

Inner East Primary Care Partnership Health Promotion Evaluation Plan

Introduction

Inner East Primary Care Partnership's (IEPCP) Integrated Health Promotion plan outlines initiatives and activities which will be collaboratively developed and implemented by PCP member agencies across the catchment.

This document outlines a plan of action for conducting process and impact evaluation of the Health Promotion Plan 2009-2012. It details the key measures, evaluation tools and methods that will be used, and lists the timeframes and agencies/positions responsible.

The Evaluation Plan was developed based on the *revised* IHP Plan goals, objectives and strategies as documented in the Implementation Plan 2009-2012.

Glossary of Abbreviations:

Abbreviation	Description	Abbreviation	Description
ABS	Australian Bureau of Statistics	LGA	Local Government Area
AIHW	Australian Institute of Health and Wellbeing	Manningham CC	Manningham City Council
CHS	Community Health Service	MCHS	Manningham Community Health Service
CoW	City of Whitehorse	Monash CC	Monash City Council
DH	Department of Health	PCP	Primary Care Partnership
DHS	Department of Human Services	PPP	Population and Place Profile EMR document
ECLS	Eastern Community Legal Service	PVAW	Prevention Violence Against Women
EDVOS	Eastern Domestic Violence Service	RFVP	Regional Family Violence Partnership
EMR	Eastern Metropolitan Region	RG	Reference Group
EH	Eastern Health	SI	Social Inclusion
FV	Family Violence	WG	Working Group
GMGPN	Greater Monash GP Network	WHE	Women's Health East
IEPCP	Inner East Primary Care Partnership		
IHP	Integrated Health Promotion		

Priority Area: Mental Health & Wellbeing- PREVENTION OF FAMILY VIOLENCE

Goal:	To prevent family violence within the Inner East PCP catchment, with a key focus on primary prevention of violence against women.	
Target population/s:	Women and families living and working in Melbourne's Inner East Metropolitan Region	
Objective 1	Demonstrated understanding of the significance and determinants of violence against women by Inner East PCP IHP partners and their organisations by June 2012.	1.1 To research the incidence, prevalence and impacts of family violence within the Inner East region.
		1.2 To increase member agency's understanding of the gendered nature of violence against women.
		1.3 Identify, support and advocate for quality evaluation, CQI and the implementation of evidenced-based violence prevention activities across the Inner East.
		1.4 Partner with the Regional Family Violence Partnership (RFVP) in their 'PVAW Media and Advocacy project', which aims to develop a network of agencies who think strategically about using media to advocate for the prevention of violence against women.
Objective 2	Sustainable actions are taken by all PCP IHP partner agencies that contribute to prevention of family violence within the Inner East catchment by June 2012.	2.1 To complete a project that aims to build the capacity of local government to contribute to the primary prevention of violence against women.
		2.2 To support the development of an evidence base for the Baby Makes 3 Program (WCHS) which promotes respectful and equal relations through the transition to parenthood.
		2.3 To conduct an elder abuse prevention project (secondary and primary prevention) that aims to increase the Inner East community's understanding of older people's rights; of support services and by developing the capacity of local agencies to respond appropriately to suspected cases of elder abuse.
		2.4 To improve access to systems of support for victims of family violence by supporting the EMR Family Violence Prevention Network in printing and distributing 'Family Violence Help-Cards' within the region.

