



Promoting health and wellbeing

Case studies from the South Australian community services sector

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SACOSS and SA Health acknowledge all case study authors and thank them for their contributions.

The opinions expressed in this publication are not necessarily shared by SACOSS or SA Health.

Photo on front cover: From the Community Foodies Program: Certificate 2 students undertaking a program focussing on healthy eating on a budget.

Foreword from SACOSS and SA Health

Welcome to this booklet highlighting case studies from our South Australian community services sector.

SACOSS is the South Australian Council of Social Service, the peak body for the non-government health and community services sector in South Australia (SA).

As the peak body, SACOSS undertakes research to help inform community service practice, advocacy and campaigning, and through a range of events promotes cooperation, the sharing of resources, information and discussion across the sector.

This 'Promoting health and wellbeing: case studies from the South Australian community services sector' booklet presents thirteen case studies from nine non-government agencies working to improve outcomes for vulnerable and disadvantaged South Australians.

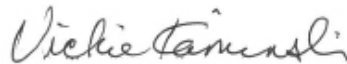
The booklet is an outcome from the Mobilising Action for Community Health and Wellbeing Forum held as part of the SACOSS and SA Health Department for Health and Ageing (DHA) Public Health Partnership. The booklet provides an 'exchange platform' for those working in the sector to increase opportunities to share experiences and successes, build capacity and momentum to support the health and wellbeing of communities and those most in need.

The SACOSS – DHA Partnership Agreement was renewed in 2017 for five years. The Agreement documents our commitment to improved health and wellbeing outcomes for South Australians through collaborative action on public health priorities. The renewed partnership has a strengthened focus in addressing the social determinants of health and supporting the public health planning and implementation system.

We thank the agencies for their willingness to prepare and share their stories with others to support building better service delivery outcomes across the sector. We encourage you to read through this booklet, feel inspired by the work of the agencies, and consider preparing your own stories of the strong work within our sector.



Ross Womersley
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Introduction

The non-government community and welfare services sector plays a vital role in creating a resilient, healthy and thriving SA. The sector complements the role of Government and importantly is a voice for those experiencing vulnerability and disadvantage. It advocates on behalf of those facing hardship and providing services to those most in need. The role of the sector has shifted from largely filling gaps of unmet need to a stronger advocacy role, and taking an increasingly direct and targeted service delivery approach, including in more recent times partnering with Government to deliver services.

Across SA today there are almost 4,000 charities with a combined turnover of \$8.3 billion, a paid workforce of more than 85,000 people and almost 220,000 volunteers. While many of these do not work directly in the health and community sector, a proportion have significant footprints in these areas.

The expansion of the non-government community services sector has been significant. This has contributed to the sector's diversity, addressing an array of community needs, which ultimately contributes to improving the health and wellbeing of SA communities and reducing inequities. The sector includes community service providers, professional associations, advocacy organisations, employment and training agencies, youth welfare organisations, community-based health providers and many more – assisting older persons, families with children, youth, and persons with a disability.

Community service providers in both the Government and non-government (NGO) sectors have seen an increase in demand for the many community services both sectors provide. The changing demographic structure and changing workforce patterns have increased social and economic pressures within the community, posing challenges to the provision of effective community and welfare services. The growing demand is a challenge in ensuring the health and wellbeing of all members of the community but also provides the opportunity and impetus to strengthen partnerships and think creatively about the way services are delivered in response to increasing community needs. This has resulted in a movement towards increased collaboration between government and non-government providers.

The economic climate and financial constraints of recent times have exacerbated the pressures and added to the complexities the community services sector faces when delivering services. This challenge has been met with perseverance, demonstrating the innovative nature, adaptiveness, and collective force that exists within the sector. The commitment of practitioners on the ground demonstrates the unwavering efforts of the sector in continuing to work to improve the situation of the people they support and their communities.

SACOSS as a Public Health Partner Authority: Partnering to improve community health and wellbeing

SACOSS and the DHA have partnered to explore opportunities for advancing community health and wellbeing. The formalised partnership sits under the mandate of the *South Australian Public Health Act 2011*, which recognises the need for partnerships to address the social, environmental and economic determinants of health and wellbeing.

It is understood that complex or 'wicked' problems have multiple causal factors, often beyond the scope of one organisation or sector. We know that actions on the health determinants require collaboration and participation from all levels of government and non-government organisations in order to tackle these problems and implement sustainable change.

Partnerships are key to effectively addressing the determinants of health and achieving lasting impacts. Integrating collaborative effort and sharing resources, particularly in a time of economic constraint, provides a mechanism to continue momentum and action for enhancing community health and wellbeing.

The public health planning process – a feature of SA's public health legislation – seeks to build and support strategies which address the determinants of health and strengthens community capacity and resilience. Under the *South Australian Public Health Act 2011* and with direction from the *SA State Public Health Plan 2013*, local councils are responsible for developing Regional Public Health Plans, which recognise the leadership role of local government as public health authorities for their communities.

Together, the *SA State Public Health Plan 2013* and Regional Public Health Plans form the foundation for the development of SA's public health planning and delivery system aiming to address community needs and improve health and wellbeing. This system is still in its infancy and as it evolves it provides opportunities for SACOSS and its members, through the Public Health Partnership, to become more actively involved in the public health planning and implementation process.



Purpose of this booklet

The Mobilising Action for Community Health and Wellbeing Forum – held as part of the SACOSS-DHA Public Health Partnership – identified that the development of a case study booklet could be one way of showcasing some of the diverse work within the sector. A booklet of local case studies was also seen as providing inspiration to all agencies, particularly at a time of challenges and change.

This booklet documents diverse approaches to promoting and improving the health and wellbeing of communities.

It is hoped that this resource will help to facilitate a community of practice across the sector, capturing various experiences, strategies and outcomes of a number of initiatives and programs.

It is acknowledged that there are many more approaches which exist and that these are only 'the tip of the iceberg' in terms of the work within this sector.

Following the forum there was a call out for case studies across the sector and submissions were made under the three key theme areas:

- > innovation
- > partnerships and collaboration
- > best practice in promoting health and wellbeing across the community services sector.

These categories form the basis for the chapters in this booklet.

Each of the case studies includes a **summary table** highlighting the **success factors, challenges and issues** and **strategies used to address the challenges** by each agency.

SACOSS and DHA hope that you enjoy reading these case studies and that they stimulate conversations for further action in advancing community health and wellbeing.

Index of case studies

The table below lists the 13 case studies collected from nine organisations within the SA community services sector. Case studies fall into three categories, highlighting best practice in innovation, partnerships and collaboration and the promotion of health and wellbeing. Whilst every example is different, some common themes emerge as to the principles of building (and maintaining) strong collaborative relationships, how innovation can be used to gain valuable outcomes, and good practice for improving the health and wellbeing of client groups and communities.

Theme	Case study	Description/learnings	Page
Innovation	1 Didi Peer Educators: Hepatitis SA	<ul style="list-style-type: none"> > Through the use of peer education and using food and healthy eating as an initial focus issue, Bhutanese refugee women were able to explore and discuss issues of concern, including health. > Strengthened support, improved social networks and better mental wellbeing were seen as important outcomes of the program. 	7
	2 Peer Health Coaching: supporting change through better health literacy: Neami National	<ul style="list-style-type: none"> > Providing support through a peer health coaching approach connects people living with mental illness with peers who have lived with similar experiences. > Increasing consumer's health literacy ultimately supports their improved physical health and quality of life. 	10
	3 Safeguarding Carers at Risk (Abuse): Carers SA	<ul style="list-style-type: none"> > Carer abuse is shrouded in taboo and has multiple severe consequences for the health and wellbeing of individuals and their families. > Research has informed the development of materials to alert the community to the issues surrounding carer abuse. 	13
	4 Exploring grandparents role in supporting healthy lifestyle behaviours when caring for their grandchildren: Flinders University and Grandparents For Grandchildren SA	<ul style="list-style-type: none"> > Childhood obesity has both immediate and long-term effects on health and wellbeing. > Overweight or obese youth are more likely to have risk factors for cardiovascular disease and are at greater risk of social and psychological problems such as poor self-esteem. > This project targets grandparents to promote healthy food behaviours when caring for their grandchildren. 	17
Partnerships and collaboration	5 Evaluation of the Community Foodies Program: Uniting Care Wesley Bowden and Flinders University	<ul style="list-style-type: none"> > Improving knowledge and skills of healthy eating amongst foodie volunteers and within the community > Working in partnership for project evaluation. 	21
	6 The Little Big Book Club: Raising Literacy Australia	<ul style="list-style-type: none"> > Raising parental engagement with their child's/children's literacy supports early childhood development and ensures children have the best start to life. > Educational achievement is a strong predictor of employment opportunities and income earning capacity, a known determinant of health and wellbeing. 	24
	7 Working together to enhance health and wellbeing in Onkaparinga: Healthy Cities Onkaparinga	<ul style="list-style-type: none"> > The Healthy Cities approach engages with the community to address action on the social determinants of health. > Improving health literacy supports communities' decision-making abilities and builds resilience. 	27

Theme	Case study	Description/learnings	Page
Partnerships and collaboration	8 Food for Freedom: Community Health Onkaparinga	<ul style="list-style-type: none"> > Improving the nutritional quality of meals for women and children in crisis accommodation supports their physical and mental health. > Building community support for women and children escaping domestic violence. 	30
	9 Growing Digital Literacy of Family Carers: Carers SA	<ul style="list-style-type: none"> > Improving the digital literacy of carers supports increased access to appropriate support and knowledge of health services for carers and their families. > Digital literacy of carers builds self-efficacy, self-advocacy and fosters support network connections. 	33
	10 Support Strategies for People with Hearing Loss in the Community: Better Hearing Australia (Adelaide)	<ul style="list-style-type: none"> > The ability to communicate effectively is a significant factor in the wellbeing and confidence of hearing impaired people. > Improving the lives of people with hearing loss improves communication and confidence. 	35
Promoting health and wellbeing	11 National Carer Counselling Program: Carers SA	<ul style="list-style-type: none"> > Carers provide assistance to help their family member maintain as much independence as possible and maximise their health and wellbeing. > Carers need to look after their own health and wellbeing and have access to their own support systems. 	39
	12 Health Prompt: Neami National	<ul style="list-style-type: none"> > Evidence demonstrates the significant impact mental health can have on physical illness and disease, and the complex interaction that exists between mental and physical health states. > The <i>Health Prompt</i> tool uses a strengths-based approach to increasing consumer understanding of physical health issues. 	42
	13 Creative Ways to Care: strategies for carers of people living with dementia: Carers SA	<ul style="list-style-type: none"> > This program is offered to family carers of a person with dementia across SA. > Among other outcomes, the program equips carers with a set of 'tools' or strategies to increase their own health and well-being to live more positively with the person with dementia they care for. 	45

Innovation



Didi Peer Educators: New Country, New Food...and beyond: Hepatitis SA

Introduction

Refugees arriving in a new country face many challenges in settling in – learning a new language, finding permanent accommodation, finding work, transport, food and schooling for the children for example. This is often to the detriment of less immediate, but no less important, health issues.

Unfortunately hepatitis is a health issue with many new communities, which if ignored can lead to long term health problems with adverse outcomes. The Didis (Sisters) project worked with Bhutanese refugee women who had been living in refugee camps in Nepal for more than 19 years.

Hepatitis SA is a non-profit, community-based organisation that provides information, education and support services to South Australians affected by hepatitis B and hepatitis C.

The opportunity

In 2010 one of the new volunteers, Gauri Giri, a Bhutanese refugee from Nepal, spoke about a project she had managed in Nepal where women were trained to go out into their communities to educate other women about infant health. She was keen to use the same approach for health education in the Bhutanese community in SA. Together, Hepatitis SA and Gauri developed the idea of using food as a way to engage with the women from her community.

The approach

The approach was based on two simple ideas:

- > Talk about what the audience is interested in first and deliver the message in that space.
- > Peer or community educators can take the message further and sustain it for longer.

Through Gauri, who was volunteering at the Migrant Resource Centre SA (MRCSA), and with the support of MRCSA, the *New Country New Food* project recruited 16 newly arrived Bhutanese women who were interested to learn about their new environment.

The participants called themselves the Didis (Sisters) group. They focused on learning where to find the familiar food ingredients, how to make purchases, how to use new ingredients, how to use public transport and how to use modern kitchen facilities.

There were also discussions on maintaining healthy eating in the face of the fast food novelty, and other health issues, including hepatitis.

There were excursions to shops, information sessions, demonstrations around kitchen and bathroom maintenance, hygiene in food preparation, and shared meals.

The information sessions were run by Gauri, a bi-lingual trained nurse, and Hepatitis SA educator, Mahdi Nor.

Success factors

There were no notable difficulties. The key factors facilitating success were:

- > The Bhutanese community which relocated to Adelaide was relatively cohesive, having lived many years in a close refugee camp community.
- > Community leaders relocated with a large group to Adelaide and this helped maintain community cohesion.
- > A dedicated, bi-lingual worker with rich experience in working with people from her community.
- > The activities addressed the participants' immediate needs.
- > The activities were hands-on, offering actual experience to the participants.
- > The Hepatitis SA Educator, although not from the same community, was from a similar culture and able to share his personal experience in adjusting to a new country.

