

Health Promotion Action Plan 2021-2022



Merri Health
Healthcare that moves with you

Overview

The following annual action plan details the key initiatives to be delivered by Merri Health in 2021-2022. It is informed by Merri Health's Health Promotion Strategic Statement 2021-2025.

The action plan includes an overview of 2021-2022:

- priorities
- focus areas
- priority communities
- objectives and associated measures

It also includes more detailed actions for discrete strategies and initiatives. Where relevant, minimum targets are also included.

Priorities	Victorian Public Health and Wellbeing Plan <ul style="list-style-type: none"> - Improving mental health - Preventing all forms of violence 	Social determinants <p>Merri Health applies a social determinants approach to its health promotion action.</p> <p>Given the intersections between mental health and violence, Merri Health's areas of focus are the social determinants of:</p> <ul style="list-style-type: none"> - discrimination - violence - social exclusion
Priority populations, settings and places	Priority populations <ul style="list-style-type: none"> - Aboriginal and Torres Strait Islander communities - LGBTIQ+ communities, particularly young people - Communities from culturally and linguistically diverse backgrounds - Older people, especially those from above/below groups - People with a disability, including children - People experiencing socioeconomic disadvantage - Women and girls, particularly those from above groups - Men, particularly young men and boys 	Priority settings and places <ul style="list-style-type: none"> - Northern Moreland - Schools - Early year services and settings - Sporting clubs - Merri Health
Aims	Objectives <ul style="list-style-type: none"> - To improve our engagement of priority communities in Moreland - To increase social connections within and between priority communities in northern Moreland - To increase understanding and celebrations of diverse communities in northern Moreland - To increase capacity for leadership, social and civic participation - To increase capacity to act against disrespect, discrimination, violence and exclusion - To increase quality and inclusiveness of settings in Moreland - To improve early childhood development and educational outcomes for children in northern Moreland (longer-term objective) 	Key measures <ul style="list-style-type: none"> - Social connections - Knowledge about cultures/communities different to their own - Opportunities to celebrate culture - Positive attitudes towards diversity - Feelings of connection - Participation in community activities - Leadership skills - Capacity to take community action - Knowledge, skills and confidence to prevent, reject or respond to disrespect, discrimination, violence or exclusion - Changes made within settings to reduce discrimination and improve inclusiveness - Partnerships for collaborative health promotion action
Strategies	Overarching strategies <ul style="list-style-type: none"> - Community engagement - Community leadership and empowerment - Targeted interventions - Organisational development* and systems change - Advocacy for healthy public policy <p>Many of the above strategies are delivered through discrete initiatives, which comprise multiple complementary strategies.</p>	Initiatives <ul style="list-style-type: none"> - Reconciliation Action Plan - Hello, Moreland! - Be Upstanding! - Ready, Set, Prep!

* Please note, although existing partnerships do not currently use specific state-wide programs, all organisational development work applies health promoting and evidence-based frameworks.

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1. Community engagement

The Community Wellbeing team at Merri Health has developed an overarching community engagement framework to guide our health promotion action (see Attachment A). The framework outlines our objectives for community engagement and provides guidance to the whole team about their role in this work. It validates the role of community engagement as central to effective health promotion, and to building meaningful, long-term relationships between Merri Health and the communities we serve.

In 2021-2022, we aim to improve the breadth and depth of our relationships with community. We will also establish new processes for planning and evaluating community engagement in a coordinated way.

Objective
By July 2022, improve the quality of Merri Health's community engagement practices through the implementation of the new *Health Promotion Community Engagement Framework 2021-2023*