Priority Area:		Mental Health & Wellbeing- Prevention of Family Violence	
Goal:	To prevent family violence within the Inner East PCP catchment, with a key focus on primary prevention of violence against women.		
Target population/s:	Women and families living and working in Melbourne's Inner East Metropolitan Region		
Objective 1	Impact indicators <small>(align with DH IHP performance measures)</small>	Evaluation methods/tools <small>(provide specific details)</small>	Tasks, Timelines and responsibilities
Demonstrated understanding of the significance and determinants of violence against women by Inner East PCP IHP partners and their organisations by June 2012.	<u>Organisational development:</u> 1) Greater management support within member organisations to support FV initiatives within/by the workplace and to include FV in organisational plans and policies. 2) Increased use of research and evidence to inform FV initiatives and of local data to highlight the significance of FV.	No baseline data available for comparison. Survey developed by PCP IHP Coordinator To be completed by PCP HP partners Asking partner to report on indicators (current practice and perceptions in change of organisational practice since June 2009).	PCP IHP Coordinator. March 2012. PCP IHP Partners to provide feedback by March 2012.
	<u>Workforce Development:</u> 1) Training needs in relation to understanding FV identified and addressed. 2) Acquired knowledge applied into organisational work and functioning. 3) Increased understanding of the nature and determinants of FV and confidence in taking action in primary prevention of FV by IEPCP IHP partners.	No baseline data from pre 2011 available for comparison. Review of existing partner organisation's project plans of family violence prevention initiatives -to assess if reflect the gendered nature and determinants of FV. PCP IHP Needs Analysis to ask partners to self-rate current knowledge and understanding of FV and PVAW (this will form baseline). Action plan implemented to addressing needs. Re-assess understanding of partners of FV prevention (PCP IHP Coordinator to develop survey using questions from Needs Analysis 2011).	PCP IHP Coordinator- by April 2012. PCP Partners to assist by sharing plans and by completing Needs Analysis IHP Coordinator to develop Needs Analysis using Survey Monkey- July 2011. Circulate survey to partners Aug 2011. June 2012.

	<p><u>Resources:</u></p> <ol style="list-style-type: none"> 1) Greater success in leveraging financial and other resources for primary prevention of FV within the Inner East, from internal (member agencies) and external (eg grants) sources. 2) A more informed sector through broader access to knowledge and evidence based information. 	<p>No baseline data available for comparison.</p> <p><u>Funding:</u> Collate information on funding received by partners from external sources. Ask IHP Partners to provide information on any changes in access to internal sources of funding since 2009 (Email survey or at IHP Reference Group Meeting in Sept 2011).</p> <p><u>Information Resource:</u> Development of a PVAW resource is a deliverable for the PVAW Project (Due June 2012). Evaluate the value of resource for IHP partners</p>	<p>PCP IHP Coordinator- by Sept 2011</p> <p>IHP Partners- by Sept 2011.</p>
	<p><u>Leadership:</u></p> <ol style="list-style-type: none"> 1) Establishment of specialist positions and/or allocated roles to lead organisational change. 2) Organisations take a leadership role of FV projects. 	<p>No baseline data available for comparison.</p> <p>Collect information on their organisation's roles and positions from partners.</p> <p>Observations of PCP IHP Coordinator and reported practice by partners.</p>	<p>PCP IHP Coordinator, Partners. April 2012.</p> <p>PCP IHP Coordinator, Partners. April 2012.</p>
	<p><u>Partnerships:</u></p> <ol style="list-style-type: none"> 1) Greater proportion of planned FV initiatives delivered in partnership within the Inner East region. 2) Increased capacity to mobilise around new priority areas. 3) Reduction in fragmented and duplicated effort as organisations work together and pool resources and skills. 4) Maturing of partnerships where organisations work together to achieve a shared goal addressing FV. 	<p>No baseline data available for comparison.</p> <p>Recorded observations of PCP IHP Coordinator</p> <p>Reported and documented practice and opportunities by partners. Request feedback from partners, review organisational reports and record any indicators in meeting meetings (in project reports).</p> <p>VicHealth Partnership Survey pre and post conducted for PVAW Project Steering Committee</p>	<p>PCP IHP Coordinator – by June 2012</p> <p>PCP IHP Partners- April 2012</p> <p>PCP IHP Coordinator- by June 2012</p> <p>PVAW Project Worker/Monash Council</p>

