

HEALTH PROMOTION IN THE EASTERN METROPOLITAN REGION

Snapshots of Integrated Health Promotion from
the Community and Women's Health Sector

This resource has been compiled by the Manningham Community
Health Services Integrated Health Promotion Team, July 2012.



HEALTH PROMOTION PROJECTS
IN THE
EASTERN METROPOLITAN REGION

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Community and Women’s Health Sector**

Executive Summary

Health promotion is a vital part of community and women’s health. Work that addresses social determinants of health is critical to keeping communities well, as is work that addresses areas of least advantage. Integrated Health Promotion (IHP) projects are diverse and are developed for the communities in which they occur. Community involvement is usually a key component to the work, to ensure project relevance and sustainability.

An internal IHP review at the Department of Health rated the Eastern Metropolitan Region (EMR) Integrated Health Promotion planning amongst the most robust and comprehensive in the state, based on the sample of EMR IHP work that was submitted. Health promotion work in the EMR reflects the overall quality of planning, effort, integration and impact of IHP across EMR.

This small selection of snapshots of health promotion in community and women’s health services across the EMR provide an opportunity to highlight the quality and variety of IHP happening within this region. The snapshots can be used to advocate and provide support for IHP. They will assist professionals working in the EMR to have a greater understanding of the scope and breadth of IHP.

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EACH Social and Community Health: Healthy Mothers, Health Babies Research Report

Community/Target Group:	Women of a refugee background living in Outer Eastern Metropolitan Melbourne.
Identified Need:	Women of a refugee background are particularly at risk of poor pregnancy outcomes and suffer higher rates of maternal complications. Research also indicates that many women from refugee backgrounds commonly arrive to Australia with minimal exposure to formal hospital based antenatal care and their birthing experience will have been shaped by the views and practices of that culture.
Project Description:	<p>The main objective of this project was to develop key recommendations for a service delivery model that would be appropriate, accessible and effective in meeting the antenatal and postnatal needs of this target group. A steering committee was formed with key stakeholders and consultation was implemented. This consultation included 42 women of a refugee background living in the area and 34 local health care providers and key informants.</p> <p>The consultation objectives aimed to identify the strengths and areas for improvement of relevant services; cultural practices; barriers experienced; and identification of possible strategies for improvement.</p>
Impact Outcomes:	<p>Recommendations have been put forward, including:</p> <ul style="list-style-type: none"> • A review of policies and procedures around the use of accredited interpreters in antenatal and postnatal care • Medical terminology training provisions for accredited interpreters working with the newly arrived refugee communities • An exploration of options to further develop relevant visual communication resources • Identification of avenues to run antenatal education classes for women of refugee backgrounds with an accredited interpreter and translated material • Feasibility of increasing local ethnic specific mothers groups and the provision of sustainable cultural competency professional development for local health service providers

Inner East Community Health Service: Ashburton Community BBQ and Community Garden

Community/Target Group:	Public housing residents in Ashburton
Identified Need:	Social Exclusion- self imposed and heightened by the estates sitting in a high SES area. High percentage of young families and single parents in the estates. High percentage of residents with complex needs. High unemployment rates. Research shows difficulty of these residents in accessing affordable, nutritious food. Issues with poor housing conditions and getting housing needs met by DHS. Residents reported low perception of safety and sense of community.
Project Description:	<p>A weekly community BBQ is used as a platform for engaging the community. A DHS placed based housing officer is present at the BBQs and reps from local agencies such as Camcare, CROP, Eastern Legal Centre, Salvation Army, Alamein Neighbourhood Learning Centre. Residents are encouraged to actively participate in the BBQ and we currently have residents shopping and preparing food and helping with set up and tidy up.</p> <p>IECHS rents 11 plots in the Ashburton community garden that we give out to public housing residents for the year. IECHS has employed a local resident to conduct gardening activities with the residents that occur after the BBQ. IECHS has been providing resources for the gardening activities and produce grown in the garden is used in the BBQ.</p>
Impact Outcomes:	IECHS has conducted annual surveys for the last 2 years and there has been a marked improvement in residents' perception of safety and sense of community. Incidents of violence on one of the estates have also improved. Residents are now accessing health services at the Ashburton site of IECHS.

