



Thriving Communities Healthy Families

The story so far...

Neighbourhood Houses in Tasmania
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TCHF Background

- May 2013 funding announced for place based health promotion projects
- NHT manage the project
- Five houses funded
 - Derwent Valley
 - Eastern Shore (East Devonport)
 - Maranoa Heights (Kingston),
 - Northern Suburbs (Rocherlea)
 - St Helens



Place-based Policy Approaches

- Social determinants of health model which recognises that health outcomes and health behaviours are shaped by social, economic and environmental factors
- People who live in socio-economically disadvantaged areas experience poorer outcomes across a range of health status indicators, including mortality, morbidity, life expectancy, health risk behaviour and self-assessed health
- Families with young children, in these locations, are more likely to experience social exclusion, family relationship and parenting challenges, and overall poor health and wellbeing



Locational differences in health and wellbeing

- The **compositional** theory - shared **characteristics** of people in an area eg. unemployment, prevalence of health risk behaviours
- The **contextual** theory - characteristics of the natural and built **environment** eg. housing, transport, green spaces, services
- The **relational** theory - relationship between **people and places** which takes into account history and biography

‘disadvantage is the result of a complex mix of social, spatial, economic and political forces, and the local neighbourhood plays an important role in shaping these processes’



Why a place-based approach ?

- Address the complex interplay of factors which impact on health and wellbeing of a particular population
- Value community-specific definitions of health needs and solutions and governance models
- Build community engagement and capacity to facilitate individual, systems and cultural changes to promote HWB
- Make a location knowable and manageable through localised decision making
- One platform to reduce health inequity

‘as localities differ, ...each will raise unique solutions’

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TCHF Resources

- Healthy Families Worker (19-22hrs/week)
- Small amount of project funding (\$3000)
- Part-time Project Manager (NHT)
- Resources of the Neighbourhood Houses
- UTAS
 - Evaluation capacity building
 - Overall program evaluation
 - *Interim evaluation report March 2015*
 - *Final evaluation report due March*



Evaluation Approach

Two-tiered approach

- Overall evaluation plan for the TCHF project (UTAS)
- Individual evaluation plans for each of the participating houses (UTAS and the houses)
 - *part of the evaluation and planning capacity-building component of the project*
 - *Learning by doing*



TCHF Aims

‘develop a project that will build on [NH] existing strengths to contribute to improved health and wellbeing by engaging ‘at-risk’ families of young children; working effectively in partnership with others; and participating in capacity building initiatives that aim to build healthy settings for living, learning and working.’

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Project Approaches

DVCH	<ul style="list-style-type: none">• To engage with young families who have become isolated from their support networks and their community, in an <i>outreach capacity</i>.• Provide families with the resources and information of programs and services in the area.
ESCH	<ul style="list-style-type: none">• Provide capacity building training and practical experience <i>for community leaders</i>• Work with potential leaders to develop strategies to engage disadvantaged families
MHCH	<ul style="list-style-type: none">• Improve access to nutritious and <i>affordable food</i> and have a healthy diet• Support active and connected families where children and women are valued• Focus on building healthy parent / child relationships with active engagement in learning and education
NSCH	<ul style="list-style-type: none">• To provide skills and information and to connect with families experiencing poor nutrition and issues <i>of food security and affordability</i>
SHCH	<ul style="list-style-type: none">• To work in <i>partnership with other health service providers and key stakeholders</i> to address issues that exist at neighbourhood level, such as social isolation, poor or fragmented service provision that leads to gaps or duplication of effort and limited economic opportunities• To engage 'at risk' families of young children into existing programs supports and to maintain engagement with those at risk of becoming disengaged

At-Risk families

DVCH	Thriving Communities Healthy Families Outreach Program	Teen/young single mothers with one or more children. Anyone with a child aged 0-12 experiencing at risk circumstances
ESCH	Communities for Communities (C4C)	Disadvantaged families with children in specific community housing areas in east Devonport identified by the community leaders
MHCH	Eat_Play_Lead	Women who are socially and economically disadvantaged, with experiences of trauma, and with children aged under 12.
NSCH	LunchBox Heroes Healthy Families	Young families with children experiencing food security issues
SHCH	TCHF Project St Helens Neighbourhood House	Families (children 0-12) with poor support networks, minimal engagement with services/ programs/ schools or may have parenting challenges or health and wellbeing issues. New Families at danger of becoming disengaged due to the lack of social connections

At-Risk families

'There is a crossover between the Healthy Families worker (HFW) role and what happens at the NH. The HFW is not the sort of worker who will sit in the office when other clients, not related to TCHF program, need support/help. It's not the way community centres work.'

