



## PROMOTING HEALTHY LIFESTYLES FORUM

# Exploring the determinant of Social Inclusion. Why? Forum Summary

**Tuesday 21<sup>st</sup> April 2015,  
Northern District Community Health Service,  
Fitzroy Street, Kerang**

The aim of the forum was to;

- Talk about the determinant social inclusion
- Unpack what the evidence tells us of rural social inclusion
- Consider how the evidence of rural social inclusion can influence and be integrated into our practice
- That the day engages people to openly talk – a very inclusive day where as peers we share, discuss and learn from each other

### Southern Mallee Primary Care Partnership

**Purpose:** To work together in an effective and innovative way to improve the health and wellbeing of local communities.

**Vision:** Happy and healthy people connected to vibrant rural communities.

**Mission:** To strengthen and build relationships, processes and systems that contribute to an effective service delivery environment which addresses the health and wellbeing needs of our community

## WHAT MAKES "US" FEEL HAPPY

All participants were asked to write about *what makes you feel happy*

The most common response was family and friends and spending time doing enjoyable activity together. Being part of friendship groups, activities, sharing jokes and stories and being included or knowing we belong makes us feel happy. Being able to contribute with purpose in work teams or as a volunteer make us feel happy.

Health and wellbeing was also a key element and included having calmness and balance in our life, good physical and emotional health, safety and happiness and environments that were beautiful and accessible.

Recreational time and activities that are of interest and pleasurable to us make us feel happy; examples of these include gardening, pets, enjoying the natural flora and fauna of the area and participating in sports.

Every day and occasional luxuries we have available to us make us happy such as coffee, time to relax and holidays, food and resources (household appliances) that make daily life easy.

## **BACKGROUND OF SOCIAL INCLUSION AS A PRIORITY OF SOUTHERN MALLEE PRIMARY CARE PARTNERSHIP**

Social connectedness has been an identified priority of Southern Mallee Primary Care Partnership (SMPCP) which has been maintained over time as SMPCP members acknowledge this determinant (social connection/inclusion) is a prevention factor to poor mental health. The direction of work for SMPCP on social connection has been based on workforce development so inclusive practice becomes embedded in agency practice for planning, implementation and evaluation whether it is at a strategic or operational level.

Momentum on social connection increased during 2011 when SMPCP partnered with Northern Mallee and Campaspe Primary Care Partnership and hosted the [Connecting Communities; Mallee and Campaspe Social Inclusion Conference](#). The conference outcome report identified the following;

- PCPs could explore ways to provide support for the continued discussion of social inclusion principles at a more local level as well as the strengthening and expansion of partnerships.
- Ways to support the introduction of social inclusion principles into strategic plans and policies should also be investigated.

The conference also enabled the identification of five key elements viewed as fundamentals to creating socially inclusive rural communities these being;

- Community Engagement – Nothing about us without us;
- Optimise Participation;
- Acceptance and celebration of diversity;
- Community leadership; and
- Health and wellbeing is everyone's business.

The Loddon Mallee Region (LMR) Primary Care Partnerships (PCP) agreed to a proposal from SMPCP of utilising unspent PCP Problem Gambling funding for the financial year 2011 – 12 and to work together to develop a Social Inclusion Framework for rural communities. SMPCP has led this partnership work which has progressed since July 2012 to the current time.

Commencing with a literature review, several consultations with LMR Agencies and several drafts of the Rural Social Inclusion Framework the partnership has endured to where the Rural Social Inclusion Resource will be launched on the 12<sup>th</sup> of May 2015.

*Link to YouTube clip on social inclusion.*

[https://www.youtube.com/watch?v=d3KOFZeuQmw&feature=player\\_detailpage](https://www.youtube.com/watch?v=d3KOFZeuQmw&feature=player_detailpage)

## **DISCUSSION AND WORKSHOP OUTCOMES**

During the day there were several discussion and workshop sessions along with interesting and inspirational presentations. During the day we identified a series of information relating to social inclusion and exclusion, our rural setting and the opportunities we have to integrate and influence social inclusion. During workshop components participants were directed to refer to the document *Foundations of Rural Social Inclusion (Appendix 1)*.

### ***What are the structures in your organisation that enable the voice of local communities / people?***

In our organisations there are a range of structures that enables the voice of local communities including;

- Organisation policy and procedures that guide how communities and people are engaged and have a voice
- Supported and expected practice is client centred care assisted with Care Team meetings
- Regular meetings and gatherings for people
- Community services that enables attendance and participation
- A range of resources including community friendly environments, access to programs and funding supports

### ***How is your agency leading, supporting and enabling communities, people and other agencies to be included?***

Agencies adopt a range of methods to be inclusive of communities, people and other agencies;

- Employing staff with a range of backgrounds, knowledge and skills to better work with community diversity. E.g. Cultural Liaison Officer, bilingual staff
- Participating in agency networks, collaborations and relationships and working in partnerships on particular pieces of work or issues
- Using consultation methods to gain information including; Consumer Reference Group, Consumer feedback forms, Agency Reference Group E.g. GLAM
- There is a willingness to be flexible in work practices and approaches to best suit the environment, community or people
- Services going to people such as outreach or home visits and at times doing this with other agencies
- Payment structures for services so people they can access supports they need when they need them

### ***What challenges do you experience in your work due to our rural setting?***

Participants identified a range of challenges stemming from the environment, resources and practice.