<p>Priority populations / places / settings</p> <ul style="list-style-type: none"> - Aboriginal and Torres Strait Islander communities - LGBTIQ+ communities, especially young people - Women, particularly those from above/below groups - Communities from culturally and linguistically diverse backgrounds - Older people, especially those from above/below groups - People with a disability, including children - People experiencing socioeconomic disadvantage - Northern Moreland - Early years settings - Schools - Sporting clubs - Merri Health 	<p>Measures / targets</p> <p>Community</p> <ul style="list-style-type: none"> - At least 5 new connections made with community leaders or groups from identified priority communities - At least 20 community members participate in planning and evaluation process for the 2021-2022 action plan <p>Planning</p> <ul style="list-style-type: none"> - 100% of project plans / grant applications use framework <p>Capacity building</p> <ul style="list-style-type: none"> - 100% Community Wellbeing team have increased knowledge and confidence to implement the framework
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Actions	Due date	Targets (where relevant)
<p>1.1. Community</p> <p>Build new and maintain existing relationships with community members and stakeholders</p> <p>Plan, implement and evaluate community engagement undertaken to develop this action plan, utilising the IAP2 spectrum</p>	<p>June 2022</p> <p>June 2022</p>	<p>5 new connections made with community leaders or groups from identified priority communities</p> <p>20 community members participate in planning and evaluation process for this action plan</p>
<p>1.2. Planning</p> <p>Create and test new resources to support best-practice community engagement planning and implementation</p> <p>Establish and test new processes for consistent collection and sharing of CE data across different initiatives, including:</p> <ul style="list-style-type: none"> - developing shared indicators - developing a database of community contacts - creating shared recording processes and sharing mechanisms <p>Increase collaboration with internal groups to strengthen organisational processes, including:</p> <ul style="list-style-type: none"> - community engagement board sub-committee and working group - RAP (Reconciliation Action Plan) committee - LGBTIQ+ working group - research and evaluation committee - quality and safety committees <p>Explore funding opportunities to expand community engagement</p> <p>Share CE practices with internal/external stakeholders</p>	<p>March 2022</p> <p>March 2022</p> <p>June 2022</p> <p>June 2022</p>	<p>100% CW team are confident to utilise new CE resources</p> <p>100% CW team:</p> <ul style="list-style-type: none"> - feel more confident with CE recording/reporting processes - understand how to use shared indicators <p>10 meetings of internal community engagement-related groups attended</p> <p>100% CW team report increased understanding of Merri Health CE processes</p> <p>100% grant applications apply CE framework</p> <p>Practices shared via at least 5 opportunities</p>
<p>1.3. Capacity building</p> <p>Develop a team training calendar in consultation with CW staff and implement team-based capacity building to embed the framework</p>	<p>June 2022</p>	<p>100% of CW team:</p> <ul style="list-style-type: none"> - participate in at least 75% of training - report increased understanding of how the CE framework applies to their work

2. Reconciliation Action Plan

Merri Health has a vision for reconciliation where the wellbeing of Aboriginal and Torres Strait Islander peoples who live across the regions where we operate will be enhanced through respect, equity and recognition in all aspects of our community.

We recognise the significant impact of historical and ongoing trauma, colonisation, dispossession and discrimination on the health and wellbeing of Aboriginal and Torres Strait Islander communities, and subsequently, how this affects a sense of safety, belonging and connection to and within the local community.

We believe we can and should play a role in working towards reconciliation; to listen to and be led by the voices of Aboriginal and Torres Strait Islander people, to honour truth-telling so we can learn from the wrongdoings of the past, and to do the heavy lifting to lead change.

As a provider of health and community services across the state of Victoria, we see our role as increasing understanding and respect for the cultures, histories, knowledge, and rights of Victorian Aboriginal and Torres Strait Islander communities. We also believe our role extends to engaging others to understand our shared histories, and to respect and celebrate Aboriginal and Torres Strait Islander cultures.

As a mainstream health service, it is also essential that all Aboriginal and Torres Strait Islander community members feel a sense of cultural security when engaging with us, as a consumer, partner or employee.

Objectives

By July 2022, increase:

- the capacity of Merri Health staff to build a culturally secure workplace and health service
- the quality and inclusiveness of Merri Health services to better engage Aboriginal and Torres Strait Islander community members

Priority populations / settings

- Aboriginal and Torres Strait Islander communities
- Merri Health

Measures / targets

- Partnerships with Aboriginal and Torres Strait Islander community-controlled organisations
- Staff engagement with significant days/events
- Number of cultural learning opportunities and staff participation rates
- Retention rates of Aboriginal and Torres Strait Islander employees
- Changes made to programs, services, policies, practices or environments to reduce discrimination or improve inclusiveness

Actions	Due date	Targets (where relevant)
2.1. Community and stakeholder engagement		
Convene the Reconciliation Action Plan (RAP) Committee to drive governance of Merri Health's organisational RAP	June 2022	4 meetings held At least 3 Aboriginal and Torres Strait Islander people participate in the Committee
Map partnerships with Aboriginal and Torres Strait Islander community-controlled organisations and meet potential new partners	June 2022	1 partnership meeting held
2.2. Organisational development		
Embed RAP outcomes across the 2021-2022 Health Promotion Action Plan	October 2021	100% initiatives within this action plan contribute to RAP outcomes
Implement 'Acknowledging Country' project, acknowledging traditional owners across all organisational communications	December 2021	N/A
Conduct cultural site audits	June 2022	N/A
Review human resources policies to ensure they are culturally relevant and adequately prevent and reject discrimination	June 2022	1 policy reviewed
Commence a review of policies and practices that support commercial relationships with Aboriginal and Torres Strait Islander-owned businesses	June 2022	N/A