How was health and wellbeing of participants supported or improved?

- > Important, immediate concerns were addressed leading to improved mental wellbeing.
- > Relationships amongst the women were strengthened, resulting in greater mutual support.
- > Participants gained knowledge about important health issues including the relationship between food and health, and also awareness about hepatitis.
- > Participants became aware of Hepatitis SA services.
- > Participants became more confident in navigating their new environment and became more independent.

Key achievements

Sustainability

The Didis group continued to meet after the initial project ended, initiating for themselves a savings group and a sewing group.

On-going relationship, work experience & continuing hepatitis education

As a result of this project and the relationship it created, there were two groups of MRCSA volunteers (Bhutanese and Burmese) placed with Hepatitis SA's Information and Resources program.

The Didis participate annually in the World Hepatitis Day small grants program, organising activities for the rest of their community including, in 2015, a workshop on translating a children's liver awareness picture book.

Community awareness of Hepatitis SA

Increased awareness of Hepatitis SA and its services was evidenced by the fact that between 2012 and 2015, there had been five groups of students (11 in all) who had approached us for their high school work experience.

As part of their work at Hepatitis SA, the students prepared presentations about hepatitis B and C to present to their classmates, further raising awareness about hepatitis.

Further peer education training

Since the closure of the MRCSA's Coglin St Centre, the Didis have used Hepatitis SA as a meeting space on weekends to continue their activities. In 2014, under the auspices of Hepatitis SA, they received Cervical Screening SA funding for training as peer educators.

Twelve of the original group members were selected for the peer training which included information sessions on the impact of health issues on settlement, the dos and don'ts of working with community, sexual health, blood borne diseases and health conditions including diabetes, hepatitis, breast cancer and heart disease.

The group met on weekends for their training and as part of their work, each woman organised an information session for the Bhutanese community in her neighbourhood.

In 2015, the Didis received an additional Cervical Screening SA grant for training young women. This funding enabled the group to:

- > Train five new young Peer Educators in addition to the 12 in 2014.
- > Conduct 15 sessions with the engagement of 170 women in the community.
- > Enable younger women to learn about cervix screening and the availability of vaccines for human papilloma virus (HPV) and sexually transmitted infections.

The truth is things are not always smooth-sailing or a bed of roses. Some of the Didis have found work but others are still volunteering and searching. Nonetheless the women meet monthly to support each other in a savings group.

Currently some of the Didis are helping out in weekly citizenship classes for their community. Some are looking at activities and resources to help young mothers deal with the challenge of preparing healthy, culturally familiar, yet "socially acceptable" school lunches for their children.



Potential implications for best practice and service delivery

This project illustrates:

- > The effectiveness of peers in sustaining delivery of health education to a community.
- > The importance of seeing the 'big picture' in terms of what our clients need, and to help address those needs while delivering our own messages. In the Didis' case, their initial needs were the challenges of settlement, and their subsequent needs were learning and work experience that would be useful for them in finding jobs.

Additional resources

1. The *New Country New Food* story has been told in a photo-story which can be viewed on the Hepatitis SA YouTube channel. <https://www.youtube.com/watch?v=bhyfe7ejlnk>
2. The *New Country New Food* story was updated and retold at the 2016 National Hepatitis Health Promotion Conference. <https://www.youtube.com/watch?v=-dAVMwIZ-oYz>

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Summary of case study

Success factors

- > One person (a volunteer) saw the need and potential for instigating the project.
- > The activities of the project addressed participants' immediate needs.
- > Relationships amongst the participants as well as with the workers were very strong.

Challenges and issues

- > The target audience (Bhutanese refugee women) faced multiple challenges in settling into a new country.
- > Uncertain funding.

Strategies used to address the challenges

- > Strong relationships provided support for settling into a new country, along with key healthy messages including around hepatitis.
- > Sustainability was built into the project through participants initiating new activities and taking on peer roles.

Peer Health Coaching: supporting change through better health literacy: Neami National

Introduction

Neami National is a community mental health service supporting people living with mental illness to improve their health, live independently and pursue a life based on their own strengths, values and goals. From 2012 to 2015 Neami National and SANE Australia partnered to deliver a Peer Health Coaching pilot project with funding from the Federal Government Department of Health. The program was a response to the poor physical health and significantly reduced life expectancy of people with a mental illness when compared to the general population. It aims to increase health literacy and improve skills and understanding for clients in managing their health, through one-on-one and group Peer Health Coaching sessions.

Peer support is an integral support offered to consumers of Neami National. Drawing on their lived experience of mental health issues and recovery, Peer Health Coaches assist others to gain their own sense of confidence and hope about their journey of recovery.

Project description

Neami National has been implementing a holistic, whole of organisation health promotion strategy since 2010. This strategy aims to support improved health outcomes for consumers of the service. Peer Health Coaching is seen as an additional service that will support consumers to reach their health goals. The Peer Health Coaching initiative aimed to:

- > increase the health literacy of consumers
- > improve consumer skills in managing risks related to developing a chronic illness
- > improve consumer understanding of how to implement health improvement strategies
- > improve the physical health outcomes of consumers
- > improve consumer self-management of physical health.

Peer Health Coaches support and help individuals to, “regulate and direct their interpersonal and intrapersonal resources to better attain their goals”¹. They provide a supportive collaborative relationship to facilitate this process and have the skills to help others develop and reach the highest potential with regard to the goals they seek to achieve.

The value of peer support in the Peer Health Coaching Project is shown through:

- > inspiring hope and demonstrating the possibility of recovery
- > ability to draw on their own experiences of recovery as they listen, interact and support peers
- > demonstrate empathy and connectedness.



Connecting with peers who have lived with similar experiences can be a vital link for someone struggling with their own situation.

“One of the main things was we were on an equal level. She’d been where I have been and she had felt what I had. I felt I could relate to her much better.” – Peer Health Coaching participant

Consumer eligibility was determined by a clearly defined health-related goal being identified by the individual through Neami National’s recovery model. Referrals to the program were made by the individual’s Neami National Support Worker through the Senior Practice Leader at that site. The consumer would then be eligible to receive up to six one-hour sessions with a Peer Health Coach to work on their identified health goal.

The Peer Health Coaches worked off the GROW (Goal, Reality, Options, Wrap-Up) model of coaching. During the sessions the consumer and Peer Health Coach prepared a map to help unpack the specific health goal. Coaching templates were also completed and records were maintained in Neami National’s consumer database.

Each consumer received a pre and post ‘Peer Health Coaching initiative participant questionnaire’ (refer to Table 1). This questionnaire was completed by the consumer with the support of the Peer Health Coach in the first and last sessions. A ‘Peer Health Coaching session rating’ along with a Neami prepaid envelope was also provided to the consumer at the conclusion of each session. This was a confidential review of the individual session and was returned to Neami head office.

The Peer Health Coaches received specific training and practice guidelines were available to support staff in the program.

Project outcomes

Peer Health Coaching surpassed the initial targets with 186 consumers participating over the course of the pilot. The qualitative and quantitative evaluation showed that 73% of consumers who participated in Peer Health Coaching achieved their health outcomes or felt confident to pursue them independently afterwards.

Consumers rated their satisfaction with coaching sessions at an average of 9 out of 10; and most participants reported increased health literacy and self-efficacy. Peer Health Coaches report that consumers generally made good progress towards health goals such as increased physical activity, weight-loss, smoking reduction and healthy eating. Consumers found the program fun and enjoyable, benefiting their general well-being as well as physical health. Most feel motivated to continue their health goals beyond Peer Health Coaching.

"I'm getting out and about. We often have PHC sessions at the beach. I can go swimming now and have a bit of natural exercise and I feel healthier." – Peer Health Coaching participant

The peer element of the project was highlighted as the most valued aspect.

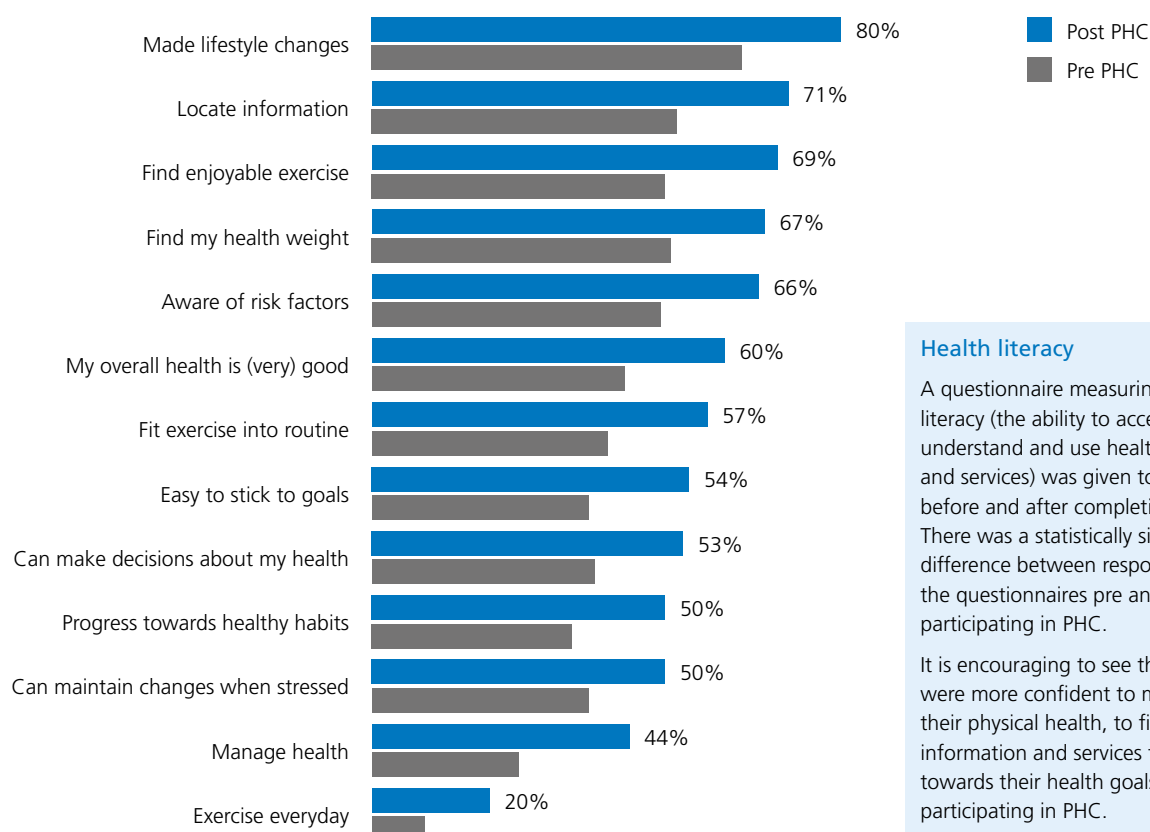
"It's fantastic – when you know they've been there too. They understand everything... She's very motivating, I feel great after I talk to her...She talked in a way I can understand, and it worked!" – Peer Health Coaching participant

Consumers also reported Peer Health Coaching went beyond just physical health and had a positive effect on many of their other goals and values such as social inclusion and connection with nature.

"The whole lot has come together, my mind is working great now." – Peer Health Coaching participant

Neami National in partnership with Southern Fleurieu Mental Health will provide Peer Health Coaching to a further 10 consumers as part of a project to improve the physical health outcomes of consumers in regional SA.

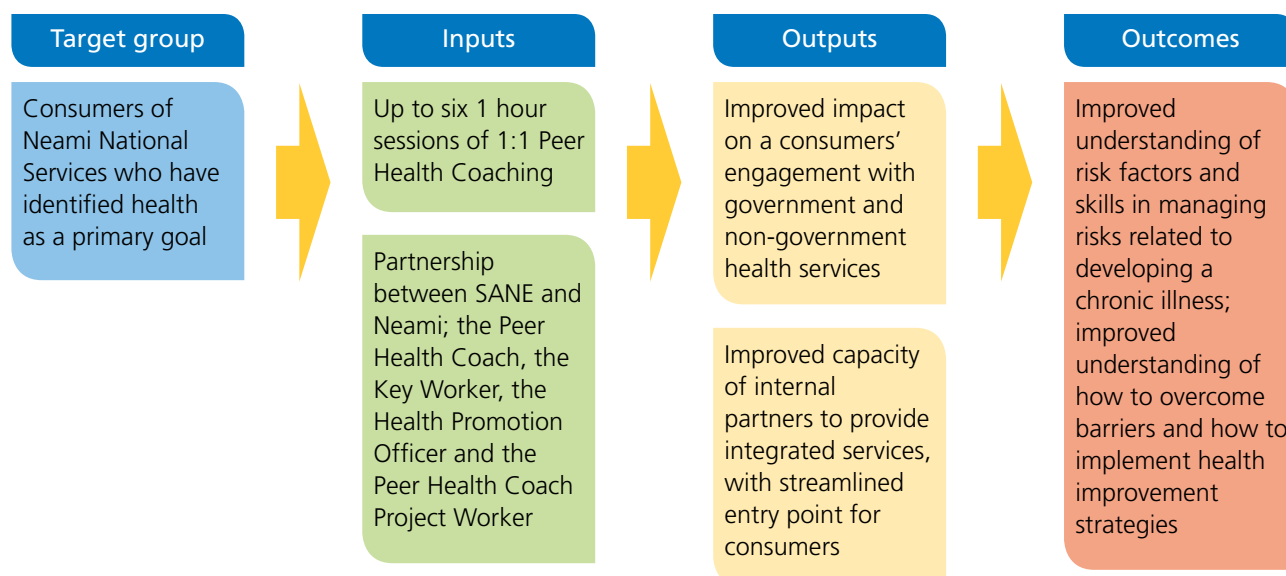
Table 1: Peer Health Coaching Questionnaire results



Health literacy

A questionnaire measuring health literacy (the ability to access, understand and use health information and services) was given to consumers before and after completing PHC. There was a statistically significant difference between responses in the questionnaires pre and post participating in PHC.

