inner east pcp primary care partnership

SOCIAL INCLUSION FRAMEWORK

DECEMBER 2020

WE ACKNOWLEDGE THE WURUNDJERI PEOPLE AND OTHER PEOPLES OF THE KULIN NATION AS THE TRADITIONAL OWNERS OF THE LAND ON WHICH OUR WORK IN THE COMMUNITY TAKES PLACE. WE PAY OUR RESPECTS TO THEIR ELDERS PAST AND PRESENT.

IEPCP acknowledges the support of the Victorian Government in the development of this Framework.

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INTRODUCTION

PURPOSE OF THIS DOCUMENT

This document presents a framework to guide actions that will promote social inclusion and an inclusive society. It includes:

- a definition of social inclusion;
- an outline of the guiding principles and values informing the work;
- a model explaining the factors that make a society inclusive;
- an explanation of how social inclusion relates to other key concepts such as social connectedness;
- case studies that demonstrate social inclusion in action.

WHY SOCIAL INCLUSION

If we are concerned about equitable health and life outcomes, we must concern ourselves with promoting social inclusion.

The context for the importance of social inclusion as a priority for health is highlighted by the 2008 report from the World Health Organisation Commission on Social Determinants of Health. This report states that *"being included in the society in which one lives is vital to the material, psychosocial and political empowerment that underpins social wellbeing and equitable health"* (page 18).

Furthermore, the World Bank (2013) states that in addition to the innate reason to pursue social inclusion for reasons of social justice *"Social inclusion matters for itself and because exclusion is too costly."* These costs are social, economic, and political and are often interrelated, and are borne by both individuals and society wide. Promoting social inclusion is important to build a shared prosperity for all" (page 53)

> "SOCIAL INCLUSION MATTERS FOR ITSELF AND BECAUSE EXCLUSION IS TOO COSTLY."

DEFINITION OF SOCIAL INCLUSION

This Framework adopts the definition of social inclusion described by the Australian Social Inclusion Board (2008 – 2013)

BEING SOCIALLY INCLUDED MEANS THAT PEOPLE HAVE THE RESOURCES, OPPORTUNITIES AND CAPABILITIES THEY NEED TO:

- **LEARN** participate in education and training
- **WORK** participate in employment, unpaid or voluntary work including family and carer responsibilities
- **ENGAGE** connect with people, use local services and participate in local, cultural, civic and recreational activities
- **HAVE A VOICE** influence decisions that affect them

Department of Prime Minister and Cabinet 2012

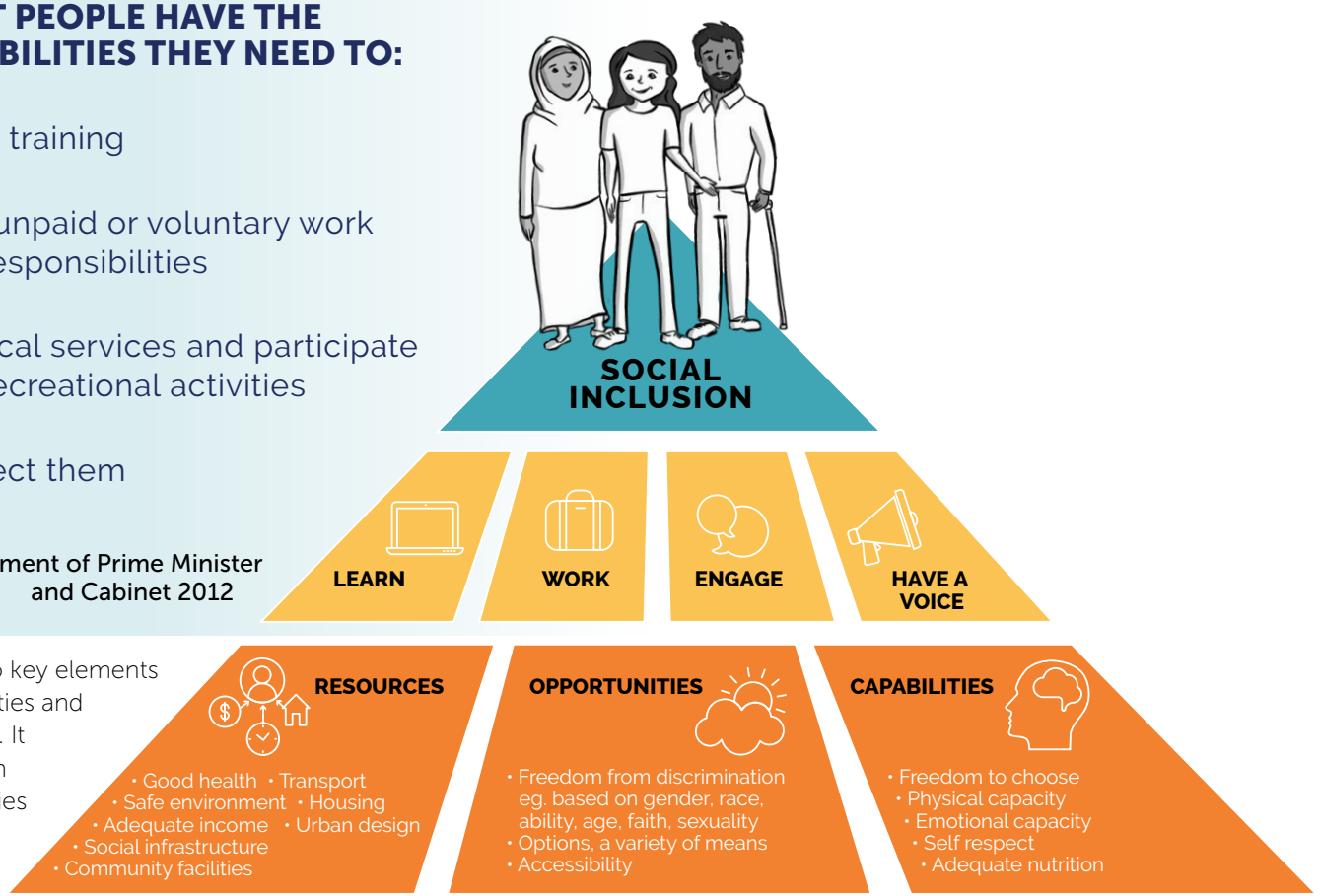


Figure 1

This Framework emphasises the relationship between the two key elements of this definition i.e. between having the resources, opportunities and capabilities *in order to* Learn, Work, Engage and Have a Voice. It promotes an approach that addresses the social factors which determine whether people do have the resources, opportunities and capabilities they need.

