than standardised measures that may be hard to collect and intrusive or irrelevant for participants. In working with communities and settings, it is also important to collect information about changes in policy, community attitudes and environments, even though it may not be possible in the short term to link these directly to improved health and wellbeing for the relevant population groups. Overall there is certainly room to improve evaluation, but this needs to be done without over-burdening program coordinators or creating hurdles for participants.

Participant involvement in planning and evaluation

Most of the programs in this project reported some levels of participant involvement in program planning and evaluation (see Appendix 2). Many organisations commented that the level of participant involvement in planning and evaluation resulted in better levels of satisfaction with programs/activities and high levels of ownership and empowerment.

The programs which did not have good levels of participation by the target group in planning and/or evaluation sometimes suggested that such participation would hinder the effectiveness and attendance of the program/activity as the populations involved had complex needs and would become stressed by being asked to participate in this way. Some of these people were also transient making it hard for them to be contacted or participate to a higher degree.

8. What made programs/activities effective?

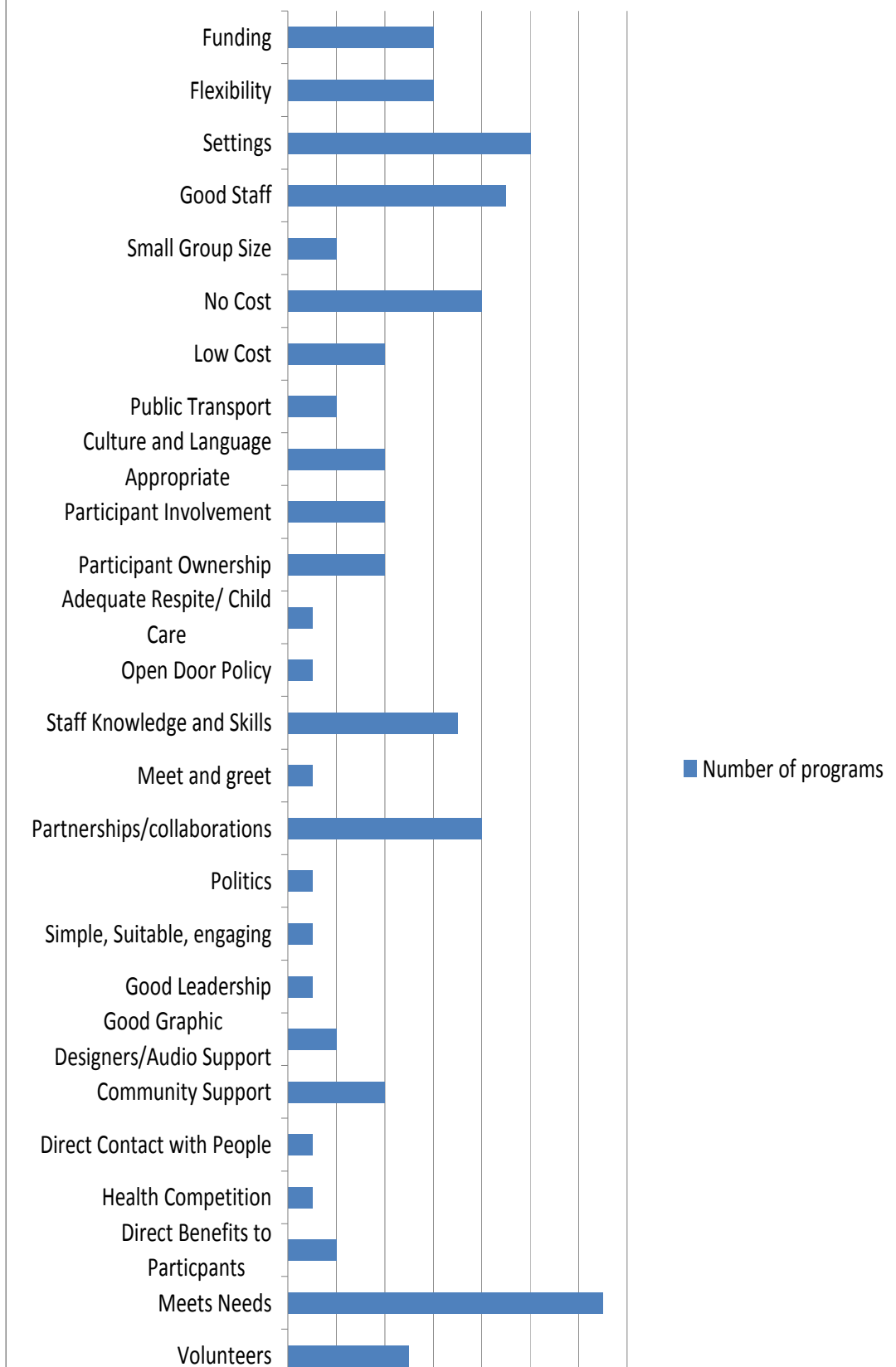
While recognising that the effectiveness of programs and activities, as discussed above, was not tightly defined because of variation in the extent and quality of evaluation, nevertheless organisations were able to identify factors that they felt made their programs effective. These are summarised in the figure on the next page.

In looking at this summary it is important to recognise that the factors that make a program or activity successful vary depending on the type of program. For example only one identified politics (in this case the timing of the federal election) as a factor in making the program effective, however as this program focussed on policy change, this was highly relevant. Thus the frequency of a factor alone does not indicate its importance.

Moreover, there could be considerable overlap between different categories. For example 'No cost/low cost' and 'Funding' can clearly be related as adequate funding makes it easier to offer a program at no or low cost. Funding in fact links into just about every other factor supporting good practice as staff can't be trained, evaluations can't be run, and so on, without adequate funding.

Factors that are relevant for the effectiveness of programs aiming to engage certain population groups directly may be different from those that are aiming to increase the inclusiveness of a setting or community. Nevertheless there are some clear patterns that emerge from the responses, particularly when related factors are grouped together.

What makes programs effective?



Grouping the factors that appear to be related together (the most commonly identified factors are shown in bold), some key themes are:

- **the program or activity meets needs, and**
 - participants are involved or have ownership
 - it offers direct benefits to participants
 - it is flexible
- **the setting is welcoming, and**
 - it is culturally and linguistically appropriate
 - it has an open door policy
 - it has a 'meet and greet' style
 - it is simple, suitable, engaging
 - the group size is small/appropriate
 - there is good design of program materials
 - it offers direct contact with people
- **staff have good knowledge and skills, and**
 - volunteers support the program
 - there is good leadership
- **the program or activity is collaborative/has good partnerships, and**
 - it is well supported by the community
 - it uses political 'nous'
- **the program or activity is low cost or no cost, and**
 - it has adequate funding
 - it is accessible by public transport
 - child care and respite are available

As previously noted, the ability to run a program or activity for a sufficient length of time (often linked to funding) was also identified as important in other comments. The Social Inclusion Working Group members also noted that access to transport in general (including supported transport for people with disabilities or frailty) is important, as well as access to public transport.