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Families - Engagement Strategies

- Support groups for women/ mothers
- Visiting existing services and groups to engage families
- Afterschool activities for families
- Piggy backed on existing program
- Portable healthy eating and physical activity programs
- Social inclusions events
- Peer to peer strategies
- Being a presence in the community
- Promotional material/social media



Most Successful Engagement Strategies

- One to one outreach
- Peer to peer strategies
- Being a presence in the community
- Piggy backing on existing program

Successful engagement is primarily about building trust



families engaged

House	Total # families			# new families			# families in target group		
	Jan-Jun 2014	Jul-Dec 2014	Jan-Jun 2015	Jan-Jun 2014*	Jul-Dec 2014	Jan-Jun 2015	Jan-Jun 2014	Jul-Dec 2014	Jan-Jun 2015
Derwent Valley	19	29	70	6	29	42	2	6	All
Eastern Shore	12	110	117	2	110	45	All	No data	All
Maranoa Heights	7	25	69	7	22	42	7	22	96%
Northern Suburbs	No data	107	199	No data	107	No data	All	All	All
St Helens	20	120	120	20	75	50	20	70	90%

Partners- engagement strategies

- Meeting one on one with key actors in other organisations.
- Use of promotional material e.g. brochures, information sheets, letters.
- Keeping in touch through email/ phone calls.
- Attendance at existing network meetings.
- Working collaboratively with other organisations on their projects/activities.
- Being a presence in the community at different events and activities



Partners engaged

	Jan-Jun 2014	Jul-Dec 2014	Jan-Jun 2015
DVCH	7	9	13
ESCH	7	14	3
MHCH	7	3	3
NSCH	4	8	4
SHCH	10	15	26

Partners-working well

- Willingness to share Information amongst partners where appropriate to do so
- Shared ethos of striving to support community and advocating on their behalf collaboratively
- Established trust
- In-kind support and assistance with running activities and events.



Partners-Challenges

- Still a work in progress with some organisations in some areas- CFC and CHAPS
- Credentialism
- Accountability
- Resource constraints



Short-term Outcomes-Families

December 2015- Positive changes

- Awareness of local services and supports
- Aware of rights
- More confident talking to service providers
- Feel less judged
- More supported
- New friendships
- Valued/empowered

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Place-based Criterion

Place based criterion	Project response
Meet the unique needs of a location	Criterion met by all projects
Engage stakeholders in collaborative decision making	Criterion met by all projects
Tap into local resources and skills	Criterion met by all projects
Evolve and adapt to new learning and stakeholder interest	Criterion generally met but slowly in some projects
Cross organisational borders and collaborate	Criterion generally met but different projects face different challenges
Shared ownership	Criterion partially met but more a future prospect
Change norms in a location	Criterion not yet met but positive signs

Evaluation Capacity Building

- Building the skills, competencies and confidence to enable an organisation to perform evaluation
- Negotiated and shared understanding of evaluation training needs and purposes
- TCHF not a single project but five quite different projects
- Different evaluation skills and experiences in houses
- Made ECB more complex



Evaluation Challenges- PBI

- Projects evolve as they are implemented
- Can take longer than expected to get off the ground
- Changes do not always happen in a predictable linear way
- Traditional program evaluation approaches not really suited

Tension between 'accountability' demands of funders and community development approach responding to changing needs



Summary

- Neighbourhood Houses are well positioned to reach disenfranchised families.
- Neighbourhood Houses have significant expertise in engaging with and building relationships with people and organisations to achieve outcomes.
- There is a need to articulate clearly what evaluation capacity building means and to negotiate appropriate timeframes and approaches to evaluation capacity building in resource constrained community service organisations.