The geographically large rural and small communities and district areas do pose a challenge for agencies to cover effectively. Small communities can be isolating with limited services, community and local facilities, eg. General stores, and public transport occasional or not available at all.

At times there are limitations on service provision due to funding and constraints in service guidelines and eligibility criteria. Access to specialised services locally is often limited or not available at all. Referral pathways for some services are unclear, cumbersome or not efficient.

The socio economic position of some people and communities is a challenge with the limitations for employment and ongoing or alternative education opportunities.

### ***What works well or are opportunities because of our setting?***

#### **Works well**

Across the Southern Mallee there are a number of actions occurring that work well in supporting socially inclusive practice.

- Agency staff having local knowledge including understanding current local events or issues and knowing of opportunities for connections and other supports
- Local and catchment networks provide the opportunity to work together, understand services available, key contacts and sharing and addressing issues together
- Having respectful and productive relationships with vulnerable families
- Being creative in the way support is provided

#### **Opportunities**

There were numerous opportunities identified to enhance socially inclusive practice for both service providers and community. It was raised during the day that the opportunities are about equal access.

- Capturing stories or in case studies how others are being inclusive in their agency, work practices and with community
  - Building Socially Inclusive Rural Communities: A complete resource – adding to the case studies that are included
- Ongoing education for service providers on social inclusion
  - Community engagement
  - Working on the determinant not the resulting issue
  - Rural Social Inclusion Framework and Resource workshops

- Build our partnerships so they are inclusive by;
  - Identifying need and planning together
  - Initiatives are ongoing – not just a one off
  - Reflecting on and evaluating how well our partnerships are working and who else should be involved
  
- Enhancing connections between services and pathways for ease of access
  - Partners in Recovery
  - Disability services
  - Education
  - Maternal and child health
  
- Interagency care team meetings – while they do occur within agencies improvements could be made to interagency care planning
  
- Identifying ways to reduce stigma of;
  - Mental illness
  - Disability
  - Cultural differences
  - Young parents
  
- Promoting and using opportunities that connects others;
  - FLO School meeting space and coffee morning
  - Swan Hill Specialist School catering service
  
- Working with people not doing too;
  - Going to people and groups not expecting them to come to us
  - Mentoring
  - Respectful relationship
  
- Providing information to community by a range of means (e.g. social media, face to face) of opportunities to participate in;
  - Consultations, provide feedback, be involved in committees and advisory groups
  - Community events eg. Supporting festivals
  - Social groups and activities
  - Learning or upskilling opportunities
  -

Community Engagement & Participation **Social Capital** Collective action  
 Joined up approaches **Rural context** *Cultural diversity and competency*  
 Empowerment Vulnerable populations **Social inclusion or social exclusion**

## **PRESENTATIONS**

### **Gayle Farnsworth**

Gayle Farnsworth has a Masters Degree in Education (Language and Literacy specialist) from Deakin University and a Doctorate in Social Policy (Rural Studies) from the University of South Australia.

The title of Gayle's thesis is "Multicultural Policy and Practice in Rural Communities: Perspectives of Gendered 'Others'".

Gayle lives and has worked in Robinvale for many years in a wide range of fields. Gayle has taught English as a Second Language to migrants and refugees and has been a project officer for Swan Hill Rural City Council involved in supporting migrant women with settlement issues in Robinvale. Gayle worked for Robinvale District Health Service facilitating federal and state funded projects that aimed to improve children's services delivery in ways that engage and better support vulnerable families. Gayle is currently enjoying being an active community member.

### **EXPLORING THE DETERMINANT SOCIAL INCLUSION, MY PERSONAL JOURNEY**

Gayle worked with focus groups for her thesis to understand and learn about social inclusion and exclusion. Gayle wanted to know the essence of social inclusion and exclusion of migrant people in rural communities.

In reflecting on her life, Gayle shared her experiences of being socially excluded as a child from her family being different to the norm with a student father, working mother, moving several times and limited finances. What this experience did was give her resilience, an understanding and a sense of feeling different and an awareness of others who were in the same position due to other factors such as religion and ethnicity.

As Gayle moved into married life settling into the community of Robinvale, a new experience with social exclusion occurred due to being the new girl to town and not fitting the brief for established social cliques in the rural town. As life in Robinvale continued the community demographics were changing to a multi-cultural population, changing in the landholdings and adjusting community powers and sense of community.

With the emergent multi-cultural communities Gayle was approached to use her teaching qualifications to teach English as a Second Language and Adult Literacy at the local TAFE. Gayle recognised teaching new settlers English while somewhat helpful was not the only skill and supports required for the new community members to be included and enable them to be included in the community.

Gayle could see that consulting with migrant people on what would assist them in a new community and then ensuring strong skills of educators, supporting people and agencies with the assistance that they needed would have a greater benefit.

The next step in Gayle's life was working in the area of settlement support and early years increasing her connection with migrant families and people who were vulnerable. Seeing and hearing the experiences of these people and being required to work in frameworks and prescriptive funding models sparked her to increase her knowledge of inclusion. Gayle commenced her PhD and thesis finding that there is limited peer reviewed evidence of interventions addressing social exclusion in Australian rural context.