Hurdles that programs have overcome

The most common hurdle faced in program design and implementation was funding. The St Kilda Drop-in Centre remarked 'Funding is a constant battle'. Many organisations had trouble finding and accessing funding. This directly affected the quality of their programs from issues of implementation such as finding staff, settings and making the accessible to participant to conducting rigorous evaluations.

The other two most common hurdles were the complexity of needs of participants and engaging the community and future participants. These two issues are closely linked as the more complex the needs of the participants the harder they tend to be to engage. The complexity of needs meant that many programs were flexible in design so that they could move to meet newly emerging needs but also not pressure the target population by making them feel that they had to attend every session.

Some programs were affected by problems regarding attendance numbers as some people dropped out and in of programs depending on appointments and other commitments. This also linked to the complexity of individual need. Many programs also faced issues related to varying belief systems and expectations of individuals.

Issues of resources and time were common hurdles in design and implementation. Organisations commented they ran out of time or resources to run certain elements of programs/activities or to conduct thorough evaluations.

9. Recommendations

The recommendations arising from the Scoping Project are below. These are intended to stimulate ideas and discussion amongst ISEPICH members and others who are interested in promoting social inclusion.

In the short term:

- 1) Use this resource for information sharing and when reviewing and planning activities. Review, update and improve this resources as knowledge increases
- 2) Work to improve evaluation and program planning
 - a) Improve skills and build capacity in evaluation and increase the involvement of community members in evaluation and planning (being guided by the participants as to how and how much they wish to be involved, but not assuming they can't or don't wish to be involved)
 - b) Plan program objectives in terms of impacts for participants, communities and settings.
- 3) Aim to include a focus on creating inclusive settings and communities as well as on engaging particular population groups, and ensure a focus on equity in all programs and activities.
- 4) Increase our health promotion skills and knowledge and make use of resources available from VicHealth, Department of Health, the Commission on Social Determinants, as listed in this resource, and others identified during our work.

In the longer term:

- 5) Develop more programs and activities aimed at preventing violence and discrimination and increasing access to economic resources, as well as increasing social connection.
- 6) Increase our capacity for advocacy and ability to use a human rights approach in health promotion

References and resources

Please note that the links provided in this section are current at the time of publication (May 2010).

Inner South East Partnership in Community and Health (ISEPICH)

ISEPICH resources are available at www.isepich.org

The ISEPICH strategic health and wellbeing plan is available at http://www.portphillip.vic.gov.au/default/ISEPICH_Strategic_health_and_wellbeing_plan_2009-12_FINAL.pdf

Definitions

VicHealth (The Victorian Health Promotion Foundation) (2005) *Social Inclusion as a determinant of mental health and wellbeing* (Research summary 2) available at http://www.vichealth.vic.gov.au/~media/ProgramsandProjects/MentalHealthandWellBeing/Publications/Attachments/Social_Inclusion_Final_Fact_sheet.ashx

VicHealth (2009) *Participation for Health Framework* available at <http://www.vichealth.vic.gov.au/~media/ProgramsandProjects/MentalHealthandWellBeing/Attachments/Participation%20for%20Health%20Framework%202009-2013.ashx>

The Australian Government Social Inclusion Board (2010) at <http://www.socialinclusion.gov.au/SIagenda/Pages/Overview.aspx>

Evidence summaries – links between social inclusion and health

VicHealth (2005) *Social Inclusion as a determinant of mental health and wellbeing* [please note this document is primarily about social connection] available at http://www.vichealth.vic.gov.au/~media/ProgramsandProjects/MentalHealthandWellBeing/Publications/Attachments/Social_Inclusion_Final_Fact_sheet.ashx

International evidence of the links between social inclusion and health is also available in: The Commission on the Social Determinants of Health (2008) *Closing the Gap in a Generation* available at http://www.who.int/social_determinants/en/

VicHealth (2008) *Violence against women as a determinant of mental health and wellbeing* available at http://www.vichealth.vic.gov.au/~media/ProgramsandProjects/MentalHealthandWellBeing/Publications/Attachments/ResearchSummary_VAW.ashx

VicHealth (2010) *Building on our strengths: A framework to reduce race-based discrimination and support diversity in Victoria* available at <http://www.vichealth.vic.gov.au/Resource-Centre/Publications-and-Resources/Freedom-from-discrimination/Building-on-our-strengths.aspx>

VicHealth (2008) *Ethnic and race-based discrimination as a determinant of mental health and wellbeing* available at http://www.vichealth.vic.gov.au/~media/ProgramsandProjects/MentalHealthandWellBeing/Publications/Attachments/ResearchSummary_Discrimination.ashx

VicHealth (2006) *Workplace stress in Victoria: developing a systems approach* (2006) available at <http://www.vichealth.vic.gov.au/Resource-Centre/Publications-and-Resources/Economic-participation/Workplace-Stress-in-Victoria.aspx>

VicHealth (2005) *Access to economic resources as a determinant of mental health and wellbeing* available at [http://www.vichealth.vic.gov.au/~-/media/ProgramsandProjects/MentalHealthandWellBeing/Publications/Attachments/Access to economic Final Fact sheet.ashx](http://www.vichealth.vic.gov.au/~-/media/ProgramsandProjects/MentalHealthandWellBeing/Publications/Attachments/Access%20to%20economic%20Final%20Fact%20sheet.ashx)

Evidence summaries – links between inequality and health

VicHealth (2008) *Research Summary: Burden of Disease related to health inequalities* available at <http://www.vichealth.vic.gov.au/en/Resource-Centre/Publications-and-Resources/Health-Inequalities/Research-Summary-Burden-of-disease-due-to-health-inequalities.aspx>

Victoria Government Department of Human Services (2009) *Fair Health Facts* (information on 15 summary indicators of health inequality) available at http://www.health.vic.gov.au/healthstatus/downloads/fair_health09.pdf
Further information on inequalities in health in Victoria is available at <http://www.health.vic.gov.au/healthstatus/inequalities.htm>

Wilkinson R & Pickett K (2009) *The Spirit Level: Why equality is better for everyone* London. For information about this book and more evidence about the links between inequality and health in a range of developed countries see The Equality Trust at <http://www.equalitytrust.org.uk/>.

Good practice

VicHealth (2006) *Evidence Based Mental Health Promotion Resource* (2006) available at <http://www.vichealth.vic.gov.au/Programs-and-Projects/Freedom-from-discrimination.aspx#content>

The Commission on the Social Determinants of Health (2008) *Closing the Gap in a Generation* available at http://www.who.int/social_determinants/en/

Promoting Social Connection:

VicHealth information on good practice in promoting social connection is available at <http://www.vichealth.vic.gov.au/en/Resource-Centre/Publications-and-Resources/Social-connection.aspx>

Preventing Violence against Women:

VicHealth Information on good practice in preventing violence against women is available at <http://www.vichealth.vic.gov.au/en/Programs-and-Projects/Freedom-from-violence.aspx>.

