TITLE: IEPCP Presentation: Australian Health Promotion Association Symposium, Canberra 2018

BACKGROUND

Under the 2018-2019 Inner East IHP plan **Objective 5: Contribute to the evidence base**, the IEPCP committed to supporting evaluation of the integrated plan and to share learnings in order to build the evidence base for effective practice.

Symposium presenters were offered the opportunity to outline a project or program they were working on to their peers, and to harness the collective wisdom of those colleagues to resolve a current challenge in their work.

The Evaluation Coordinator from the IEPCP submitted a successful expression of interest to present to the field, in order to gain insight from the health promotion workforce on the difficulties of evaluating the impact of a social and systems change project focused on intervention in a social determinant of health – social inclusion.

PARTNERS

Partners under the Inner East IHP Plan are AccessHC, Carrington Health, Link HC, Women's Health East. The General Manager of Health Promotion from Access HC, a community health partner under the IHP integrated plan, was supported to attend and present with the IEPCP.

METHOD

See below APHA Symposium 3 minute presentation which was presented in a group with ten other speakers presenting on Systems Change intervention.

OUTCOMES

Of the ten speakers in our session on Systems thinking, nine were from Victoria. Most of those Victorian presenters were working with or were from Primary Care Partnerships. It was clear from the audience response that the kind of challenging, upstream work that PCPs in Victoria are involved in is unique and boundary testing. The audience of peers for the presentation were primarily from NSW and they found it difficult to respond to the posed problem because of complexity and developmental nature of our work.

The conversation amongst those peers in the Systems Thinking room began with one pointed question from a health promotion practitioner from NSW: *Can you tell me why so many of the presenters today are from Victoria?* All those from Victoria in the room agreed that there are a number of clear differences between health promotion in Victoria and the other States represented at the conference:

- We have a policy environment which has supported upstream intervention across systems through the Victorian Government Public Health and Wellbeing Plan;

- We have a leading example in Healthy Together Victoria of a systems thinking intervention, which was used to build capacity across the State for upstream intervention over several years;
- We have a supporting structural environment that includes PCPs and Women's Health Services which are funded specifically to build partnerships across health and social services and are uniquely positioned to influence and provide backbone support for upstream systems focused intervention.

Our presentation focused the health promotion workforce across Australia on the unique and highly specialised work of the Primary Care Partnerships in Victoria, and on a health priority (social inclusion) that potentially has a greater impact on health and wellbeing than smoking, healthy eating, and physical activity. It generated strong interest in the systems focused work of health promotion practitioners in this State, as well as the capacity and willingness to form partnerships with aligned values, expertise and commitment to primary prevention across health priorities under the Victorian Government Health and Wellbeing Plan.

PCP's very often perform the role of the Backbone Organisation under the Collective Impact Framework for our collaborative work, and PCP staff apply a formidable range of skills to coordinate large scale, social impact projects in partnership with Community Health Services, Local Governments, and other community services, academic partners, and the Victorian Government Department of Health and Human Services.

Research in the Melbourne's East by Deakin University identified three social inclusion strategies as best practice for systems based change:

To: Reduce pathways to social exclusion associated with place-based disadvantage

To: Increase volunteering rates

To: Increase community based programs and leadership development.

Some of the challenges that the IEPCP are addressing are:

1. That we are testing this evidence base suggested by Deakin University for the unique environment of the Eastern Metropolitan Region. We are hopeful that it will work, but there are no guarantees - we are breaking new ground, recognising we are in a complex environment (refer Cynefin framework).
2. That we are using a community development model, focused on a social determinant, through a process of co-design with the socially excluded community, in place. This is reinvigorating the skills and expertise for community health services health promotion practitioners.
3. That we are also using the domains of liveability to interrogate the idea of environmental barriers to social inclusion – we predict that this will help us to understand what the system looks like and how and where to intervene with regional local government partners.

Without the support of the IEPCP as a backbone organisation for the IHP work in social inclusion, the community health services could remain isolated, working in silos and on small discrete projects. The work of the IEPCP to administrate the partnership, facilitate meetings, maintain focus on systems change and the determinants of health, and to build the capacity of practitioners to undertake the work and support with evaluation, has allowed the more complex primary prevention work on transformative social change to take place.

LEARNINGS

The evidence tells us that effective regional social inclusion strategies – like any strategy that aims to impact a social determinant of health - will result from a framework that includes:

- **Collaboration** between community agencies, and
- **Encouraging a shift in overall culture** through addressing social inclusion across all community and organizational policies, procedures, service design and delivery.

Without the IEPCP to undertake the role of a backbone agency to support prevention priorities on a broad scale, this kind of integrated, evidence-based work could lack the resource to be implemented, and most importantly, could not be evaluated to understand the scale of social change and the implications for future activity, without alternative resources and expertise.

AHPA Symposium 3 minute presentation

Social Inclusion in Inner East Melbourne: working towards a systems change intervention.

Hi, I'm Sophie Allen from the Inner East Primary Care Partnership in Victoria. I'm here today with one of our partners, David Towl, from Access Health & Community.

In the inner east our three regional Community Health Services, Women's Health East, and the Inner East PCP have developed a four year integrated health promotion plan to address social inclusion using the collective impact framework.

Social inclusion is different to community connectedness, social isolation and loneliness, but they are all linked.

Social inclusion means having the resources, opportunities and capabilities to:

- Learn (participate in education and training)
- Work (participate in employment or voluntary work)
- Engage (connect with people and use local services)
- Have a voice (influence decisions that affect them)

Our vision is that: **All people in the inner east catchment feel valued, their differences are respected, they can meet their basic needs and live in dignity.**

The evidence tells us that effective regional social inclusion strategies – like any strategy that aims to impact a social determinant of health - will result from a framework that includes:

- **Collaboration** between community agencies, and
- **Encouraging a shift in overall culture** through addressing social inclusion across all community and organizational policies, procedures, service design and delivery.

So how are we encouraging a shift in culture?

Research in the Melbourne's East by Deakin University identified three social inclusion strategies as best practice for systems based change:

To: Reduce pathways to social exclusion associated with place-based disadvantage

To: Increase volunteering rates

To: Increase community based programs and leadership development.

Here are just some of our challenges:

4. We are testing this evidence base suggested by Deakin University for the unique environment of the EMR. We are hopeful that it will work, but there are no guarantees- we are breaking new ground here.
5. We are using a community development model, focused on a social determinant, through a process of co-design with the socially excluded community. This is a new way of working for our community health services.
6. We are also using the domains of liveability to interrogate the idea of environmental barriers to social inclusion – we predict that this will help us to understand what the system looks like and how and where to intervene with our regional local governments.

So my question to my peers is: how might we know if a shift – a cultural shift – that changes the system to improve social inclusion has occurred?

What shared measures should we be looking for? How can we show that any change we make is working towards a culture where all people in the inner east catchment feel valued, their differences are respected, they can meet their basic needs and live in dignity?