Gayle expressed that social inclusion is that all people have equal opportunity and also equal access to opportunities. Migrant women in rural communities report they are often denied access to equal opportunity due to cultural inappropriateness and or lack of services and supports e.g. education, transport, work, healthcare. For people who are vulnerable there is already complexity to their situation so the access to opportunity needs to be multi-dimensional. The rural areas can exacerbate vulnerability and exclusion simply by the limitations to opportunity within the community. The challenges also being experienced by rural areas due to environmental and policy factors add another layer of discourse.

Through Gayle's study and work with the focus groups came clarity that social exclusion from discrimination and inappropriate interventions resulted in hurt and anger. Social exclusion is coming from people who have power denying others access to opportunities that will enable and enhance inclusion. Considering inclusion or changing to be inclusive is not in the focus of many who have influence through their roles in the broad community systems. There appears to be disconnect between policy and meaningful appropriate practice.

Gayle's study showed that for rural communities to be inclusive identifying commonality between people and the passion and strengths in the community rather than looking at differences is likely to result in positive outcomes for people and community. Developing local solutions by approaching issues at hand with the community, applying a continuum for community engagement will join together people, agencies and the community. This united approach is empowering, connects and uses local resources and is more likely to be sustaining. When advocacy is required a stronger community voice can emerge.

Gayle finished her presentation with a word of caution in the frame; that as we become more mindful and proactive in being inclusive our best intentions may actually result in unintentional exclusion. Therefore we must continually question and reflect on our approach and check that we are doing things 'with' people and not 'too' people.



## SWAN HILL COLLEGE FLO (Flexible Learning Option) PROGRAM

### **Corey Frost, Swan Hill College FLO Program Manager**

Corey provided an overview of the approach Swan Hill College FLO Program is taking with young people who are vulnerable to disengaging from school.

Corey said “it is important to reflect back on how people miss out”. In reflecting on how people miss out can we only then put in to place strategies that respond effectively.

Swan Hill College FLO Program has worked to have **connections** with others in the community including businesses, community organisations, parents and community members. This provides opportunities that support alternative ways of educating (not just book based) and for the students to be heard. The aim is to strengthen the connection with community as a community space and value as a centre for education and skill development.

**Working with** students on problems they have is undertaken with the view;

- It is not the too hard
- It is not a waste of time

Swan Hill College FLO Program has established **guiding principles** for students, teachers and support staff to work together. These are;

- Respectful
- Productive
- Encouraging

These principles are seeing students have good experiences as they take ownership of their behaviour and actions, are not being judged and are supported when they have challenges. Activities occur during the school week to demonstrate and practice these behaviours such as lunches together and working together on projects or activities.

### **Jo Taverna Parent and Community Engagement Coordinator**

Jo has the role of engaging the broader community and the parents of students to the Swan Hill College FLO Program. The purpose of such engagement is to assist in **breaking down stereotypes** between the students, parents and community.

**A range of approaches** have been implemented including;

#### Breakfast Program

- Numerous community organisations and businesses have contributed to the Breakfast Program in the way of in kind funding and also monetary donations
- Students speak and work with the organisations and other people
- Explore and implement other opportunities – Mentor Project and Funded Leadership Program

### Engaging Parents

- Informing parents of the Swan Hill College FLO Program activities – using a range of means including home visits and text
- Identifying skills of parents and how they could be involved
- Working with the students so they are comfortable with parent involvement

### Community Enterprises

Relish Drive: Students picked tomatoes and made relish that they sold at the Sunrise Rotary Market.

FLO Coffee Shop: Open each Wednesday morning to the public for coffees made by students who have completed a barista course.

### **Future opportunities**

Evolving the Swan Hill College FLO Program is being explored to be able to support young parents continue with their education. Consideration of the barriers for young parents has to be taken in to account and solutions will need to be in place such as childcare and transport.



<http://www.shc.vic.edu.au/flo-program.html>

## **SETTLEMENT SERVICES PROGRAM AND SPECIALIST HOMELESSNESS SERVICE** **Mary Ruane, Team Leader, Settlement Services Program and Specialist Homelessness Service**

The success of the Swan Hill Resettlement Program is due to the community (Swan Hill) **accepting** cultural diversity, agency and community **supports** and **access** to a range of funding streams to assist with initiatives.

Each element has a purpose but they contribute to developing a **sense of belonging** for the people involved and often a connection to others or local resources. Examples include;

### *Community garden at Sunraysia Institute of TAFE*

Supported with funding has now provided the opportunity to;

- Meet others in the community
- Continue to develop the garden (sense of pride)
- Share with others outside the participants usual circles

### *Multi-cultural Mums Group*

- Connects women
- Offers peer support
- Builds confidence and happiness

### *Uniting Church*

- Opened the facility to the CALD community as a place to worship in the manner that is acceptable to their religion

### *Celebrations*

Harmony Day has grown in the community over the last three years to be a celebration of many cultures and traditions (dress, music, dance and food).

- It supports accepting cultural diversity in the community.

A significant challenge experienced by those resettling is **not having the right to work** – this takes away the ability to be independent, self-supporting, using ones own knowledge and skills and connecting with others.

Mary shared her approach to inclusion as “Don’t judge – connect, be honest and respect others”



<http://www.malleefamilycare.com.au/Services/Housing---Settlement/Homelessness-Services.aspx>

## **MATERNAL AND CHILD HEALTH**

**Sue Donnelly, Maternal and Child Health Nurse, Gannawarra Shire Council**

Sue explained she has many years of experience working in the field of Maternal and Child Health. Throughout her career she has recognised that becoming a parent, (not only for the first time), and the early years are a vulnerable stage and can be an emotional time for mums, dads and other family members. Sue explained her approach has been to **work with** parents not to tell parents what to do.