Improving access to economic resources:

VicHealth does not provide an overall resource about good practice in improving access to economic resources, but there is information about a number of programs and projects

at <http://www.vichealth.vic.gov.au/Programs-and-Projects/Access-to-economic-resources.aspx>

Improving health equity:

VicHealth and the Victorian Department of Health (2009) *Fairer Health: Case studies on improving health for all* available at

<http://www.vichealth.vic.gov.au/Resource-Centre/Publications-and-Resources/Health-Inequalities/Fairer-health---Case-studies-on-improving-health-for-all.aspx>

VicHealth (2008) *People, places, processes* available at

<http://www.vichealth.vic.gov.au/Resource-Centre/Publications-and-Resources/Health-Inequalities/People-places-processes.aspx>

Boyd M *Enhancing Equity Based Planning for Health Promotion* (2009) (evaluation report on the trial of the VicHealth equity Tool) available at

<http://www.bnppca.org.au/news/items/2009/08/290787-upload-00001.pdf>

Clearing House

Women's Health Victoria provides a general clearing house of resources on social inclusion (including a focus on gender and social inclusion) at

<http://whv.org.au/publications-resources/clearinghouse-connectors/chc-social-inclusion> .

Appendix 1 Key questions asked during consultation.

1. Can you identify two-three activities that promote social inclusion and are examples of good practice or are innovative?
2. How long has this program/activity been running?
3. Is it meeting its objectives? (How is this evaluated?)
4. Have any new strategies been introduced since implementation?
5. a. Who is the program/activity aimed towards?
b. How are they involved (if at all)? (Are they involved in evaluation?)
6. (optional question if not covered in 5) Have the community supported this program/activity?
7. Who are the main drivers of the program/activity?
8. What do you believe are the key factors that made the program/activity effective?
9. What hurdles have you overcome in either designing or implementing the program that have made it successful? (What were the barriers or enabling factors?)

Appendix 2 Detailed information on programs and activities

Key Questions	Organisation: Bentleigh Bayside Community Health Service
1	New Horizons
2	This program has been running for one year. Meetings held weekly for an hour.
3	<p>This program's objective is: To reduce mental illness and isolation.</p> <p>This project was evaluated using verbal and written feedback. Participants were given feedback sheets. Focus groups were held. Attendance was recorded. One to one interviews were run. Facilitators wrote reports. Partners were surveyed. Evaluation found a high level of participant satisfactions. Evaluations showed that there was an increase in knowledge and confidence.</p>
4	No new strategies have been introduced since implementation.
5	<p>A. This program is aimed towards bereaved Carers at risk or suffering from mental illness and/or isolation.</p> <p>B. Participants were involved in guiding the direction of the group. This included guiding the information presented.</p>
6	This program was supported by the community with referrals from other agencies.
7	The main drivers of this program were Bentleigh Bayside Community Health Service.
8	The factors making this program effective were that it established collaborative partnerships which shared skills and resources, it was sustainable, and there was negotiation with ISEPICH and CCHS about running a post-transitional stream of the program.
9	The main hurdles that were overcome were developing skills, having time to market the program and its benefits to health to the wider community, producing a brochure, the cost of refreshments and finding a suitable location.

Key Questions	Organisation: Bentleigh Bayside community Health Service
1	Youth Self Harm Prevention
2	This program has been running for one year.
3	<p>The objectives are: To develop a procedure for and referral protocol regarding self harm. <i>[Project organisers have subsequently added that it also aims to look holistically at social inclusion in schools]</i></p> <p>This project is evaluated using verbal feedback, surveys, meetings and focus groups.</p>
4	No new strategies have been introduced since implementation.
5	A. This program is aimed towards school communities and school students who are involved in self harm or at risk of

	<p>self harm.</p> <p>B. High level of involvement by schools in developing procedures and referral protocols. Lower level of involvement by individuals involved in self harm.</p>
6	This project has had a good level of involvement by the community with two schools being partners in the project.
7	The main drivers of the project are Bentleigh Bayside Community Health Service.
8	The factors making this program effective are strong inter-sectoral partnerships with schools and community health organisations, Collaboration on forming a functional protocol, committed and supportive staff, and well established links with local schools.
9	The main hurdles this program has encountered are time, scheduling meetings, staff changes, education protocol and curriculum.

Key Questions	Organisation: Caulfield Community Health Service
1	<p>Carers Support Programs: Malvern and Caulfield.</p> <p>The program provided support and education to carers. This later introduced healthy living and strength training classes.</p>
2	Three years. Monthly. Two hours approx.
3	<p>The objectives of this program are: To support carers and to reduce isolation faced by carers.</p> <p>This program is evaluated using a take home survey. This is done annually. So far the program has proven benefits.</p>
4	No new strategies have been introduced since program implementation. However they are hoping to introduce Healthy Living and strength training activities to the program to better meet the physical and self care needs of the group.
5	<p>A. The group is aimed towards people who are full time carers of adult dependants.</p> <p>B. The group are very involved in the direction of the discussion and content covered in group education.</p>
6	The community have supported this program especially the community in Malvern helping to make the program accessible and keeping numbers of people attending strong.
7	The program is mainly driven by the participants with the facilitators (a social worker and community health nurse) playing a supportive role and allowing the group to take ownership of their program.
8	<p>The factors making this program effective were: Good infrastructure especially in Malvern. The programs have good rooms and are near public transport. The time the programs run suits the participants and they can get adequate respite and care for their dependants at this time.</p>
9	The biggest hurdle overcome by this program is:

	It is a sensitive area when people need to leave the group. The group is specifically for these people and carers may shift out of this role. The facilitators therefore have the difficult task of finding these people new forms of support.
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Key Questions	Organisation: Organisation: Caulfield Community Health Service
1	Support for Parents Provided information and education resources to parents about children.
2	Program ran for two years. Four week course running three times yearly each session lasting two hours. Evaluated at the end of each course using a survey.
3	This program's objectives are: To increase parents knowledge. To connect them with other parents. This program was evaluated using participant surveys. The evaluation has found the program to be effective in achieving its objectives.
4	No new strategies have been introduced since implementation.
5	A. This program is aimed towards socially excluded parents who may have missed out on information or education about children due to decreased access to services and resources. B. The group are not involved in the planning of the activities; in this sense the group are passive.
6	This program has had good community support. It has been held in community facilities and had strong numbers of people attending.
7	The main drivers of the program are a social worker and paid facilitator.
8	The factors making this program effective are: Small groups. It is run at a central location with good infrastructure. It is accessible by public transport with a playground near by. It is subsidised so no out of pocket cost to participants.
9	The hurdles this program faced are: This was not a one off session. This was both a barrier and an enhancer. As this program was of no cost to the participant it required them to commit to coming to all of the sessions to be eligible. This was a barrier for some people who may have had commitments on one of the scheduled dates. This was also an enhancing factor as those who did participate learned a great deal in this time.

Key Questions	Organisation: Caulfield Community Health Services
1	Social Meals Program- Caulfield Community Health Services in partnership with the City of Glen Eira.

