

Victorian Primary Care Partnerships

Partnership Capability Framework: Creating Transformational Partnerships to Improve Community Health and Wellbeing



Acknowledgements



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Victorian Primary Care Partnerships/VIC PCP acknowledges the traditional custodians of the lands on which we work across the state of Victoria. We pay our respects to elders past, present and emerging, and to all other Aboriginal and Torres Strait Islander peoples.

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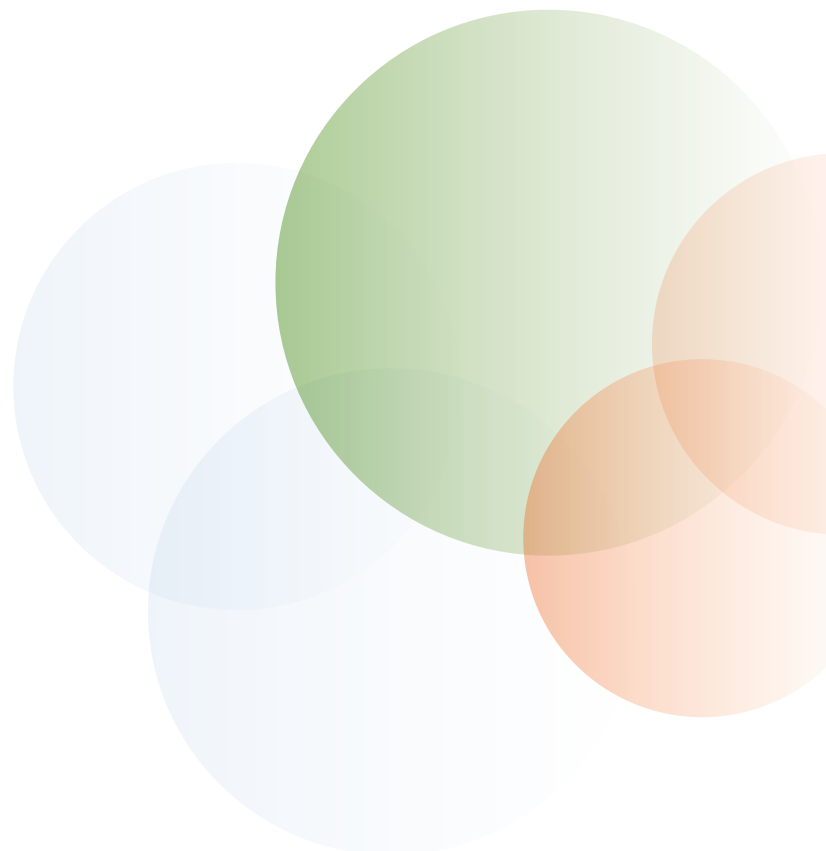
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Background

The **Partnership Capability Framework** (the framework) has been developed collectively by Primary Care Partnerships (PCPs) across Victoria, Australia.

It captures the **intellectual capital of a longstanding partnership platform that has shaped and influenced the development of the health and human services system in Victoria for 20 years.**

It details the core values, behaviours and skills that are required to undertake transformational collaborative partnership work.

PCPs bring together the health, social, not for profit and local government sectors who in partnership utilise a place-based approach to identify local service and health and wellbeing issues and together develop solutions.

There are currently 28 PCPs throughout the state connecting more than 850 organisations across many different sectors. These diverse organisations are working together to plan around the needs of their community, to share their skills and expertise and align their efforts.

The combination of their broad membership, cross-sector partnerships, engagement across the continuum of care and operation at local, regional and state levels make PCPs a unique feature of the Victorian health and human services landscape.

The work of PCPs is to drive and facilitate sustainable systems by building the capacity of partner organisations to implement, evaluate and sustain evidence informed practices—essentially influencing the practice and capabilities of partner organisations and improving outcomes for the community. Each PCP is supported by a small team with significant knowledge and experience in building and brokering partnerships.

In a recent evaluation partners described the PCP partnership platform as a “long term constant that synergises effort and shares skills, delivers projects with a shared vision; a platform that has a common purpose, joint responsibility and common objectives”.¹

¹ Chapman, R; and Neilson, C; Making the Invisible Visible. A report into the partnership approach of seven rural and regional Primary Care Partnerships in Victoria. Adapted for Publication. January 2019.

About the Partnership Capability Framework

CAPABILITY FRAMEWORK DEVELOPMENT

PCPs developed the framework to capture the strategic skills, knowledge, attributes and experience required to support collaborative partnerships.

The 2019 state-wide framework development process is outlined below:

1. Research was undertaken to source and examine existing partnership capability and competency frameworks. The University of Southern Queensland People Capability Framework informed the architecture of this framework.²
2. PCPs were asked to submit local partnership documentation including strategic plans, Terms of Reference, staff position descriptions and other relevant resources. State-wide PCP strategic positioning documents and value statements were also reviewed.
3. More than 150 documents were reviewed by the working group, analysed and themed under six high level capability domains that form the overarching structure of the framework.
4. Extensive consultation with PCPs, a partnership specialist and other stakeholders was undertaken to test the framework architecture and content.

PURPOSE OF THE CAPABILITY FRAMEWORK

The framework provides a reference for PCP staff and partners to build capacity and identify the key elements and skills required to broker, support, manage, and monitor partnerships.

It can be used for multiple purposes including:

- ▶ Articulating the capabilities required by staff and/or partners to ensure the partnership can achieve transformational change in community health and wellbeing.
- ▶ Assisting recruitment and retention of staff working in a partnership organisation.
- ▶ Informing professional development and the learning needs of the staff that support the partnership and the partners themselves.