The following are examples of the experiences Sue has taken in working with different population groups.

### ***Working with Turkish Women/Mothers***

Working with cultural groups it is important to try to **understand how their life can be different**. An example of this is that it is acceptable that the male is the dominant member of the family. For many cultural groups there is a lack of awareness or understanding of Maternal and Child Health – why would you take a healthy looking child to a health centre when he/she is not sick?

While working with the Turkish community support was provided to **give women confidence** to move independently or be able to seek support when needed, this was done by;

- Engaging an interpreter to support information being understood and translated accurately.
- Naming the group in an educational format so the men accept these 'meetings'.
- **Listening** to what they have to say and sharing experiences (both good and not so good, and some very personal).
- Incorporating education into the group – this helps **empower participants** with knowledge and what is available and how to access these services.
- Supporting **connections** with others, networking and friendships.

### ***Teenage Mothers***

Teenage mothers can be vulnerable; they can feel the stigma of being a pregnant teenager or mother. Often there is lack of support and others will hold power over them because of the pregnancy. For many teenage mothers there is a complexity of issues they are living with. In all of this they love their baby and want the best for their baby as much as any other mother. Teenage mothers are mostly good mothers. They may do things differently at times but usually do so in the best interest of the baby. Trust was very important to these young girls.

When working with teenage mothers

- As leaders **accept their differences**.

- Don't worry about pedantics (eg. clothes they are wearing, language used outside the group) – really consider how important are these matters. The important part is their **participation**.
- **Find the connection** – what is important to the young mothers, what do they want to know?
- Use opportunities to share information and support them with education about preventative health.
- **Praise** the mothers – praise is most likely limited in their world, positive comments.
- **Celebrate** milestones, achievements and being together.

### ***Enhanced Home Visits***

The Enhanced Maternal and Child Health service is for families who have difficulties for whatever reason, for example, lack of transport to attend the Maternal and Child Health centre, several children and mums with post natal depression.

The values of Enhanced Home Visits include;

- **Be non-judgemental, show respect and empathy.**
- Provide a positive environment; at the same time explain why something is not such a good idea. Use a softly, softly approach.
- Share knowledge and accurate up-to-date information but do not overwhelm. Use simple language.
- Be **respectful**, reassure **confidentiality** and keep your word.
- **Listen**, keep your word and follow up.
- Role model and demonstrate **leadership**.
- **Work with** the families so they have achievable goals – you don't set them up to fail.



<http://www.gannawarra.vic.gov.au/live/community-services/children-and-family-services/maternal-and-child-health/>

## **WHERE COULD WE GO NOW WE HAVE MORE KNOWLEDGE?**

Participants were asked to complete an individual Worksheet (appendix 4) to identify *Where could we go now we have more knowledge?* Four worksheets were returned at the end of the day. The following are summaries of the responses – these have been de-identified.

1.

**Consider your work / a priority / a project that you would like to work on based on social inclusion.**

We are planning a community meet and greet to integrate the community with local services and opportunities to become involved.

**Consider what would you like to do differently and why?**

I would like to reach out to a wider range of socially disconnected people so they can regain their sense of belonging and improve happiness and mental health.

**What would have to occur to enable you to work in the way you have identified?**

- Word of mouth
- More events similar to the meet and greet mentioned above
- Social inclusion to become a priority area in my agency Plan. Without it being a priority area we are unable to focus on it too much.
- Increased confidence in the community so they seek help when needed, strive to become included.

2.

**Consider your work / a priority / a project that you would like to work on based on social inclusion.**

Social inclusion through the eyes of the children aged 0-5 years.

**Consider what would you like to do differently and why?**

Broaden the social experience for very young children (0-5) who may normally spend all day with mum and seldom visit family, friends or groups

**What would have to occur to enable you to work in the way you have identified?**

- Capacity to transport more than one family at a time
- Education for mums on child development and the benefits of play
- A supported play group
- Playgroup within walking distance to DHHS Housing locations
- Host forums, education nights and presentations aimed at young parents – often these are run-in situations that exclude isolated clients
  - No transport

- No family to babysit
- Family and peers not supportive
- Poor mental health / postnatal depression
- Generational poverty

**3.**

**Consider your work / a priority / a project that you would like to work on based on social inclusion.**

Make social inclusion a core practice / consideration in community activities, associations and groups.

**Consider what would you like to do differently and why?**

Support all people to have true access to equal opportunity without being patronising or insensitive to individuals daily experience of social exclusion.

**What would have to occur to enable you to work in the way you have identified?**

More people in my community need to understand what social inclusion means. Many think it simply means including people from vulnerable populations in social activity such as festivals and celebrations. Unfortunately sometimes their motivation is aligned with exotica and at the end of the day nothing has changed – tomorrow the individual may still face the reality of having no job or no transport or no religious solidarity.

**4.**

**Consider your work / a priority / a project that you would like to work on based on social inclusion.**

As I am getting toward the end of my career and only work one day a week I don't have time to take on another project but happy to join in with what is happening.