	This program ran information/education sessions on health issues with social meals as a means of connecting individuals who may be isolated whilst connecting them into existing services.
2	Starting hopefully in January.
3	The original objective of this project was for socially isolated people to share meal with others whilst linking them into existing services run by the partnership between Caulfield Community Health Service and the City of Glen Eira. This objective has recently changed to running information/education sessions on health issues with social meals as a means of connecting individuals who may be isolated with others whilst connecting them into existing services. The objective changed because the group the project was geared towards found social meals confronting and felt uncomfortable doing this with strangers. As this program is in its early stages no evaluation has been completed.
4	This program has changed the program direction as the group the pilot program was aimed towards were not interested in having social meals. The partnership consulted with this group to change the program direction.
5	<p>A. This program is aimed towards socially isolated elderly people.</p> <p>B. The group the project is geared towards have been involved in consultation to help the project meet their needs. They have therefore helped in aspects of the project design and hopefully delivery.</p>
6	The community this project was aimed towards did not support the original project objectives. After another round of consultation they are hoping for an improved level of support
7	The main program drivers are Caulfield Community Health and the City of Glen Eira.
8	The factors making this program effective are not known at present as it is only in its early phases.
9	So far the biggest hurdle this program has encountered is engaging the relevant group and consulting with them to develop a program to meet their needs.

Key Questions	Organisation: Christ Church
1	Garden Nomads
2	This program has been running for one year. Flexible meeting for approximately three hours.
3	<p>Its objectives are:</p> <p>To support independent living.</p> <p>To increase social networks and support.</p> <p>To improve safety for elderly living at home.</p> <p>This program has not been running for long enough for a thorough evaluation.</p>
4	Since implementation this program has completed policies for

	people to adhere to and completed stringent OH&S guidelines.
5	<p>A. This program is aimed towards elderly, infirm people and people with disabilities. (There is a slant towards people who are disadvantaged, or asset rich but socially poor)</p> <p>B. The participants are involved in helping chose a volunteer and choosing the times, dates and things to be done during each session</p>
6	This program has good levels of support from the wider community. It receives referrals from Inner South Community Health and the City of Port Phillip HACC team. This program also has reliable volunteers.
7	The main drivers of this program are Christ Church and the volunteers.
8	The factors making this program effective are having reliable volunteers. A good community understanding of the program, one-to-one interaction and the building of strong social connections/relationships. Individuals feel safe. The program has funding and the program is flexible so it can respond to emerging needs.
9	The hurdles this program has overcome are barriers around the formation of relationships, misunderstandings about the program, expectations of participants and volunteers being unrealistic, lack of volunteers and OH&S problems.

Key Questions	Organisation: Christ Church
1	Open House
2	This program has been running for two+ years. One evening meal held Wednesday for two hours, from 5.30-7.30pm.
3	<p>Its objectives are:</p> <p>To provide nutritious meals to people who otherwise may go without.</p> <p>To provide a nice social atmosphere in which people can build social networks and relationships.</p> <p>This program is evaluated using attendance numbers and re-attendance numbers.</p>
4	No new strategies have been introduced since implementation.
5	<p>A. This program is open to anyone who needs it. There are no assessment criteria. This program is mainly hoping to aid disadvantaged, isolated and marginalised individuals.</p> <p>B. These individuals are passive recipients. Volunteers help with planning. Some people who attend have also taken volunteer roles.</p>
6	This program is well supported by the local community, volunteers and the City of Port Phillip.
7	The main drivers of this program are the coordinator, volunteers and the local businesses that are the food source.

8	The factors making this program effective are having a good volunteer base with a thorough recruitment process, the coordinators and having a food source. Food is source from local businesses and having funding.
9	The main hurdles for this program have been maintaining funding, finding suitable volunteers and finding sustainable food sources.

Key Questions	Organisation: Christ Church
1	Stepping Out
2	This program has been running for seven months. Walk for one hour, morning tea for one hour.
3	Its objectives are: To stay fit. To build social networks. Evaluation based on attendance.
4	No new strategies introduced since implementation.
5	A. This program is open to anyone B. Participants are able to guide where the group goes for walks.
6	This program has some community support with some organisations acknowledging its benefits.
7	The main drivers of this program are Christ Church and the volunteers.
8	The factors making this program effective are: It is no cost, it responds to needs, has reliable volunteers, is not reliant on numbers and the group is trusting, warm and welcoming.
9	The main hurdles this program has had to overcome are: Finding a way of promoting a group about social inclusion without alienating the perspective participants, finding a central location suitable for meeting and walking, finding volunteers, meeting expectations, managing people who do not get along and trying to overcome issue of in-group segregation.

Key Questions	Organisation: City of Glen Eira
1	Explorers Program
2	This program has been running for 14 years, meeting once a week.
3	The program aims to: Increase social connection by providing the group with opportunities to connect and do exciting things. The program is not formally evaluated. Participants provide verbal feedback to staff about the program. As numbers attending are strong, the program has been sustained for years, and participants recommend it to friends, the program was deemed a success.
4	No new initiatives have been introduced since implementation, however participants seeking to achieve a healthier lifestyle are

	referred to the Older Adults Recreation Group.
5	<p>A. This program is aimed at people above the age of 55 living in the City of Glen Eira who may be isolated, living alone, living independently but still feeling isolated and those with mobility issues.</p> <p>B. This group is involved in helping chose their outings.</p>
6	There have been high levels of community support for this program; these have been seen through the ongoing participation, and increasing participant numbers
7	The main drivers of this project are the Older Adults Recreation Officer supported by the Public Health and Community Development Team, in the Customer Services Department at Council.
8	The factors making this program effective are: Participants feel their independence is supported. They feel comfortable. The staff are committed to meeting participant needs. The staff are committed to the program. Transport is provided to destinations. Light lunch is provided.
9	The hurdles this program has encountered include: Seniors often cancel at the last minute for whatever reason. Keeping costs at a level where the program is enjoyable, interesting, varied and affordable for the participants.

Key Questions	Organisation: City of Glen Eira
1	Older Adults Recreation Program
2	14 years, meeting once a week.
3	<p>The program aims to: Increase social connection by providing the group with opportunities to connect and do recreational activities that keep them fit and active.</p> <p>Similarly to the Explorers program this program is not formally evaluated. Participants provide verbal feedback to staff about the program. As numbers attending are strong, the program has been sustained for years and participants recommend it to friends, the program was deemed a success.</p>
4	No new initiatives have been introduced since program implementation however participants seeking more activities and chances to connect are referred to the Explores Program.
5	<p>A. This program is aimed at people above the age of 55 living in the City of Glen Eira who may be isolated, living alone, living independently but still feeling isolated and those with mobility issues.</p> <p>B. This group is involved in helping guide the type of activities on offer.</p>
6	Community support for this program can be seen through the ongoing participation, and increasing participant numbers

7	The main driver of this program is the Older Adults Recreation Officer staff member supported by the Public Health and Community Development Team, in the Customer Services Department at Council.
8	The factors contributing to this program's effectiveness included: Participants feeling their independence is supported. They feel comfortable. Staff are committed to meeting participant needs. Staff are committed to the program.
9	The main hurdles this program has encountered are: Seniors often cancel at the last minute for what ever reason. Keeping costs at a level where the program is enjoyable, interesting, varied and affordable for the participants.