AUDIENCE

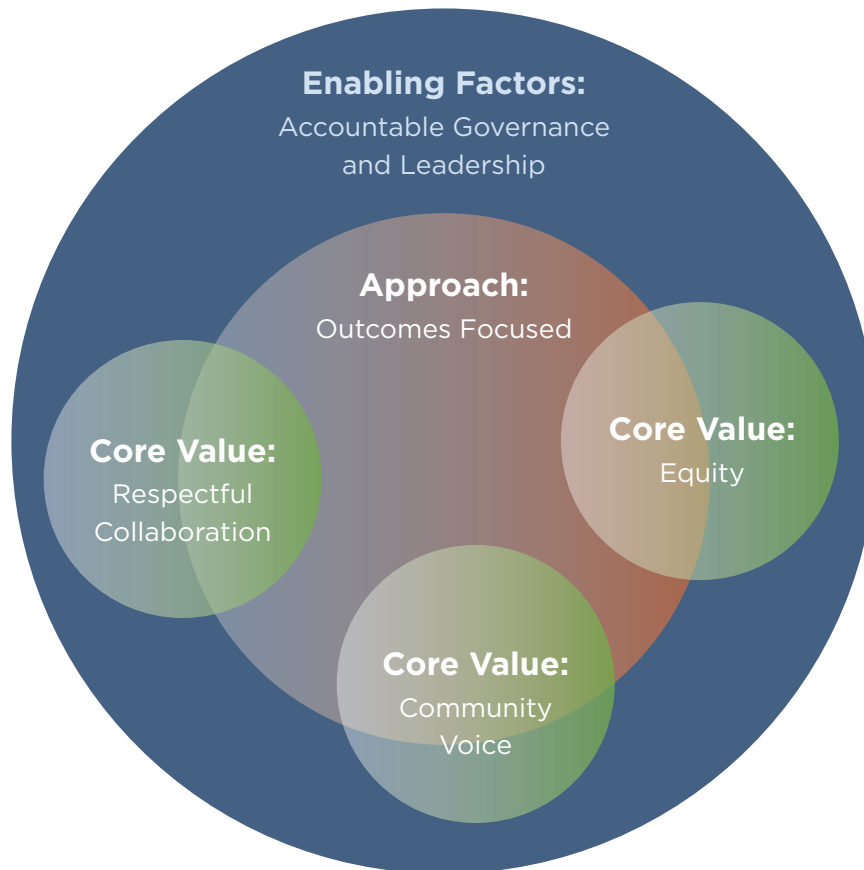
The framework has been developed for individuals and organisations that are creating or supporting collaborative partnerships to improve community health and wellbeing outcomes.

More specifically, this framework has been designed for the staff of PCPs and their partners to make explicit the skills and attention required for healthy partnerships.

² University of Southern Queensland, People Capability Framework

VALUES, APPROACH AND ENABLING FACTORS

Figure 1: Values, Approach and Enabling Factors



Three **core values** are at the heart of the framework and underpin collaborative partnership work. They are interrelated, interdependent and essential to guiding the collaborative partnership work of PCPs.

The **outcomes approach** describes the commitment to ensuring that any partnership, regardless of its model, structure or process, will maintain a focus on outcomes consistent with the shared and individual objectives of all partners. In practice, this will include mechanisms to track, assess and report on both activity and partnership outcomes.

The **enabling factors** of accountable governance and leadership describe the elements common to all collaborative partnerships. These factors are critical in the establishment and maintenance of effective collaborative partnerships.

These are described in more detail in Table 1 below.

CORE VALUES	What that means for this framework
Respectful Collaboration	We commit to collaborative practices that are inclusive, based on trust, respect, and shared vision. Collaborative practices ensure our work is informed by diverse perspectives and knowledge.
Equity	We will address disadvantage and exclusion and aim to improve equity, access and inclusion. Our work will be respectful, non-judgemental and culturally safe.
Community Voice	We will work alongside the community to ensure our work meets the needs of those it is designed to assist. Our community's voice, knowledge and aspirations will be central to our work.
APPROACH	What that means for this framework
Outcomes Focused	We will develop systems and processes that measure the impacts of our work and will celebrate the achievements of the partnership. Outcomes will be regularly monitored and widely reported.
ENABLING FACTORS	What that means for this framework
Accountable Leadership and Governance	Accountable governance and leadership will create an open and transparent environment where information is shared and decisions are reached through consensus. When complicated scenarios arise, the work will continue and will not be derailed due to complexity.

The framework outlines six key capabilities and their associated behaviours and skills found in collaborative partnerships.

Partnership Capability Framework:

1

Think Strategically, Shape the Future

2

Engage People to Build & Sustain Collaborative Relationships

3

Show Courage, Resilience & Adaptability

4

Design the Way Forward & Communicate the Direction

5

Mobilise Resources, Knowledge & Skills

6

Measure, Evaluate & Promote Outcomes

1

Think Strategically, Shape the Future

- ▶ Set partnership strategic direction within a shifting environment of political, policy and societal challenges and opportunities.
- ▶ Generate opportunities for system change by creating new ideas, attracting diverse partners and taking measured risk.

BEHAVIOURS/SKILLS

1. Utilises critical systems thinking that identifies the underlying issues, determines possible solutions and plans joint action.
 2. Stimulates discussion and motivates engagement and action amongst diverse stakeholders and decision makers, and works within the inherent complexity of partnerships.
 3. Builds the understanding, commitment and capacity of stakeholders to visualise, articulate and drive change.
 4. Analyses and interprets current policy, relevant data and system connections, and translates this for partnership planning and action.
 5. Models the principles of working collaboratively and drives diversity, creativity and sustainability.
-

2

Engage People to Build & Sustain Collaborative Relationships

- ▶ Support and nurture effective relationships that build trust, mutual respect, and shared decision making.
- ▶ Facilitate the active involvement of communities, partners and stakeholders to build shared ownership and accountability.