**Consider what would you like to do differently and why?**

**What would have to occur to enable you to work in the way you have identified?**

- Happy to continue encouraging families supporting their parenting choices (so long as they are safe)
- Provide a positive and welcoming environment
- Respect their thoughts
- Encourage health care and developmental checks

## FORUM FEEDBACK

A Feedback Form (Appendix 5) was handed out to forum participants and distributed to all via email. One form was returned while several others provided verbal feedback to the forum coordinator (Sallie Amy, Health Promotion Officer, Southern Mallee Primary Care Partnership).

All the verbal feedback received was positive in nature with praise for the forum style and in particular for the people who presented and their insight and information they shared; for many this was inspiring.

The one returned form

**By attending the forum;**

**Did your knowledge on social inclusion increase?**

YES ✓ Slightly      NO

**Did your knowledge of social inclusion and social exclusion in rural communities increase?**

YES              NO      Unsure

**What 2 key pieces of information did you take away from the forum?**

1. Go to people rather than wait or expect them to come to you. People's circumstances might not be as they seem.
2. Sometimes you need to be aware that your usual approach might not be for everyone and may need to be changed to suit different circumstances and that is okay.
3. Ensure policy changes will actually result in change. Don't focus on the 'fluffy stuff', ensure your efforts will be worthwhile.

**Other comments you would like to pass on**

While I found the speakers interesting, I didn't learn anything from the day that I could take away and put into practice. The stories got me thinking and opened my eyes to a few issues, however not in a way that will influence the work we do at my agency.



## CONCLUSION

SMPCP Forum *Exploring the determinant of Social Inclusion. Why?* was a busy day attended by eighteen people including presenters and organisers. There was particular interest and inspiration from the four presenters, all of who work and live in our region, sharing information and experiences of rural social inclusion.

Social inclusion has been a priority of SMPCP over many years with momentum in our knowledge and socially inclusive practice growing. With the imminent launch of the *Building Socially Inclusive Rural Communities: A complete resource the Foundations of Rural Social Inclusion* (appendix 1) were explored in this forum bringing local knowledge, practice and opportunities to light.

Commencing the day with the question of *What makes "us" feel happy?* showed commonly it is connection with others and being able to participate as we choose. We have opportunities of social connection, to good health and inviting environments, choice in what we want to do and luxuries.

Gayle Farnsworth, Robinvale local, has delved into social inclusion and exclusion bringing her personal and academic journey together. Gayle aptly showed that social exclusion can occur at life stages just by the position of life you are in, it can be hurtful, make you angry, it can affect a person's health, ability to be educated and those with power can keep people in a position of exclusion. Rural social inclusion needs a multi-dimensional approach with a connection across many elements of community, practice and policy if there is to be any change. Reflection on practice is required to ensure social inclusion is about working with and not doing too others and there truly is equal access to opportunities.

Presentations from Swan Hill College FLO Program, Mallee Family Care Settlement Services Program and Homelessness Services and Gannawarra Shire Maternal and Child Health further highlighted inclusive practice, approaches to this and the great value to individuals and community from social inclusion.

In the practical settings principles of inclusion were reiterated time and time again and the value to people and the community if it occurs. Consistent words and messages we heard were;

*Connections, working together, breaking down stereo types and stigma, accepting, sense of belonging, supports, access, understanding others, respect, leadership, celebrate, empower, don't judge.*

During the day we discussed social inclusion in the view of what we have in our work settings, how does our rurality impact inclusion and what opportunities do we have to be inclusive or strengthen inclusion. Interestingly challenges are not insurmountable when reflecting on the opportunities that have been identified to be inclusive and strengthen inclusive practice.

Opportunities include;

- Further discussion and capacity building for service providers on social inclusion supported by Building Socially Inclusive Rural Communities: A complete resource.
- Continuing to build on our partnerships and increasingly working together
- Addressing stigma of vulnerable people and population groups
- Improving or adopting new ways to work with people and community
- Providing information of opportunities to participate



Left to right Sallie Amy SMPCP, Sue Donnelly Gannawarra Shire Council, Gayle Farnsworth Presenter, Bronwyn Hogan SMPCP

Community Engagement & Participation **Social Capital** Collective action  
Joined up approaches **Rural context** *Cultural diversity and competency*  
Empowerment Vulnerable populations **Social inclusion or social exclusion**

## **NEXT STEPS**

### ***Forum Report***

Develop a report from this forum presenting the outcomes of discussions and the essence of the presentations.

Distribute the final report to all participants and promote via SMPCP Newsletter, e-bulletin and committees and networks.

### ***Building Socially Inclusive Rural Communities: A complete resource***

Send invitations to forum participants to the launch and workshop of the Rural Social Inclusion Framework and Resource – 12 May 2015, East Wimmera Health Service, Charlton Campus, Charlton.

Provide a copy of the Building Socially Inclusive Rural Communities: A complete resource to all participants of this forum.

Promote future workshops and capacity building on the Building Socially Inclusive Rural Communities: A complete resource in the Southern Mallee to all forum participants and SMPCP Members, Associates and others.