Key Questions	Organisation: City of Port Phillip
1	Eco Centre Settings Based Programs
2	This centre is a central hub for a range of activities whose primary focus is on community support, environmental sustainability and food security. While the primary focus is not on social inclusion many of these activities act as a place for social connection and the sharing of knowledge and resources. As a range of activities run from this centre it is hard to pin point when each began. The centre was built in 1998. Thus some programs have been running for up to 11 years.
3	This centre is meeting its objective of: Being a central hub for various activities. Working towards a sustainable future and protecting resources for future generations. Creating social connections. All activities are evaluated using different means. There is a strong belief that the community should participate in the evaluations. Evaluations are done mainly by giving participants surveys, feedback forms and running workshops.
4	Many new strategies have been introduced since implementation. Strategies and programs are introduced to respond to the needs and interests of the community.
5	A. The programs and activities are aimed towards anyone who is interested. The centre has an 'open door' policy and aims to include all people. B. The community members are able to be involved in the centre life and activities at various levels. They are essential to the running of activities and groups. There are volunteer positions available to dedicated and passionate people.
6	The community supports the centre and the programs by coming along and showing interest and care for various causes.
7	The main drivers of programs are the program coordinators and volunteers.
8	The main factors making these programs effective are: Having an open door policy. Having a certain person with time and

	knowledge to meet and greet people entering the centre and giving them the information they require. Having things set in an open and welcoming environment. Collaborating with other like minded community members and groups to share resources and passion.
9	The biggest hurdles this program has faced are: Finding the right people to suit certain roles such as to coordinate volunteers or meet and greet individuals. These individuals needed to be passionate as well as showing skills and knowledge.

Key Questions	Organisation: City of Port Phillip
1	St Kilda Social Inclusion Project
2	One year. First year of a three year program.
3	This project's objectives are: To provide excluded and marginalised people with improved points of connection necessary to increase access of opportunity in economic, social and civic life. As this project is in its early phases an evaluation has not been completed. This project aims to partner with a university and establish an evaluation team. This team will be responsible for drawing up an evaluation design and disseminating the evaluation findings to key stakeholders. Early indicators suggest this program will be a success.
4	This project is flexible in design. This means that new elements are often being added to meet newly emerging needs.
5	A. This program is aimed towards all people to increase access and participation B. Involvement of participants varies depending on activities.
6	The community support initiatives under this project. There have been good levels of active participation.
7	As there are many initiatives in this project, it is hard to say who drives the project. There are various staff, facilitators, volunteers and active community members who drive initiatives.
8	The main factors making this program effective are: Funding. Having good staff. Having good levels of involvement by community members.
9	The challenges this project has faced include: Finding the right partner. Partners disagreeing on who should be responsible for which initiative and issues surrounding micromanagement.

Key Questions	Organisation: City of Port Phillip. (The street parties are run by Port Phillip Community Group working with City of Port Phillip)
1	Street/ Block Parties Run parties that facilitate neighbourhood connections.
2	Five years (Since 2004). 27-37 Parties annually.
3	This program's objective is:

	<p>To create cohesive, safer and friendlier neighbourhoods.</p> <p>It is evaluated annually through a consultation with community members. During this time the community members report what the successes of the parties have been and how they have benefited the neighbourhood. So far this program has proven to be extremely successful.</p>
4	One new strategy as been introduced since implementation. Block parties were introduced along the way to allow people living in high rises/ flats/ apartments to gain the same benefits from this type of party.
5	<p>A. The activity is aimed towards all community members. This includes all age groups, ability levels etc.</p> <p>B. The community members are highly involved as they are the ones who plan and implement the program. The community members who initiate the street parties are normally innovative individuals. The people who attend the parties are more passive.</p>
6	The community have supported this program and it would not run without their action and support.
7	The main drivers of the program are the innovative individuals who try to start street parties.
8	The main factors making this program successful are: It is affordable as the cost of liability insurance is covered by the organisation Port Phillip has outsourced it to (Port Phillip Community Group). It is easy. Assistance is provided.
9	The main hurdles this program has overcome are: Originally the cost of liability insurance was too high. This was a problem for people wanting to hold street parties. To overcome this hurdle the City of Port Phillip outsourced the program so that the cost of liability could be covered. The weather has also hindered many street parties.

Key Questions	Organisation: Hanover
1	Women's Soccer. Hanover in Partnership with the Big Issue.
2	This project has been running for two years. Weekly for 1-5 hours.
3	This program's objective is: To provide a space for women to participate and gain social support.
4	This program has introduced many new initiatives since its beginning these include: A wellbeing program including useful guest speakers from health organisations. Fundraising efforts. Fruit weekly. Friendly Matches.
5	<p>A. This program is aimed towards women from marginalised or low SES backgrounds and women with mental health concerns and that rely on drop in agencies.</p> <p>B. These women are involved in playing the games, choosing the direction of the wellbeing program and helping</p>

	fundraise.
6	This program has a high level of support from other health and community agencies that refer people to Hanover's Women's Soccer program.
7	The main drivers of this program are the coach facilitators and the players who help with planning.
8	The factors making this program effective are: It is of no cost. The venue is indoors to prevent weather problems. The venue is accessible by public transport and held in a central location. The group is friendly and inclusive and like to introduce themselves and chat. Participants determine the level of their participation.
9	The main hurdle this program has encountered is having access to child care.

Key Questions	Organisation: Hanover
1	\$30 Challenge
2	This program has been running for one year. Sessions are quarterly for approximately three hours.
3	The objectives of this program are: To increase levels of comfort and social engagement within local community. To encourage shopping on a budget and planning meals. To promote healthy eating. This project is evaluated by a survey conducted at the end of each session. These surveys are used in a report.
4	One new strategy has been introduced since implementation. This was the introduction of calculators during sessions as individuals sometimes had difficulty adding prices of items to stay on budget.
5	A. This program is aimed towards residents of crisis accommodation B. As these individuals are in transient housing and have complex needs they are often too stressed to be involved in project planning.
6	This program is not supported by the community as it is only open to individuals in Hanover's supported housing.
7	This program is driven by front desk staff who recommend and refer individuals to the program and by a community health nurse and wellbeing officer.
8	The factors making this program successful are: That it encourages healthy competition. It is an active rather than passive activity, and has direct benefits such as food, knowledge and social engagement.
9	The main hurdle encountered during program implementation were the participants are transient. They needed to find the right staff and need good levels of funding.