It is encouraging to see that consumers were more confident to manage their physical health, to find health information and services to progress towards their health goals after participating in PHC.



Conclusion

The Peer Health Coaching program is an innovative and creative way of improving physical health and quality of life for people with a mental illness. It promotes long term behavioural change through short term meaningful peer support with a positive impact on both physical and mental wellbeing. Consumer experiences highlight the potential for the program to impact positively on other seemingly unrelated values such as social inclusion and the importance of a holistic approach to wellbeing.

The program was recognised at the 2015 The Mental Health Services (TheMHS) Learning Network Conference with Peer Health Coaching winning the conference award for Physical Health and/or Primary Care. A health literacy video² featuring the experiences of some consumers and Neami National workers from the project is also available.

References

- 1 Stober, DR and Grant, AM, 2006, Evidence-based coaching handbook: putting best practices to work for your clients, John Wiley & Sons, Hoboken, NJ.
- 2 Video: Supporting change through better health literacy: <https://www.youtube.com/watch?v=b6F3Lb71rA>

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Summary of case study

Success factors

- > Peer Health Coaches inspire hope and demonstrate the possibility of recovery to the consumers they work with.
- > Peer Health Coaches received specific, relevant training for providing support.

Challenges and issues

- > People with a mental illness often have poorer physical health.
- > People with a mental illness can have a reduced life expectancy, compared to the general population.

Strategies used to address the challenges

- > Participants set their own personal goals, and received one-on-one and group Peer Health Coaching sessions.
- > Participants can also have group Peer Health Coaching sessions.

Introduction

Carers SA's mission is to promote, assist, empower and enhance the lives of family carers. It has a key role in leading change and empowering family carers to participate in a partnership with government and the health and community sectors for the provision of better services, to improve the conditions under which family carers work and to increase the recognition of the contribution of family carers to the SA community.

Abuse of any kind is destructive and has often severe consequences to health and/or mental health and general family wellbeing.

Commissioned by the Office for the Ageing (OFTA), Carers SA was tasked with exploring, within existing services, early ways to identify risk factors and prevention and early intervention safeguards against abuse of older people in carer relationships.

The information gathered was used to develop a guidelines document to assist other agencies, and an information brochure for family carers.

The objectives were to:

1. explore processes within existing services for early ways to identify carers at risk
2. develop a tool to identify risk factors and resilience factors
3. identify prevention and early intervention strategies for agencies and staff
4. develop guidelines supporting carers at risk
5. raise aged care agencies' awareness and understanding of strategies to support carers at risk.

The approach

As part of the project, which ran between August 2014 and January 2015, Carers SA:

- > developed a project action plan
- > consulted with key stakeholders on the topic of abuse
- > researched existing documentation on the topic of abuse
- > established a primary research protocol and included resources like definition cards covering: elder, physical, psychological, financial/economic abuse and neglect
- > undertook primary research with three different groups:
 - interviews with senior staff from agencies with expertise in dealing with cases of abuse
 - online questionnaire with Carers SA Advisory and Counselling staff with expertise in supporting family carers
 - focus group of family carers who have lived experience of the issues.

Based on the outcome of the research and consultations, Carers SA developed:

- > a summary report
- > guideline document (poster)
- > an additional brochure aimed specifically at carers to raise awareness of this topic and resources/help available.

In March 2015, Carers SA convened a forum entitled 'Safeguarding Carers at Risk'. At this forum, further feedback was sought from service providers, agencies and family carers about the two resources. This feedback informed the final versions of the resources.

The report and resources (e-versions and hard copies) were made available to the sector, service providers, to family carers and the community and are available via the Carers SA website for free download and use.



Successes and lessons

Success

The general interest and uptake of the resources has been most encouraging including interstate interest which led to the local adaptation of the resources.

Lessons learned

The issue of abuse in caring relationships is extremely complex and often shrouded in taboo. Health, mental health and wellbeing of families is affected by abuse in any form. Abuse of any kind has detrimental effects on the wellbeing, health and mental health of caring families. This cannot stay a hidden agenda.

Information provided by the key stakeholders, Counselling and Advisory staff and family carers has been vital to the success of this project. The information has identified specific risk and resilience factors, and the need for a focus on prevention and early intervention strategies. Messages include:

- > Counselling should be promoted early in the caring phase.

- > The most helpful strategies to reduce the stress of older people in their caring role were to: reassure the carer and listen to the issues; encourage regular respite; encourage carers to ask for support; and explore support options.
- > The advice respondents wanted Carers SA to give carers at risk of perpetrating abuse included: encouraging carers to seek help early; identifying whether the carer has self-awareness of warning signs; identifying causes of stress and assisting to alleviate it; offering respite and counselling; and connecting them with other carers to reassure them they are not alone.
- > Stress factors fell into three categories: the carer relationship; lack of community support; and structural and administrative aspects of support provision.
- > There were examples of physical abuse perpetrated by the person cared for against the carer.
- > The issue of whether providers could inadvertently be perpetrators of abuse towards carers was raised in the context of decisions providers need to make, which challenge an ageing carer's competency and capacity.



Progress made

The work of this project links strongly with other Government and community strategies to address the issue of elder abuse. Carers SA provides cross referencing to resources and services available and promotes specific campaigns.

During the project, it became apparent that financial abuse is causing its own distress but requires a specific set of resourcing, specifically for carers who manage the finances of those they care for. Fortunately, Carers SA was supported with further funding to investigate financial abuse and prevention strategies and has developed specific resources in a subsequent, follow-up project: *Raising Carer Awareness of Financial Abuse and Risk Factors*.

Resources available

1. All available via Carers SA publications at <http://carers-sa.asn.au/publications/list>
2. Poster for Providers – Safeguarding carers at risk of abuse: <http://tinyurl.com/jnuzw38>
3. Brochure for Carers – Safeguarding against abuse: <http://tinyurl.com/hjkbqcs>
4. Summary Report – Safeguarding Carers at Risk (Abuse): <http://tinyurl.com/hhup7ar>

5. Resources regarding Financial Abuse and Resources (summary paper and brochure) are available for free download via Carers SA at: <http://carers-sa.asn.au/publications/list>.
6. Carers SA also maintains a Financial Management resource page which provides lists and links to major organisations that are providing information related to managing finances and money management: <http://carers-sa.asn.au/finance>.
7. These resources and a Financial Management Resource summary can be requested via the Carers SA Advisory and Counselling Service: Free call 1800 242 636.

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Summary of case study

Success factors

- > Worked in collaboration to address an identified, extremely complex community concern.
- > The produced resources were received very positively by carers, providers of services and the wider community.

Challenges and issues

- > Carer abuse is shrouded in taboo and has multiple severe consequences for health and wellbeing of individuals and their families.
- > The discussion of risk factors and definitions required a strong focus on inclusive and respectful language.

Strategies used to address the challenges

- > Conducted comprehensive consultation and research on the topic to identify the specific risk and resilience factors.
- > Development of materials to raise awareness and provide information around abuse.



Exploring grandparents' role in supporting healthy lifestyle behaviours when caring for their 1–5 year old grandchildren: Flinders University and Grandparents For Grandchildren SA



Introduction

As a result of societal shifts, more mothers are engaging in employment after having children than ever before (Australian Bureau of Statistics 2013)¹, increasing the demand for childcare. Australian data indicates that 60% of young children (aged birth–4 years) regularly attend some type of child care (formal or informal – see Box 1) and of these, 50% are cared for by a grandparent (ABS 2012)². This figure is comparable with the 53% of children aged 0–4 years in long day care (ABS 2012)².

Box 1: Definitions of type of child care (ABS 2012)²

Formal care:

- > regulated child care away from the child's home.
- > includes: before and/or after school care, long day care, family day care and occasional care
- > usually on a fee for service basis, may be subsidised through the Australian Government Child Care Benefit and Child Care Rebate.

Informal care:

- > unregulated care arranged by a child's parent/guardian, either in the child's home or elsewhere
- > includes: care by (step) brothers/sisters, grandparents, other relatives (including a parent living elsewhere), or by unrelated people, e.g. friends, nannies, baby-sitters
- > may be paid, but is usually unpaid.

As grandparents are now acting as the main informal carers of young children, they have the capacity to have a substantial influence on young children's food and activity-related behaviour, at a crucial time in their development. Previous research shows that some grandparents may unintentionally use unhelpful feeding practices, such as using food to regulate emotions and restricting access to certain foods (Farrow 2014)³, which increase the risk of childhood obesity.

Importantly, although formal child care providers receive support from the Government to foster healthy lifestyle behaviours in young children, informal care providers (mainly grandparents) do not. Therefore, the aim of this research is to understand grandparents perspectives regarding young children's eating and activity behaviours and determine what support services/programs/policies or initiatives are desired by grandparents to improve young children's lifestyle behaviours.

Project description

This program of research comprises three sub-projects:

Grandparents providing full-time care (2015–2016)

Aim:

This project aimed to gain a deeper insight into the perspectives of grandparents providing full-time care to grandchildren, in regards to their role in *promoting healthy lifestyle behaviours in their 1 to 5 year old grandchildren*. Flinders University's School of Health Sciences partnered with Grandparents For Grandchildren SA (GFGSA) in Adelaide to deliver this project.

Methods:

Semi-structured interviews (30–60 minutes) were conducted with custodial grandparents (n=7), recruited through GFGSA, to determine their beliefs, opinions, perceptions, knowledge, and supports around healthy eating and activity behaviours of their grandchild/ren aged 1 to 5 years.

Outcomes:

Findings highlight that grandparents providing full time care adopt a different parenting approach the 'second time around' due to previous experience, a perceived high level of knowledge, and a perceived high level of responsibility for their grandchild's wellbeing. As a result, grandparents providing full time care are confident in their ability and have strong beliefs and practices regarding the promotion of a positive nutrition and activity environment in the home.



Grandparents providing part-time care (2016)

Aim:

This project aimed to gain a deeper insight into the perspectives of grandparents providing part-time care regarding their role in *feeding their 1 to 5 year old grandchildren*.

Methods:

Semi-structured interviews were conducted with 11 grandparents in South Australia to determine beliefs and opinions regarding feeding their 1 to 5 year old grandchild/ren.

Outcomes:

Findings suggest that grandparents are required to carefully navigate, negotiate and manage familial relations when caring for grandchildren. They also regularly 'treat' their grandchildren, despite this being contradictory to their beliefs and their high level of perceived nutrition knowledge.

Stakeholder and grandparent perspectives (2017 – current)

Aim:

This project, funded by the Flinders Foundation, aims to gain a deeper insight into the perspectives of grandparents and key stakeholders regarding *support* for grandparents in promoting healthy nutrition and activity behaviours in their grandchild/ren aged 1 to 5 years.

Methods:

Stakeholder interviews and focus groups with grandparents will be conducted.

Outcomes:

This project is currently being undertaken. Findings may inform the development of support services/ programs/policies or initiatives to improve young children's lifestyle behaviours whilst providing a social support network for grandparents.

Conclusion

This project uses an innovative approach to improve young children's health by engaging with the main informal care providers of young children: grandparents. This health promotion initiative is important as the role of grandparents in the development of young children's healthy lifestyle behaviours is a major research gap. Nutrition intervention programs often include parenting strategies delivered to parents only; however recent Australian research recognises the importance of involving grandparents in parenting programs. This work responds to the changing social norms and to an issue that is not currently being supported by government policy, and has the potential to contribute to improving the health and well-being of both young children and older adults.

Flinders University partnered with an organisation that has an existing relationship with grandparents caring for grandchildren, GFGSA. Such a collaborative partnership as this, between researchers and the community, can strengthen research through enhancing

the relevance of research questions and assisting in the translation of research into policy and practice (APHCRI 2011⁴; McIntyre et al. 2014⁵). Our collaboration and engagement with GFGSA prior to project development enabled an effective and trusting relationship to be established, which underpins successful collaborative research outcomes (Graham et al. 2006⁶; McIntyre et al. 2014⁵; Ward et al. 2012⁷). Such collaborations enable sharing of perspectives, skills, and resources that contribute to effectively addressing the research problem (McIntyre et al. 2014⁵).