BEHAVIOURS/SKILLS

1. Builds the partnership's strength and value by creating a culture of good will, trust and a shared commitment to action.
 2. Draws on a range of highly developed professional and personal skills to develop and sustain effective relationships.
 3. Generates ongoing commitment and shared accountability to achieve partnership goals.
 4. Acknowledges and encourages diverse perspectives and respectful debate to generate ideas and potential solutions.
 5. Effectively manages consultation and decision making processes and ensures clear, timely communication to support engagement and involvement.
 6. Listens and responds to the voice of the people on whose behalf the partnership will act.
-

3

Show Courage, Resilience & Adaptability

- ▶ Lead transformative ways of working that influence and support others to commit to change.
- ▶ Foster a commitment to continuous improvement, learning, reflection and enquiry.

BEHAVIOURS/SKILLS

1. Champions innovation, experimentation and curiosity with a view to creating better ways to respond to complex problems. Demonstrates willingness to adopt and adapt new approaches as required.
 2. Generates energy and commitment to initiate, maintain and sustain change.
 3. Creates environments that build capacity and encourages ways of thinking that lead to creative ideas and solutions.
 4. Demonstrates courage to promote cultures and systems that drive transformative change and responds accordingly to the inherent complexity of partnerships.
 5. Reinforces purpose and direction with a high level of persistence and resilience in situations of ambiguity and when the partnership experiences difficulty.
 6. Proactively seeks to understand and learn from successes and mistakes and integrates learnings into cycles of innovation and continuous quality improvement.
-

4

Design the Way Forward & Communicate the Direction

- ▶ Create a shared vision for action and collaboration, and communicate goals, progress and outcomes to all stakeholders.
- ▶ Support partners to identify their shared and individual roles, responsibilities and contributions to the partnership.

BEHAVIOURS/SKILLS

1. Facilitates regular and transparent communication that supports stakeholder engagement and participation.
 2. Draws on consultation, data and evidence to inform and guide partnership activity.
 3. Continually contributes and shares information equitably and clearly with partners.
 4. Generates agreement and commitment by partners to champion the shared vision, values, objectives, outcomes and shared responsibility.
 5. Ensures all partners understand their role, what is expected of them in the partnership and how the partnership connects with the broader system.
 6. Accesses and generates ideas by drawing on diverse information sources and the perspectives of the different stakeholders to uncover ways of acting that are effective, efficient and transformative.
-

5

Mobilise Resources, Knowledge & Skills

- ▶ Commitment to collaborative practice that leads to alignment of effort and improved quality and efficiency.
- ▶ Gather and utilise expertise and resources to enable partners to develop, contribute to and achieve the shared vision and identified goals.

BEHAVIOURS/SKILLS

1. Connects partners with common goals and assists them to optimise their efforts through effective collaboration.
 2. Capitalises on the skills and expertise of stakeholders and builds commitment to champion and lead local partnership activity.
 3. Uses a broad range of methodologies to harness and understand the breadth and depth of partners' knowledge and skills, and demonstrates adaptive and flexible approaches.
 4. Shares consistent information and resources with others to minimise duplication of effort and optimise outcomes.
 5. Identifies and attracts new funds and resources to sustain and grow partnership activity.
 6. Invests in building workforce capacity and system capability through workforce training and development.
-

6

Measure, Evaluate & Promote Outcomes

- ▶ Build commitment to the use of shared data and measurement systems for effective and meaningful monitoring and evaluation.
- ▶ Analyse, share and promote evaluation findings and partnership outcomes.

BEHAVIOURS/SKILLS

1. Facilitates the development of shared measures that capture the value of the partnership and its collective outcomes.
 2. Creates a learning culture that encourages commitment to data sharing and builds capacity to gather and use data for evaluation purposes.
 3. Fosters participation in collective evaluation processes by interpreting and understanding the complexity of partnership work through processes that are relevant, meaningful and achievable for all.
 4. Celebrates and promotes the value-add and quality of the partnership's achievements and outcomes.
 5. Creates a culture of review and reflection to determine future priorities and actions, and encourages learning from both success and failure.
-



CASE STUDY ONE:

Think Strategically, Shape the Future

Community Resilience in the Face of Climate Change

BACKGROUND

In 2008, Southern Grampians Glenelg PCP (SGGPCP) developed the *Policy Signpost #3. Climate Change Adaptation: A Framework for local action*¹ in response to agencies requesting support to guide local action that addresses the health and social impacts of climate change and rural adjustment.

The goal of this framework was to create communities that are resilient to the social, environmental and economic changes by:

- ▶ Identifying local priority issues of climate change and rural adjustment
- ▶ Guide local planning and action by agencies and by the PCP as a collective
- ▶ Encourage the development inter-sectoral partnerships and integrated planning.

This was the beginning of a journey for SGGPCP, which raised awareness and developed the capacity of partners to respond to climate change and facilitated relationships with government departments, policy makers and researchers.