Key Questions	Organisation: Inner South Community Health Services
1	Digital Stories: Partnership between Inner South Community Health Services and Swinburne University. Filming and sharing personal stories
2	This program has been running for three years in a sessional capacity.
3	Its objectives are: To help people in public housing connect with the wider community. To reduce stigma and to educate the wider community. This program was evaluated using surveys and feedback form participants. Results showed an increased understanding and a reduction of stigma by both participants and volunteers.
4	No new strategies have been introduced since implementation.
5	A. The program was aimed towards public housing residents. B. The public housing residents worked in partnership with the students from Swinburne to produce their stories.
6	This program was well supported by the broader community as many people came to see the screening and many people wanted to be involved in the program.
7	The main drivers of this program were Inner South Community Health Service Staff and students at Swinburne University.
8	The main factors ensuring this program's success were: The partnership between the students and public housing community which allowed individuals to feel valued and increased the levels of trust amongst the public housing community as well as the broader community. The program was unique. The program had broad community interest. The group had ownership of the program and it gave them a voice.
9	The main hurdle this program encountered was the cost of running. This is why the partnership with the students was so valuable as it reduced cost. Levels of mistrust between public housing residents and the wider community were also problematic.

Key Questions	Organisation: Inner South Community Health Services
1	Our Rainbow Place
2	This program has been running for five years+. The group meets fortnightly on Thursdays.
3	The objective of this program is: To provide a social outreach to the indigenous community by providing them with an informal meeting place for the indigenous communities to meet and access services. It is evaluated annually using QIPPS. This year they are also doing a commissioned annual evaluation. This program has proven to be effective.

4	As this program responds to newly emerging needs as identified by the community it is often introducing new initiatives.
5	A. This program is aimed towards all Indigenous people especially those with low socioeconomic status. B. They are highly involved in the direction the group takes. The elder are consulted about many issues.
6	This program is driven by the indigenous community and has broad support from the indigenous community and many health and community agencies.
7	The program is driven by the ISCHS staff as well as the Indigenous community.
8	The factors making this program effective are: The program is along term program. The community have ownership of the program as they are so involved in its functioning. It is run in a homely environment with good facilities such as a kitchen and court yard. It is close to public transport and in the area in which the community live. The program is flexible to respond to needs.
9	The main hurdles this program has overcome are: Engaging the community as they are/were often reluctant. Differences in opinions and internal politics.

Key Questions	Organisation: Inner South Community Health Services
1	Outside to Included Inclusive of the older persons' high rise support program. This program included bingo, a café club, soup kitchen, annual dance, veg out-cooking and gardening.
2	This program has been running for ten plus years. Its name changed in 2006 so the program titled 'Outside to Included' has been running three years. Participants meet weekly
3	This program's objectives are: To provide opportunities for social interaction and inclusion as well as advocacy in public housing. This program is evaluated using feedback from individuals using the service. So far the results from evaluation have been positive.
4	As this program is developed in response to community need it is therefore flexible in design.
5	A. This program is aimed towards ageing individuals who are 55yrs+ living in public housing B. Participants were involved in planning the strategies and attending groups.
6	As the program was designed to meet the needs of the community, the community were active in helping run the program and supporting residents to attend.
7	The main drivers of this program were facilitators with the help of the community.

8	The factors making this project successful were: Low cost activities. It was located where the participants lived. This reduced problems with transport and when outings were held transport was provided.
9	The largest hurdle this program has overcome was finding funding.

Key Questions	Organisation: Inner South Community Health Services
1	Some Space for Me Support and education
2	This program has been running for five years. It runs eight week sessions
3	The objectives of this group are: To help individuals reconnect and enhance self esteem. This program was evaluated for a year's pre and post program and measured the experience of the group using a survey. All of the results from the evaluation were positive.
4	No new strategies have been introduced since implementation.
5	A. This program was aimed towards women who were living life post domestic violence. B. The program was highly structured this decreased the active involvement of the participants however the program still responded to individual needs
6	Community involvement showed in the strong numbers attending the sessions and being referred to the group.
7	Staffs were the main drivers of this program
8	The factors making this program successful were: It had good facilitators who understood needs. The program consistently had the same facilitators. It was a supportive environment. Accessible by public transport. Good facilities. Low cost.
9	The largest hurdles this program encountered were: That this was a sensitive area to discuss. Individuals attending the group had complex needs and it was therefore hard for them to attend each session. Not enough time or resources. Due to lack of the aforementioned factors the group was not run as often as people wanted.

Key Questions	Organisation: Jewish Care
1	New Role: Settings based social Inclusion
2	Introduced a new role 6-9 months ago to focus specifically on helping residents build broad social connections with the community.
3	This position was created so staff could work with residents to create social networks with the community outside care. This project likes to take a holistic view of social inclusion. This project is in its early stages and has not yet been evaluated.

4	As this project is new, so far there is no need to implement new strategies.
5	<p>A. This program is aimed towards residents in a new facility run by Jewish Care who experience varying disabilities.</p> <p>B. Residents have a high level of input into the planning of this project. It is hoped that they will also be involved in future evaluation process.</p>
6	This project has good levels of community support so far. It is supported by many partner agencies such as the city of Glen Eira's Metro Access, and has community members who volunteer for different activities.
7	The main driver of this project is a specific staff member chosen by Jewish Care.
8	As this project is new it is hard to say what will make it effective. This project hopes to be highly flexible to meet needs, have good resources and staff.
9	So far hurdles have included finding funding and finding staff with adequate and appropriate training.

Key Questions	Organisation: Moongala Women's Community House
1.	<p>Shared Tables, Shared Stories Program. Moongala Women's Community House in partnership with Gamblers Help.</p> <p>This program includes: Cooking, Creative writing, Community Lunch, Vegetable and Herb growing, Art and Craft, Photographs, DVD.</p>
2	This program has been running for 1 year. Meeting are held once a week for 2 and a half hours (not including the school holidays). Since funding ceased this program has continued running but not to the same extent.
3	<p>This program's objectives were: To create an inclusive and supportive environment for senior women. To promote social inclusion and positive ageing.</p> <p>Staff monitored the processes used in this program and altered them where needed. The only other form of evaluation was a report written for the organisation that funded the program. The report found this program to be valuable.</p>
4	No new initiatives were introduced since the programs implementation as activities were monitored and adjusted where necessary to better suit the group in attendance.
5	<p>A. The group the program was aimed towards were senior women experiencing or at risk of isolation. As this centre is a women's centre the group in attendance was female only.</p> <p>B. The group attending were passive participants. They were not involved in the planning process. (This was their choice. They felt that they had too much on their plates already and</p>

	just wanted to come and not have to think about it)
6	There was a good level of community support for this program. It linked in with other programs running at Moongala Women's Community House. The events the group held were attended by community member including councillors. The need for the group was noticed by the community and many members of the group were referred by local agencies such as St Peters Church, Gamblers Help and Bentleigh Bayside Community Health.
7	The main drivers of this program were the two facilitators working for Moongala Women's Community House.
8	The factors making this program effective were: Funding. That the program was kept flexible and the mindset of staff was flexible enough to suit individuals with complex lives and needs. The setting was homely and comfortable. Staffs were able to help members feel accepted and empowered. That the groups were kept small and facilitated in a way that allowed equality of opportunity. It was free for participants as it was funded. Close to buses, child care.
9	The main hurdles this program encountered were : Funding. Participant needs lead to them needing very flexible ways of participating. It was difficult to find a film crew that could work and film the process of the group to create a DVD without unsettling the participants. DVD crew (Challenge Multi-Media Yooralla)