### ***Outcomes of this Forum***

- This report be referred to in developing an SMPCP Rural Social Inclusion Implementation Plan and activity of other SMPCP Committees and Networks
- Identify opportunities to strengthen social inclusion via SMPCP Committees and Forums; Connections between services, Interagency care planning, Partnerships
- Capture examples, stories and additional case studies of local rural social inclusive practice
- Continue to build capacity of SMPCP Members, Associates and others of social inclusion
  - Inclusive structures and practice – leadership and workforce levels
  - Working with people and community
- Identify and implement ways SMPCP can work to reduce stigma of vulnerable people and population groups
- SMPCP promote and use opportunities that assists with inclusion e.g. Meetings at FLO School meeting space
- Identify particular projects or work with agencies relating to rural social inclusion that could be followed applying the Building Socially Inclusive Rural Communities: A complete resource

## APPENDIX 1

### FOUNDATIONS OF RURAL SOCIAL INCLUSION

#### Social Inclusion or Social Exclusion?

The ability to participate in society, and to be free from discrimination and disadvantage is not only an ideal, it is a basic human right. It is a right documented in the Universal Declaration of Human Rights, agreed by the international community in 1948. The definition used by the UNESCO (2012) highlights the value of human rights in a socially inclusive society:

*'Inclusive society is defined as a society for all, in which every individual has an active role to play. Such a society is based on fundamental values of equity, equality, social justice, and human rights and freedoms, as well as on the principles of tolerance and embracing diversity.'*

Throughout the literature social inclusion and social exclusion concepts are examined together and are often referred to as 'twin' concepts. Thus, an understanding of social exclusion is essential in order to promote social inclusion (Labonte, 2004).

*Social exclusion involves the lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities, available to the majority of people in a society, whether in economic, social, cultural or political arenas. It affects both the quality of life of individuals and the equity and cohesion of society as a whole (Levitas et al., 2007).*

Generally, social exclusion describes what occurs when individuals or communities experience multiple disadvantages simultaneously, making it difficult for them to participate in their community, for example in work, education or in joining a community group (Social Inclusion Unit, 2008).

Socially inclusive rural communities are those in which:

- Every individual is able to feel welcome in their community and have the opportunity to fully participate in all aspects of rural community life;
- The systems and structures in communities and in organisations enable the voice of local community to guide action;
- Genuine community leadership is active and effective.

#### The Rural Context

Nearly one in three people live outside Australian major cities - in rural, regional and remote areas across Australia (Australian Bureau of Statistics (ABS), 2008). The main characteristics that differentiate between rural and urban communities are physical geographical isolation and smaller sized populations. Another critical difference is the level of disadvantage and poverty (Australian Council of Social Services, 2013). Rural areas are over represented among the disadvantaged according to indicators of disadvantage (ABS, 2000). As the level of inequality increases in Australia, rural people are disproportionately impacted (Australian Social Inclusion Board, 2012).

There are many differences in the social, economic, and cultural features of rural areas, as well as the physical difference in accessibility, that are likely to influence the process of social exclusion in these areas (Shucksmith, 2003). Factors particularly affecting rural communities are multidimensional and include: agricultural and trade policy reforms; demographic change and migration patterns; house prices; labour and skills shortages, restricted careers, access to information technologies; depletion of fossil fuels, climate change and reduced government involvement in service provision (Alston, 2005; Rawsthorne, 2009; Shucksmith & Arkleton 2000)

Many of these factors have led to both population decline and a higher proportion of elderly residents in many rural areas in recent years. In the contexts of close-knit rural towns dominated by family farms, these shifting socio-demographic profiles can confront the identity, values and connections of communities.

In rural communities, smaller populations mean that there are fewer people to inform decision-making or initiate action. Access to community influence and benefits is dependent on becoming a privileged or elite community member through family tenure or wealth and status (Alexander, 2005). This results in the privileged community influencing decisions on the entitlement, allocation, and timing of community resources, leading to greater exclusion for those without power or influence (Onyx et al., 2007; Ostrom, 2000; Wilson, 2005).

Much has been written about the 'digital divide' and its impact on those affected. It refers to the perceived gap between those who have access to the latest information technologies and those who do not. Research tells us that there is a range of factors that contribute to this digital divide along racial, economic, ethnic, and educational lines (Charleston, 2012). There is also geographical divide, where access to the internet is considerably lower in regional and remote areas compared to major cities. In addition, regional and remote areas are at least 40% less likely to have Broadband access relative to major cities (ABS, 2007).

## **Vulnerable Populations**

The literature indicates that people most at risk of social exclusion are those who experience multiple and complex problems (financial, social, physical and psychosocial). Multiple disadvantages can have a compounding and persistent effect, reinforcing barriers to achieving wellbeing, accessing resources and utilising capabilities (UK Social Exclusion Task Force, 2007; Vale, Watts, & Franklin, 2009).

At a personal level, people experiencing multiple disadvantages often experience increased mental health issues, higher levels of domestic violence and other criminal and antisocial behaviour, have lower levels of educational attainment and employment, inadequate income that results in diminished access to affordable and appropriate housing and transport, and increased geographic and/or social isolation (Social Exclusion Task Force, 2007).

Social exclusion also tends to cluster at certain points across the lifecycle, for instance when people experience a change in their role, status or in expectations and responsibilities. Critical transitions include early childhood and going to school for the first time; the transition to adulthood; leaving school or university (particularly early leavers); moving out of the family home; becoming a parent; becoming unemployed; retirement; and leaving prison, hospitals or

hostels, especially after a significant length of time or period of 'cycling in and out' of tertiary care. At these times, people can be more vulnerable in their relationships, in their physical, mental and emotional resources and have a weakened ability to adapt to their changing needs (Chi-Wai Lui et al., 2011; Roeher Institute, 2003; and Bradshaw et al., 2004). Communities, groups and towns can also be in transition and experience multiple and complex problems.