PARTNERS

- ▶ Sustainability Victoria
- ▶ The Australian Government Department of Industry, Innovation and Science
- ▶ Federation University
- ▶ Deakin University
- ▶ Victorian Department of Health
- ▶ Victorian Commissioner for Sustainability
- ▶ Victorian Centre for Climate Change Adaptation and Research
- ▶ Victorian Department of Environment, Land, Water and Planning
- ▶ RMIT University
- ▶ VCOSS
- ▶ Monash University
- ▶ National Climate Change Adaptation Research Facility
- ▶ Emergency Management Victoria
- ▶ Swinburne University
- ▶ Country Fire Authority
- ▶ Lord Mayor's Charitable Foundation

¹ Rowe, R. and Thomas, A. (2018) Policy Signpost #3. Climate Change Adaptation: A framework for local action. The MCCaughey Centre. The University of Melbourne

METHOD

SGGPCP's early work in this area focussed on the indirect effects of climate change, recognising the health implications of rising household energy efficiency, food security, water access, transport and social connection, particularly for those already experiencing disadvantage. A number of projects were implemented to raise awareness of and build capacity to respond to climate change, and to reduce vulnerability. This included developing a Heatwave toolkit for local government, which led to a partnership research project to understand tools for climate change adaptation.

Following this, SGGPCP established the Rural People; Resilient Future (RP;RF) Project, which supported SGGPCP partner agencies to understand their community's vulnerability to climate change. A systems-thinking approach was used to help partner agencies identify actions that they could embed within their systems to reduce vulnerability. This was a highly successful project, which was showcased at a number of state, national and international conferences giving wide exposure to PCPs approach and potential resulting in extended partnerships.

Through this work, SGGPCP developed an appreciation for the importance of networks and partnerships for climate change resilience. This subsequently became a key focus area and the SGGPCP worked in partnership on the Enhancing Networks for Resilience Projects (Phase 1 and 2). This work examined the network ties within the SGGPCP, while the Balmoral Fire Connect Project investigated networks at a community setting.

Having gained extensive knowledge and skills in climate change and community resilience over the last 10 years, SGGPCP has now partnered with the Lord Mayor's Charitable Foundation for the PCPs Community Resilience Project. This project aims to expand the learnings from the SGGPCP by using a systems thinking approach to identify areas for action for each PCP to enhance community resilience to climate change.

OUTCOMES

SGGPCP has developed strong partnerships with a diverse range of organisations, including community organisations, government departments, policy makers and researchers. SGGPCP has been recognised as a key player in the climate change resilience and adaptation space, and its work has been referenced in state-wide reports, documented in research and requested at forums and conferences. This reflects the valuable role that PCPs have as a leadership platform and an effective conduit for facilitating cross-sector partnerships.

Through this work, SGGPCP developed an appreciation for the importance of networks and partnerships for climate change resilience.



CASE STUDY TWO:

Engage People to Build & Sustain Collaborative Relationships

Place-Based Approaches to Improving Food Security

BACKGROUND

Longwarry (pop. 2,004 people) has been identified as an area of low socio-economic status and of high disadvantage, including a greater risk of experiencing food insecurity. Furthermore, in 2014, a snapshot fruit and vegetable survey conducted in Longwarry found 27% of residents did not meet the recommended intake of fruit each day, and 92% did not meet the recommended intake of vegetables each day. The aim of this initiative was to increase access to, and consumption of, healthy and nutritious food for the residents of Longwarry and surrounding communities; especially children and people on low incomes who are at higher risk of food insecurity, through enabling and empowering community action.

PARTNERS

- ▶ Longwarry community
- ▶ Local government
- ▶ Baw Baw Food Movement
- ▶ Baw Baw Emergency Food Relief Network
- ▶ Longwarry & District Lions Club (LDLC)
- ▶ Local health and human service providers
- ▶ Longwarry Primary School
- ▶ SecondBite
- ▶ Foodbank Victoria
- ▶ Eat Up
- ▶ Heart Foundation Longwarry Walking Group
- ▶ Victoria Police
- ▶ Longwarry food retailers

METHOD

Since 2014, an intensive, multi-pronged, place-based approach has been used to improve food security in Longwarry. Central West Gippsland Primary Care Partnership (CWGPCP) initially supported the Longwarry project by facilitating, supporting and building partnerships between community, local government and members of the Baw Baw Food Security Coalition's working groups. CWGPCP also provided capacity building to members to develop their skills to implement and take ownership of projects and provided research, monitoring and evaluation support. Over time this has led to the development of a sustainable community owned and led food security project in Longwarry.

As part of this project, a significant number of activities have been undertaken in the Longwarry community over the past four years. CWGPCP continues to support this initiative through the broader Baw Baw Food Security Coalition, in which the members of the Longwarry initiative are provided with capacity building and networking opportunities, as well as ongoing collective impact, evaluation and monitoring support.

OUTCOMES

The Longwarry Intensive Food Security Project continues to actively work towards reducing food insecurity within the Longwarry and wider Baw Baw community.

Key outputs of the project to date include:

- ▶ 170 attendees at “Let’s Talk About Food” event
- ▶ 1,436 people exposed to the two edible landscape sites in township
- ▶ 180 students at Longwarry Primary School regularly involved in food activities and programs
- ▶ 12 regular Longwarry Community Garden & Orchard members
- ▶ 390 community lunches served annually
- ▶ 60-80 volunteers involved in LDLC food relief program
- ▶ 4 volunteers coordinate Longwarry Primary School breakfast club
- ▶ 80-100 families accessing Secondbite produce every fortnight, amounting to 30,000 kilograms of produce annually
- ▶ 160 Foodbank hampers distributed in Longwarry and across Baw Baw fortnightly
- ▶ 500 pre-made sandwiches distributed across Baw Baw schools and early education centres each month
- ▶ 200 vegetable seedlings distributed annually at Australia Day events.