Key Questions	Organisation: New Hope Migrant and Refugee Centre
1	Café Bazaar
2	This program has been running for 8 months, running every Thursday between 1.30pm and 4pm
3	This program's objectives are: To address social isolation in elderly people with CALD backgrounds. This program is evaluated using verbal feedback, written feedback forms and via attendance numbers.
4	This program has introduced one new initiative since implementation, a Seniors Day event. They hope to widen the activities base by participating in other events such as Carers Week.
5	A. This program is aimed towards elderly people from culturally and linguistically diverse (CALD) backgrounds. B. This project is flexible and responds to the requests and direction on the people in attendance.
6	This program is very well supported by the community, numbers of people are rising as people refer friends via word of mouth.
7	The main drivers of this program are: New Hope and a group of innovative and enthusiastic people spreading awareness of the program via word of mouth. A volunteer who helps run the drop in.
8	The main factors ensuring this programs effectiveness are: Flexibility. Location. Direct contact with people. Familiarity.

	Rapport and links in with the community.
9	The hurdles this program has encountered include: The program having less reach to women possibly due to cultural beliefs about women's roles. Funding. Different cultural groups requiring different approaches.

Key Questions	Organisation: New Hope Migrant and Refugee Centre
1	English Classes
2	This program has been running for 20+ years. Meeting weekly for 1-2 hours.
3	The objectives of this program are: To provide English education for people with CALD backgrounds. To help them gain the skills, integrate and participate in social, economic and civic life. Evaluated for accountability.
4	No new strategies have been introduced since implementation.
5	A. The program is aimed towards older people from CALD backgrounds who have low level or no English language skills. B. They are passive recipients of the program
6	This program is well supported by the community and has strong numbers in attendance
7	The main drivers of this program are New Hope and the ESL teacher.
8	The main factors making this program effective are: It is low cost. It provides people with practical skills. There is a good teacher who is able to build rapport and understanding. It is run locally. The teacher is bilingual. Child care provided at some centres.
9	The main hurdles this program has encountered are : Finding funding and issues of accountability.

Key Questions	Organisation: New Hope Migrant and Refugee Centre
1	Strength Training
2	This program has been running for one year. Meetings once a week for an hour.
3	The objectives of this program are: To provide individuals with the opportunity for physical activity that is enjoyable and culturally appropriate. To provide people with the opportunity to build social networks. This program is evaluated by the ECCV.
4	One new strategy has been introduced since program implementation, this was a women's only strength training group for older women of Greek backgrounds.
5	A. This program is aimed towards older people from CALD backgrounds

	B. Participants are passive recipients of the program.
6	This program has had good levels of community support. The group has had strong numbers and people tell friends about the program so knowledge about the program is spreading via word of mouth.
7	The main drivers of the program are the teacher and New Hope
8	The factors making this program effective are: That it is held locally. It has good facilities. It has funding. The people attending comfortable with each other and do not feel they are being judged and the activities are low cost
9	The hurdles this program has encountered included: Finding funding. Finding a suitable location and time for the groups, especially the women's only Greek group.

Key Questions	Organisation: Port Phillip Community Group (a range of agencies are involved, program is centrally managed by Alfred Health)
1	ConnectED
2	This program has been running for four years. Workers meet once a week on Wednesdays. To discuss case loads referral and exit strategies for clients. Groups and individuals meet at different frequencies and for varying durations of time.
3	The objective of this program is to: Improve responsiveness to client needs and to reduce avoidable emergency department presentations of clients with complex psychosocial needs. This program is evaluated by staff at meetings. So far this program is achieving its objectives.
4	This program has introduced many new initiatives since implementation. These include: Drug and alcohol training, A worker at The Bridge. Consistent three times weekly groups. Bi monthly meetings. Housing worker
5	A. The program is aimed towards individuals with complex psychosocial health conditions who are presenting frequently in emergency departments B. These individuals are not involved in planning
6	This program has had a huge level of community support they have been inundated with referrals and now have a waiting list
7	The drivers of the program are the case workers.
8	The main factor making this program effective is: Having good partnerships with other organisations.
9	The main hurdle this program has overcome is finding financial resources.

Key Questions	Organisation: Port Phillip Community Group
1	A Local Response to Welfare to Work
2	This project has been running for four+ years, since 2005.
3	Its objectives were to: Raise awareness and increase knowledge about Welfare to Work. To collect stories from people affected by the Welfare to Work

	<p>changes. To advocate for policy change in order to reduce harm caused by Welfare to Work.</p> <p>As a part of this there was a media campaign covered by various print media. This project is being evaluated on QIPPS. All of the results have proven this program to be successful.</p>
4	The focus on Welfare to Work is now ceasing and there is hope to start projects relating to New Start and Youth Allowance.
5	<p>A. The project was aimed towards: Policy makers, the broader community, workers and community organisations, people affected by Welfare to Work changes.</p> <p>B. Policy makers were involved in forums, by personal contact and by letter. People affected by the Welfare to Work changes were contacted through workers, story collection opportunities.</p>
6	This program was well supported by community organisations who displayed information to help raise awareness, and the individuals who told their stories.
7	The main drivers at the beginning of this project were ISEPICH community advisory group members but further on in the project Port Phillip Community Group took a strong leadership position.
8	The main factors leading to this program's success are: PCP support. Strong partnerships. Good leadership. It produced suitable resources for the audience that were simple and engaging. The program engaged the relevant groups. The program had a good graphic designer. They were able to advocate in an election year.
9	The hurdles this program overcame included: The group the project was aimed towards were hard to reach and often suspicious. The program used an advocacy approach to the issue not an individualistic approach. Some workers did not understand this approach.

Key Questions	Organisation: Port Phillip Community Group
1	<p>The Turn About program. Port Phillip Community Group in partnership with Gamblers Help .</p> <p>This program developed 12 strategies to reduce gambling and turned them into posters, calendars and post cards</p>
2	This program ran for one year during 2006. Originally meeting once a fortnight then it shifted to once a week.
3	<p>The objectives of this program were: To create strategies to reduce problem gambling and reduce isolation.</p> <p>This program was not formally evaluated. Weekly feedback surveys were given to participants weekly. A student evaluated part of the program but it was difficult to follow up with clients as many of them were transient. The evaluation found this program to be</p>

	effective
4	This program was very flexible and was developed as the group progressed.
5	<p>A. The activity was aimed towards isolated women in the community with problem gambling behaviours. The Russian and Turkish communities were focussed on due to the large amount of women from these backgrounds in the area.</p> <p>B. The group were highly involved in the progression and direction of the group helping develop strategies and present them to the wider community. One group member in particular was very innovative. The group had a high level of ownership over the program.</p>
6	There was a divide in the community support for this program some venues and community member supported this program and allowed pamphlets and posters to be displayed. Others staunchly opposed the program and would not allow posters and pamphlets to be displayed.
7	The main drivers of this program were the facilitator and one particularly innovative group member.
8	The factors making this program effective were: The program and program material was translated into a number of languages especially Turkish and Russian to help the community access the programs. It was of no cost to individuals as it was funded by DHS and DOJ. It was held in a welcoming environment close to public transport. The participants were involved at all levels of program development thus had greater ownership of the program
9	The main hurdles this program overcame were: Everyone has different belief systems and many are resistant to change. The program's time was limited and many would have benefited from the program running longer as the people who are resistant to change may need time to go through behaviour change processes and reach a stage where they believe they need help.