Priority Area: Mental Health & Wellbeing- Prevention of Family Violence			
Strategies	Process indicators	Evaluation methods/tools (provide specific details)	Timelines and responsibilities
1.1 To research the incidence, prevalence and impacts of family violence within the Inner East region.	<p>Data accessed on the incidence of family violence in the Inner EMR (including from police and the DH's 'EMR health Status - summary profile 2010').</p> <p>Data sources identified and accessed that show the prevalence and impacts of family violence.</p> <p>Problem Analysis/Literature Review report completed.</p> <p>Report disseminated to percentage and range of agencies within the Inner East and made centrally available on PCP website.</p> <p>IHP partners report using the report (by PVAW Project) and other key documents (VicHealth) to support and inform their initiatives and to advocate for Family Violence as a regional issue.</p> <p>Partners advocated for the inclusion of data on the incidence, community impacts, contributing and protective factors of family violence during the consultation phase of the Population and Place Profile Project Stage #2.</p>	<p>Literature Review conducted by PVAW Project Worker that meets funding requirements.</p> <p>Record of dissemination partner list.</p> <p>Feedback on these indicators to be collected and recorded from partners by PCP IHP Coordinator (either by survey, email feedback or at IHP Reference Group meeting).</p> <p>Feedback reflected in PPP Project Final Report.</p>	<p>The report is a key deliverables of the PVAW Project due end July 2011.</p> <p>Monash City Council (as lead agency) to report on these as per project plan.</p> <p>PCP IHP Coordinator- Sept 2011</p> <p>PCP IHP Coordinator- May 2012</p> <p>PPP Project Manager- by Oct 2011</p>
1.2 To increase member agency's understanding of the gendered nature of violence against women.	<p>Percentage of member agencies attending (or having previously attended) VicHealth PVAW Short Course.</p> <p>Percentage of member agencies and numbers of staff attending other FV training/workshops/presentations/e-training.</p>	<p>Survey HP partners on previous attendance at FV related training (part of Needs Analysis)</p> <p>Attendance Records at training events June 2011-June 2012- Include numbers of individuals who attend PCP IHP meetings and of their agency IHP colleagues. Including:</p>	<p>PCP IHP Coordinator to develop and conduct Needs Analysis Survey – Aug 2011</p> <p>Partners to complete Needs Analysis- Aug 2011</p> <p>PCP IHP Coordinator to collate (from</p>

		<ul style="list-style-type: none"> • VicHealth PVAW Short Course • PCP PVAW Project • Elder Abuse Strategy- Global Cafe Workshops. 	agencies, relevant project workers)- By June 2012.
1.3 Identify, support and advocate for quality evaluation, CQI and the implementation of evidenced-based violence prevention activities across the Inner East.	<p>Evidence of CQI process applied in projects.</p> <p>Best practice has been identified by Literature Review (Deliverable of PVAW Local Govt Project)</p> <p>Evidence-based interventions being planned by partners.</p> <p>Quality evaluation embedded in project plans.</p> <p>Key communication and marketing channels utilised to promote and disseminate good practice and project outcomes.</p>	<p>Review project reports for evidence of CQI process and evaluation planning.</p> <p>Literature Review delivered and disseminated to HP partners.</p> <p>Review of project plans (PVAW Local Govt, FV Help Cards, Baby makes 3) to identify that they apply best practice and are evidenced based.</p> <p>Review of project plans.</p> <p>Evidence of communication- meeting minutes, e-bulletin, emails.</p>	<p>By PCP IHP Coordinator- By June 2012.</p> <p>PVAW Project Worker/Monash Council-July 2011.</p> <p>By PCP IHP Coordinator- by June 2012.</p> <p>By PCP IHP Coordinator- by June 2012.</p> <p>By PCP IHP Coordinator- by June 2012.</p>
1.4 Partner with the Regional Family Violence Partnership (RFVP) in their 'PVAW Media and Advocacy project', which aims to develop a network of agencies who think strategically about using media to advocate for the prevention of violence against women.	<p>Partners (IEPCP, PVAW Project Worker, WHE) attend media and advocacy training.</p> <p>As per Project Plan, including; Central media contact established for the EMR and utilized by media outlets.</p> <p>Number of opportunities to apply training</p> <p>All requests for public and media interviews accepted.</p>	<p>Training attendance.</p> <p>WHE records of number and type of media requests, their reach</p> <p>The number of published/broadcast interviews and whether key messages were reported.</p>	<p>PCP IHP Coordinator- by June 2012</p> <p>WHE records- by June 2012</p>