In summary, given the malleability of children's food preferences and healthy lifestyle behaviours in these early years, and the influence these early behaviours have on future health, supporting grandparents to promote healthy lifestyle behaviours in early childhood could be a significant and innovative health promotion strategy. Interest in this area of work is emerging in response to the changing social and financial environments impacting on the child care arrangements that parents are exploring for their children.

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Summary of case study

Success factors

- > Targeting grandparents to promote healthy eating and physical activity behaviors in children is an innovative approach to health promotion.
- > Partnering with GFGSA has strengthened the relevance of this research and has enabled the establishment of a relationship to foster translation of this research into policy and practice.

Challenges and issues

- > Grandparents are required to carefully navigate, negotiate and manage familial relations when caring for grandchildren.
- > Grandparents providing full-time care play a different role in their grandchild's life compared to grandparents providing part-time care and therefore employ different practices in regards to feeding and being active with them.

Strategies used to address the challenges

- > Determining what support grandparents (part-time and full-time) would like to help foster healthy eating and activity behaviours in their grandchildren.
- > This support may be in the form of a support service, program, policy or initiative.

Partnerships and collaboration



Evaluating the health impacts of the SA Community Foodies Program:
a Uniting Care Wesley Bowden & Flinders University partnership

Evaluating the health impacts of the SA Community Foodies Program: a Uniting Care Wesley Bowden & Flinders University partnership

Introduction

Uniting Care Wesley Bowden (UCWB) aims to build stronger communities by providing services through SA. UCWB has recognised the importance of measuring the success and the outcomes of the programs they deliver in the community and have adopted Results Based Accountability (RBA) as the evaluation framework to do this.

The SA Community Foodies program ('Foodies program') is a state-wide nutrition program that aims to build the capacity of individuals and communities to make healthier food choices by training and supporting volunteer community members ('Foodies') to act as agents for change. These trained volunteers are supported to work with people and organisations in the community to promote and increase healthy eating in disadvantaged and vulnerable population groups.

RBA primarily aims to answer 3 questions:

- > How much did we do?
- > How well did we do it?
- > Is anyone better off?

It is this last question, (*is anyone better off?*) that the program wanted to answer for the Foodies themselves and the community participants of the Foodies Program.

Project description

To evaluate the Foodies program a partnership was established between UCWB and Flinders University Nutrition and Dietetics (FUND). UCWB is coordinating the process evaluation and FUND is coordinating negotiated aspects of impact evaluation.

The aim of the partnership is: to demonstrate that the objectives of the Foodies program have been met.

These objectives for Foodies and participants are:

- > to improve knowledge and skills of healthy eating
- > to improve healthy eating behaviours
- > to improve healthy eating attitudes.

In addition, two objectives for Foodies only are:

- > to improve capacity as a nutrition educator (effectiveness of training and support)
- > to improve personal development and empowerment.

The objectives of the partnership are:

- > to establish a rigorous evidence based methodology for evaluating the impact of the Foodies program
- > to collect data and analyse and report on the effectiveness of the Foodies program.

Impact evaluation is focusing on both prongs of the Foodies program – the Foodie volunteers themselves and community participants. Final year students from FUND assisted with the implementation of the evaluation plan through community/public health placements with UCWB.

Throughout 2015 and 2016 a total of 12 students across eight rotations undertook seven week placements at UCWB. This provided the manpower to undertake this evaluation project (benefitting UCWB) but also provided a workplace for community/public health placements in an environment in which these placement opportunities have diminished (benefitting FUND).



Project outcomes

This has been a successful working partnership. Evidence-based evaluation methods have been established including some innovative ways of collecting data. Quantitative data has been collected and analysed for both community participant programs and Foodie training.

Qualitative data has been collected and analysed to measure the health and wellbeing improvements of the Foodie volunteers. A final report has been prepared.

Success factors

- > Access to knowledge and expertise of FUND staff in research and evaluation, a discipline within which UCWB aims to become a leader in the NGO sector.
- > Being able to have students complete comprehensive literature reviews in establishing evidence-based evaluation tools to use with vulnerable community groups.
- > Having a final report that details evidence of the success of the Community Foodies program in regards to improvement in attitude, behaviours and skills of healthy eating for participants of Community Foodie programs.
- > Strong evidence demonstrating improvement in personal development and empowerment of Foodie volunteers.

Lessons learned

- > Greater workload than anticipated as there was a need to continue to collaborate and meet as the project progressed. There was also significant time being invested in supervising students on placements.
- > The time taken for various stages of the evaluation project was greater than planned due to placements not always fitting in with the elements of the Foodies program such as Foodie training and participant programs. Therefore data collection was slower.
- > Once evaluation tools were developed they were piloted in the community, and changes often needed to be made. This set back the project in respect of agreed timelines.

Conclusion

Key achievements include:

- > Establishing a trusting, high functioning, mutually beneficial working partnership between an NGO and a tertiary institution.
- > Recognising when there is a limit to one's organisation's expertise and seeing the potential in a partnership such as this one.
- > Complementing the organisation's commitment to RBA with this partnership so that outcomes of the program can be identified.
- > A final report that clearly demonstrates the success of the program.

Providing details of the final report was not within the scope of this case study but can be shared on request.

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Summary of case study

Success factors

- > Access to knowledge and expertise of Flinders University staff in research and evaluation.
- > University students' assistance with literature reviews in establishing evaluation tools.
- > Evidence-based report produced.

Challenges and issues

- > Greater workload than anticipated.
- > Timeframes: Evaluation project took longer than planned.
- > Timeframes: Piloting of evaluation tools took longer than anticipated.
- > Timeframes: Significant time spent in supervising student placements.

Strategies used to address the challenges

- > Accepting that extra time was needed for rigorous project evaluation.
- > Renegotiated with Flinders University Nutrition and Dietetics (FUND) the responsibilities in relation to student assessment.

Introduction

Raising Literacy Australia Inc. (RLA) is a not-for-profit organisation dedicated to the promotion of reading and encouraging parents and carers to share books with their children from infancy. Our major program supporting SA families is The Little Big Book Club (LBBC) which provides free reading packs and book recommendations for babies, toddlers and preschoolers.

RLA works in collaboration with government and other agencies/providers in the early year's space including maternal health nurses, Playgroup SA, childcare centres, preschools and not-for-profit organisations that support families and young children to ensure universal access to the LBBC program.

Our key focus is to support positive engagement between parent and child using reading, talking, playing and singing as the key mechanisms to achieve this, while taking into account the development needs of young children at important learning milestones.

We also strive to ensure consistent and relevant information about how to engage with young children. In 2010/2011 the Education Council interviewed 10,000 families as part of a national project and found that parents were receiving over 98 mixed messages from 128 different parenting initiatives on how they should raise their child in the first eight years of his or her life. These messages were from government departments, outreach services, libraries, childcare centres, and charitable organisations.

By working in partnership we aim to reduce the confusion parents are experiencing and remove the mixed messages with accurate and informative dialogue that instils confidence in parenting practices and furthers their understanding of early childhood development.

The strategy

At the core of the LBBC program is a suite of unique resources and books that capture the attention of parents and children to encourage engagement and shared learning experiences. We aim to supply materials that fill an information void in the market and only develop new resources based on identified needs of the community.

In 2014, the LBBC program was funded to provide a new reading pack to families with preschool aged children. Initial feedback from RLA's stakeholders indicated that a focus on food literacy and nutrition in preparation for school would be beneficial for families. An initial meeting was established with SA Health's Public Health Partnerships Branch to determine whether they would consider being involved in the development of these resources which included a family cookbook and a series of mini-food picture books for children.

What followed was 18 months of positive consultation with SA Health to develop the resources. The team at SA Health saw the value in being involved as it provided the opportunity to disseminate current nutritional knowledge to 21,000 SA families as part of the reading pack program and the option to use the resources to engage with stakeholders as part of other SA Health initiatives.

Success and challenges

With the support and expertise of SA Health nutritionists, RLA wrote, prepared and photographed over 45 nutritious and easy to follow recipes as part of *Your Family's Favourites Cookbook*. The development of this resource was an entirely new production process and required a thorough understanding of food literacy, food safety and nutritional guidelines. The enthusiasm and knowledge provided by SA Health was vital in the creation of the cookbook and the RLA team learned a considerable amount from the collaboration that assisted program development.





Outcome

The cookbook is providing families with a greater understanding of food literacy and is supporting parents to prepare nutritious food that will nourish their children's growing bodies and minds. The resources also reinforce consistent messaging to families about nutrition, helping to minimise parent/carer confusion.

A survey to families and educators in April 2016 showed that the family cookbook is having a positive impact within the SA community and is a valuable source of information for busy parents/carers.

Key survey highlights included:

- > **86%** of parents and carers agreed the cookbook has given them new ideas
- > **89%** of parents and carers agree the cookbook has easy to follow recipes
- > **64%** of early childhood staff have used the book with families accessing their centre/services
- > **85%** of early childhood staff agree the cookbook is visually appealing
- > **78%** of early childhood staff agree that the cookbook encourages families to prepare nutritional meals more often.

Testimonials include:

"Your Family's Favourite cookbook has been a blessing as it has given my 5 year old daughter a wealth of cooking knowledge trying out all the different recipes. Her enjoyment of using the cookbook to help cook dinner for the family makes dinner a ritual rather than a chore."

"My 15 month old daughter loves looking at the pictures, which in turn promotes discussions about healthy food choices. We on occasion take the cookbook with us grocery shopping and make games finding the ingredients. Also the simple to follow recipes are great when you're tired or time poor."

"These books allow my children and I to be partners in food selection and preparation. Allowing them to be proactive makes healthy food fun and kids can never have enough fun!"

"Using the cookbook has encouraged our children to take an interest in the food their consuming and the preparation of their meals. They certainly eat more variety as a direct result of using the cookbook".





Key achievements

- > 42,000 copies of the cookbook provided to SA families in the period 2015 – 2016, giving families the opportunity to learn about food literacy and the nutritional requirements of young children.
- > Media coverage to support the Preschool Pack Launch was featured in The Advertiser Newspaper (31/10/2015).
- > The working relationship with SA Health is providing new connections with other government departments, service providers and initiatives.

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Summary of case study

Success factors

- > Worked in collaboration to prepare a cookbook for families.
- > Promoted consistent healthy eating messages to children through reading packs.
- > Sharing of knowledge, information and ideas to maximise strengths and capacity.
- > Strong commitment from all partners.
- > Alignment of the co-benefits – clear common interests and mutual goals identified and carried throughout the partnership work.
- > Working towards a clear outcome.

Challenges and issues

- > Limited resources – the partnership work provided the avenue for the participating organisations to come together and increase capacity for the development of the documents.
- > Limited capacity for health promotion activities in a time of budget pressures.

Strategies used to address the challenge

- > Pooling of resources and effort to develop the cookbook and mini picture books.
- > The development of a shared vision from the outset enabled a strong collaborative partnership.
- > The need for the cookbook and mini picture books was identified by key service providers. The books were used as a catalyst which was able to be used as a catalyst to collaborate.

Working together to enhance health and wellbeing in Onkaparinga: Healthy Cities Onkaparinga

Introduction

The World Health Organization's (WHO) Healthy Cities global movement engages local governments in health promotion and development through political commitment, institutional change, capacity-building, partnership-based planning and innovative projects. Healthy Cities Onkaparinga (HCO) was established in 1987 as Healthy Cities Noarlunga, one of three Australian pilot cities to test the European Healthy Cities model in Australia.

We are a coalition of community members and agencies that recognise and help to address health issues using the [WHO's Ottawa Charter](#) as our primary reference.

Project description

The Healthy Cities approach is health promotion in action. HCO aims to:

- > promote a social view of health within government departments local government, private business and the general community
- > encourage cooperative processes between government and private sectors at a local level which coordinate health-promoting activities and foster the community's discussion of better health

- > encourage commitment to improving the health of the local community.

We do this by:

- > working with a variety of local community groups and individuals on locally relevant issues
- > encouraging community participation
- > supporting existing community initiatives which promote health
- > encouraging health and other services to allocate a higher priority to health promoting activities
- > giving priority to issues and activities which are based on values of social justice and equity.

Strong, supported community involvement is the cornerstone of the Healthy Cities approach. The current focus is on improving health literacy as a means to empowering the community.

Working in partnership is an integral component of the Healthy Cities approach. We partner with groups and agencies such as the Adelaide Primary Health Network, Southern Adelaide Health Service, the City of Onkaparinga, Flinders University and Fleurieu Cancer Network.



Project outcomes

Health literacy

Health literacy was identified as a priority in 2014 and a **Health Rights Forum** (funded by Community Benefit SA) was held in 2015, attended by 25 people. The Health and Community Services Complaints Commissioner spoke about his role and the Health Charter Champions program. Many attendees were not previously aware of their rights when using health and community services. Seven people completed registration forms to become charter champions.