Organisations and local government councils generally identify vulnerable populations using demographic definitions (Brackertz, 2007). The most commonly identified population groups most at risk of social exclusion include:

- those with limited employment opportunities, particularly women,
- culturally and linguistically diverse groups,
- refugees,
- gay, lesbian, bisexual, transgender and intersex community
- female and male sex workers,
- people living with disabilities,
- people living with drug addiction,
- people living with chronic illness (including mental ill-health),
- the long term unemployed/underemployed,
- people who are homeless,
- young people (especially early school leavers) and
- older people (especially those living on pensions).

(ACT Council of Social Service, 2011a; Australian Social Inclusion Board, 2012; Government of South Australia, n.d.; Levitas et al, 2007)

The Australian Social Inclusion Board (2012) identified particular population groups that are currently experiencing multiple disadvantage. These include low income, unemployed, homeless, children, Aboriginal people, CALD and people with disability. In Victoria there is also a focus on the older population in relation to social exclusion and social isolation.

## **Community engagement and participation**

Community engagement is not a new concept; it is about involving everybody in making decisions that affect them. A community engagement approach aims to improve services by being responsive to the needs of communities and helping people to find their own solutions to local problems (Government of South Australia 2011). Yet, in 2010, nearly half of Australians aged 18 years and over reported to have difficulty in having a say in community issues (Australian Social Inclusion Board, 2012).

Successful and sustainable community participation requires community consultation and engagement. Effective consumer consultation creates transparency and a sense of trust, ownership and facilitates commitment (Department of the Environment Heritage and Local Government, 2005). Determining who is representative of the community is a complex and sometimes contentious issue, particularly where a small group is taken to represent a larger population (Brackertz, 2007). It is important to include the voices of the disadvantaged but it is also important to ensure equity and incorporate diverse people, voices, ideas, and

information to ensure democratic legitimacy (Foot, 2009). Engaging the community may require creative thinking, a network of local contacts and the development of local understandings (Wilkinson, Stockl, Taggart, & Franks, 2009).

### **Empowerment**

Empowerment is a key theme throughout the literature on social inclusion, in some instances referred to as self-determination. Most importantly it refers to the capacity of individuals and communities to get what they want or need; and to influence others effectively to further their own interests (Baum et al., 2000).

In an attempt to move from top-down frameworks of imposed development models, empowerment places the emphasis on local people, local contexts, and local forms of power and change. This is not to say that there is no element of top-down facilitation and pressure involved, indeed top-down stimulus can facilitate bottom-up rural development (Sobels, Curtis, & Lockie, 2001).

### **Social Capital**

Social capital is a term used to describe the particular features of social relationships within a group or community that facilitate collective cooperative behaviour (D. Johnson et al., 2005; Stone, 2001). This includes such things as the extent of trust and respect between people; whether they have a shared understanding of how they should behave toward and care for one another (mutual obligation); and the extent of participation in civic organisations, such as sporting clubs and school councils (Kawachi & Berkman, 2000; VicHealth, 2005).

Social capital is seen as a meaningful measure of community strength and a means of reversing community decline. To understand, measure and increase social capital, it is necessary to recognize the multi-dimensional nature of its sources. The most common types of social capital have been identified:

- Bonding capital, which refers to the relationships and bonds among close family members, friends and neighbours;
- Bridging capital, which refers to the weaker ties that are formed among distant friends, acquaintances, colleagues and associates; and
- Linking capital, which refers to the connections between institutions and members of a community, or between groups with different levels of power and social status (Putnam, 2001; Woolcock, 2001).

### **Joined up approach**

It is generally agreed that given the complexity and multi-dimensional nature of social inclusion, multi-faceted, 'joined-up' responses are required to make a difference (Victorian State Government, 2007). Numerous phrases are used in the literature to describe 'joined up' approaches. These include 'multi-agency', 'service coordination', 'working in partnership', 'holistic approach', 'whole of government', 'Open Method of Co-ordination' and 'integrated services' (Tasmanian Government, 2009; Victorian State Government, 2007; Zeitlin, 2005).

Governments are recognizing that traditional silo based government structures cannot address the complexities of social inclusion in isolation (Tasmanian Government, 2009).

### **Collective action**

The community is more powerful when they work together rather than in isolation, to improve the quality of their lives. Collective action involves a group of people that voluntarily engage in a common action to pursue a shared interest (Meinzen-Dick, Di Gregorio, & McCarthy, 2004). Collective action can take many forms including resource mobilisation, activity coordination, information sharing or the development of institutions (Poteete & Ostrom, 2003).

### **Cultural diversity and competency**

Australia has a rich and culturally diverse population. In 2009, about a quarter of the estimated resident population comprised of those born overseas (Australian Government, 2012). Within the framework of Australia's laws, all Australians have the right to express their culture and beliefs and to participate freely in Australia's national life (Australian Government, 2012). However, research tells us that one in two people from non-English speaking backgrounds are likely to be subject to discrimination during their lifetime (Markus & Dharmalingam, 2007). In addition, studies have demonstrated a correlation between discrimination and social exclusion (Kabeer, 2000).