Social Inclusion can also be seen in the context of the International Declaration of Human Rights (United Nations 1948) which articulates that everyone has the right to: education (article 26), work (article 23), freely participate in the cultural life of the community (article 27) and to take part in the government of their country (article 21).

This Framework recognises that social inclusion is dynamic (changes over time) and contextual (varies according to circumstance and location).

OVERVIEW OF FRAMEWORK

WHY THIS FRAMEWORK HAS BEEN DEVELOPED

This Framework has been developed to guide actions that will promote social inclusion and an inclusive society within a health promotion context. Social inclusion is a relatively new area for health promotion action and therefore so is the information about how to approach this work. It has arisen from the work done by the Inner East Integrated Health Promotion Partnership (IEIHPP) as it developed an action plan for social inclusion as a shared priority area in the 2017-21 health promotion plan. The IEIHPP members are Access Health and Community, Carrington Health, Link Health and Community, Women's Health East and the Inner East Primary Care Partnership.

HOW THE FRAMEWORK CAN BE USED

The Framework is intended to be an instrument to guide thinking, to assist with analysis, support action planning and promote evaluation and reflection. It uses the socio-ecological model of health as a way of understanding the norms, practices and structures that enable people to have the resources, opportunities and capabilities they need to Learn, Work, Engage and Have a Voice.

It presents concepts that can be applied to a wide variety of contexts. It is not a recipe so does not set out a step by step approach, rather it offers some key elements, questions and suggestions for reflection applicable in a range of contexts, settings and approaches. As the capacity for people to build partnerships, and their sphere of influence, will vary between users, the intent of the Framework is to support actions that identify and address the determinants of social inclusion relevant in a range of circumstances.

WHO IS THE AUDIENCE?

The Framework is relevant for anyone who is working to enable people to Learn, Work, Engage and Have a Voice. Whilst the Framework reflects a health promotion approach, the intended audience is wide. Health promotion practitioners have a special role to play in this work as enablers and advocates, but successful outcomes will rely on health promotion practitioners working with a wide range of partners. This includes people whose work contributes to social planning, urban design, policy development, engaging with communities, addressing discrimination, education and teaching in its many forms, in fact any context in which people are in contact with one another.

Addressing social inclusion as a specific health priority is relatively new and therefore rapidly evolving. A comprehensive review of social inclusion by the World Bank in 2013 acknowledged that the work is in formative stage and needs to be measured as it is progressed. It is critical that we commit to learning and development and sharing learnings and insights as our experiences evolve, build, and develop. The determinants of social inclusion are dynamic and context driven; so too is our work in this area. This Framework is one starting point, it will evolve over time as it is applied and tested and its usefulness emerges.

UNDERPINNING PRINCIPLES

This Framework is underpinned by a set of principles. These are made explicit here as they are intended as a reference point for any work which arises from application of the Framework.

The key principles reflected in the Framework are:

HUMAN RIGHTS

This Framework stems from recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family; this recognition is the foundation of freedom, justice and peace in the world (United Nations General Assembly 1948).

HEALTH OUTCOMES ARE SOCIALLY DETERMINED

The social conditions in which people are born, grow, live, work, play and age influence health outcomes.

SOCIAL JUSTICE

Social justice is about fairness beyond individual justice, it requires systemic and structural social arrangements to improve equality. It results in equal rights for all peoples and the possibility for everyone, without discrimination, to benefit from economic and social progress. (United Nations 2020, National Pro Bono Resource Centre 2011).

The four basic principles of social justice are:

- **ACCESS:** equality of access to goods and services
- **EQUITY:** overcoming unfairness caused by unequal access to resources and power
- **RIGHTS:** equal, effective legal, industrial and political rights
- **PARTICIPATION:** opportunities for participation in the decisions which govern our lives

(Department of Health 2004)

THE IMPORTANCE OF PARTNERSHIPS

As health outcomes are the result of social conditions outside the exclusive jurisdiction of the health sector, actions to address these require the health sector to engage with other sectors of government and society. (WHO 2008)

The Framework is designed to support work that occurs in partnership to address the social determinants of health and the determinants of social inclusion.

TAKING ACTION

THE FRAMEWORK

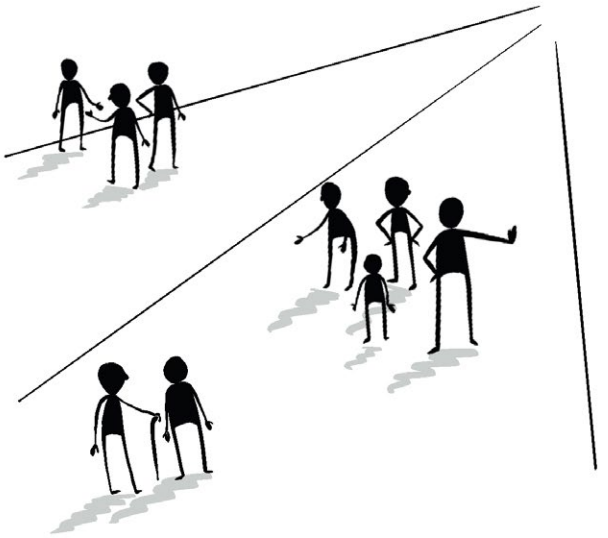
This Framework presents guidance for action based on health promotion principles recognising that in order to foster social inclusion, we need to take a 'birds-eye view' and focus on the environments and systems that impact on individuals' experience of social inclusion. Taking this approach reveals the fundamental and complex influences all across our society that determine social inclusion.

