TITLE: Leading the Way for Social Inclusion

BACKGROUND

In 2017 the Inner East Primary Care Partnership led the development of an Integrated Health Promotion strategic plan (IHP) between three Community Health Services, Women's Health and the PCP in the Inner East catchment of Melbourne. Social inclusion was identified as a key regional priority, identified by the Eastern Metropolitan Social Issues Council. As it was emerging as a new priority area for the State and a social determinant, there is a limited cache of knowledge and resources to guide this work.

Based on the Collective Impact¹ the IEPCP was nominated as the backbone organisation for social inclusion, to lead partners to integrate their work and resources to effect change, and to facilitate collaboration with local services. The partnership is working towards increasing the capacity of community to learn, work, engage and have a voice, as a primary prevention approach to improving mental health.²

PARTNERS

Inner East PCP, Access Health & Community, Carrington Health, Link Health & Community, and Women's Health East. A partnership with Deakin University has also been established.

METHOD

Six objectives were established:

- Reduce social exclusion associated with place-based disadvantage
- Increase volunteering rates
- Increase community-based programs and leadership development
- Enhance capacity building for program design, implementation and evaluation
- Contribute to the evidence base
- Strengthen partnerships

To date the IEPCP has established and coordinates a Social Inclusion Partnership involving:

- a health promotion leadership group, with strategic and operational oversight;
- a Community of Practice (CoP) for people from a range of organisations including Councils, working towards social inclusion, supported by academics; and
- a practitioner working group (PWG) for health promotion practitioners working together on a shared community engagement strategy and delivering actions in designated locations with public and social housing (Ashburton-Alamein, Ashwood-Chadstone and Wattle Hill, Burwood)
- an inclusive volunteering governance group and network

¹ Kania and Kramer (2011). Collective Impact. Stanford Social Innovation Review. Retrieved from https://ssir.org/articles/entry/collective_impact.

² Commonwealth of Australia (2012): Social Inclusion in Australia: How Australia is faring—2nd Edition definition of social inclusion

The IEPCP has commenced development of a social inclusion primary prevention framework, to support practitioners to address a key determinant of health. Given the lack of an existing evidence base the IEPCP has begun to develop a practice model to guide the partnership.

A multi-sectoral Social Inclusion Platform is currently being explored, that will aim to build capacity and expertise of a wider group of partners to support the community and the integrated partnership to effect change.

IEPCP together with Deakin University have supported and guided the health promotion practitioners in engaging with public housing communities in each neighbourhood to gain an understanding of perceptions of liveability using a social inclusion lens. The health promotion plan is now strongly focused on community engagement and activation, which represents a shift in power and influence away from the health services and towards the community members most at risk of social exclusion. This approach to health promotion involves embedding principles from community development practice in working with communities based on good practice principles.

Proactive community engagement is providing important insights into how social housing tenants living in the study areas actually experience liveability and how this impacts on their resources, opportunities and capabilities to learn, work, engage and have a voice. The community engagement process has been supplemented by extensive interviews with key organisations and agencies working across each neighbourhood. The outcomes are informing the next phase of the project, which involves the health promotion practitioners working with communities to jointly agree upon activities and opportunities to improve liveability and build community connectedness as part of action planning.

The IEPCP also coordinates a regional Governance Group of Volunteer Resource Centres, Volunteer Involving Organisations, Local Government representatives and Community representatives, aiming to promote social inclusion of people with disabilities and Chinese speaking residents in volunteering. The IEPCP also manages an online basecamp communication and information sharing platform for members of the CoP and the PWG and the Volunteering Governance Group.

In addition, IEPCP has hosted a series of forums and workshops on social inclusion that have brought together academics, leading practitioners, government, local government, community health services and other community sector organisations to discuss key enablers and barriers to social inclusion.

OUTCOMES

As the plan spans 2017-2021 the outcomes of this work are not yet fully realised. The social inclusion primary prevention framework will be completed by June 2021 in consultation with other PCPs working on this issue. Interim outcomes include building a shared resource approach to community engagement, data gathering and analysis, bringing in the community voice to the centre of the planning process, building partnerships and governance structures, and establishing a consortia to seek funding.