Inner East Community Health Service: Social Café Meals Program (SCMP)

Community/Target Group:	People living in rooming houses or other temporary insecure housing within the City of Boroondara.
Identified Need:	<p>In the Boroondara subdivision (the City of Boroondara) in 2001 there were 583 homeless persons, a rate of 39 homeless persons per 10,000 population – the highest rate of homeless persons across the four subdivisions in the Eastern Metropolitan Region (EMR).</p> <p>In 2001, about half (51.8%) of Boroondara’s homeless were staying in boarding houses, a third (32.9%) were staying with friends or relatives, 14.4% were staying in supported accommodation, and a very small percentage (0.9%) were ‘sleeping rough’, squatting or in improvised dwellings. In 2006, 193 people were recorded to be living in registered rooming housing in the City of Boroondara.</p> <p>These people experience increased rates of social exclusion, low income, unemployment, and food insecurity which all contribute to poorer mental and physical health and wellbeing.</p>
Project Description:	<p>This project provides vulnerable population members with an incentive and opportunity to dine out in the community for a subsidised price, reducing reliance on emergency food relief services. It also promotes mental health and wellbeing through social inclusion by offering these meals in a friendly, welcoming social environment, encouraging social interaction between members of the community and Café Proprietors.</p> <p>Each Member is given a SCMP Card which entitles them to 3 subsidised \$10 meals per week for 8 weeks. This is a total of 24 meals over 8 weeks.</p> <p>Members will be charged \$2.50 for each meal with the remaining \$7.50 subsidised for by Inner East Community Health Service. Each time the Members visit a participating Café they have their membership cards stamped when they purchase a meal.</p>
Impact Outcomes:	<p>There are currently about 50 SCMP members. The SCMP has provided an average of 200 meals per month over the last financial year 2011-2012. Evaluation has shown that SCMP has improved food security in vulnerable groups and provided nutritional and economic benefits and created community cohesiveness which has provided social and psychological benefits, e.g. feeling accepted and being a part of community.</p> <p>SCMP members overcame embarrassment and intimidation previously associated with café use.</p> <p>New/increased business for café owners, and café staff enjoyed interaction with SCMP members. Community recognition for good for café business.</p>

Knox Community Health Service: Knox Accord to End Violence Against Women (KAEVAW)

Community/Target Group:	Women and men in Knox local government area (LGA)
Identified Need:	<p>One in three Australian women experience physical violence over their lifetime</p> <p>One in six women have experienced sexual violence since the age of 15 years</p> <p>Rising reported rates of violence against women in Knox LGA</p>
Project Description:	<p>The KAEVAW project commenced in 2007 with an initial seeding grant from the Respect Responsibility Equality Funding program (VicHealth) to Knox Community Health Service. It has been supported since this time through Integrated Health Promotion funding and is one of the priority areas in the KCHS IHP Plan 2009-2013.</p> <p>The project is based around an Accord document which was developed through a period of community consultation with a broad range of community members and organisations culminating in a Preventing Violence Against Women Forum held in November 2007. The form of the KAEVW was drawn from the UN Convention on the Elimination of All Forms of Violence Against Women (1979). The Commitment Statements and related protocols have been aligned with the White Ribbon Campaign (WRC) oath to not commit, condone, or remain silent about violence against women.</p> <p>The KAEVW identifies Knox as a community that affirms respect for all women and for their right to perform within their chosen roles and be recognised as full and equal participants in all domains, be they social, political, economic or cultural. This project has worked closely with organisations, businesses and football teams to promote and participate in activities to end violence against women.</p>
Impact Outcomes:	<p>3000 community members have taken an oath to ‘not commit, condone, or remain silent about violence against women’.</p> <p>Business have been given resources and support to participate in workplace changes to prevent and respond to ending violence against women</p> <p>A Knox Accord Ambassadors program was trialled with a range of prominent men and women including Knox City Council Mayor and Councillors, the CEOs of the Eastern Football League and Knox Community Health Service and a local Minister of religion.</p> <p>Six Knox football teams have been actively involved in promoting and supporting ending violence against women.</p> <p>The Knox Accord Partnership group (KCHS, KCC, Knox Info Link, Eastern Community Legal Centre and WHE) commenced working on a range of organisational capacity building projects in each workplace that aim to create environments that better prevent and respond to violence against women.</p>