In order to do this, we need to understand the influence of social policies, institutions, and ideologies, the norms, practices and structures they perpetuate, and the impact they have on the everyday experience of individuals. By using norms, practices and structures as a lens, we can explore how these underpin the experiences (often unequally distributed) of inclusion of populations and communities. For long term sustained change our actions need to address these norms, practices and structures. (Portecone 2018, World Bank 2013).

The World Bank report, Inclusion Matters (2013) identifies that to move towards social inclusion we need to question why certain outcomes are being experienced for some groups and not others, to understand and focus on the drivers, or determinants, and processes of this difference. This is also reflected in the City of Hobart's Social Inclusion Strategy (2014) which stresses that being socially inclusive is about the deliberate actions taken to remove or reduce barriers to inclusion and to create opportunities that facilitate and encourage full participation.

WHY DO SOCIETAL NORMS, PRACTICES AND STRUCTURES PRIVILEGE CERTAIN GROUPS, AND WHAT CAN WE DO TO CHANGE THIS?

Addressing and finding leverage within norms, practices and structures at a population, place-based level shifts our gaze from individual behaviour change to focus instead on the community, institutional and societal environments and systems. This view allows us to uncover the underlying, and often reinforcing, factors that predetermine access to the resources, opportunities and capabilities to Learn, Work, Engage and Have a Voice within the community and the broader population.



THE SOCIO-ECOLOGICAL MODEL OF HEALTH

The socio-ecological model identifies that social norms, practices and structures that operate at the individual and relationship, community, institution and society levels determine social outcomes, such as social inclusion. Social norms are beliefs, values and attitudes. Social practices are the expression of these norms in behaviour and social structures are the formal and informal processes through which we organise our society. Formal structures include laws and regulations, informal structures include hierarchical "ranking" of people.

Societal norms, practices and structures are influenced by and influence each other. For example, democratic countries can enact a law if it reflects the attitudes of enough of the population. Equally once a law is in place people's attitudes and practices will change. A recent example of this is the introduction of the social distancing requirements during the COVID-19 pandemic.

Originally developed by Brofenbrenner in the 1970s (Brofenbrenner 1979) as a theory to explain childhood development, the socio-ecological model of health has been used widely in health promotion to inform a determinants approach. It has recently been used in Change the Story as the basis for action to prevent violence against women (Our Watch et al 2015). It is used here to help us identify and understand the drivers and processes that promote or inhibit social inclusion. It prompts us to explore the often otherwise intangible norms and beliefs that inform, and are reinforced by, practices and structures that determine whether people have the resources, opportunities and capabilities they need to Learn, Work, Engage and Have a Voice. Applying the socio-ecological model to thinking about social inclusion in this way provides the starting point for taking action at the societal rather than individual level (Figure 2).