The Longwarry project has achieved a wide range of positive outcomes for the community including:

- ▶ Increased access to, and consumption of fruits and vegetables in the community through both emergency food relief program and community lunches, and more sustainable initiatives such as the Community Garden and Orchard, and edible landscape sites in the township
- ▶ Increased knowledge and understanding of healthy eating and nutrition, food growing and cultivating, and cooking skills for children, parents and adults through various community activities and workshops including at the school and community garden and exposure to edible landscapes
- ▶ Increased access to healthy food for all residents through healthier menu options being made available and promoted at local businesses and food retailers
- ▶ Increased access to healthy and nutritious food for students at Longwarry Primary School through improvements in school breakfast program
- ▶ Increased volunteerism, community participation and connection through involvement in a wide range of food related activities
- ▶ Increased income for the Longwarry Community Garden & Orchard ensuring financial sustainability of the garden through a monthly stall at the Longwarry Market
- ▶ Increased access to cooking facilities for school community and students through the installation of a new kitchen at Longwarry Primary School
- ▶ Increased community capacity to lead and own projects and activities and advocate for change which support food security e.g. approaching local government for new edible landscape sites.

FOR MORE INFORMATION:

WWW.CENTRALWESTGIPPSLANDPCP.COM/PROJECTS/CASE-STUDIES



CASE STUDY THREE:

Engage People to Build & Sustain Collaborative Relationships

Suicide Prevention: Place-based approach

BACKGROUND

Mount Alexander Shire has a statistically significant higher rate of suicide compared to the Australian rate.¹ In response to these statistics Castlemaine District Community Health (CDCH) and Central Victorian Primary Care Partnership (CVPCP) organised a community forum to discuss suicide concerns within Mount Alexander. Over 60 community members attended the forum and the suicide prevention community network, Every Life Matters (ELM), was subsequently established.

CVPCP successfully applied for a Murray PHN tender to develop a local, evidence-based integrated suicide prevention action plan on behalf of the Mount Alexander Suicide Response Network and ELM.

The aim of this 12 month project (2017-18) was to build the capacity of the local community and service providers to:

- ▶ Raise community awareness of suicide and suicide prevention
- ▶ Identify and respond to people at risk of suicide
- ▶ Improve local service response for people at risk of suicide
- ▶ Continue this work beyond the project time limits.

PARTNERS

- ▶ Castlemaine District Community Health (auspice of CVPCP)
- ▶ Murray PHN (funding body)
- ▶ Castlemaine Health
- ▶ HALT (Hope Assistance Local Tradies)
- ▶ ELM
- ▶ Standby (Lifeline)
- ▶ Headspace: School Support
- ▶ Victoria Police
- ▶ Mount Alexander Shire Council
- ▶ General Practice manager (Mostyn Street Medical Clinic)

¹ National Coronial Information System data (2001-2012) procured and shared by Macedon Ranges Suicide Prevention Action Groupary 2019.

As agreed by the CVPCP partners, the PCP staff applied for the funding, formed the governance structure and recruited and managed the project worker. For the project, it was agreed to use the evidence-based LifeSpan Model (Black Dog Institute) as the framework.

METHOD

A place-based approach was applied to this work. Support and authorisation for this project was provided by the established CVPCP Board.² A local governance structure for this project was developed and included shared decision making between all steering group members.

OUTCOMES

This project has resulted in:

- ▶ Skills-development in fundraising, communications and marketing for ELM members to support sustainability of their work
- ▶ 150 community members participating in awareness raising events held in local parks
- ▶ 120 community members participating in awareness raising events held through sporting clubs
- ▶ Capacity building of local community members, who have participated in the project and are delivering SafeTALK training (community suicide prevention training), Applied Suicide Intervention Skills Training and Mental Health First Aid
- ▶ Local service providers have undergone training including 75% of General Practitioners in Mount Alexander
- ▶ A whole of community suicide prevention plan has been developed and sits with the Mount Alexander Health and Wellbeing Alliance.

Community members receiving their SafeTALK Trainer certificates



ELM



Over 60 community members attended the forum and the suicide prevention community network, Every Life Matters (ELM), was subsequently established.

² CVPCP Board includes CEOs/senior managers of local government; health and social services.



CASE STUDY FOUR: Show Courage, Resilience & Adaptability

A Seat At The Table

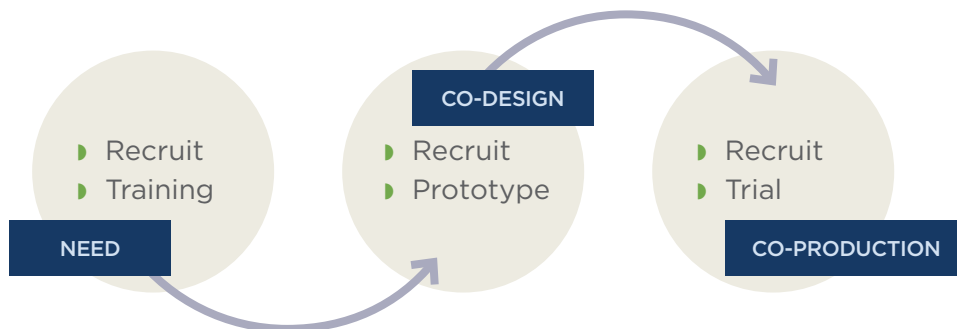
BACKGROUND

Seat at the Table (SATT) brought young people from refugee and asylum seeker backgrounds together with mental health service providers in Melbourne’s western suburbs.

SATT was designed to explore whether co-design is an appropriate and effective method in health promotion. This was highlighted as important because of the recent trend in using co-design as a model for community engagement, when it is in fact a labour and resource intensive model.

SATT ran from 2016–18 and actively worked to engage stakeholders throughout this time (both young people with lived experience and service providers from across the HealthWest catchment).