Priority Area:	Mental Health & Wellbeing- Prevention of Family Violence		
Objective 2	Impact indicators (align with DH IHP performance measures)	Evaluation methods/tools (provide specific details)	Timelines and responsibilities
Sustainable actions are taken by all PCP IHP partner agencies that contribute to prevention of family violence within the Inner East catchment by June 2012.	<u>Organisational development:</u> 1) Increased organisation commitment to make FV a priority. 2) Greater management support within member organisations to support FV initiatives within/by the workplace and to include FV in organisational plans and policies. 3) Increased use of research, evidence and local data to inform activities.	Review of IEPCP IHP partner agency Health Promotion/Health & Well Being Plans to identify commitment to and planned activities for prevention of family violence. Data collected (survey) from IEPCP IHP partners on their reported and perceived level of management support.	Timeline: Conduct survey in April 2012. IEPCP IHP Coordinator (to develop, conduct survey, analyse and report upon results). IHP partners to provide information by completing survey and providing access to plans (not already avail online).
	<u>Workforce Development:</u> 1) Acquired knowledge applied into organisational work and functioning.	Data collected (survey) from IEPCP IHP partners on their reported and perceived level of management support. Review of project plans, workplans to identify were FV prevention actions have been implemented and embedded.	Timeline: Conduct survey and review agency plans in April 2012. PCP IHP Coordinator- to develop and conduct survey and review plans PCP IHP Partners to provide feedback by completing survey and feeding back/sharing work and project plans.
	<u>Resources:</u> 1) Greater success in leveraging financial and other resources for primary prevention of FV within the Inner East, from internal (member agencies) and external (eg grants) sources. 2) A more informed sector through broader access to knowledge and evidence based information.	No baseline data pre 2011 collected for comparison. <u>Funding:</u> Collate information on funding received by partners from external sources. Ask IHP Partners to provide information on any changes in access to internal sources of funding for FV since 2009 (Email survey or at IHP Reference Group Meeting in Sept 2011). <u>Access to Information Resource:</u>	PCP IHP Coordinator. May 2012. IHP Partners to provide information. May 2012.

	<p>Training Attendance Records</p> <p>Record of awareness raising and education activities conducted with agency staff. Reported by PCP IHP Partners.</p> <p>PCP Needs Analysis conducted Aug 2010 and repeated June 2012- to measure (based on partners self reporting) their understanding of FV prevention.</p>	<p>PCP IHP Coordinator to collate attendance records. May 2012.</p> <p>IHP Partners to provide this information. May 2012.</p> <p>PCP IHP Coordinator to develop and conduct Needs Analysis (Aug 2011 and June 2012)</p>
<p><u>Leadership:</u></p> <p>1) Establishment of specialist positions and/or allocated roles to lead organisational change.</p> <p>2) Organisations take a leadership role of FV projects.</p>	<p>Reporting of new positions, changes to EFT, roles related to FV within partner agencies.</p> <p>Observation and review of project and workplan reporting.</p>	<p>IHP Partners</p> <p>IHP Partners</p>
<p><u>Partnerships:</u></p> <p>1) Greater proportion of planned FV initiatives delivered in partnership within the Inner East region.</p> <p>2) Increased capacity of member agencies to mobilise around new priority areas.</p> <p>3) Reduction in fragmented and duplicated effort as organisations work together and pool resources and skills.</p> <p>4) Maturing of partnerships where organisations work together to achieve a shared goal addressing FV.</p>	<p>Review of agency and PCP work and project plans.</p> <p>Meeting attendance records- representation by agencies on networks, partnerships that plan and deliver FV initiatives. Eg Membership of RFVP, IEPCP IHP, Elder Abuse Network.</p> <p>Number of FV-related grant applications made by Partner agencies.</p>	<p>PCP IHP Coordinator to collate information to report upon in June 2012 report.</p> <p>IHP Partners to provide information on key measures to PCP (Ongoing and by May 2012).</p>