Manningham Community Health Service: Family Play Kits

Community/Target Group:	Children and families in Manningham Kindergartens and Childcare Centres.
Identified Need:	Kindergarten and Childcare Centre staff who were participating in the Kids – go for your life program had identified that it was difficult to communicate the healthy eating and physical activity messages into the homes of the families of the children who were using their services.
Project Description:	<p>Manningham Community Health Service has been working closely with Child Care Centres and Kindergartens to implement the Kids – go for your life program, to make changes to policies and practices to support healthy eating and physical activity.</p> <p>Whilst centres have been successful in making changes, it has been difficult to send the messages home to encourage families to support changes in the home environment.</p> <p>The Family Play Kit has been designed to encourage families to play active games together, try new vegetable and fruit based foods, and also encourages families to interact and spend time together, which is important for child mental wellbeing.</p> <p>Kindergartens and Child Care Centres were able to request a Kit for each of the 4 year old groups/rooms. The Kits will be rotated through the families, with each child having a turn to take the Kit home.</p> <p>Consultations were held with parents, health professionals, early childhood experts, kindergarten teachers and childcare staff. Children were also observed playing with the contents of the Kits.</p>
Impact Outcomes:	<p>The Kits are in the process of being delivered to the centres, and evaluation will take place over 2012/2013.</p> <p>It is thought that Impact Evaluation will show that families interacted and played together with the Kits, and that they will continue to engage in one activity once the Kit has been returned to the Centre.</p>

Manningham Community Health Service: Supporting Kindergarten Teachers to Implement Health Promotion Activities

Community/Target Group:	Kindergarten teachers in Manningham
Identified Need:	Kindergarten teachers were reporting that it was difficult for them to implement health promotion initiatives within their kindergartens. When this was examined, it was revealed that Manningham kindergarten staff felt very isolated and did not have great professional support. There were feelings of low morale and professional dissatisfaction.
Project Description:	<p>Manningham Community Health Service has been working closely with child care centres and kindergartens to implement the Kids – go for your life program, to make changes to policies and practices to support healthy eating and physical activity. It was becoming increasingly difficult to get Kindergartens to participate in the program.</p> <p>A working group was formed consisting of kindergarten teachers, community health staff, and appropriate Council staff. A professional development evening was held for kindergarten and childcare centre staff, and an informal support group was established from that.</p>
Impact Outcomes:	<p>Following the professional development session, kindergarten teachers reported that they felt more confident, inspired, empowered, and reassured that they are doing a great job and are the experts in their field.</p> <p>The teachers are interested in planning another session for late 2012, early 2013.</p> <p>Evaluation of participating in the informal support network is yet to occur.</p>

MonashLink Community Health Service: Keeping Kids Smiling

Community/Target Group:	This project targeted children aged 4-6 years in local preschools and primary school in the City of Monash.
Identified Need:	Keeping Kids Smiling was developed in response to The National Oral Health Plan for 2004-2013, which describes the urgent need for improved community-based oral health promotion programs and dental services for children in Australia. In particular, children from low socioeconomic backgrounds have double the risk of dental decay than those in higher socioeconomic groups. In the City of Monash, where there are pockets of disadvantage in suburbs such as Clayton, Oakleigh South and Chadstone, the incidence of dental caries in children is 2.17 times greater than in children residing in socioeconomically-advantaged municipalities.
Project Description:	<p><i>Keeping Kids Smiling</i> was an oral health promotion initiative that aimed to improve children’s access to community dental services offered at MonashLink Community Health Service. The project, which involved oral health professionals and dietitians in the implementation, featured:</p> <ul style="list-style-type: none"> • establishment of partnerships between MonashLink Community Health Service and local preschools and primary schools; • consultation with parents to identify key oral health issues in their children; • structured access to the community dental service at MonashLink CHS, including free dental check-ups and fun, interactive oral health/nutrition education sessions for children aged 4-6 years; • collation and development of resources about oral health and good nutrition for distribution to parents, especially those from immigrant and refugee backgrounds, and children; and • establishment of an internal referral system at MonashLink CHS to facilitate referrals between the dental and dietetics departments when staff believed patients could benefit from the reciprocal service.
Impact Outcomes:	<i>Keeping Kids Smiling</i> was a successful initiative. During its lifetime, 263 children aged 4-6 years from local preschools and primary schools received free dental check-ups and participated in oral health education activities. <i>Keeping Kids Smiling</i> provides a template for other community dental services seeking to improve the flow of child clients through their clinics and to increase community awareness of child dental services in the community.