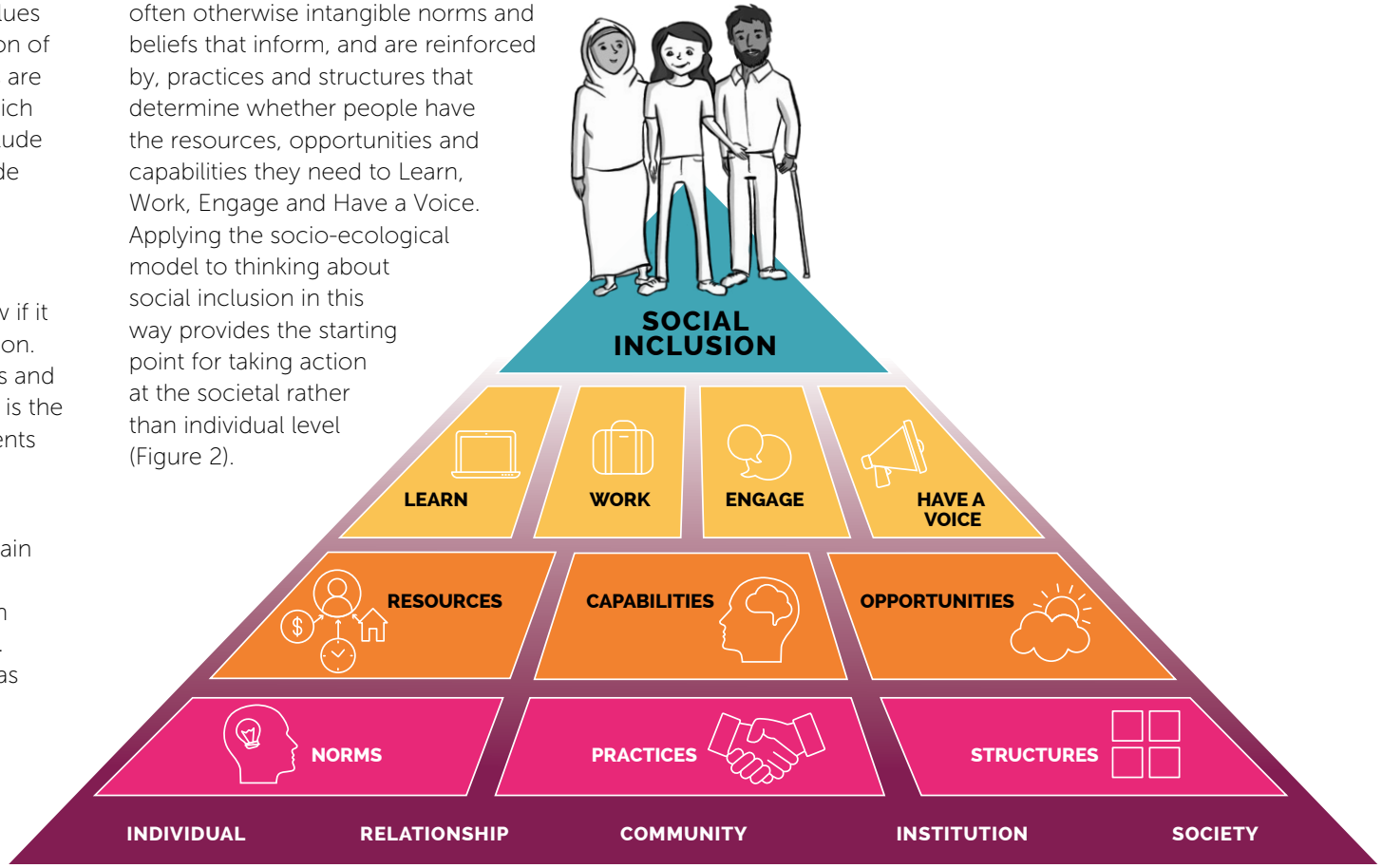


Figure 2

APPLYING THE SOCIO-ECOLOGICAL MODEL TO SOCIAL INCLUSION

Our definition of social inclusion has two aspects to it, the end goal – for people to Learn, Work, Engage and Have a Voice, and the means to this, that people have the resources, opportunities and capabilities they need to achieve this end goal, as demonstrated in Figure 1. It highlights the importance of people having the resources, opportunities and capabilities they need to reach the end goal. Using the socio-ecological approach, this Framework guides action that focusses on the societal and systems level changes that have to take place to enable people to have the resources, opportunities and capabilities they need.

Equity underpins this approach. Equity is the way we work towards equality. In stating that people have the resources, opportunities and capabilities they need, it is understood that people and groups are differently impacted by societal norms, practices and structures. Working towards equality means that we need to take this in to account as we plan for action. We work to redress the societal and systems level processes that unfairly discriminate, leaving some people and groups with fewer resources, opportunities and capabilities.

The elements of the definition are not separate entities. They have the potential to reinforce and influence one another. This influence can work in either direction, to promote greater inclusion or reinforce exclusion. For example, the ability to work relates to the attainment of resources and capabilities accessed through learning, which are in turn impacted by opportunity. Learning increases the likelihood of Having a Voice. Participating in local, cultural, civic and recreational activities, Engaging, can provide the opportunity to Have a Voice. (World Bank 2013). Limited capability can result in limited opportunity. Lack of opportunity to learn and work can result in fewer resources and capabilities to Engage and Have a Voice. Taking action in one area has the potential to influence others.

SO WHAT DOES IT MEAN FOR OUR ACTION?

Given the interrelated nature of the relationships between the dimensions of social inclusion, this Framework does not suggest that there is a necessary or particular or specific starting point for action. Rather it promotes the importance of taking a considered, consultative approach that is complemented by a reasoned process for review and reflection. It is based on the socio-ecological model to encourage action in relation to the norms, practices and structures at the community and societal level with a view to sustainable and widespread effect.

SOCIAL INCLUSION AND OTHER SOCIAL ISSUES

One of the most common discussion points in relation to work on social inclusion is how it relates to other social issues and conceptual frameworks.

Social inclusion intersects with a number of other issues and concepts, many of which, like social inclusion do not have universally agreed definitions (AIHW 2019). Like social inclusion they are being identified as key areas for action by various parties in a range of contexts. For example, at the time of writing several Local Governments in the Inner East are investigating opportunities for action to address loneliness. In this environment it is important that the relationships between these concepts are explored to ensure that efforts towards change complement one another.

The following outlines how the concepts are interpreted in this Framework and how the relationships between them are understood in the context of this Framework.

HOW DOES SOCIAL INCLUSION RELATE TO:

SOCIAL ISOLATION

Social isolation is separation from others, a state of having minimal contact with others (AIHW 2019) and usually refers to physical separation (Cacioppo 2018). Some people choose to self-isolate. Not everyone who is isolated will experience negative impacts from this.

ADDRESSING THE DETERMINANTS OF SOCIAL INCLUSION WILL DECREASE SOCIAL ISOLATION.

LONELINESS

Loneliness is a negative feeling that is experienced when social needs are not met by the quantity and quality of current social relationships. Loneliness is subjective in nature some people can live isolated lives and not feel lonely, others can appear to have full social lives yet still feel lonely. (BlackDog Institute 2018) By definition, as loneliness is a feeling, it is experienced differently by different people. It can occur where societies are not inclusive, as a result of not being included, although not exclusively eg a person can feel lonely in a crowd. The concept of loneliness relates to individuals not societies.

ADDRESSING THE DETERMINANTS OF SOCIAL INCLUSION MAY NOT ADDRESS LONELINESS.

SOCIAL CAPITAL

The definitions and understanding of social capital vary, however most definitions have in common that they focus on social relationships that have productive benefits acknowledging the value arising from social networks. Social capital includes consideration of the form (what is the nature of the relationships), the source (how the relationships develop) and the consequence (the outcomes of the relationships) of social networks. (Social Capital Research and Training 2020).

> IN THE CONTEXT OF THIS FRAMEWORK SOCIAL CAPITAL IS A RESOURCE THAT ENABLES PEOPLE TO LEARN, WORK, ENGAGE AND HAVE A VOICE.
> (DPMC 2012)