Cultural competence is a key consideration to ensure cultural diversity is integrated into social inclusion agendas and initiatives (Hayter, 2009). This may require attention particularly in rural communities where there is less trust and tolerance of people outside the community and resistant to social diversity (Onyx et al., 2007; Stone, 2001).



## APPENDIX 2

<b>ATTENDANCE LIST Exploring the determinant of social inclusion. Why?</b>	
<b>Name</b>	<b>Agency</b>
Andree Schier	East Wimmera Health Service
Jess Keating	Gannawarra Shire Council
Narelle O'Donoghue	Gannawarra Shire Council
Rachel Weaver	Mallee Family Care
Sandy Schmidt	Mallee Family Care
Alexia Stephens	Northern District Community Health Service
Angela Roney	Northern District Community Health Service
Jerri Nelson	Northern District Health Service
Tricia Currie	Northern District Health Service
Jo Tidsley	St Lukes Anglicare
Tennille Harrison	Swan Hill District Health
<b>PRESENTERS</b>	
Gayle Farnsworth	Academic and community member with special knowledge of social inclusion
Corey Frost	Swan Hill College FLO Program
Jo Taverna	Swan Hill College FLO Program
Sue Donnelly	Gannawarra Shire Council
Mary Ruane	Mallee Family Care
<b>HOSTS</b>	
Bronwyn Hogan	Southern Mallee Primary Care Partnership
Sallie Amy	Southern Mallee Primary Care Partnership
<b>APOLOGIES</b>	
Kerry Harrower	Northern District Community Health Service
Tanya Maher-Toose	Northern District Community Health Service
Simon Gibbs	Nexus
Fiona Gormann	Swan Hill Rural City Council
Melanie Bennett	Swan Hill Rural City Council
Gayle Taylor	Swan Hill District Health
Rebecca Kiffen	East Wimmera Health Service

## APPENDIX 3 PROGRAM

Community Engagement & Participation **Social Capital** Collective action  
Joined up approaches **Rural context** *Cultural diversity and competency*  
Empowerment Vulnerable populations **Social inclusion or social exclusion**



### PROMOTING HEALTHY LIFESTYLES FORUM

#### Exploring the determinant of social inclusion. Why?

- 10AM**      **Welcome**
- 10.20AM**      **Setting the scene for today**
- **Background of Social Inclusion as focus of Southern Mallee Primary Care Partnership**
- 10.30AM**      **Social Inclusion and the Rural Context**
- 10.50AM**      **Knowledge and experience from the field**  
**Presentations:**
- Dr Gayle Farnsworth**, academic with special knowledge of rural communities and social inclusion
- Corey Frost and Jo Taverna**, Swan Hill College FLO Program
- Mary Ruane**, Settlement Services Program and the Specialist Homelessness Service, Mallee Family Care
- Sue Donnelly**, Maternal and Child Health Nurse, Gannawarra Shire Council
- 1.00PM**      **LUNCH**
- 1.30PM**      **Unpacking the evidence – What does it mean to us and in our practice?**
- 2.00PM**      **Where could we go now we have more knowledge?**
- 2.30PM**      **Closing discussion**

#### **Southern Mallee Primary Care Partnership**

**Purpose:** To work together in an effective and innovative way to improve the health and wellbeing of local communities.

**Vision:** Happy and healthy people connected to vibrant rural communities.

**Mission:** To strengthen and build relationships, processes and systems that contribute to an effective service delivery environment which addresses the health and wellbeing needs of our community.

**APPENDIX 4**

**WORKSHEET**



**PROMOTING HEALTHY LIFESTYLES FORUM**

**Exploring the determinant of Social Inclusion. Why?**

**NAME**

**AGENCY**

**Consider your work / a priority / a project that you would like to work on based on social inclusion.**

-----  
-----  
-----  
-----

**Consider what would you like to differently and why?**

-----  
-----  
-----  
-----

**What would have to occur to enable you to work in the way you have identified?**

-----  
-----  
-----  
-----



**SMPCP Promoting Healthy Lifestyles Forum  
Exploring the determinant of Social Inclusion. Why?**

**FEEDBACK FORM**

Thank you for attending and contributing to the forum *Exploring the determinant of Social Inclusion. Why?* I have received positive feedback in regards to our presenters and the knowledge and information they shared on the day. I am putting together a forum summary report which will be shared once finalised.

I am seeking a little more feedback from you to assist with evaluation of the day, future forums and where to next. Please assist this task by completing the following few questions and returning to me by

**NAME**

**AGENCY**

**By attending the forum;**

**Did your knowledge on social inclusion increase?**

YES            NO

**Did your knowledge of social inclusion and social exclusion in rural communities increase?**

YES            NO

**What 2 key pieces of information did you take away from the forum?**

1.

2.

**Other comments you would like to pass on**



PO Box 1752  
Swan Hill VICTORIA 3585

This report was written by: Sallie Amy  
Health Promotion Officer  
Southern Mallee Primary Care Partnership  
June 2015

For more information relating to this report, Building Socially Inclusive Rural Communities: A complete resource or Southern Mallee Primary Care Partnership contact;

Bronwyn Hogan  
Executive Officer  
Southern Mallee Primary Care Partnership  
03 5033 0722  
[Bronwyn.hogan@smpcp.com.au](mailto:Bronwyn.hogan@smpcp.com.au)

[www.smpcp.com.au](http://www.smpcp.com.au)