SATT Model:



PARTNERS

- ▶ Foundation House
- ▶ Asylum Seeker Resource Centre
- ▶ Western Health
- ▶ Liberian Youth Association Inc.
- ▶ Headspace
- ▶ Neami
- ▶ Orygen Youth Health
- ▶ Carers Victoria
- ▶ cohealth
- ▶ Hobsons Bay City Council
- ▶ Brimbank City Council
- ▶ Maribyrnong City Council

METHOD

The project used its co-design (and later co-production) approach to design and pilot ideas around barriers and stigma to help-seeking behaviour in mental health.

The co-design model incorporates all stakeholders in solving a problem. Co-production incorporates all these stakeholders further, in the trial and implementation of the proposed solution(s). Both attempt to develop an “equal and reciprocal relationship between health services, people using the services and their families”.¹

Co-design is not JUST engagement or consultation. It aims to further build capabilities and capacities of people to enable the change they want to see.

This design introduces issues of power imbalances between the young people and the service providers. To manage the issues around power (for example perceived authority, experience, privilege and decision-making control), SATT involved a shifting of responsibility over time.

At the beginning of the project the service providers played a vital role (with a high level of contribution). As the project developed young people began taking more control in the piloting and co-production.

HealthWest Partnership was responsible for bringing all stakeholders together, both mental health service providers and young people from refugee and asylum seeker backgrounds, and managed the project’s co-design process.

OUTCOMES

Evaluation findings from SATT indicate that a co-design and co-production process can help young people from refugee and asylum seeker backgrounds to engage in the process of reducing stigma around mental health.

For stakeholders involved in the project, the project:

- ▶ Developed the capacity of mental health services providers
- ▶ Changed young people’s perception of service providers
- ▶ Assisted young people in talking about mental health
- ▶ Provided peer support.

SATT acted as an exemplary model of participation for service providers when engaging community, and its findings can be applied by service providers in future initiatives.

¹ Boyle, D., Coote, A., Sherwood, C. and Slay, J. 2010. Right here, right now: Taking co-production into the mainstream. NESTA, NEF, The Lab. London. P. 3



CASE STUDY FIVE:

Design the Way Forward & Communicate the Direction

East Gippsland Drug and Alcohol Prevention Alliance

BACKGROUND

From its inception in January 2015, the work of the East Gippsland Ice Prevention Working Group (now known as the Drug and Alcohol Prevention Alliance) has reflected the needs of the local community. In response to community concerns about the use of crystal methamphetamine, the group focussed on providing accurate information about use of the drug across East Gippsland. As a result of these information sessions, a group of committed community champions were identified to be involved in designing local solutions to local problems.

PARTNERS

- ▶ East Gippsland Primary Care Partnership
- ▶ East Gippsland Shire Council
- ▶ Victoria Police
- ▶ Bairnsdale Regional Health Service
- ▶ Save The Children
- ▶ Australian Community Support Organisation Limited
- ▶ Gippsland Lakes Community Health
- ▶ Orbost Regional Health Service
- ▶ Omeo District Health Service
- ▶ Latrobe Regional Hospital
- ▶ Department of Health and Human Services
- ▶ Department of Education
- ▶ Gippsport
- ▶ Headspace

METHOD

Over 3 workshops, the EGPCP led the working group and collaborated with a diverse group of community champions from across all of East Gippsland to map the local causes of first drug use.

Over 50 local causes of first illicit drug use and over 200 relationships between these causes were identified.

This map was then presented by PCP and agency staff at a large community forum to over 60 community leaders. The forum focussed on primary prevention, leadership across the community, and focussing on addressing causes that would have the greatest impact across the system. Over 160 community action ideas were canvassed.

These were then refined by community members and professionals and prioritised in conjunction with the municipal public health and wellbeing plan objectives.

An outcomes thinking approach was applied to this, forming the basis of DAPAs shared plan and measures.

This is one of the first times that this approach has been implemented in Gippsland. The work continues to adapt over time, depending on the needs of the community and the Working Group.

OUTCOMES

Some achievements as a result of this work include:

- ▶ EGPCP has been successful funding submissions to support this work, building capacity of partners and progressing learning in this space
- ▶ DAPA was successful in its application to be the East Gippsland Local Drug Action Team (LDAT), supported by the Alcohol and Drug Foundation
- ▶ Drug and alcohol prevention was prioritised in the local municipal public health and wellbeing plan
- ▶ In 2018, EGPCP and the East Gippsland Shire Council connected the work of DAPA to the East Gippsland Communities That Care initiative, resulting in a single, coordinated network for the primary prevention of drug and alcohol use in East Gippsland
- ▶ We have refined our prevention focus to first use of alcohol. Accordingly, we have implemented programs to increase protective factors and prevent first use of alcohol, such as youth and teen mental health first aid (to equip young people to identify and respond to their own mental health issues and others around them at risk of developing a mental health issue) and the Incredible Years Parenting Program
- ▶ Family protective factors in young people have increased over this time, particularly in the areas of family attachment, opportunities for prosocial involvement and rewards for prosocial involvement
- ▶ We have commenced re-delivery of the Smart Generation supply monitoring scheme in East Gippsland, which has seen sale of alcohol at bottle shops to people who look underage reduce from 75% in 2013 to 47% in 2018. We are on track for reducing this number again in 2019.

Along with our partners, we have:

- ▶ developed a strong skill set in building our community to drive change
- ▶ learnt to be more adaptable, to be able to mould implementation in response to outcomes, even if it means that those outcomes have changed slightly along the way.