SOCIAL COHESION

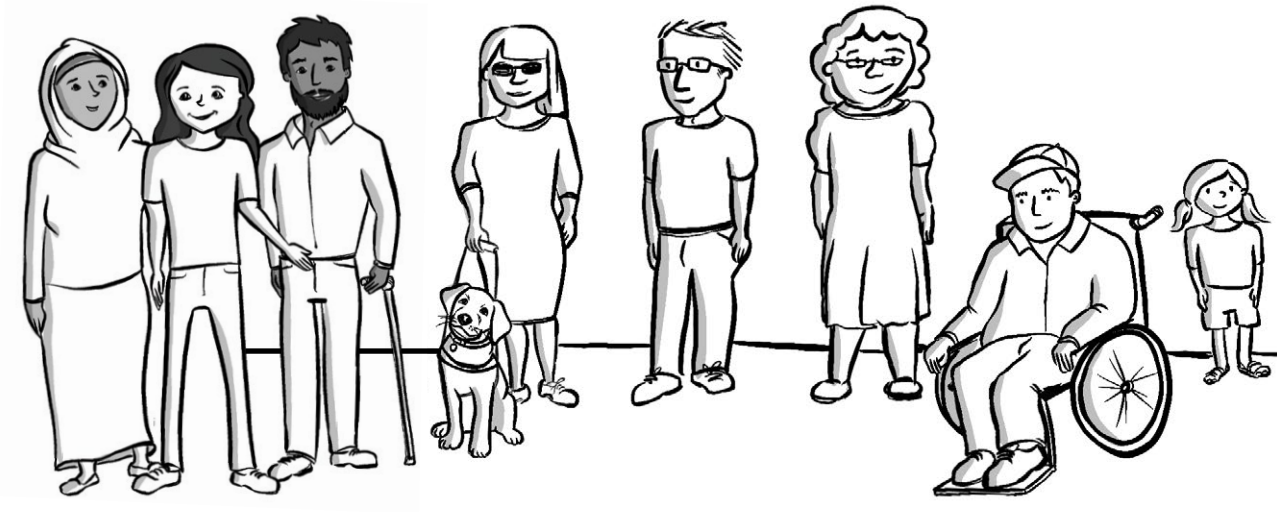
There is also no one definition of social cohesion. The Organisation for Economic Cooperation and Development (OECD) defines a socially cohesive society as one which works towards the wellbeing of all its members, fights exclusion and marginalisation, creates a sense of belonging, promotes trust and offers its members the opportunity of upward mobility (OECD 2012). Social cohesion in this context is reliant on positive social relationships, being the bond or 'glue' that binds people together (Cloete and Kotze 2011). Usually associated with notions of tolerance and harmony between people from differing backgrounds.

> SOCIAL COHESION IS THEREFORE BOTH A RESOURCE FOR, AND AN OUTCOME OF, SOCIAL INCLUSION.

COMMUNITY CONNECTION

Community connection occurs when individuals are connected with, contribute to, feel included in and valued by their community beyond their family and friends. An important aspect of this relationship is reciprocity, where people both give to **and** receive from the community. (ABS 2013)

> ADDRESSING THE DETERMINANTS OF SOCIAL INCLUSION WILL INCREASE COMMUNITY CONNECTION.



SOCIAL EXCLUSION

Definitions of social exclusion vary in focus. Some definitions focus on the individual or groups of people who share some common characteristics, such as age, gender, race, sexuality, economic status, and experience exclusion as a result. Others take a broader conceptual, more outwardly facing view and focus on society more broadly and factors that allow these same characteristics to be transformed to disadvantage and powerlessness, and therefore vulnerability to exclusion. The latter places responsibility for action more clearly with societal structures and institutions with access to power.

An example of the focus on individuals or groups is:

> Social exclusion occurs when traits of individuals, families and communities or the circumstances they are in expose them to prejudices and challenges not experienced by others and make it difficult for them to participate in community life. Such factors include unemployment, low income, intergenerational poverty, racial background, residency status, addiction, low literacy or numeracy, lack of access to services, homelessness, disability, poor health, mental health issues and location. (City of Hobart 2014)

Two examples of a broader conceptual focus are:

Exclusion from social, political and economic institutions resulting from a complex and dynamic set of processes and relationships that prevent individuals or groups from accessing resources, participating in society and asserting their rights. (Bell and Piron 2004)

Social exclusion occurs when the institutions that allocate resources and assign value operate in ways that systematically deny some groups the resources, opportunities and recognition that would allow them to participate fully in social life. (Zeitlyn 2004)

As noted by Prof Gillian Triggs, President of the Australian Human Rights Commission (2013), there is also a strong correlation between social exclusion and discrimination, with many situations of exclusion arising from discrimination against individuals or groups on the grounds of their attributes, or social, economic or physical disadvantages. This impacts opportunities for employment, access to healthcare and education and wider community participation.

Given the variation in how the definition of social exclusion is approached, the relationship between social exclusion and social inclusion as interpreted by this Framework, also varies. It depends on the perspective from which social exclusion is viewed. Therefore, social exclusion cannot be automatically interpreted as the opposite of social inclusion, or vice versa.

IF THE DEFINITION OF SOCIAL EXCLUSION AS A BROAD CONCEPTUAL FRAMEWORK IN WHICH EXCLUSION IS A MANIFESTATION OF SOCIETAL STRUCTURES IS USED, THEN ADDRESSING SOCIAL EXCLUSION WILL INCREASE SOCIAL INCLUSION.

THE FRAMEWORK IN ACTION

As this social inclusion Framework is new, there are no case studies demonstrating its use as a planning tool from program outset. What the following case studies do illustrate is how the elements of the Framework can be applied to contribute to building social inclusion. Some of the examples were in operation in Melbourne's inner east at the time the Framework was being developed and were informed by the thinking. Others are examples of practice that demonstrate the approach, despite being implemented independently.

For reasons of brevity the case studies are often extracts of whole projects. Links to full reports and further information about the work are provided where available.

INNER EAST INTEGRATED HEALTH PROMOTION PARTNERSHIP

ENGAGING WITH SOCIAL HOUSING RESIDENTS TO IMPROVE LIVEABILITY

WHAT DID THEY DO?

Health promotion practitioners (HPPs) from Access Health and Community, Carrington Health and Link Health and Community, engaged with residents from Ashburton-Alamein, Hawthorn East, Wattle Hill (Burwood) and Ashwood-Chadstone social housing communities. A shared engagement strategy was used to consult with these residents and identify priorities for action to improve liveability as a pathway to social inclusion.

Engagement with residents occurred via individual consultation, online and hard copy surveys, community meetings and focus groups. The HPPs met regularly throughout the engagement phase to share findings in relation to both successful engagement methods and consultation findings.