In 2016, HCO hosted a **Health and Wellbeing Expo** showcasing local services and groups. Attendees accessed information and resources and provided ideas about changes to contribute to health and wellbeing in Onkaparinga. A follow-up community forum attended by 40 people identified mental health and access to service as priorities, and concluded that agencies and people need to work together on risks to health and how to promote positive health. These events were supported by City of Onkaparinga grants.

Recently HCO have commenced a project aiming to improve mental health and wellbeing in the Onkaparinga region through enhanced understanding and use of health data by policy makers, service providers and community. Research and HCO experience indicates that, while a lot of health data is collected, it is sometimes of questionable quality and is seldom shared across relevant players.



Partnerships as a success factor

Collaborative partnerships are a key factor in the success of the Healthy Cities approach.

While other Healthy Cities projects are based in local government, HCO is an NGO. We have a strong relationship with the City of Onkaparinga which provides an elected member representative on the management committee and has supported HCO through competitive grants and in-kind resources. This link has provided HCO with the opportunity to have input to Council's Community Plan 2008–2028 and strategies for Climate Change, Water Futures and Transport.

The Community Plan reflects shared goals of environmentally sustainable growth, increased health, wellbeing and connectedness, equitable prosperity, community participation and leadership, and cooperation/partnership between all players in government, non-government and private sectors.

HCO has established a partnership with the Adelaide Primary Health Network, serving on the Southern Community Advisory Council and the Consumer and Carer Health Priority Group. This enables us to advocate for health literacy and stronger primary health care services in the region.

Our partnership with Flinders University in providing the Healthy Cities and Communities Short Course has contributed to the development of Healthy Cities nationally and internationally. This link has also strengthened our research and evaluation capacity.

HCO is a founding member of the Western Pacific Alliance for Healthy Cities and served an eight year term on the Steering Committee.

International links strengthen our advocacy role and enable sharing of experiences and learnings. Presenting our achievements in an international forum provides additional legitimacy for our work.

Community participation is a major strength of the Healthy Cities approach. It provides legitimacy to advocacy and an opportunity for less powerful voices to be heard. Community members are supported to develop skills by attending training and conferences.

HCO is recognised in the community as an advocate by providing a non-partisan platform for a variety of sectors to come together to discuss issues and needs. HCO picks up on community issues and seeks to broker solutions.

Conclusion

Primary health care and health promotion are key to improving population health, by keeping people well through the strategies of the Ottawa Charter: i.e. developing personal skills, building healthy public policy, creating supportive environments, strengthening community action, and reorienting health services. Increasing health literacy builds individual and community resilience, addresses health inequalities and improves health and wellbeing.

The current environment presents challenges to a partnership approach, including the individualized medical model of health and subsequent push for inappropriate 'evidence' for health promotion outcomes, and constraints on non-service delivery activity. However, improving health and well-being at a population level requires collaborative partnerships in order to address the many social, economic and environmental determinants of health.

Resources

Alliance for Healthy Cities website:
<http://www.alliance-healthycities.com/>

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Summary of case study

Success factors

- > Strong reputation – the Healthy Cities approach has been operating in the Onkaparinga area since 1987. The long-standing and respected presence of the approach has supported solutions to be brokered in a respectful way, where co-benefits are realised.
- > Voice of citizens – strong community engagement and participation. Working with the community and partners from various sectors on issues identified by the community.
- > Able to advocate on issues of shared concern.
- > Strong relationships with stakeholders, for example local government.

Challenges and issues

- > At times there is a lack of evidence to act at the population health level, which is challenging for approaches such as Healthy Cities.
- > A focus on an individualised medical model of health presents additional challenges for population health and wellbeing initiatives.

Strategies used to address the challenges

- > Working on locally relevant issues, i.e. health literacy, to support community health and wellbeing.
- > Use of forums and events to raise the profile and increase advocacy for issues identified as important by the community.

Food for Freedom: providing meals to women and children leaving domestic violence: Community Health Onkaparinga

Introduction

Community Health Onkaparinga (CHO) is a local community association set up to provide community health services in the Onkaparinga region in the wake of changes to State Government health policy. One of the guiding principles of the organisation is a commitment to work in partnership with other local groups and agencies.

Since its formation in 2014 CHO has formed a strong relationship with the Southern Domestic Violence Service (SDVS), and is committed to preventing and addressing the impacts of domestic violence at all levels. For some women leaving the family home means living for a time in crisis motel accommodation. This is a vulnerable time for the women and their children: the motels are often in areas not familiar to the women and their children, they are isolated, they almost never have cooking facilities, it is difficult to go shopping, and the women are also often emotionally insecure and fearful.

A great deal of SDVS staff resources goes to supporting women and their children in motel accommodation. A project to provide freshly cooked, tasty and healthy meals to these families was developed to address some of the practical needs of families in this situation, and to provide a sense that they are cared about and that the community supports their move away from violence.

The project was developed by a partnership of agencies including CHO, SDVS, Outer Southern Generic Homelessness Service, Coolock House (Centacare), Community Service Order Program and Flinders University Nutrition and Dietetics (FUND). The project was funded for a 12 month period by a grant from Community Benefit SA. Since that time the program has continued with a combination of fund-raising and further grant funding.

Project description

Project objectives include:

- > improving the nutritional quality of meals for women and children in crisis accommodation
- > building community support for women and children moving on from domestic violence.

Currently the project provides freshly prepared meals (main course plus dessert, with special dietary needs taken into consideration) twice weekly for the target population.

The meals are prepared in a community kitchen by a dietitian-nutritionist employed by the project and a team of community volunteers (including Community

Foodies and current nutrition students). The meals are delivered to the women at the motels by community members supported by a community development worker also employed by the project. All volunteers and staff have undertaken basic training around domestic violence issues and are supported by staff of the partner agencies.

For attitudes towards domestic violence to change in the broader community, opportunities to support women and children moving on from violence will be crucial. This project provides practical ways for community members to support those escaping violence in the preparation and delivery of the meals. Another aspect of this support has been in the provision of the fresh and staple foods required to make the meals.

The grant did not include funding for the food itself, and an unexpected outcome of the project has been the development of a system for community groups and individuals to donate food for the meals. This has led to further partnerships emerging, with Zonta – a leading global organization of professionals empowering women worldwide through service and advocacy – local MP's and local businesses. CHO are also developing a herb garden and links with local community gardens to help to source fresh produce.





Project outcomes

In its first year Food for Freedom delivered **1140** meals, which equated to **285** adult meals and **855** children's meals. As this was measured over **40** weeks the average was a little under **30** meals per week.

In the second year of operation that average has risen to nearly **50** meals being referred per week.

Longer term social support outcomes for the women and children have developed over time, particularly with some women who received meals now volunteering in the program and agencies regularly bringing their clients to CHO-run connector events/programs such as monthly Community Dinners and Community Garden.

The key initial beneficiaries of the project apart from those directly receiving the meals are those in the community who are supporting the project. Some of the volunteers have experienced domestic violence in their own lives or family circles, or have a commitment to supporting those who want to move on from violence. The project is a practical and rewarding opportunity for them to play a part in helping community and personal change to occur. CHO has also been engaged to help establish a replica program for the western suburbs of Adelaide, offering mentoring and information to agencies working in that area.

Key factors that the project addresses are working out how to balance the safety needs of women and children moving on from violence with their needs for connection and belonging in the community. The training and support of SDVS is crucial for this, as is regular debriefing and support of all those involved. The project also gives an opportunity to consider how food can play a practical role in social change and recovery from trauma.

Eating healthy and nutritious food prepared with care can play a role in vulnerable people feeling supported and strengthened to make changes in their lives. The logistics of this project can seem daunting – the longer term learning of the project will also give us experience in working through these practical challenges.

Conclusion

This project has come about through discussions between the partners and exploration of gaps in services that are available to particular vulnerable groups. The key achievements of the project to date are in working through the security and logistics challenges to enable the project to actually happen.

The different roles that the partners can play – administration of the project, access to clients or recipients of the project, provision of resources for the project (especially food), preparation of meals and delivery to women and children in the motels – have provided a real opportunity to explore the strengths of a collaborative partnership approach.

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Summary of case study

Success factors

- > Strong collaborative approach with multiple community partners.
- > Pathway for women who have experienced domestic violence to contribute to the lives of others going through similar things by volunteering for the program.
- > Connection with businesses in particular enables the program to be run at minimal food cost and provides a local avenue for businesses to contribute to mitigating the effect of domestic violence.

Challenges and issues

- > Supporting women and children who have experienced domestic violence and who feel vulnerable and isolated.
- > Obtaining ongoing funding particularly for wages is a challenge.
- > Maintaining volunteer numbers is difficult because of the time of day the program operates.

Strategies used to address the challenges

- > Working in partnership with Southern Domestic Violence Service to understand the needs of vulnerable women and children.
- > Regular debriefing and support for all involved, including staff and volunteers.

Introduction

Carers SA's mission is to promote, assist, empower and enhance the lives of family carers. It has a key role in leading change and empowering family carers to participate in a partnership with government and the health and community sectors for the provision of better services, to improve the conditions under which family carers work and to increase the recognition of the contribution of family carers to the SA community.

In recent years, information and service access have shifted to electronic platforms for example: *My Aged Care*, *myGov*, online banking, health and disability information, mental health support, access to forms, email, social media support group connections. Many carers – especially senior carers – are ill-equipped to meet the new demands of the online environment for consumers.

In early 2015, Carers SA (lead agency) negotiated with the Australian Government Department of Social Services (DSS) for funding to support older family carers' digital literacy to access information, supports and services, and to foster social connections with family, friends and support groups.

Carers SA formally collaborated with the Seniors Information Service (SIS) – now named Catalyst Foundation – and sought advice from Volunteering SA and NT Inc. to ensure that the program met the national standards in volunteering and advances the practice of volunteer management.

This project was funded until June 2016 to deliver Digital Literacy workshops and 1:1 support by trained volunteers to senior carers across:

- > Adelaide Playford – strongly supported by the Northern Carers Network Inc. (NCN)
- > Western Metropolitan area of Adelaide
- > Northern Country SA region.

The approach

Digital literacy increases access to appropriate support and health services for carers and their families. The training gave older family carers with limited or no digital experience, the opportunity to try out an iPad or Android tablet, and learn step by step from SIS trained volunteers about new technology.

This included how to access online information that is specifically relevant to their caring role, hence supports health and wellbeing outcomes, builds self-efficacy, self-advocacy and forms support network connections. Participants had free access to equipment during the two-hour free workshops. These covered:

- > showcase: get support to determine what digital device will best meet individual needs and preferences

- > iPads and Android sessions: learn step by step how to operate a digital tablet and what it can do
- > internet security: learn about online safety and security
- > Carers Online: get information about online resources specific to carer role
- > One2One Mentoring: get individual help along the way.

Carers SA and SIS worked closely with service organisations and carer networks, especially the NCN for the Playford area, to engage and encourage senior carers to 'come and have a go'.

Carers SA engaged with carer support groups across the three regions to encourage the carer community to actively encourage other carers – especially isolated carers – to consider participation. The lack of digital literacy in the senior carer population is of great concern to all of those who collaborated formally (and informally) with this project.

It is a shared concern, that carers who are not digitally savvy, or who fear to engage information and services online may be left behind and may not access the services that are vital to their caring role.

Successes and lessons

Success

- > Success – collaborative effort and in-principle buy-in.
- > Engaging a wide range of community organisations that carers access – including special Culturally and Linguistically Diverse (CALD) and Aboriginal services and aged care providers, to provide referral pathways and facilitate digital workshops for carer populations linked to them – certainly supports the provision of inclusive services and multiple access pathway options.
- > Some Aboriginal groups and CALD community groups (and home care providers) worked with us on options to effectively support their unpaid carers to participate. For example:
 - A group of Aboriginal carers accessed digital literacy workshops in the northern country / Port Augusta region.
 - A Vietnamese carer group arranged delivery of workshops at premises that carers of that group regularly access.
 - Bene Aged Care and community-care services came on board to facilitate the delivery of workshops for family carers within the Italian community via a bi-lingual SIS trained volunteer.

- The Multicultural Communities Council of South Australia (MCCSA) collaborated on this project by linking CALD community groups to the project. The collaboration and buy in across the SA community was most encouraging.

Lessons learned

- > Carers SA realised that carers – even those who are using the Internet for general purposes – are not readily accessing key information regarding their caring role or for themselves via the Internet. We therefore included during initial contacts some detail about what information and service access is available via the Internet and informed carers upfront how this can ease some of the time stresses carers face.
- > Carers (51%) reported that they were more likely to access information and supports via personal contact with a professional service provider or via friends and family. Most older carers are not using digital apps. Carers SA has extended its 'Online Resources for Carers' document, to include some examples of apps that might be of assistance.
- > Volunteer recruitment proved more difficult than initially expected – particularly in non-metro areas. The program required substantial initial training and support for and commitment by volunteers. The issue was addressed by supporting volunteers who are available to deliver workshops in more than one region and by increased efforts to engage new volunteers.
- > Encouraging senior carers who have little or no digital literacy needed to be conducted directly and via personal contact, providing encouragement, detailed information and reminders as carers are time poor

and generally have higher levels of stress. Tackling a new and unfamiliar issue that competes with existing priorities often results in important opportunities becoming a last priority. Overcoming such barriers requires personalised additional supports.