MonashLink Community Health Service: Re-Claim Research Project

Community/Target Group:	Employees at MonashLink Community Health Service
Identified Need:	<p>One in three Australian women experience physical violence over their lifetime. One in six women have experienced sexual violence since the age of 15 years. International research has identified four key criteria for effective violence prevention: working at the local level within community-government partnerships; engaging local knowledge, skills and capacities; integrating a gendered lens into the development of policy and planning; and evaluation of policies and programs.</p>
Project Description:	<p>The Re-Claim Research Project is innovative and demonstrates MonashLink’s potential for leading the community health sector in responding to violence against women. This project is ground-breaking and bold as it examined and evaluated an organisation’s internal workings, its understandings, policies and practices in relation to gender equality and violence against women.</p> <p>This research project used participatory action research methods to provide opportunity for reflection and exploration of issues about gender equality, violence against women and Monashlink’s understanding, capacity and commitment to respond to experiences of violation and abuse in the home.</p>
Impact Outcomes:	<p>The following recommendations have been prioritised for action:</p> <ol style="list-style-type: none"> 1) Develop a domestic violence policy and procedure including an EBA clause for special leave consideration for workers experiencing family violence. 2) Develop an organisational statement on MonashLink’s position – zero tolerance of violence against women in public and private spaces. 3) Provide education and training for all employees on gender equality and PVAW through a variety of events and forums. 4) Provide an organisational advocacy response to PVAW through combined actions on the 16 Days of Action to Eliminate Violence Against Women and White Ribbon Day. 5) Develop and implement a Gender Equality Policy checklist to be applied across units and programs. 6) Improve procedures and guidelines for appropriate responses/support by managers and colleagues to staff experiencing stress and trauma (including family violence). 7) Establish the issue of violence against women as a health promotion priority with dedicated positions and resources.

Ranges Community Health: Social Cafes

Community/Target Group:	Young people in the catchment of Yarra Ranges
Identified Need:	<p>Socially isolated young people are at greater risk of experiencing poor mental health.</p> <p>Young people who are more likely to be socially isolated include those who are at risk of, or are, homeless or living in insure accommodation, and those who are at risk of disconnecting from school or have left school prematurely.</p> <p>People who are or are at risk of homelessness also have poorer access to nutrition foods.</p>
Project Description:	<p>This program offers disengaged young people the opportunity to actively participate in social interactions while receiving a subsidised, healthy meal. Participants are eligible for two subsidised meals per week for four months. When the participants attend a 'partner' cafe they are required to pay \$2 and can order a meal to the value of \$15. Participants are given a membership card that allows them to bring a relative/friend to the cafe to ensure they feel comfortable with the dining experience. This initiative is modelled on nine other successful social cafes projects implemented by community health services and a local government. It is anticipated that the project will commence in August 2012.</p>
Impact Outcomes:	<p>This project is still to be implemented, therefore evaluation has not taken place. It is thought that some of the impact outcomes will include:</p> <ol style="list-style-type: none"> 1.) Improved levels of social connection for young people as evidenced through: improved social skills, improved opportunities for social interaction, increased opportunities for employment, increased skills in budgeting, increased involvement in the wider community, reduced social stigma. 2.) Strengthened partnerships between participating organisations. 3.) Contribution to the evidence-base for social connection strategies and support accountability to stakeholders.