WHAT HAS BEEN ACHIEVED?

Local action plans are being developed and implemented to address these priorities. The action phase commenced in 2020, although a number of actions have been delayed by the COVID-19 restrictions.

While some priorities identified are specific to individual communities, a common issue across all the communities was the need for improved opportunities, resources and capabilities for digital inclusion. The increased reliance on digital technology created by COVID-19 has reinforced the critical importance of digital inclusion and exacerbated existing inequities. The HPPs are working together to build partnerships and address the norms, structures and practices that have compromised digital inclusion for these communities, addressing issues of digital access, affordability and ability.

For example, the HPPs are developing partnerships with local providers of digital mentoring and training programs to build their capacity to engage with social housing communities, ensuring programs reach communities who are most at risk of exclusion. The HPPs are also advocating that internet access is as essential as other utilities and seeking to address associated infrastructure and affordability issues by identifying leverage points.

Alongside the shared work occurring around digital inclusion, other opportunities and actions that emerged include resident involvement in advocating for improvements to Wattle Park and Burwood, and resident voices being included in Monash City Council's consultation processes across their Loneliness Framework, Social Housing Strategy and the Ashwood Chadstone integrated site plan.

HOW DOES THIS REFLECT THE SI FRAMEWORK?

The Social Inclusion Framework was developed by the IEPCP in parallel to this social inclusion activity and therefore was not available to the HPPs as a planning tool. However, the HPPs' experiences informed the framework, and their engagement methodology and actions demonstrate the principles embedded within it. These principles include using the socio-ecological model of health as a way of understanding social inclusion, a commitment to addressing the norms, structures and practices that privilege some groups over others and the importance of working in partnership.

Engaging with the social housing communities elevated community voices to capture the concerns, ideas and opportunities relevant to the liveability of their neighbourhoods.

SO WHAT?

The work on social inclusion started with an engagement approach that, by its very methods, increased social inclusion for social housing residents, giving them a voice on matters important to their daily lives. Through the journey, a shared priority of digital inclusion was identified, which in being addressed, will create a more equitable pathway towards the key elements of social inclusion, namely to LEARN, WORK, ENGAGE and HAVE A VOICE.

This work aims to create sustainable structures and practices for greater social inclusion, which will endure for the long term through developing partnerships, engaging in advocacy and seeking further leverage points for change.

EASTERN VOLUNTEERS – DISABILITY INCLUSIVE VOLUNTEERING

WHAT DO THEY DO?

Eastern Volunteers is the Volunteer Resource Service for 4 of the 5 local government areas in eastern metropolitan region (EMR) of Melbourne. It provides assessment and placement services for people looking to volunteer, as well as supporting 500 organisations utilising volunteer workforces alongside paid workforces, to deliver services to the community. These organisations range from care and support agencies including health, aged care, youth, child and family to environmental, animal welfare, tourism and local government.

In 2018 Eastern Volunteers noted an increase in people experiencing disability or mental health issues wishing to volunteer in their communities, yet organisations were not offering relevant opportunities. This led Eastern Volunteers to set out on a journey with the aim of opening up 50 volunteering opportunities per year for people experiencing disability.

In 2019 Eastern Volunteers partnered with Volunteering Victoria's Victoria Alive Project, which had recently been funded by the NDIS to look at issues of inclusive volunteering. In May 2019 they conducted a forum in the EMR to identify the barriers and enablers to inclusive volunteering as the first step in achieving those 50 opportunities. From this Forum the work was progressed through a governance group auspiced by Inner East Primary Care Partnership (IEPCP).

This group involved a range of Volunteer Resource Services, Vision Australia, people with lived experience, local government and the RSPCA. A masters social work student worked with the group to use the evidence from the Forum to develop a strategy to open up inclusive volunteering opportunities.

Looking to make long-term and sustained change, this project focussed on the barriers to volunteering that are present within organisations that engage volunteers rather than working with individuals wanting to volunteer.

It was quickly identified that organisations needed to develop their capacity to provide inclusive cultures and think laterally about the types of volunteering opportunities they were offering. Organisations within the EMR who engage volunteers felt they did not sufficiently understand the needs of people with disabilities nor have the skills required or structures in place to ensure all people have equal opportunity to volunteer.

To address this the group developed a training program which evolved into 5 modules designed and included presentations from people with lived experience. The training includes orientation to a self-audit tool, which was developed as a way to bring apply the principles of the training back in the organisation. Following the training organisations would self-audit their preparedness and work with Eastern Volunteers Volunteer Resource Services to open up more opportunities.

The project was at the stage of trialling in two organisations in early 2020 when COVID put a halt to the plans.

WHAT HAS BEEN ACHIEVED?

The Disability Inclusive Volunteering Governance Group has been established to develop strategies and actions to promote inclusive volunteering for people with disability. These strategies and actions are informed by the existing evidence and standards and by the experiences of people with disabilities.

Membership of the Disability Inclusive Volunteering Governance Group includes Eastern Volunteers, South East Volunteers, Boroondara Volunteer Resource Centre, Bridges Connecting Communities (this is Knox), Outer East PCP, Metro Access Workers Yarra Ranges Council & Whitehorse Council, Vision Australia, and Sam Buis, community member.

This group has made a shared and ongoing commitment to providing inclusive environments and to support people with disability

HOW DOES THIS REFLECT THE SI FRAMEWORK?

Being able to volunteer (Work) is one of the key components of social inclusion. Volunteering is also an important pathway to employment especially for those facing barriers in the job market. This project identified that organisations engaging volunteers required support and encouragement to have practices and structures in place to enable opportunities for people with disabilities to volunteer.

SO WHAT?

The ability to volunteer is good for all of us, yet people with disabilities are engaged as volunteers at lower rates than other people in the community. Addressing the practices and structures within organisations that engage volunteers is more likely to bring about sustained change within the organisations that engage volunteers, providing opportunities to volunteer (Work) for many more people. Establishment of an ongoing specifically targeted group to progress the work, The Disability Inclusive Volunteering Governance Group provides a platform for organisational peer support and learning, and impetus for the work to continue.