Priority Area:		Mental Health & Wellbeing- Prevention of Family Violence	
Strategies	Process indicators	Evaluation methods/tools (provide specific details)	Timelines and responsibilities
2.1 To complete a project that aims to build the capacity of local government to contribute to the primary prevention of violence against women.	Will be specified in Project Plan- due July 2011.	As per project evaluation plan being developed by Project Worker based on consultation with academic.	PVAW Project Worker to conduct evaluation Monash City Council (as lead agency) to report on this strategy as per project plan. Due: June 2012
2.2 To support the development of an evidence base for the Baby Makes 3 Program (WCHS) which promotes respectful and equal relations through the transition to parenthood.	Specified in Project Evaluation Plan- written by WCHS in conjunction with academic.	As per project plan written by WCHS.	WCHS Due Dec 2011.
2.3 To conduct an elder abuse prevention project (secondary and primary prevention) that aims to increase the Inner East community's understanding of older people's rights; of support services and by developing the capacity of local agencies to respond appropriately to suspected cases of elder abuse.	Specified in Project Plan written by ECLC.	As per Project Plan written by ECLC.	Eastern Community Legal Centre (as lead agency) to report on project evaluation due end June 2012.
2.4 To improve access to systems of support for victims of family violence by supporting the EMR Family Violence Prevention Network in printing and distributing 'Family Violence Help-Cards' within the region.	Distribution reach of Help Cards % of targeted agencies/regions reached. Number of cards distributed.	Distribution records (agency/ No#) Anecdotal accounts of access to services that resulted. Images of dissemination and launch event.	EMR Family Violence Prevention Network By June 2012.
Preparation of evaluation report:	IEPCP IHP Coordinator to collate and report on evaluation findings on the above key measures.		
Dissemination of evaluation:	To IEPCP Partners & Members by IHP Coordinator		

Priority Area: Mental Health & Wellbeing- SOCIAL INCLUSION

Goal:	To build socially inclusive communities within the Inner East PCP catchment.	
Target population/s:	Marginalised people or those experiencing or at risk of social isolation. Including: Women and Men, Older People, Culturally diverse communities, people experiencing a mental illness, new mothers (from VicHealth's Participation for Health: Framework for Action 2009-2013).	
Objective 1	To build the capacity of PCP IHP Partner agencies to plan using evidence-based approaches and conduct rigorous evaluation of initiatives that promote social inclusion, by June 2012.	<p>Develop a Social Inclusion Toolkit for PCP IHP partners that provides a common language, understanding of the issue, and approach to planning and evaluation (process and impact) of social inclusion activities.</p> <p>Develop an understanding by PCP IHP partners, of the theory and application of using a strength-based approach to address social isolation and promote social inclusion.</p>
Objective 2	To support 4 projects that increase opportunities for social connection for people living within the Inner East region and who are at risk of, or experiencing, social isolation, by June 2012.	<p>To support the development of an evidence-base for the Ready Set Baby perinatal Program (EH) which aims to build coping skills and confidence of pregnant women at risk of social isolation and poor mental health.</p> <p>To continue to implement the 'Opening Doors' project which aims to increase the social inclusion of people at risk of isolation in local communities in the Inner East region.</p> <p>To implement the 'Building Partnerships to reduce gambling related harm' project to address social isolation and other contributing factors of problem gambling behaviour (primary and secondary prevention).</p> <p>To support the planning, implementation and evaluation of the 'Investing in Women-building a socially inclusive East' project (WHE), which aims to building agency's capacity to effectively address social isolation amongst women and to establish meaningful social opportunities for women who are isolated and/or disadvantaged.</p>