Whitehorse Community Health Service: Wired Community@Wattle Hill – Digital Inclusion Project

Community/Target Group:	Public housing residents
Identified Need:	<p>The Wattle Hill public housing estate in Burwood is ranked in the first decile (most disadvantaged) on the SEIFA Index with a score of 865 The Wattle Hill Public housing estate has been identified as an area of significant need in regard to the digital divide and skills development. Prior to the project, less than 40 per cent of residents had home internet connection compared with the Victorian average of 72 per cent. The community has a large number of residents receiving income support including, disability support pension, aged pension, and unemployment benefits. There are many residents over 55 years of age and from non-English speaking backgrounds.</p>
Project Description:	<p>Whitehorse Community Health Service have been working in partnership with Wattle Hill estate residents, Infoxchange Australia, Department of Human Services, Deakin University and Whitehorse Council to develop an innovative community based <i>Information Communication Technology (ICT)</i> model to improve community engagement and participation outcomes in the local community. A key focus of the initiative is to empower and build capacity, skills and connection in the community.</p> <p>The Wired Community@Wattle Hill project is a digital inclusion initiative providing internet access, training, support, and community intranet access to residents of the Wattle Hill Public housing estate. The project has successfully established a Wireless Mesh Network on the estate and affordable internet access to. An active community intranet site has been created and is providing residents with local connection and easy access to information and resources relating to their local neighbourhood: community events, health and housing support.</p>
Impact Outcomes:	<p>Evaluation has revealed positive outcomes for Wattle Hill residents in line with the growing body of international evidence that removing the digital divide in disadvantaged communities is critical to changing their long term social isolation and disadvantage.</p> <p>Data shows that 67% of residents have reported a significant improvement in their ability to stay in touch with friends and family, 27% are now using the internet for job searching and application, and 43% are using the internet to access health information and services.</p> <p>The project has provided 50 estate households with a free computer, and delivered them with affordable (\$10/month) access to the internet, email, social networking, and a local community intranet site to communicate with neighbours, share recipes, information and seek assistance and support. Residents also access free computer training, including use of email, Facebook and other social networking sites, enabling communication with far away family and friends for the first time. Residents have also accessed help desk support provided by Infoxchange and some residents have become skilled IT volunteers in their neighbourhood.</p>

Women's Health East: Investing in Women – Building a Socially Connected East

Community/Target Group:	Women in the East Metropolitan Region who are isolated and/or disadvantaged.
Identified Need:	<p>In 2009 Women's Health East conducted a stakeholder consultation which identified that social isolation is a significant issue for women in the region. Stakeholders also stated that they did not feel as though they had the specific skills and knowledge to deal with the issue.</p> <p>A woman's capacity to be involved in her community, connect with others and feel supported by those around her is an important factor in determining her mental health and wellbeing.</p>
Project Description:	<p>Through this project, Women's Health East aims to strengthen the social connection of women by building the capacity of the health and community sector, and women in the community to understand the barriers to social connection and develop meaningful ways to establish social opportunities.</p> <p>The project is made up of 4 streams:</p> <p>Stream 1: Consultations with the Health and Community Sector</p> <p>Stream 2: Social Connection Workshops</p> <ul style="list-style-type: none"> - 1 x Full Day Workshop for Health and Community Sector - 4 x ½ day Workshops for Women in the Community <p>Stream 3: Establishment of Social Connection Opportunities</p> <p>Stream 4: Ongoing Evaluation and Capacity Building.</p> <p>Examples of initiatives being supported by the project in Stream 3 include a community connection group for women who have recently arrived from overseas, who can explore Melbourne together to help them feel more connected to their new home, learn how to use public transport and to form new friendships; and an Aboriginal healing circle which brings women together, who have experienced family violence, to connect and 'yarn' in a supportive and relaxed environment.</p>
Project Impact Outcomes:	<p>Some of the benefits of the project include improved sector capacity to address social isolation and encourage social connection, increased community participation of women who are isolated and disadvantaged, and improved women's mental health and wellbeing. Twenty eight social connections initiatives led by local women have been developed and are being supported through this project.</p>