- > Advertising raises general awareness but talking to carers led to participation.
- > Carer feedback of those carers who have attended workshops in the Digital Literacy program has been very positive. Carers reported that they were very surprised at the amount of information and resources available online that is relevant to their caring role.
- > Collaborations on this project between organisations has widened networks, opened other opportunities for collaboration, information sharing and mutual sharing of resources.

Resources available

1. 'Carers Online – Resource for Carers' via the Carers SA website publication: <http://carers-sa.asn.au>
2. Workshop videos on digital literacy: See Carers SA YouTube playlist: goo.gl/hTisb4

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Summary of case study

Success factors

- > Addressing a very specific and growing need affecting carers in the community.
- > Collaborative effort and in-principle buy-in.
- > Strong collaborative partnerships.

Challenges and issues

- > 51% of carers access information via person contact or through service providers rather than accessing key information online.
- > Using digital technology can be a barrier for many senior carers.

Strategies used to address the challenges

- > Collaboration to widen networks and increase opportunities for information sharing and sharing of resources.
- > Including information about how to use internet serves in initial contact with carers.

Support and Strategies for People with Hearing Loss in the Community: Better Hearing Australia (Adelaide)

Introduction

Better Hearing Australia (BHA) is a national not-for-profit organization with branches in most states of Australia. The branches have their own constitution and are quite autonomous. However the national logo and ethos is common to all. Branches ask members for an annual membership fee and pay a capitation fee to the national organisation. Some branches are supported by government grants and others are not. Adelaide receives no government support and has raised funds independently.

As a not-for-profit organisation, Better Hearing Australia (Adelaide) Inc, run totally by volunteers, has developed programs which have aimed to improve the quality of life and communication levels of its members. The aim of the group is to offer support, strategies and skills to enhance social interaction, family relationships and general competence in the day to day living of people with hearing loss. There is a brochure that sets out our mission statement. BHA does not sell anything.

Statistics

It may not be generally known that **one in six** Australians suffers from hearing loss. Over the age of seventy years, **three in every four people** are affected by hearing loss.

The real financial cost of hearing loss to Government is \$11.75 billion or 1.4 % of GDP per annum.

3.55 million Australians are deaf or have a hearing loss and nearly half of those with a hearing loss are of working age i.e. between 15 and 64 years of age.

(Figures from Australian Communication Exchange 12/12/15)

Communication is the main difficulty experienced by hearing impaired people. This difficulty pervades all aspects of living. BHA Adelaide runs lip-reading or speech reading classes once a month to help people develop the skill of communication. Trained volunteer tutors take the classes. The participants learn how to recognize sounds on lips and interpret body language and gestures and facial expressions to help in conversation. Monthly coffee mornings are also organized with invited guest speakers or excursions of interest. However, lip reading is not the easiest of skills to acquire and it does take time. Nevertheless people do become more observant and more comfortable with conversation and social interaction.

Lip reading classes are also designed to help with communication, social interaction and information about the various aids and devices available to make everyday living with hearing loss easier. Members share their problems and learn from each other. They discover that they are not alone with their invisible disability and their wellbeing and confidence improves enormously with family and friends who also learn how to improve their communication with those who have a hearing loss.

BHA Adelaide has managed several programs which have been instrumental in collaborating with other people to increase communication skills and personal confidence and wellbeing in the lives of people with hearing loss. Aspects to widen and develop public and professional understanding of the needs of hearing impaired people have been an aim. **The Patient Communication Workshop** at Adelaide University was an example of this.



Project description: patient/doctor communication

A program was developed in collaboration with The University of Adelaide to educate the sixth year medical students on the importance of appropriate communication with hearing impaired patients during medical GP consultations and hospital interaction situations. Role play was used and the significance of speaking clearly and directly to clients was impressed on students and the importance of ensuring that hearing impaired people understood the instructions given to them by doctors.

It was also pointed out that many hearing impaired people feel vulnerable and even afraid in hospital and some are hesitant to admit to hearing loss and do not ask the questions needed to ensure that they have a clear understanding of instructions. Some students had not considered this.

The project was carried out eight times (once during each semester) by BHA Adelaide volunteers over four years. The University of Adelaide then took it over. It was difficult for our ageing volunteers to maintain the energy to keep it going. One outcome was that it was suggested that all medical files, computer and paper, should have a space to indicate a patient's hearing ability. It also ought to be made mandatory for hearing loss to be displayed above a patient's bed or on a bracelet, such as the allergy bracelet, since patients are often moved for a variety of procedures such as x-ray or scan.

The program is available and could very easily be included in the curriculum of nursing or other medical professional students.

Good communication has a positive effect on the confidence and wellbeing of clients.

Collaboration with hearing impaired residents and staff in aged care facilities

Recently BHA Adelaide developed a program for aged care facilities to train their staff and volunteers in the maintenance and care of hearing aids. It was found that many residents were unable to manage their hearing aids properly due to arthritic fingers – hearing aid batteries can be very fiddly to cope with – and failing sight can be an issue too. Without hearing aids such people can become socially isolated and lose the ability to communicate. Some may become depressed. It is felt strongly that this is a form of abuse.

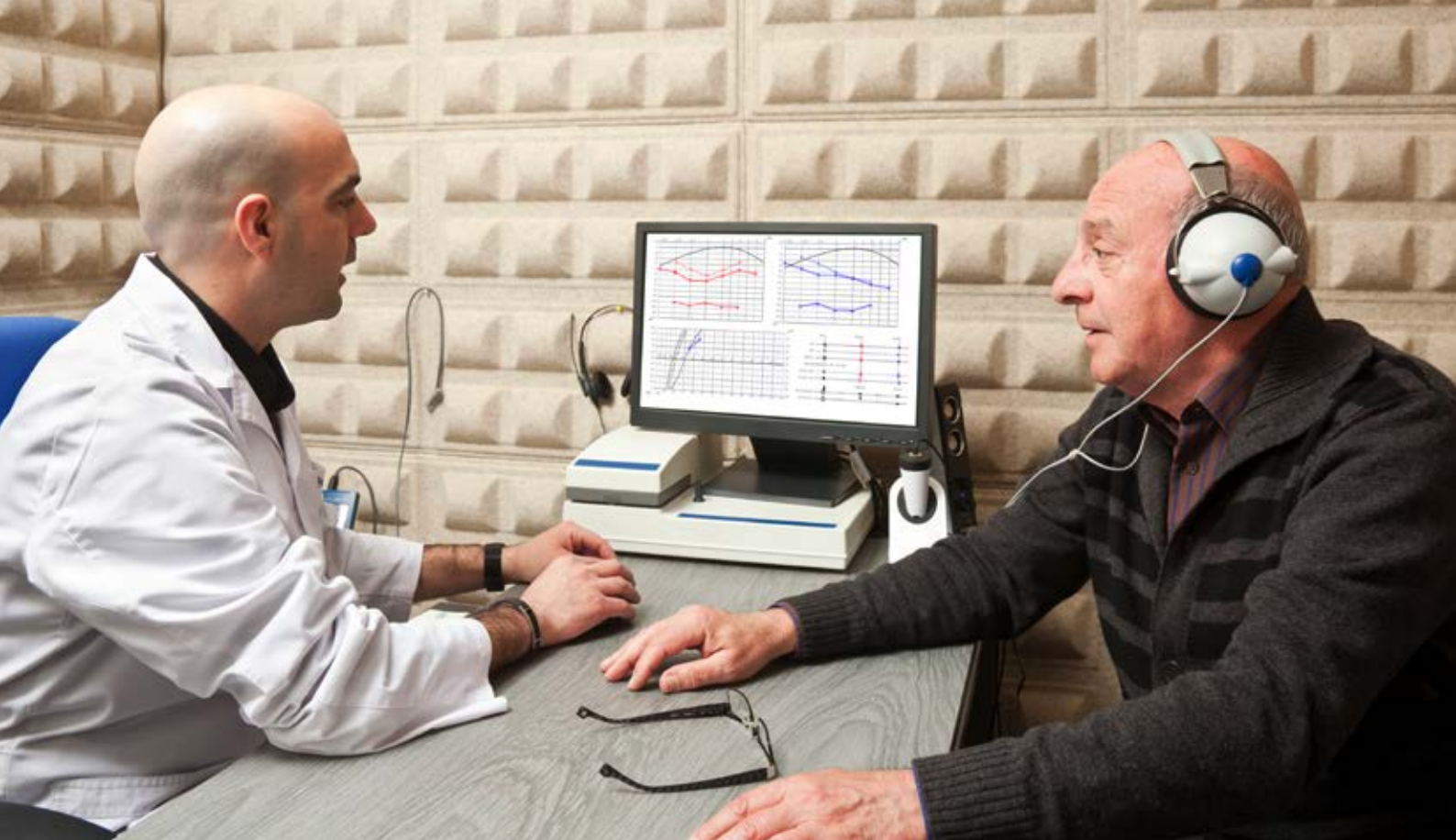
Some staff do not know how to maintain and fit hearing aids properly and they are busy so perhaps do not take the time needed. Aged care facilities must have appropriately trained staff to care and maintain the hearing aids of their clients. Accreditation for such training should be given to staff who train and the aged care facility.

Many elderly people are hearing impaired. Statistics show that **three out of four people over seventy have a hearing loss**. The ability to communicate effectively is a very real factor in wellbeing and confidence.

It also helps staff if they know how to communicate and interact with their hearing impaired clients appropriately. There is a power point program for such training and some audiologists are willing to present it. BHA Adelaide Inc can also present it. The cost is minimal.

Communication and education are liberating. For people with hearing loss, they engender confidence and are beneficial to wellbeing.





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Summary of case study

Success factors

- > Commitment and determination of branch staff to educate the community about hearing loss.
- > Collaboration with the University of Adelaide to educate medical students on hearing loss.
- > Development of training programs.

Challenges and issues

- > BHA Adelaide is run by volunteers and new volunteers are not joining.
- > BHA Adelaide volunteers are an ageing group and there is a possibility that it will be unable to continue its operation.
- > Funding: not supported by government grants and funds will eventually run out.
- > Hearing impaired clients in some residential aged care facilities are often neglected.

Strategies used to address the challenges

- > Collaboration with other agencies to work together to educate the community about the lives of people with hearing loss.
- > Development of training materials for audiologists.

Promoting health and wellbeing



Introduction

Carers SA's mission is to promote, assist, empower and enhance the lives of family carers. It has a key role in leading change and empowering family carers to participate in a partnership with government and the health and community sectors for the provision of better services, to improve the conditions under which family carers work and to increase the recognition of the contribution of family carers to the SA community.

Carers SA delivers the National Carer Counselling Program in SA which provides carers with access to up to six free counselling sessions. Sessions are conducted by a qualified counsellor, social worker or psychologist in their areas who are experienced, passionate and skilled in working with carers. Counselling is predominately delivered face-to-face by Carers SA counsellors on staff and by sub-contracted counsellors located across the state.

The Carers SA counsellors are also engaged in assessing and processing carer referrals, matching carers with a suitable sub-contracted counsellor in their local area. Carers SA is eliciting carer and sector feedback to determine and address state-wide counselling needs for carers across the state.

Carers SA provides ongoing professional development and training workshops for counsellors regarding issues related to carers and caring roles, resources and services available, and facilitates counsellor peer networking/ support opportunities.

The approach

- > Sub-contracted counsellors are continuously reviewed by the program manager and on staff counsellors to maintain carer specific counselling options.
- > Internal counsellors identify gaps in service coverage via their work, processing carer counselling referrals and discussing these with the program manager and during team meetings.
- > Solutions to identified gaps are researched. This research may involve consulting with:
 - internal or external regional carer support programs/organisations
 - counsellors across SA
 - other subject matter experts or
 - relevant industry body associations with the aim to source appropriate and locally available counselling options.

- > Potential new counsellors go through recruitment and assessment processes to ensure suitability, skill levels and the requirements for counsellors according to program guidelines, are met.
- > This is followed by an interview process with the program manager and on staff counsellor.
- > Selected counsellors are contracted and participate in a compulsory in-depth induction process.
- > Promotion of the program is undertaken and may include alerting internal or external regional carer support programs and other organisations referring carers to Carers SA.
- > Broadening the referral and carer support access pathways includes attending relevant networks and visiting organisations to orientate or re-orientate/ update referrers to the program, its benefits to carers and ease of referral processes.
- > Carers SA hosts an Annual Counsellor Forum for on staff and sub-contracted counsellors which provides professional development and an opportunity for networking, capacity building, evaluation, resource sharing and ongoing quality service improvement.