Priority Area:	Mental Health & Wellbeing – Social Inclusion		
Goal:	To enhance social inclusion within the Inner East catchment.		
Target population/s:	Marginalised people or those experiencing or at risk of social isolation. Including: Women and Men, Older People, Culturally diverse communities, people experiencing a mental illness, new mothers (from VicHealth’s Participation for Health Framework for Action 2009-2013).		
Objective 1	Impact indicators (align with DH IHP performance measures)	Evaluation methods/tools (provide specific details)	Timelines and responsibilities
To build the capacity of PCP IHP Partner agencies to plan using evidence-based approaches and conduct rigorous evaluation of initiatives that promote social inclusion, by June 2012.	<u>Organisational development:</u> Inclusion of evidenced-based initiatives in organisational plans Increased incorporation of activities that support/build social inclusion into existing strategies and priorities.	Review of organisational plans Feedback/reports received by HP Partners	PCP IHP Coordinator to coordinate collection of evidence- April 2012. IHP Partners to provide information- April 2012.
	<u>Workforce Development:</u> Gaps in workforce’s skills around planning strategies to enhance social inclusion and evaluating identified key measures, worker’s understanding of social inclusion are identified and addressed. Increased reported confidence of HP workers in planning and evaluating SI activities/projects. New skills and understanding gained has been applied by HP partners in their work.	Gaps identified in planning content and purpose of SI Toolkit. Feedback collected from IHP partners of the value and application of toolkit (expect to develop toolkit by Dec 2011, therefore only 5month trial period.) IHP Coordinator to develop survey to collect this feedback.	IHP Coordinator to develop survey and lead evaluation of Toolkit- May 2012. IHP Partners to provide feedback- May 2012.
	<u>Resources:</u> More efficient and effective targeting of resources. Greater success by partner agencies in leveraging financial and other resources to enhance SI. A more informed sector through access to evidenced based information and best practice.	<u>Targeted resources-</u> Review of partner agencies SI project and workplans and evaluation reports to identify application of best practice and results regarding efficiency and effectiveness. <u>Leveraging resources-</u> reports and feedback from partners received via	PCP IHP Coordinator to oversee collection of this evidence from partners and review of agency plans- May 2012. IHP Partners to provide feedback/information as requested- April/May 2012.

		meetings and project updates. <u>Informed sector</u> : Reach and utilisation of SI Toolkit.	
	<u>Leadership</u> : Establishment of positions, changes to EFT, work roles to address SI.	As reported by IHP Partners.	IHP Partners to report this information (April 2012)
	<u>Partnerships</u> : Greater proportion of SI strategies and projects planned and implemented in partnership. Maturing of partnership from information sharing, to collaboration.	As reported by IHP Partners. Review of agency project and workplans. Project committee membership and meeting minutes. Project MOUs.	PCP IHP Coordinator to collate this information (April 2012) IHP Partners to provide feedback (April 2012)

Priority Area:		Mental Health & Wellbeing – Social Inclusion	
Strategies	Process indicators	Evaluation methods/tools (provide specific details)	Timelines and responsibilities
1.1 Develop a Social Inclusion Toolkit for PCP IHP partners that provides a common language, understanding of the issue, and approach to planning and evaluation (process and impact) of social inclusion activities.	Needs Assessment conducted to inform content SI evidence and resources reviewed and incorporated into Toolkit Sub Working Group formed to steer development of Toolkit. Toolkit developed within timeline and promoted to target audience (IHP partners).	Needs Assessment survey and report. Reporting on process followed (reflected in IHP Reference Group and Sub Working Group meeting minutes and toolkit document). Toolkit resource developed. Evaluation survey of IHP Partners on value and use of Toolkit.	Survey- PCP IHP Coordinator –Sept 2011. Process- PCP IHP Coordinator- Dec 2011. Toolkit- PCP IHP Coordinator and Sub Working Group- Dec 2011. Evaln- conducted by PCP IHP Coordinator. IHP Partners to provide feedback- May 2012.
1.2 Develop an understanding by PCP IHP partners, of the theory and application of using a strength-based approach to address social isolation and promote social inclusion.	Percentage of IHP Partners who have attended 'Assets Based Community Development' training, seminars, peer learning presentations. Percentage of IHP Partners who report using a strengths based approach to enhancing SI.	Survey of IHP Partners Attendance records from presentations, forums etc.	PCP IHP Coordinator to conduct survey and maintain attendance records (where appropriate)- May 2012.