Women’s Health East: Eastern Media Advocacy Project (EMAP)

<p>Community/Target Group:</p>	<p>Within the Eastern Metropolitan Region (EMR):</p> <ul style="list-style-type: none"> • Women who have experienced sexual assault • Women who have experience family violence • Health and Community sector • Media
<p>Identified Need:</p>	<ul style="list-style-type: none"> • One in three Australian women experience physical violence over their lifetime • One in six women have experienced sexual violence since the age of 15 years • Women speaking out about their experience encourages other women to come forward, it also helps to challenge many of the attitudes that support family violence and sexual assault and makes the issue real • Centres Against Sexual Assault (CASAs) and other Family Violence Organisations are regularly contacted by media seeking to speak to women who have experienced violence and having trained advocates available, enable these agencies to be more proactive and strategic when media opportunities arise.
<p>Project Description:</p>	<p>This project seeks to influence a change to community attitudes and promote the prevention of violence against women. It uses media as a setting for primary prevention and early intervention of violence against women, which has been highlighted in both Federal and State Primary Prevention Plans.</p> <p>The project has two components:</p> <ol style="list-style-type: none"> 1) To build capacity within the EMR of the health and community sector to effectively respond to media requests. 2) To train women survivors of sexual assault and family violence to become skilled advocates to share some of their experiences and bring a human face to help stop violence against women. <p>This dynamic and challenging initiative, can, through repeated exposure via various media outlets, start to impact on community attitudes to violence against women, enhance recovery of women who have experienced family violence and sexual assault and ultimately reduce the incidences of violence against women.</p>
<p>Project Impact Outcomes:</p>	<ul style="list-style-type: none"> • Uses media and advocacy opportunities to improve the community’s understanding of the impact of sexual assault and family violence and of a range of strategies to prevent these forms of violence against women and children • Provides opportunities for women who have experienced sexual assault and family violence to take on advocacy roles in the region • Influences the quality, information and comments contained in media opportunities about sexual assault and family violence and their prevention • Influences community attitudes, by challenging stereotypes and misheld beliefs around sexual assault and family violence. • Empowers women who have been sexually assaulted or have experienced or at risk of family violence to come forward • Educates workers to be better equipped to utilise the media to promote the prevention of violence against women • Supports and promotes local, State and National initiatives around prevention and response to violence against women, as well as supporting and promoting good Police practice and response. <p>Tammy, an advocate who is part of the project says, <i>“It’s so empowering to be able to be part of a project where I have been given skills and opportunities to be able to break the silence of violence against women”.</i></p>

Women’s Health East: EMR Financial Literacy Project

Community/Target Group:	Newly arrived migrant and refugee women in the EMR including: Hakha Chin, Karen and Middle Eastern community groups
Identified Need:	Skills in financial literacy are crucial for women in order to enhance women’s autonomy and empowerment. Financial literacy is about being able to understand and manage money in an informed and effective way – from opening a bank account, saving money and paying bills. For many newly arrived and refugee women understanding the financial systems in Australia is an incredible challenge yet it is also an important part of the settlement process.
Project Description:	In order to increase the skills, confidence and knowledge of newly arrived and refugee women, Women’s Health East have partnered with Women’s Health in the North - and in collaboration with the Migrant Information Centre [Eastern Melbourne] and EACH - to deliver a series of Financial Literacy workshops to 3 newly arrived groups in the EMR. The workshops cover topics such as: budgeting; saving; credit; contracts; community assistance; financial counselling; and consumer rights and responsibilities. Importantly, a facilitator training workshop will also be delivered to community leaders in the EMR so that the program can be replicated with women from other communities.
Impact Outcomes:	<p>Key impact outcomes include:</p> <ul style="list-style-type: none"> ○ Increasing refugee and migrant women’s confidence, skills and knowledge of financial literacy in the EMR ○ Building the capacity of organisations and community workers to deliver appropriate, effective financial literacy training to women in the EMR