Key Questions	Organisation: St Kilda Drop in Centre
1	Art Group
2	This program has been running for 20 years. Meeting once a week.
3	<p>Its objectives are: To improve self expression and explore/redefine themselves. To explore and develop skills.</p> <p>This program is evaluated every 6 months using surveys, informal chats and a meeting. Participants are involved in evaluation and the planning sessions held after evaluation.</p>
4	One new strategy has been introduced since program implementation. This strategy is holding an annual art exhibition of participants' works.
5	A. This program is aimed towards people with serious mental illness whom may be isolated.

	B. This group are involved in planning and evaluation. However planning is often too stressful for participants.
6	This program is not well supported by the community and is internally funded.
7	The main drivers of this program are the St Kilda Drop in Centre, their staff and a paid art teacher.
8	This program is effective as the nature of art allows for expression, exploration and development.
9	The biggest hurdles this program has faced is managing funding and finding an appropriate space for classes and exhibitions to be held.

Key Questions	Organisation: St Kilda Drop in Centre
1	Drama Group
2	This program has been running for four years. Meeting periodically to create a production.
3	This program's objectives are Participation Self expression Community education and working within the community setting. Evaluated after every production using surveys, informal chats and a meeting. Participants are involved in evaluation and planning sessions.
4	No new strategies have been introduced since implementation.
5	A. This program was aimed towards isolated people with serious mental illness. B. Participants are involved in every aspect of the program.
6	This program is well supported by community organisations and works in partnership with local theatre companies to create their productions.
7	The main drivers of this program are St Kilda Drop In staff, the Melbourne Theatre Company and other amateur theatre companies.
8	The factors making this program effective are: Partnerships. It broke down barriers between isolated people with mental illness and the wider community.
9	The main hurdles this program encountered were: Funding. Expectations and often negative assumptions about isolated/people with mental illness. Resources.

Key Questions	Organisation: St Kilda Drop in Centre
1	65+ Knowledge Seekers
2	This program has been running for 11 months. Meetings held weekly.
3	Its objectives are: To provide individuals with information and support. To provide an opportunity for social networking. To respond to needs.

	This program is evaluated every 6 months using surveys, informal chats and a meeting. Participants are involved in evaluation and the planning sessions held after evaluation.
4	No new strategies have been introduced as this program is flexible and responds to needs as they emerge.
5	A. This group is aimed towards people over the age of 65 who have serious mental illness and are isolated. B. This group are involved in every aspect of evaluation and planning.
6	This program has not been well supported by the community.
7	The main drivers of this program are St Kilda Drop in Centre and staff and Uniting Care who have provided funding.
8	This program is effective as there are few programs offered to this demographic. It is also effective as it is flexible and shifts to meet the group's needs.
9	The biggest hurdle faced was finding and maintaining funding resources.

Key Questions	Organisation: St Kilda Drop in Centre
1	Women's program Social, education, guest speakers, skills, day trips, fundraising.
2	This program has been running for 15 years. Meetings once a week.
3	Its objectives are: To bring people together and build social connections. This program is evaluated every six months using surveys, informal chats and a meeting. Participants are involved in evaluation and the planning sessions held after evaluation.
4	This program is flexible and changes
5	A. This program is aimed towards isolated women's with serious mental illness. B. Participants are involved in program planning and the direction of the group.
6	This program is not well supported by the community.
7	The main driver of this program is a paid facilitator.
8	The main things that make this program effective are the cooperative and inclusive environment it creates.
9	The main hurdle this program has is Funding. "Funding is a constant battle!"

Key Questions	Organisation: WHISE
1	Connecting Women, Connecting Communities
2	This program has been running for 2-3 years. Meetings held weekly.
3	This program's objectives are: To reduce social exclusion.

	To provide individuals with information. This project is evaluated through DIVEC.
4	No new strategies have been introduced since implementation.
5	A. This program is aimed towards newly arrived (within the last 6 months) refugee immigrants. (IF they are not newly arrived they are referred back to the Migrant Resource Centre.) B. The participants are involved in helping choose their volunteer helper.
6	This project has high levels of support from other community agencies, through the general CALD communities and in the form of volunteers.
7	The main drivers of this project are WHISE, the volunteers and DIVEC who funds the project.
8	This project is effective because it is delivered in participants' own homes. This increases levels of comfort. The project has good access to interpreting services that can assist participants, volunteers and staff. This project is also effective as not only are individuals given information, but they are given knowledge and guidance in using and applying what they have learned.
9	The biggest hurdle this project has overcome is finding culturally appropriate interpreters.

Key Questions	Organisation: WHISE
1	Friendly Faces
2	This program has been running for 6 months.
3	Its objectives are: To decrease social exclusion. Not formally evaluated. Evaluation was based on verbal feedback.
4	No new initiatives have been implemented since commencement.
5	A. This program is aimed towards elderly citizens in nursing homes at risk of social exclusion. B. This group are not really involved in planning.
6	The community have not really supported this project.
7	The main drivers of this project are WHISE staff and volunteers.
8	This project is effective due to the involvement of volunteers and because it meets needs.
9	The main hurdle people have had to overcome has been acquiring police checks for all of the volunteers.

Key Questions	Organisation: WHISE
1	Mums on the Move
2	This program has been running for eight months. Meetings once a week.
3	Its objectives are:

	<p>To improve fitness. To increase self confidence. To build social connections.</p> <p>This project was not formally evaluated. Evaluations were based on verbal feedback from staff and participants.</p>
4	No new strategies have been introduced since program implementation.
5	<p>A. This program was aimed towards new mothers from low socio-economic backgrounds or CALD backgrounds.</p> <p>B. They are not involved in the planning of the program.</p>
6	This program is not well supported by the community.
7	The main drivers of this program are WHISE staff.
8	This program is effective as it is meeting needs such as helping people stay fit and regain confidence. It is also effective as the fitness program is supported by an educational component.
9	<p>The hurdles this program has overcome include: The program is unable to run if numbers are low. As it is a fitness program it is hindered by poor weather. Due to its location and demographic transport is also an issue. People commute long distances to access this program and as they are mothers they also have to transport prams etc. So participants found it difficult to pay fees.</p>