Priority Area:	Mental Health & Wellbeing – Social Inclusion		
Objective 2	Impact indicators (align with DH IHP performance measures)	Evaluation methods/tools (provide specific details)	Timelines and responsibilities
To support 4 projects that increase opportunities for social connection for people living within the Inner East region and who are at risk of, or experiencing, social isolation, by June 2012.	<u>Reach, participation and satisfaction:</u> Projects reach groups at risk of or experiencing social isolation Agencies are actively involved in SI planning and implementation	Project Evaluation Reports. Agency's work and project plans addressing SI.	IHP Partners to share project reports.
	<u>Personal Skills:</u> Increased knowledge and understanding of partners about social inclusion. Increased confidence reported by partners in planning, implementing and evaluating SI projects.	Survey of HP Partners. Needs Analysis conducted by PCP Aug 2011 and repeated May 2012.	PCP IHP Coordinator- Aug 2011 (pre) and June 2012 (Post).
	<u>Healthy Lifestyles:</u> Four projects achieve desired impact on SI supportive or risk factors.	Project Evaluation Reports	Project Lead Agencies PCP IHP Coordinator IHP Partners to share project reports.
	<u>Community strengthening:</u> The four projects build social capital in their target populations Improved agency capacity to take collective action on SI.	Review of Project Reports Self reported by IHP Partners via survey.	PCP IHP Coordinator- June 2012. IHP Partners to share project reports. Survey developed and conducted by IHP Coordinator. May 2012. Feedback provided by IHP Partners.
	<u>Supportive Environments:</u> Improved living and social conditions for population groups targeted by 4 projects.	Review of Project reports.	PCP IHP Coordinator- June 2012. IHP Partners to share project reports.
	<u>Healthy Public Policy and Practice:</u> Agencies have SI as a HP priority and/or implement workplans and strategies that promote social inclusion .	Review of agency workplans.	PCP IHP Coordinator- by June 2012.

Priority Area:		Mental Health & Wellbeing – Social Inclusion	
Strategies	Process indicators	Evaluation methods/tools (provide specific details)	Timelines and responsibilities
2.1 To support the development of an evidence-base for the Ready Set Baby perinatal Program (EH) which aims to build coping skills and confidence of pregnant women at risk of social isolation and poor mental health.	Specified in Project Plan developed by EH (Lead Agency)	Specified in Project Plan developed by EH. Academic consulted in evaluation planning.	EH Final Project Report due March 2012.
2.2 To continue to implement the ‘Opening Doors’ project which aims to increase the social inclusion of people at risk of isolation in local communities in the Inner East region.	Specified in Opening Doors Project Plan developed by UCCO (Lead Agency) and Project Steering Committee.	Annual evaluation conducted. Evaluation report of 2009-2010 to be released Aug 2011.	UCCO Project Steering Committee Due: Project Report due Dec 2011
2.3 To implement the ‘Building Partnerships to reduce gambling related harm’ project to address social isolation and other contributing factors of problem gambling behaviour (primary and secondary prevention).	Will be specified in project plan and by Dept of Justice. (Awaiting remit from DoJ and project worker not yet recruited to develop project plan)	To be specified in Project Plan.	Project Worker Gamblers Help East Due: Final Project Report incl evaluation due June 2012
2.4 To support the planning, implementation and evaluation of the ‘Investing in Women-building a socially inclusive East’ project (WHE) , which aims to building agency’s capacity to effectively address social isolation amongst women and to establish meaningful social opportunities for women who are isolated and/or disadvantaged.	Specified in Project Plan developed by WHE (Lead Agency)	Specified in Project Plan developed by WHE (Lead Agency)	WHE Due: Final Project Report incl evaluation due June 2012
Preparation of evaluation report:	IEPCP IHP Coordinator to collate and report on evaluation findings on the above key measures.		
Dissemination of evaluation:	To IEPCP partners and members by PCP IHP Coordinator		

Strategies relating to core business of PCP:

In addition to work planned around the two priority areas of social inclusion and prevention of family violence, the following projects will be conducted as part of the IHP Implementation Plan 2011-2012.