FOR MORE INFORMATION

For further information about this work contact Lee Barker at Eastern Volunteers, lee.barker@easternvolunteers.org.au

WOMEN'S HEALTH EAST

WASI – WOMEN, AGEING AND SOCIAL INCLUSION

WHAT DID THEY DO?

WASI was designed to explore the interaction between gender and ageing and the resulting impact on social inclusion for older women. The project consisted of a literature review, an expert steering group and focus groups with practitioners working in the field of social inclusion and ageing.

This illustration presents the focus group component of the project. The purpose of the focus groups was to gain insights into practitioners' knowledge of the impact that gender has in shaping older women's social inclusion and how these unique needs are/and could be addressed. The focus group activities were informed by the socio-ecological model of health and were designed to encourage participants to consider the interrelationships between the personal and environmental factors that impact on ability to achieve optimal health.

Participants were asked two questions

- What are the experiences and aspects of an older person's life that could impact on their social inclusion?'
- How do you see gender impacting on the experiences of older people in your work?

Using the socio-ecological model as a prompt, the group allocated their responses to the 'level' in society where these experiences sit.

WHAT WAS ACHIEVED?

The WASI report highlights the ongoing societal narrative which disadvantages women by failing to recognise the lifelong impacts of inequality that are compounded by ageing. By using the socio-ecological model as a prompt, participants came to realise that their work sits within a bigger social context. In particular they noted the social norms related to ageing and women, which impact the ability of older women to be "visible" and participate.

One of the themes arising from this activity was recognition of the need to change attitudes (norms) to both gender and ageing at a societal level for real change for older women to be realised. The groups identified that they had limited knowledge about how to do this.

An unintended outcome of the focus groups was participants realising the extent to which they too have been disadvantaged by attitudes towards both ageing and gender. These insights largely related to workplace experiences and were not only about older women, but applied to women from middle age onwards.

Exploring the issues in this way caused participants to realise the need to create change in attitudes (norms) relating to both ageing and gender to make a lasting difference. The report recommendations include the need for specific opportunities to be created for older women to have a voice within services and the community.

HOW DOES THIS REFLECT THE SI FRAMEWORK?

The SI framework adopts the socio-ecological model of health to encourage exploration of the norms, attitudes and structures in society that underpin why people may or may not have the resources, capabilities and opportunities they need to Learn, Work, Engage and Have a Voice. Recognition of the need for deliberate action in order to provide older women with the opportunity to Have a Voice in the recommendations directly reflects elements of the social inclusion framework. Participants also identified that attitudes are a crucial factor, thus taking deliberate action will require consideration of the norms, practices and structures that create barriers to opportunity.

SO WHAT?

Highlighting the impact of the ongoing societal narrative demonstrates the importance of social norms and resulting practices in shaping the experience of older women. This directs action towards addressing these social norms, which is what will create sustainable change in the long term. Unless these norms are changed women will continue to experience the compounding impact of gender inequality as they age.

The full WASI report can be found here https://whe.org.au/blog/2020/01/the-unheard-story-the-impact-of-gender-social-inclusion-for-older-women/

OPENING DOORS

CREATING AND SUSTAINING COMMUNITY LEADERSHIP FOR PROMOTING SOCIAL INCLUSION

WHAT DO THEY DO?

Opening Doors runs a six-month leadership program for grassroots community leaders to support them develop programs that build social inclusion in their community. Opening Doors was originally established in 2009 to promote social inclusion for older people. This focus was extended in 2010 to include other groups that experience barriers to social inclusion such as people with disabilities, those in carer roles, refugees, asylum seekers, new and emerging community groups and the LGTBIQ+ community, amongst others.

WHAT HAS BEEN ACHIEVED?

Since its inception in 2009, Opening Doors has graduated 251 community members who have the passion, networks and skills to foster meaningful and lasting social inclusion in their communities. The program has supported the development of more than 160 unique and innovative community initiatives, which have connected more than an estimated 100,000 people with their communities in new and positive ways.

TO FIND OUT MORE ....

Taket, A., Mills, A., Nadj, S. & Held, R. (2020). Opening Doors: creating and sustaining community leadership for social inclusion. In A. Taket, A. & B. Crisp (Eds), Sustaining Social Inclusion, London: Routledge, pp.93-107.

http://www.linkhc.org.au/opening-doors/

The Opening Doors graduates represent more than 60 cultural and religious backgrounds and bring passions as diverse as mental health, disability, LGBTIQ rights, positive aging, interfaith dialogue and many more. In the breadth of programs established by Opening Doors graduates, some notable examples include:

- Three new Universities of The Third Age (Deepdene, Mt Waverley and Wheelers Hill)
- TransFamily – Victoria's first peer support group for the friends and loved ones of trans and gender diverse people
- Different Journeys – supporting an expansive network of young people with Autism Spectrum Disorder, their friends, family and carers
- Pathways for Carers – an innovative response to supporting carers with social and service supports, recently expanding to a statewide model with the support of Interchange Outer East
- Victoria's first Bangladeshi Senior Citizens Association
- Friends of Refugees – supporting thousands of refugees and asylum seekers with pathways to volunteering, employment and essential services across Melbourne's Inner and South Eastern suburbs
- The Black Dog Community Art Project – A series of art therapy workshops and yearly exhibitions, engaging thousands of local community members to explore lived experiences of anxiety and depression

HOW DOES THIS REFLECT THE SI FRAMEWORK?

Many of the elements of the SI Framework are demonstrated by the Opening Doors program. Recognising that leadership programs are often out of reach for many grassroots community leaders (a structural barrier to both opportunity and capability), Opening Doors addresses this barrier by providing an opportunity and the resources for community leaders to develop their capacity to Engage with others and Have a Voice. Furthermore, program participants are encouraged to think about the norms/attitudes, practices or structures that provide barriers to engagement for people within their communities and to design their programs to address these barriers.