Yarra Valley Community Health: Family Violence Awareness Media Campaign

Community/Target Group:	Women, men and teenagers in the Yarra Valley community.
Identified Need:	<p>Intimate partner violence, including physical, emotional and sexual violence, is the leading contributor to death, disability and ill-health in Victorian women aged 15-44. All forms of violence against women potentially reinforce a range of other known determinants of overall health problems, including poor mental health status, gender inequality, social isolation and economic disadvantage.</p> <p>The Yarra Ranges Municipal area has been identified as having the second highest number of reported incidents of family violence to Police in the Eastern Metropolitan area. Anecdotally, it is also identified by Family Violence Counsellors that a large number of women who experience violence and access support services in this area, will not report it to Police.</p> <p>As a result of interviews with key workers in our local community, it became evident that there was a deficiency in the general community's understanding of family violence. This included the broad range of behaviours that constitute family violence and abusive behaviour. As a result many victims and perpetrators of violence were not identifying themselves as experiencing or perpetrating the violence. It was suggested that many people maintained that violence was about physical abuse, without understanding the other social, emotional, financial, sexual and spiritual forms of abusive behaviour.</p>
Project Description:	<p>This project used the media to raise awareness of the issue of family violence. The capacity of journalists to understand the complexities of family violence was increased through provision of education and resources on the issue of family violence.</p> <p>A six week campaign was then run through five local newspapers to:</p> <ul style="list-style-type: none"> • To increase the community's awareness of family violence • To increase the community's understanding of family violence, including behaviours, impacts, broader societal causes and contributing factors • To provide the community with some practical strategies to reduce family violence • To increase to community's awareness of services available to assist • To increase the community's awareness of the Police role and the law • To encourage discussion within the community about family violence
Impact Outcomes:	<p>There was an improved understanding of family violence and the campaign challenged some men's belief that both men and women equally perpetrated violence.</p> <p>YVCH counselling staff reported an increase in the number of enquiries and demand for counselling and assistance in relation to family violence during the period of the campaign. In addition there was an increase in the number of women leaving abusive partners reported from the Men's Behaviour Change Group.</p> <p>The journalists felt better informed about the issue at the conclusion of the campaign. This was due to discussions with YVCH staff, access to relevant resources and reports, and interviews with experts in the field, workers and women in the community.</p>

Yarra Valley Community Health: Increasing the capacity of Eastern Health staff to identify and respond to clients with food access difficulties

Community/Target Group:	Yarra Valley Community Health staff and clients experiencing or at risk of food insecurity.
Identified Need:	<p>Lack of knowledge about how to identify and respond to a client experiencing or at risk of food insecurity.</p> <p>Lack of knowledge about services that can assist people at risk of or experiencing food insecurity.</p>
Project Description:	<p>Recent statistics have shown that food insecurity is prevalent in outer eastern region of Melbourne, including the Yarra Ranges. To increase the capacity of community health staff to identify and respond to clients affected by food insecurity, this pilot project aimed to:</p> <ul style="list-style-type: none"> ▪ Increase the number of staff with knowledge and skills in assessing and responding to food security clients ▪ Improve referral and client usage of emergency food relief and other community food access options. <p>Initiatives undertaken as part of this project included:</p> <ul style="list-style-type: none"> ▪ The delivery of a Food Insecurity Staff Capacity Building program through formal training workshop, information resources and the development of a Staff Resource Folder. ▪ The development and implementation of a Food Insecurity Screening Tool ▪ The development of resources for clients identified as experiencing or at risk of food insecurity.
Impact Outcomes (project outcomes):	<ul style="list-style-type: none"> ▪ Increase in staff knowledge regarding the identification of clients experiencing or at risk of food insecurity. ▪ Increase in staff knowledge about how to respond to clients experiencing or at risk of food insecurity, including community food access options. ▪ Development and distribution of information resources for clients experiencing food insecurity. Evaluation indicated that all staff involved in the project rated them as useful or very useful. ▪ Recognition that food insecurity is a common issue for community health clients and that more genuine solutions are required.