These projects relate to;

- PCP Core Business (eg Partnership Survey and Training Needs Analysis)
- Supporting Population health planning based on social determinants (Population & Place Profile Project)
- Health Promotion projects carried forward from the previous IHP Plan and that don't directly link with current two priorities addressing mental health (ie. Healthy Partnerships in Kindergartens Initiative).

Goal:	To lead and support integrated health promotion planning, implementation and evaluation within the Inner East region.	
Objective 1	Health Promoting Early Childhood Settings	To continue to support the planning, implementation and evaluation of the ' <u>Promoting Healthy Partnerships in Kindergartens Initiative</u> '
Objective 2	Core Business: Continuous Quality Improvement	To respond to IHP <u>partnership evaluation</u> by planning actions that build upon identified strengths and addressing areas where improvement is required.
Objective 3	Capacity Building: Workforce Development	To identify the <u>training needs</u> of PCP IHP partners to facilitate quality and effective HP planning and activities within the Inner East region.
Objective 4	Support population health planning: Population & Place Profile Project- stage 2.	To engage a consultant to conduct a feasibility study on the development of the EMR Population & Place Profile as an online and real-time data resource.

Priority Area:	Health Promotion- Core Business		
Strategies	Process indicators	Evaluation methods/tools (provide specific details)	Timelines and responsibilities
To continue to support the planning, implementation and evaluation of the <u>'Healthy Partnerships in Kindergartens Initiative'</u>	As per project plan developed by Lead Agencies, and submitted to DH.	Evaluation as per project plan	City of Monash (Project Lead) City of Manningham (Project Lead) DH (Project Sponsor) IEPCP (Project Support) Final Report Due: Sept 2011.
To respond to IHP <u>partnership evaluation</u> by planning actions that build upon identified strengths and addressing areas where improvement is required.	Percentage of IHP partners who provided feedback Common themes identified Themes prioritised and strategies for addressing themes identified. Plan of action developed and implemented Monitor for change by repeated survey in 12months.	New York Partnership Tool IEPCP Partnership Evaluation Report	PCP IHP Coordinator IEPCP EO
To identify the <u>training needs</u> of PCP IHP partners to facilitate quality and effective HP planning and activities within the Inner East region.	Needs Analysis Survey developed and conducted Percentage of IHP Partners who completed survey. Results analysed and report identifying key themes generated. Workplan to address needs developed and implemented.	Needs Analysis Survey- developed by PCP IHP Coordinator Training evaluation forms- results.	Led by PCP IHP Coordinator Survey conducted- Aug 2011 Report- Sept 2011 Plan of Action- Oct 2011.
To engage a consultant to conduct a feasibility study on the development of the EMR Population & Place Profile as an online and real-time data resource.	<u>Stage 2:</u> Indicators as per project plan for Stage 2. <u>Stage 1:</u> Measure use and value of PPP resource by IHP partners to inform population health planning.	<u>Stage 1:</u> PCP IHP Coordinator to develop and conduct survey of IHP Parnters. <u>Stage 2:</u> Evaluation of Stage 2 as per project plan by Consultant	<u>Stage 1:</u> PCP IHP Coord. Sept 2011. <u>Stage 2:</u> Project Consultant OEPCP IEPCP DH (Project Sponsor)
Preparation of evaluation report:	IEPCP IHP Coordinator to collate and report on evaluation findings on the above key measures.		
Dissemination of evaluation:	To IEPCP partners and members by PCP IHP Coordinator		