Successes and lessons

Success

Examples of successes and learnings are as follows:

- > Carer feedback continues to show that **the vast majority of carers (>92%) feel that counselling has helped them with their situation.**
- > Carer feedback and needs analysis indicated a need of choice in Mount Gambier to service individual carer needs. Using local expertise, Carers SA investigated options for secure video counselling for remote or isolated carers.
- > As a result, Carers SA has increased its promotion of video counselling availability to provide greater access and choice for carers living in regional and remote locations.
- > Carers SA identified a particularly strong need for a Greek speaking counsellor in the western metropolitan area of Adelaide. Carers SA collaborated with the Executive Committee of the Counselling Association of South Australia who assisted with the recruitment process of a suitable specialist. This counsellor has agreed to provide services from locations that are easily accessible to Greek speaking carers in that area and due to demand, commenced sessions in another area for carers from a Culturally and Linguistically Diverse (CALD) background.



- > Carers SA has also noticed a greater trend of carers who support people with disability, in particular autism spectrum disorder. Carers SA utilised networks within the disability sector to contract a bi-lingual counsellor with significant experience working with individuals with disability and their carers. This bi-lingual counsellor also offers knowledge and experience of the National Disability Insurance Scheme (NDIS) and the difficulties facing carers navigating this space.
- > Carers SA is also focussed on offering culturally sensitive counselling services to Aboriginal carers. To facilitate this, Carers SA has contracted an Aboriginal counsellor with broad links with many Aboriginal communities and Aboriginal specific service providers to support the connection of carers to the counselling program.

Lessons learned

- > To make things happen: stay dynamic, be innovative, problem solve outside the square!
- > The initial contact with potential sub-contracted counsellors and a careful and in-depth selection process is vital to ensure values are aligned, skill levels and knowledge of carer issues, and a strong interest to work with carers can be assured.
- > Despite significant attempts to promote and offer video calling as a counselling choice, the uptake by carers has been far less than anticipated with carers continuing to choose face to face or phone counselling as preferred method of delivery.

- > Having a counsellor with a good knowledge of disability and the NDIS has enabled Carers SA to better meet the needs of carers.
- > On occasions an organisation (i.e. clinic of counsellors / psychologists) is contracted in addition to sole practitioners in private practice. A lesson learned is the importance of connecting with all of the counsellors who will be delivering the carer counselling in order to ensure that they are aware of the principles, objectives and processes of the program. In order to do this we have introduced a specific orientation session for the manager of the contracted organisation who is responsible for the professional supervision of counsellors.
- > Although Carers SA has sought to engage more Aboriginal carers by offering the services of an Aboriginal counsellor, it remains a challenge to connect and link Aboriginal carers to counselling.

Progress made

- > Through concerted efforts the program has currently filled identified service gap areas. Carers SA will however continue to review carer needs and referrals on an ongoing basis and add/source new counsellors based on local need and to further enhance service options.
- > Carers SA utilises a referral relationship with Psychology SA to provide additional support for carers with complex needs.

Resources available

Carers across South Australia can arrange counselling via Carers SA on 1800 242 636.

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Summary of case study

Success factors

- > Broad range of options and methods of delivery for carers to access counselling.
- > Engagement of counsellors with specific languages, knowledge and experience to support carers from all backgrounds.
- > Taking steps to address trends in targeted areas of need of carers, such as disability and culturally diverse backgrounds.

Challenges and issues

- > Despite steps taken to promote video counselling, carers prefer face to face or phone as primary methods of delivery.
- > Carers from linguistically diverse backgrounds face additional barriers to accessing counselling programs. This issue is accentuated by the specific experiences carers face due to their caring role.

Strategies used to address the challenges

- > Continued promotion of video counselling as an option via advertising and assessment processes.
- > Targeted search and engagement of bi-lingual counsellors.
- > Use of networks to engage sector specific counsellors.

Health Prompt: Improving physical health outcomes for mental health consumers: Neami National

Introduction

Neami National is a community mental health service supporting people living with mental illness to improve their health, live independently and pursue a life based on their own strengths, values and goals. In 2012, Neami National implemented the Health Prompt, a physical health screening resource. The Health Prompt was developed in response to evidence identifying that individuals with a lived experience of mental illness have higher rates of morbidity and mortality, as well as delayed physical health diagnosis and treatment compared to the rest of the population. This highlights the significant link between mental health conditions and physical health.

The Health Prompt aims to identify whether the individual's health needs are being addressed by exploring common health risks and facilitating an appropriate response. Health areas which may need to be addressed are highlighted and a referral is made if the individual wishes to take action. The Health Prompt has contributed to the development of partnerships to support timely response to referrals.

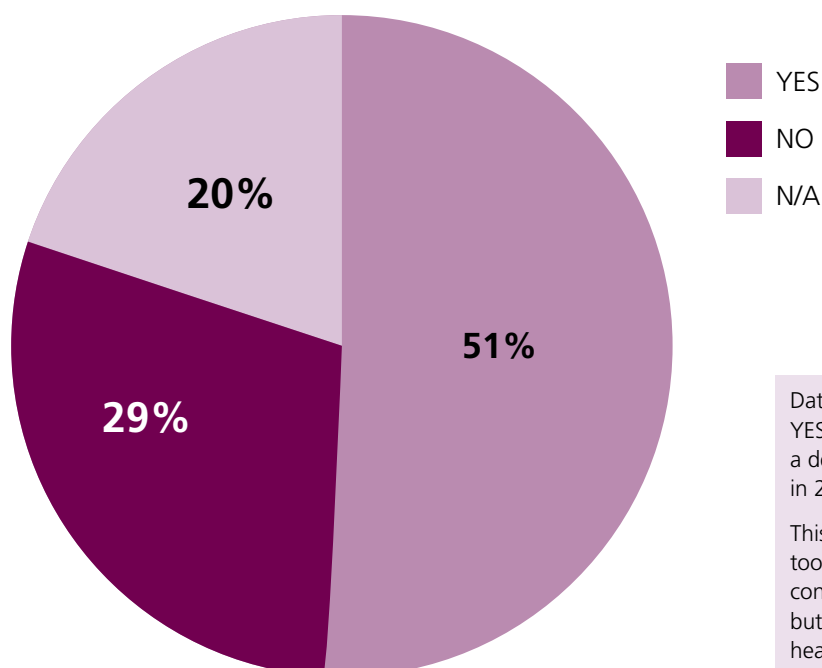
Project description

The Health Prompt was compiled by Neami National's Health Promotion Team with reference to existing health promotion resources. The tool aims to act as a prompt, as well as an education resource for both staff and consumers.

The Health Prompt was designed to reflect a strengths-based approach, is recovery oriented and holistic. It aims to:

- > improve the physical health outcomes of consumers
- > increase regularity and quality of physical health checks
- > increase awareness of physical health issues and health check processes
- > improve consumer understanding and self-management of physical health issues
- > increase staff confidence in providing physical health information and interventions
- > increase referral pathways and community links to physical health, nutritional and emotional / psychological support services
- > promote and support discussions around physical health
- > identify physical health gaps that consumers may need/want to address.

Neami National Health Prompt Data 2016



Data as of 2016 showed increase of YES answers from 48% in 2015 and a decrease in NO answers from 32% in 2015.

This suggests the Health Prompt tool is not only supporting conversations about physical health, but supporting consumers to address health concerns.

The Health Prompt is offered every six months to consumers and completed with the support of a Neami National worker. It is designed to prompt a health related conversation rather than simply be a checklist. Acknowledgements are made in regards to 'yes' answers and discussions are initiated in regards to 'no' answers.

Support is offered around accessing services from a health professional, where there is a 'no' answer. Data from completed Health Prompts inform health promotion priorities more broadly.

Training and practice guidelines support staff in using the Health Prompt. This provides an understanding of the health issues raised and potential referral pathways, ensuring its use is in line with best practice.

Project outcomes

Since implementation, the Health Prompt has proved effective and is considered a meaningful addition to the support offered to Neami National consumers.

Statistics

As of 30th November 2016, a total of 187 Health Prompts had been completed among 150 SA consumers. Additionally, the data identifies that for those consumers who have completed two or more Health Prompts, the number of 'yes' answers has increased (**48% to 51%**), while the number of 'no' answers has decreased (**32% to 28.7%**).

This change suggests that since completing previous Health Prompts, the consumers have addressed some of the 'no' answers. While this change is not immense, the movement of 'no' to 'yes' answers is integral to achieving the goals of the Health Prompt. This suggests the tool is not only supporting conversations about physical health but also supporting consumers to address health concerns.

Staff and consumers have reported positive experiences using the Health Prompt, with health professionals also showing support, increasing referral pathways to community health services:

"[The GP] was rather impressed with the Health Prompt, and actually commented, saying that it was really quite a good questionnaire, as it covered a large amount of health issues." – Consumer



"I completed the Health Prompt with a consumer and when I met with him again he had informed me that he had followed up with a number of blood tests and received referrals for an MRI and CT scan which was very overdue. I believe that having the prompt gave him more confidence to follow this up with his GP." – Neami staff member

"There's things on [the Health Prompt] that I would never have thought of. It gets me thinking about it. I'm just sick of my physical state and I'm trying to turn that around." – Consumer

"The Health Prompt's the first place that you are likely to find out about [health] issues. Even if it's not particularly in depth or they don't want to talk about it any further, it's just a way to start a conversation and they might want to bring up another issue." – Neami Community Rehabilitation Support Worker

Supporting consumers to access health services promotes self-efficacy and ownership, as well as increasing the likelihood of consumers accessing preventative health care, screening/diagnosis services and/or treatment. To ensure the Health Prompt is accessible for a wide range of consumers, an [AUSLAN translation](#) is available and future versions will include considerations for Lesbian, Gay, Bisexual, Transgender, Intersexual and Questioning (LGBTIQ), Culturally And Linguistically Diverse (CALD) and Aboriginal and Torres Strait Islander consumers.

The Health Prompt has also influenced partnerships including the Peer Health Coaching Project with SANE Australia – a national charity helping all Australians affected by mental illness – as well as the Physical Health Action Plan with Central Adelaide Local Health Network (CALHN) which has seen the Health Prompt introduced in the community mental health services.

Conclusion

The Health Prompt is an innovative evidence-based resource promoting improved health and wellbeing. Its contribution to the mental health sector is significant, which is demonstrated by the testimonials of staff, consumers, health professionals/services, and Health Prompt data. It not only highlights the growing link between physical health and mental health, but also promotes guided conversations between individuals with a mental health condition, their support worker and health professionals.

Consumer participation throughout the project has ensured the resource was appropriate and practical with review of the Health Prompt further ensuring the tool is in line with current best practice health guidelines. As a result of the Health Prompt, partnerships between Neami National sites and local health services are flourishing, which further exemplifies collaboration between health services.

Neami National is confident that the Health Prompt will continue to make a difference in the lives of people who have a lived experience of mental illness, support those who work in mental health services and contribute to best practice in the sector and beyond around improving physical health outcomes.

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Summary of case study

Success factors

- > The Health Prompt tool reflects a strengths-based approach.
- > Health Prompt is an evidence-based resource acting as a prompt, as well as an education resource for both staff and consumers.
- > Support is offered to clients for accessing services where needed.
- > The focus is on relationship-building between staff and consumer.

Challenges and issues

- > People with a mental illness often have poorer physical health and reduced life expectancy, compared to the general population.
- > People with a mental illness have delayed health diagnosis and treatment.

Strategies used to address the challenges

- > Physical health gaps that consumers may need/want to address are identified.
- > Health areas are highlighted and referrals are made if the individual wishes to take action.

Creative Ways to Care: Strategies for Carers of People Living with Dementia: Carers SA

Introduction

The Australian Bureau of Statistics (2015) list 342,800 Australians living with dementia, the second leading cause of death for people over 65. Approximately every six minutes, one Australian is diagnosed with dementia.

Carers SA's mission is to promote, assist, empower and enhance the lives of family carers. It has a key role in leading change and empowering family carers to participate in a partnership with government and the health and community sectors for the provision of better services, to improve the conditions under which family carers work and to increase the recognition of the contribution of family carers to the SA community.

In 2013, through wide sector and carer consultations, Carers SA identified education and training gaps for carers of a person with dementia. These gaps included essential strategies to implement in-home diversion therapy to improve health and well-being for carers and persons they care for.

The *"Creative Ways to Care: Strategies for Carers of People Living with Dementia"* Program, initially developed by the Commonwealth Respite & Carelink Centre (CRCC), in Victoria, utilised dementia experts in the design of six key sessions. Carers SA successfully applied and received a funding grant to deliver the "Creative Ways to Care" (CWTC) program from June 2013 to June 2016. The program, consisting of six 3 to 4 hour workshops delivered over six weeks, was offered to metropolitan, rural and remote family carers of a person with dementia across SA.

Delivery of the program across SA included partnerships with local carer support organisations e.g. Carer Support, Carers Link, ECH, SA Country Carers, Northern Country Carers and the Carer Wellness Centre. These partnerships were crucial to participation numbers and to link carers to ongoing carer support services.



Promoting health and wellbeing

The approach

The CWTC program, consisting of six 3 to 4 hour workshops delivered over six weeks, was offered to family carers of a person with dementia across SA – up to 66 individual workshops per annum.