<p>2.3. Capacity building</p> <p>Develop a new, mandatory online training module for all staff introducing:</p> <ul style="list-style-type: none"> - Merri Health's RAP - Aboriginal and Torres Strait Islander cultures and histories - Merri Health's policies and practices <p>Deliver Koorie Conversations; an informal opportunity for staff to learn about the experiences and diversity of Aboriginal and Torres Strait Islander communities</p> <p>Support staff to participate in or lead activities/events associated with significant cultural days, (eg. National Reconciliation Week)</p>	<p>March 2022</p> <p>March 2022</p> <p>June 2022</p>	<p>100% new staff complete training within 6 months of commencement</p> <p>1 Koorie Conversations held</p> <p>1 organisation-wide event held</p>
<p>2.4. Advocacy</p> <p>Support key issues related to reconciliation through public communications, including:</p> <ul style="list-style-type: none"> - Uluru Statement from the Heart - Treaty 	<p>June 2022</p>	<p>2 public communications posts</p>
<p>2.5. Evaluation</p> <p>Share evaluation findings with the RAP Committee, community, networks and stakeholders</p>	<p>June 2022</p>	<p>Findings shared with community at least once</p>

3. Hello, Moreland!

Hello, Moreland! partners with community members to increase community leadership, connection and celebration of diversity in Moreland's northern suburbs.

This initiative recognises that being part of a community where everyone is welcome, valued and has a sense of belonging has positive impacts for individual health and wellbeing. It acknowledges that some population groups are more likely to be excluded from social, economic and civic participation opportunities due to discrimination and other access barriers. Hello, Moreland! partners directly with northern Moreland's diverse communities to strengthen social connections within and between population groups, foster understanding, respect and trust, and increase social and civic participation.

This initiative incorporates Hello, Fawkner!, which commenced in 2017 and is partially funded by the Department of Social Services. Hello, Fawkner! delivers multiple complementary strategies that facilitate community-led action. In 2021-2022, these strategies will be adapted and expanded to other suburbs within northern Moreland, including Glenroy and Hadfield.

Objectives

By July 2022, increase participants':

1. social connections within and between population groups in northern Moreland
2. understanding and celebration of the diverse communities of northern Moreland
3. capacity for community leadership, civic and social participation

Priority populations / places

This work targets northern Moreland, with a particular focus on Fawkner, Glenroy and Hadfield.

As a place-based, community-wide approach, priority populations include:

- Aboriginal and Torres Strait Islander communities
- LGBTIQ+ communities, esp. young people
- Women, particularly those from above/below groups
- Communities from migrant and non-English speaking backgrounds
- Older people, especially those from above/below groups
- People with a disability, including children
- People experiencing socioeconomic disadvantage

Measures / targets

- 610 participants
- 58 community-led projects, activities and/or events delivered
- 75% of participants report increased:
 - > social connections
 - > knowledge about cultures/communities different to their own
 - > opportunities to celebrate culture
 - > positive attitudes towards diversity
 - > connection to the local community
 - > participation in community activities
 - > leadership skills
 - > increased capacity to take community-led action

Actions	Due date	Targets (where relevant)
<p>3.1. Community and stakeholder engagement</p> <p>Design, implement and review the Hello, Fawkner! community engagement plan and associated activities</p> <p>Design and implement a community and stakeholder engagement plan to support the Hello, Moreland! expansion, including:</p> <ul style="list-style-type: none"> - partnerships analysis to identify gaps - establishing new relationships organisational/community partners and networks - involve new community partners in 2022-23 project planning 	<p>June 2022</p> <p>June 2022</p>	<p>N/A</p> <p>5 new relationships with community members/partners/networks</p>
<p>3.2. Community-led initiatives</p> <p>Deliver Round 4 of The Great Idea Program: a community leadership program supporting community-led projects in Fawkner</p> <p>Deliver Round 4 of the Harmony Day Party Program: an annual small grants program supporting community-led Harmony Day events in Fawkner</p>	<p>August 2021 – February 2022</p> <p>March 2022</p>	<p>3 community-led projects</p> <p>3 groups participating</p> <p>10 community members on selection panel</p> <p>\$10,000 grants provided</p> <p>25 community-led events held</p> <p>25 hosts</p> <p>\$2,500 grants provided</p> <p>250 community members attend events</p>