CASE STUDY SIX:

Design the Way Forward & Communicate the Direction

Southern Mallee Primary Care Partnership Integrated Planning Process

BACKGROUND

Following the development of the Southern Mallee Primary Care Partnership (SMPCP) Strategic Plan 2017-2021 in 2016/2017, SMPCP began working with each of the three SMPCP Local Government Area Partnerships - SMPCP Buloke Strategic Health and Wellbeing Partnership (Buloke Partnership), Gannawarra Local Agency Meeting (GLAM) and SMPCP Swan Hill Health and Wellbeing Partnership (Swan Hill Partnership) - to develop a shared vision, purpose and plan for the next four years.

The aim of the process was to have an integrated partnership plan (including Integrated Health Promotion Funded agencies and council Public Health and Wellbeing Plan) for each partnership to collectively work from for the four year period.

SMPCP and the three LGA Partnerships identified the benefits of a collective partnership action plan, which include: pooling of resources, working towards a common goal/focus, utilising strengths, differing skill sets and capacity, strengthening relationships and shared work within each LGA, developing collective approach designed by and agreed upon by members of the partnership to work toward, creating a greater sense of ownership.

PARTNERS

- ▶ Buloke Partnership - Buloke Shire Council, East Wimmera Health Service, Mallee Track Health and Community Service, SMPCP
- ▶ GLAM - Cohuna District Hospital, Gannawarra Shire Council, Kerang District Health, Mallee District Aboriginal Services, Mallee Family Care, Murray Primary Health Network, Northern District Community Health, Victoria Police, SMPCP
- ▶ Swan Hill Partnership - Anglicare Victoria, Mallee District Aboriginal Services, Mallee Family Care, Mallee Sports Assembly, Robinvale District Health Service, Swan Hill Neighbourhood House, Swan Hill District Health, Swan Hill Rural City Council, SMPCP.

METHOD

Southern Mallee Primary Care Partnership brought the existing LGA Partnerships together to collectively develop, implement and evaluate a partnership action plan for the four year period, with a focus on priority areas to improve health and wellbeing of communities across the Southern Mallee.

The need for a collective partnership action plan was identified by the partnerships, with guidance from SMPCP and the Victorian Public Health and Wellbeing Plan 2015-2019. It was clear, through the strength of existing relationships, communication and previous partnership efforts, that there was common ground, and partnership members were ready, willing and had capacity to move forward in their work together.

SMPCP facilitated and negotiated the development process, which included organising meetings for discussion and decisions, researching and developing documents and providing advice on the documents, models and processes (decision making criteria for priority, collation of local data, action plan templates), coordinating communication between meetings, utilising and strengthening existing relationships and establishing new connections. This process also incorporated or aligned with municipal public health and wellbeing plans and integrated health promotion funded agency plans in all three LGAs, enabling a dedicated partnership approach.

OUTCOMES

All of community – each of the three LGA Partnerships continues to progress their action plans throughout the four year period. Developing shared priorities and having organisational commitment for the 2017-2021 period has led to numerous opportunities to collaborate and improve health and wellbeing of the Southern Mallee communities at a local level that organisations would not be able to complete alone.

Utilising partnerships, and making the most of differing skills and knowledge of organisations and individuals involved in the partnership, can increase capacity, resources, reach, value and success of initiatives.



CASE STUDY SEVEN:

Mobilise Resources, Knowledge & Skills

Developing the Online Health Literacy Training Course for the State

BACKGROUND

Health Literacy is a strategic priority for most PCPs, who have been taking steps to embed health literacy competencies across their partnerships for over 15 years.

A lack of affordable and accessible professional development opportunities in health literacy for organisations and other barriers, such as travel and costs associated with upskilling staff, was the driving force behind the development of an online health literacy training course.

A partnership was formed between the 28 PCPs to develop a training package designed to provide free and accessible professional development in health literacy for all staff within organisations across Victoria.

PARTNERS

- ▶ Gippsland Region PCPs (Central West Gippsland PCP, South Coast PCP, Wellington PCP, East Gippsland PCP)
- ▶ HealthWest Partnership
- ▶ Inner North West PCP
- ▶ Lower Hume PCP

METHOD

The Gippsland region PCPs in partnership with HealthWest Partnership (HealthWest) and Inner North West Primary Care Partnership (INW PCP) led the development of the online training package, which took over 18 months. The 28 PCPs and their partners were provided with opportunities to contribute to the module's content development. This process has resulted in a comprehensive and relevant resource for health and social services across Victoria.

The course contains 5 modules, with each tailored to professionals performing a range of different roles within health and human services including executives, practitioners, volunteers, infrastructure, and any other client-facing roles. Module topics include:

- ▶ introduction to health literacy
- ▶ leadership
- ▶ communication
- ▶ navigation of physical and virtual environments
- ▶ partnering with consumers.

The health literacy online course is housed on an independent website, providing a stable and freely accessible platform to ensure as much access and sustainability as possible. The modules have also been built using a 'universal' platform, allowing them to be uploaded into a variety of internal e-learning systems free of charge and without the need for re-building or modification.

OUTCOMES

An external consultancy organisation conducted an evaluation of the course between August and December 2018. A mixed methods approach was used which focused on reach, relevance, effectiveness, and sustainability of the course since its launch in November 2017.

Reach

- ▶ In the first 12 months of the course's launch, the stand-alone module webpages received 4,136 visits, with each page receiving between 292 and 2040 visits
- ▶ 23 organisations embedded the online training into their internal learning management software.

Relevance

- ▶ 90% of respondents felt that the content was relevant to their roles and taking the course increased their knowledge of health literacy.