For Culturally and Linguistically Diverse (CALD) family carers, CWTC was tailored to meet specific cultural needs and access, and was promoted via CALD community organisations and local carer support organisations.

The CWTC program provides a number of sustainable outcomes for carers of people with dementia:

- > equips carers with a set of 'tools' or strategies to increase their health and well-being to live more positively with the person they care for with dementia
- > sustains caring by building resilience. Through the use of diversional therapy, carers learn and practice strategies for using activities in everyday life both for purpose and pleasure
- > provides carers with information on dementia and Dementia Behaviour Management Advisory Services (DBMAS)
- > family carers who attend the course were connected to dementia specific services and workers in their local region to receive support and;
- > access to a range of additional services (i.e. social and emotional support, support groups, retreats, events, activities, information, counselling and referrals to respite).

Process of best practice

- > Collaboration with others to recruit and specifically reach "hidden" carer populations for example isolated or new carers who were not connected into support services.
- > Source venues best suited and convenient for individual group needs including:
 - initial contact and screening with the individual carers, either face-to-face or via telephone
 - reminders to carers, with contact the day before the program commences
 - online registration option through Eventbrite.
- > Course content and resources were, tailored based on the latest research, and evaluation and feedback from carers, including the psychoeducation needs of carers.

- > Carers take part in evaluation and continuing improvement of the program.
- > Highly qualified, experienced facilitators were engaged who understand and respect carers' needs, creating a learning environment where carers feel valued and supported in their caring role, and where carers are assisted to connect with services for ongoing support. Connections included access to condition-specific information, carer mentors, access to counselling, support groups and social engagement activities, further education and training relevant to their caring role.
- > Other workshop strategies:
 - one to two guest speakers were invited based on individual/group needs
 - carers were encouraged to share their experiences with each other and create social links, which reduces feelings of isolation and stigma
 - link carers to relevant services and supports (including through directly facilitated, person to person referrals) for example organisations, resources (both print and on-line or web-based) to encourage the formation of more self-sufficient carers and peer groups to 'stay in touch' with each other.
- > Encouraged feedback from carers through a variety of different evaluation methods. For example written evaluations are collected each week, as well as pre- and post-program well-being surveys, respite and dementia support service surveys, trainer feedback and training needs analysis for future topics that carers would like additional information about.
- > Evaluated outcomes and regularly updated resources and information provided to carers based on latest research and service.

- > Post-program telephone follow-ups ensured on-going support links to local carer organisations and provide either additional information/resources as required or directly facilitated referral to counselling services.

Successes and lessons

Since the implementation of the CWTC program, carers report being more engaged and empowered with the skills and knowledge to manage their caring role and participate fully in the local community, and assisted to connect with services for ongoing support.

Due to the subject matter and exposure of carer experience, facilitators of the program experienced increased stress levels. Additional reflective practice (de-)briefing and professional supervision was set in place and counselling made available.

- > Carers SA is the sole provider of CWTC in SA and has received consistently positive and insightful feedback from carers. Carers have reported that since they attended CWTC, they feel more confident in coping at home and managing the care recipient on a daily basis. They also indicated via written evaluative feedback, that they were more likely to access support services, now that they know these are available to them.

"... I have learnt so much ... implement[ing] the strategies and techniques that makes the difference... This course is so powerful that it has saved my life and my marriage." – Carer

For further information regarding this case study please contact:

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Summary of case study

Success factors

- > Resoundingly positive feedback from participants confirming their active implementation of the learned material.
- > This project strengthened relationships between dementia-focussed and carer-focussed services resulting in improved access to information and support for families living with dementia.
- > Collaboration on this project between the SA carer support services and general community services has widened networks, opened other opportunities for collaboration, information sharing and mutual sharing of resources.

Challenges and issues

- > Recruitment of participants faced hurdles due to the complexity of dementia caring roles.
- > Due to the subject matter and exposure to difficult carer experiences, facilitators of the program experienced increased stress levels.

Strategies used to address the challenges

Recruitment of participants

- > Carers SA engaged the support of SA carer support services and community services networks to support the promotion of the program.
- > Carers SA supported participant access to the program pre- and post- program personal contacts.

Facilitator supports

- > Additional reflective practice (de-)briefing and to professional supervision was set in place and counselling made available.

Conclusion and next steps

The complexity of social problems the SA community services sector deals with every day has been confirmed through the preparation of this case study booklet. The collection of case studies - or stories – reminds us of the diversity within the sector. The stories also highlight the success that can be realised through concerted collaborative effort by community service organisations to improve health and wellbeing outcomes and create a more caring society for South Australians.

The success factors and challenges faced in delivering programs and services to the community have been highlighted in each case study. Importantly, the strategies used to overcome the barriers have also been documented as a way of informing sector practice.

As a collection, the case studies contribute to supporting innovation, collaboration and the promotion of health and wellbeing within the sector.

Common themes from the case studies are summarised below:

Success factors

- > A commitment to relationship building
- > Support for the sustainable development of communities and independence for clients
- > Development of governance arrangements to support collaboration and partnerships
- > Cooperation and dedication of staff
- > Recognising and responding to advocacy opportunities within services and their networks.

Challenges and issues

- > Limited resources and capacity at a time of budget pressures
- > Inconsistent and short-term funding
- > Cultural and political change
- > Short timeframes to achieve goals
- > Sustaining commitment and energy (for e.g. through staff turnover and funding changes).

Strategies used to address challenges and issues

- > Focussing on the benefits
- > Bringing new 'champions' on board
- > Developing new models for collaboration with other agencies
- > Obtaining extra support through innovative models
- > Developing a shared vision.

We hope that this publication contributes to the discussions on how health and wellbeing can further be strengthened in the sector and the many, innovative ways in which this can happen.

We particularly encourage you to document stories from your agency to share with others.

Next Steps

SACOSS - DHA Public Health Partnership

Strengthening the partnership between DHA and the community services sector is a focus of the recently renewed SACOSS - DHA Public Health Partnership Agreement 2017 – 2021. This partnership reflects the commitment of both organisations to work together to address equity issues in SA. The five year period allows time for considered and sustainable actions.

Key anticipated actions over the next year include:

1. Implementation of the Joint Policy Statement: A shared vision for improved community health and wellbeing.

The recently finalised Joint Policy Statement complements the renewed SACOSS – DHA Partnership Agreement. The Joint Policy Statement highlights the roles of DHA and SACOSS in working together to achieve SACOSS's vision of Justice, Opportunity and Shared Wealth for all South Australians.

Please refer to Appendix for a copy of the Joint Policy Statement: A shared vision for improved community health and wellbeing

2. Establishment of the SACOSS Health and Wellbeing Alliance

The SACOSS Health and Wellbeing Alliance is being established under the auspice of the SACOSS Policy Council. The purpose of the Alliance is to enable a focused, stronger collaboration between DHA and the community services sector to address the social determinants through a number of prevention and population health activities.



Joint Policy Statement between SACOSS and the Department for Health and Ageing: *A shared vision for improved community health and wellbeing*

BACKGROUND

The South Australian Council of Social Service (SACOSS) was established as a Public Health Partner Authority in October 2014, with this partnership commitment expressed through an agreement between the Department for Health and Ageing (DHA) and SACOSS. The establishment of Public Health Partner Authorities under the *South Australian Public Health Act 2011* provides opportunities for collaborative action to improve health and wellbeing outcomes for South Australians. This Joint Policy Statement aims to further support the formalised partnership and strengthen opportunities for collaboration.

PURPOSE

The Policy Statement expresses the commitment and shared vision of SACOSS and the DHA in continuing to work in partnership to support improved community health and wellbeing and public health outcomes.

The Statement confirms the important role the non-government sector plays in contributing to positive health and wellbeing for all South Australians and reducing inequities. This Statement, in conjunction with the Partnership Agreement intends to elevate the position of the sector, recognising its existing commitment and strengthening its strategic role in promoting community health and wellbeing.

The Statement aims to identify the overlapping and common agenda for the partnership and propose directions to guide future collaborative action.

BETTER OUTCOMES FOR SOUTH AUSTRALIANS

The factors that contribute to community health and wellbeing are many, and often sit outside the control and policy influence of the health sector. These factors include the social, economic and physical environment, as well as individual behaviours and characteristics. Some of the most significant determinants of health and wellbeing include income, socio-economic position, access to social support, education, employment, and access to services. While these factors exist at a population level, they are not distributed evenly across the population and affect individuals in different ways. Vulnerable population groups, particularly people who are poor or living in poverty, often do not have the same access to these determinants of health as the rest of the population.

To advance action on the social determinants of health and reduce inequities strong partnerships, collaboration, and engagement strategies across sectors are needed to better respond to the needs of communities. It is acknowledged that one sector alone cannot address the complex or 'wicked' problems faced by 21st century society - a joined up approach is necessary to promoting health and reducing inequities.

SACOSS recognises that the health and wellbeing of South Australians is shaped by their socio-economic position and related factors such as income, education and access to resources. As a peak body for the

health and community services sector and advocate for the interests of disadvantaged South Australians, SACOSS has a clear stake in public policy that impacts the health and wellbeing of South Australians.

South Australia, like many other jurisdictions is facing a number of challenges, partly arising out of changing demographic patterns and societal expectations. In addition, the economic pressures of recent times means limited resources are available to advance community health and wellbeing and to address public health concerns. This demonstrates the imperative for joined-up solutions and the efforts of organisations to cut across 'silos' to maximise reach, if we are to successfully tackle the implications of changes and mitigate their impact on the South Australian community.

By working together to achieve shared goals, steps for sustainable change can be taken to optimise health and wellbeing outcomes for South Australians. This will also contribute to creating the physical and social environments needed to support thriving and connected communities.

SACOSS and the DHA share a common set of values in supporting health and wellbeing. This forms the foundation for the collaboration, and the basis to explore and harness the opportunities presented by the partnership.

SHARED PRINCIPLES

- All government and non-government sector policies, services and programs should aim to have a positive impact on the population health of South Australia, including, but not limited to the health and human services sectors.
- The health sector (government and non-government agencies) should aim to promote health and prevent illness.
- Early, appropriate and accessible health promotion and primary care services and resources are crucial in building healthy societies.
- Local, regional and state-wide cooperation and collaboration within, and between government and non-government services is essential to prevent fragmentation of services, inefficiencies and barriers to access. Collaborative processes also allow joined-up policy making and delivery to occur.
- Health outcomes are distributed unevenly and according to socio-economic status. Reducing socio-economic inequity is central to building a healthy South Australia.
- Prevention and public health action is a shared responsibility for federal, state and local government and the non-government sector. Strong partnerships are required to optimise health and wellbeing outcomes for all, and to address the social determinants of health.

OUR ACTIONS

Under the framework and objectives of the Public Health Partner Authority Agreement and through the vision of this Policy Statement we will focus our efforts on:

- Collaboration and coordination of activities to deliver co-benefits and optimised outcomes for health and wellbeing;
- Identify mutual topics of interest in response to emerging areas of community need;

- Explore the interface between the health and community services sector and the public health planning and implementation system, identifying areas of mutual benefit and opportunities for co-delivery to enhance community health and wellbeing;
- Develop a shared understanding of each other's agenda, priorities, and where the work of the sector intersects with public health to leverage expertise, knowledge and resources;
- Knowledge and understanding of the social determinants of health to strengthen action for community health and wellbeing and increase equity;
- Mechanisms for sharing information and maintaining an open dialogue to support healthy public policy and related initiatives;
- Apply and use best practice and evidence to inform collaborative action for health and wellbeing;
- Explore how other partners can contribute to the vision of this Statement, recognising the need for multiple collaborators to address action on the determinants of health.

It is acknowledged that the sector already contributes to the public health agenda, and the actions described for the Public Health Partnership aim to build on that work and strengthen collaborative effort.

SHARED ISSUE OF CONCERN

Pressure on the hospital system in South Australia has resulted in reduced investment in prevention and primary health care activities. This has created difficulties in optimising the population health outcomes needed to achieve healthier South Australian communities. Acknowledging that this is a shared area of concern enables an open dialogue, which may support exploration of activities and actions that can maximise effort and harness windows of opportunity, in preparation for when a cycle of re-investment arises. Through the SACOSS-DHA Public Health Partnership, it is intended that the establishment of the SACOSS Policy Sub-council on health and wellbeing will provide a valuable mechanism for this dialogue to occur and identify opportunities to address barriers, for example through the elements of the South Australian Public Health Act.

ROLE OF SACOSS POLICY COUNCIL

To progress the vision of this Statement it is recognised that system change, stronger governance for health, and a greater focus on addressing the social determinants is needed to improve outcomes for the South Australian community, in particular those families and individuals most vulnerable. This requires longer term action and concerted effort – this Statement represents a step forward for strengthening health and wellbeing and enables an open discussion to identify and address public health concerns as a collective.

In line with the intentions of this Statement and the Partnership Agreement, SACOSS and the DHA will establish a SACOSS Policy Sub-Council to enable the greater focus for health and wellbeing.

For more information

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If you require this information in an alternative language or format please contact SA Health on the details provided above and they will make every effort to assist you.



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