SO WHAT?

Although Opening Doors was initiated before the SI framework was developed, it demonstrates that using the framework can assist people plan programs that address the determinants of SI within their available resources and sphere of influence. By working with community leaders to initiate programs that change norms, practices and structures within their own sphere of influence, Opening Doors extends its reach far beyond the participants that attend the program enabling sustained change in many different arenas.

OPENING DOORS

DEEPDENE AND WHEELERS HILL U3A – OPPORTUNITIES FOR OLDER ADULTS TO ENGAGE AND LEARN

WHAT DO THEY DO?

U3A – University of the Third Age is an international movement originally established in France to enable people who are retired or semi-retired to extend their skills or learn new skills. Graduates of the Opening Doors program have established three new U3A centres where they were not previously operating, in the eastern Melbourne suburbs Deepdene, Mount Waverley and Wheeler's Hill. These universities have created new opportunities for retired and semi-retired people to LEARN, ENGAGE and CONNECT – sharing life-long learnings and skills in a collaborative, social environment.

WHAT HAS BEEN ACHIEVED?

Results from a study of the Deepdene and Wheeler's Hill U3A demonstrated that:

- U3As enable opportunities to LEARN by being low cost
- Peer-led non-competitive programs are highly valued by the participants as the tutor or leader can meet the needs of people with varying capabilities, addressing barriers found in other learning environments
- Participants ENGAGE with people they otherwise would not have met
- Any U3A member can either lead or join a class, and every U3A offers a curriculum reflecting the unique skills and passions of their membership
- Volunteering within a U3A provides benefit for both the volunteer and other participants.

HOW DOES THIS REFLECT THE SI FRAMEWORK?

U3A as an international movement that is open to anyone who is retired or semi-retired and provides a structure which enables opportunities for older adults to LEARN. Run by volunteers, U3A also provides a structure that supports retired and semi-retired people access to WORK through this volunteering. As a movement it challenges the norm that education is largely for young people. The underpinning philosophy of the U3A movement is "Life Long Learning."

SO WHAT?

Learning is a fundamental part of social inclusion yet opportunities for older people to pursue lifelong learning are limited owing to barriers such as community norms and inaccessible structures. By extending the U3A movement to new areas Opening Doors Graduates have helped to challenge societal norms and have established a sustainable structure that provides opportunities for retired and semi-retired people to LEARN, ENGAGE and CONNECT.

EAST GIPPSLAND MENTAL HEALTH AND WELLBEING NETWORK

HEARING THE VOICES OF CHILDREN AND YOUNG PEOPLE ACROSS EAST GIPPSLAND

WHAT ARE THEY DOING?

Leaders across East Gippsland recognised the need to prioritise mental wellbeing in the municipal public health planning process (2016-2021). East Gippsland Primary Care Partnership facilitated the establishment of a Mental Wellbeing Network (MWBN) to identify the most important areas of action and influence for East Gippsland's mental wellbeing during 2018 and 2019. Membership of the MWBN includes all East Gippsland funded health agencies, numerous community organisations and the East Gippsland Shire Council (EGSC).

The MWBN used systematic inquiry to gain clarity around the complex issues impacting mental wellbeing for young people and children. By mapping the systems of the complex problems, interrogating existing undesirable outcomes in the system, identifying key relationships between the complex problems and mapping root causes holding the problem in place, six complex issues were identified. The MWBN prioritised two of these as focus areas for action:

1. Social connectedness: Children and young people have opportunities to have their voices heard.
2. Prioritising prevention in leadership and decision making: There is a collaborative approach to primary prevention (i.e. mental wellbeing) across East Gippsland organisations.

Over the last two years East Gippsland has experienced significant community stress, with crippling drought, and the devastating bush fires of the 19/20 summer. Recovery from these fires had only just begun when the community was again disrupted by the COVID-19 pandemic, exacerbating existing mental wellbeing concerns. The MWBN recognised the significant impact on mental health across the region, and it was identified that while this created additional stress across the region, these priorities remained central to fostering the community's mental wellbeing.

WHAT HAS BEEN ACHIEVED?

By establishing the MWBN, EGPCP has created a platform for meaningful engagement and ownership of ideas and views for the future of the East Gippsland community. In line with Priority 1, Social connectedness, this network has now applied for funding to work with young people in four sub-regions across East Gippsland to build opportunities for them to have their voices heard. This project "Hearing the voices of children and young people across East Gippsland" will engage with young people to better understand their needs and ambitions for themselves and their communities, and measure changes they want to see. This is particularly pertinent to social connectivity and mental wellbeing. These will include, but not be restricted to, what they believe recovery looks and feels like in communities impacted by drought and bushfire regarding response, recovery and preparedness.

HOW DOES THIS REFLECT THE SI FRAMEWORK?

Having a Voice is one of the four foundations for social inclusion described in the SI Framework. In this project creating opportunities for children and young people to have their voices heard has been identified as a priority area. The project will be working to establish practices and create structures that enable young people and children to have the resources, opportunities and capabilities they need to Have a Voice; this approach directly reflects the model outlined in the SI Framework.

SO WHAT?

By engaging with young people and children to identify what matters to them in their communities, this project is deliberately focussed on identifying and addressing the root causes of barriers to social inclusion that young people and children face in their communities. Embedding this approach aims to change local norms, practices and structures, demonstrating that it's not only important that young people and children "Have A Voice", but that it becomes normal that the perspectives of young people and children are considered in leadership and decision making at the highest levels. This will ensure that they can influence the things that are important to them as a matter of course, providing long term benefit for their mental health.

In addition, as it has been designed as a scoping project, outcomes from "Hearing the Voices of Children and Young People" will provide leverage for larger pieces of work to follow.

Although this project has not yet commenced it demonstrates how the SI framework could be used in planning to frame thinking about what will enable long term change.

FOR MORE INFORMATION

For further information about this project contact East Gippsland Primary Care Partnership https://www.eastgippslandpcp.com.au/

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