Effectiveness

- ▶ 67% of respondents indicated that their knowledge of health literacy had increased 'moderately' or 'a lot' as a result of the course
- ▶ Over 84% of respondents indicated that they intended to make changes in their work or organisation as a result of completing a module.

Practice Change

- ▶ At follow-up, 45% of respondents reported a moderate impact on their professional practice. These findings indicate evidence of the translation of learnings from the course into outcomes in professional practice, which was one of the primary objectives of the course.

The findings so far demonstrate that there has been interest in the course across a wide range of organisations in the health and human services sector across Victoria. There has been interest from organisations desiring to use the Modules of the course internally and some evidence of these Modules being made mandatory professional development for staff.

"Nurses were rapt that they finally have access to a tool that permanent night shift and part-time staff could access". [INTERVIEWEE]

FOR MORE INFORMATION:
VICPCPHEALTHLITERACYCOURSE.COM.AU/



CASE STUDY EIGHT:

Measure, Evaluate & Promote Outcomes

INCEPT 2.0: Shared measurement and evaluation in prevention of violence against women and gender equity

BACKGROUND

The Inner North West Collaborative Evaluation Project (INCEPT) began in 2014 as a partnership between Inner North West Primary Care Partnership (INW PCP) and the University of Melbourne.

Informed by elements of a collective impact framework, its primary focus was to develop a joint framework for agencies to define and monitor common indicators and progress measures in Prevention of Violence Against Women (PVAW) work. This included co-designed evaluation indicators and sample survey questions that could be applied to various PVAW projects.

In 2017, INW PCP was awarded a Community Partnerships for Primary Prevention grant to support INCEPT's further development by engaging and working with a broader range of priority population groups and settings. This led to the development of INCEPT 2.0, an online, interactive collective evaluation resource.

One of the key challenges to tracking progress in this prevention is the absence of data collection mechanisms (Our Watch, 2017). While monitoring indicators have been developed recently at a national level, there is no minimum data set requirement for monitoring prevention of violence against women (PVAW) across Australian states and territories.

INCEPT 2.0 seeks to fill this gap by providing consistent measures for shared data collection in preventing family violence and all forms of violence against women, and gender equity (GE). It aims to create a platform for shared evaluation of projects that systematises and streamlines shared measurement processes.

PARTNERS

- ▶ Access Health and Community
- ▶ Campbell Page
- ▶ City of Melbourne
- ▶ City of Yarra
- ▶ cohealth
- ▶ Merri Health
- ▶ Women's Health in the North
- ▶ Women's Health West
- ▶ The University of Melbourne

METHOD

INW PCP continues to play a vital role in streamlining and strengthening collective evaluation of prevention of violence against women and gender equity work. The INCEPT 2.0 project supports and strengthens evaluation practice via several mechanisms:

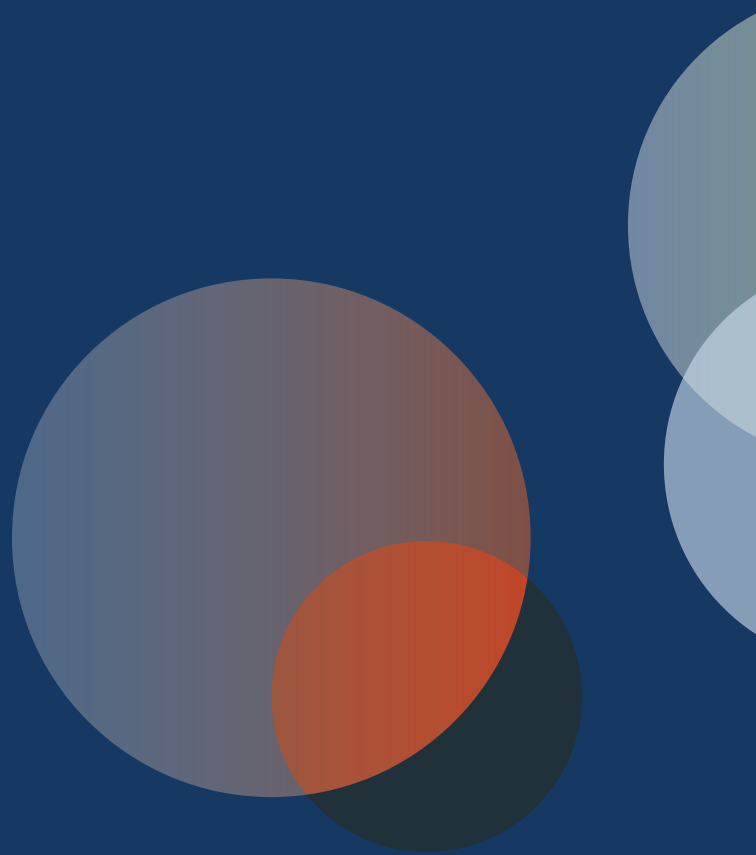
- ▶ development of a practical, online, interactive evaluation resource
- ▶ building shared evaluation infrastructure and data collection mechanisms
- ▶ supporting shared data collection for regional partnerships
- ▶ supporting evaluation at a local level and building evaluation capacity in partnership work
- ▶ contributing data analysis support.

OUTCOMES

INW PCP is pioneering a shared data collection platform for monitoring prevention of violence against women and gender equity where no other data collection mechanisms or shared evaluation infrastructure exist.

INW PCP is signatory to regional prevention of violence against women partnerships in the Northern and Western regions. Supporting regional collective evaluation has seen a significant increase in agency engagement in collective evaluation in the northern region and supported data collection for a regional campaign in the western region.

INCEPT 2.0 seeks to fill this gap by providing consistent measures for shared data collection in preventing family violence and all forms of violence against women, and gender equity (GE).



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