Actions	Due date	Targets (where relevant)
<p>Launch the Hello, Moreland! party program: a small grants program supporting community-led events that foster connection and understanding across communities, including:</p> <ul style="list-style-type: none"> – consult priority groups about which cultural events the parties should celebrate – develop and deliver pre-party workshops to build knowledge, skills and confidence of hosts – support community members to run parties 	June 2022	30 people consulted 30 community-led events held 30 hosts \$3,000 grants provided 300 community members attend events
<p>Launch the Hello, Moreland! co-design project: a partnership with residents from northern Moreland that aims to increase cross-community connections, including:</p> <ul style="list-style-type: none"> – recruit participants – facilitate co-design workshops to design a community-led project – support community members to begin delivery of project 	June 2022	5-10 participants
<p>Support youth-led action within school settings that fosters connection, including Stand Out groups</p>	June 2022	N/A
<p>3.3. Communications</p> <p>Coordinate and distribute monthly e-newsletter for Fawkner which celebrates cultural diversity, encourages community participation and promotes community-led activities</p>	Monthly	12 editions 600 subscribers 12 community-led initiatives highlighted 12 community contributions (and proportion of contributors from culturally diverse backgrounds) 12 articles that highlight cultural diversity
<p>3.4. Advocacy</p> <p>Complete advocacy submissions to local and state government on key issues facing diverse communities, integrating the voices, ideas and needs of local people</p> <p>Support local government representatives to engage directly with local community members to inform policy or program design</p>	June 2022	1 advocacy submission
	June 2022	N/A
<p>3.5. Evaluation</p> <p>Develop and implement an evaluation plan for new components of Hello, Moreland!</p> <p>Share evaluation findings with community, networks and stakeholders</p>	June 2022	N/A
	June 2022	Findings shared with community at least once

4. Be Upstanding!

Be Upstanding! empowers individuals to stand up against all forms of violence, including discrimination and disrespect.

Upstander training equips participants with practical knowledge and skills to respond to challenge and respond to violence where they live, learn, work and play. It recognises that we need a community of allies taking action in different spaces and places in order to change broader sociocultural norms. It expands and adapts 'upstander' training developed and delivered by Merri Health in recent years, which had a focus on addressing gender-based violence, racism and LGBTIQ+ safety and inclusion.

In 2021-2022, we have prioritised delivering training to young people within schools and sporting environments. Delivery within a setting also enables us to provide follow-up support to participants who would like to take further action to address disrespect, discrimination or violence within the setting.

Objective

By July 2022, increase the knowledge, skills and confidence of participants to act against disrespect, discrimination and violence

Priority populations / settings	Measures / targets
<ul style="list-style-type: none"> - Young people - Primary schools - Secondary schools - Sporting clubs 	<ul style="list-style-type: none"> - 100 participants - 2-5 settings engaged to deliver training with their students/cohorts - At least 70% of participants report: <ul style="list-style-type: none"> > increased knowledge of inequality, discriminatory behaviours, and the role of bystander > increased knowledge to identify different types of upstander actions > increased skills to identify the best way to respond to disrespect, discrimination and violence > increased knowledge of how to respond to resistance > feeling confident to act as an active bystander - 100% of settings report upstander training content is safe and appropriate

Actions	Due date	Targets (where relevant)
4.1. Community and stakeholder engagement		
Consult with stakeholders and individual settings (schools, sporting clubs) about specific needs of cohorts	February 2021	4 partners engaged
Promote training to networks, stakeholders and individual settings	February 2022	N/A
Test upstander training content with priority communities, including girls and women, people from multicultural communities and LGBTIQ+ communities	February 2022	20 people consulted
4.2. Upstander training		
Integrate consultation findings into training content and finalise training modules, for example: <ul style="list-style-type: none"> - gender-based violence - anti-racism - LBGTIQ+ - responding to resistance 	March 2021	N/A
Upskill Merri Health staff to deliver upstander training	February 2022	2 staff trained
Develop film resource/s to support the delivery of training	June 2022	N/A
Deliver training within local schools and sporting clubs	June 2022	4 training sessions 100 participants
Where gaps/concerns are identified within a setting, support participants and partners to deliver community-led solutions within their setting (eg. Stand Out groups)	June 2022	N/A
4.3. Evaluation		
Review training based on evaluation findings, including: <ul style="list-style-type: none"> - content - adaptations to new target audiences (eg. men and boys) - expansion models, eg. train-the-trainer model for teachers and staff 	June 2022	100% of settings report upstander training content is safe and appropriate
Share evaluation findings with community, networks and stakeholders	June 2022	Findings shared with community at least once

5. Ready, Set, Prep!

Ready, Set, Prep! (RSP) is a collective impact partnership between community and early childhood service providers in northern Moreland.

It aims to improve service quality and access, learning and educational opportunities for families and children, particularly those who live in Fawkner, Glenroy and Hadfield. The initiative recognises the integral role of early years and educational settings in supporting child health, and the significant impacts to child and family wellbeing indicators if local services are not accessible, inclusive, coordinated and responsive to community need.

In 2020, Ready, Set, Prep! developed a new theory of change, in collaboration with community members and the expanded partnership (see Attachment B below).

Ready, Set, Prep! is also partially funded by the Helen McPherson Smith Trust.

Objective

To improve AEDC, SEHQ and Grade 3 NAPLAN for children in northern Moreland

Priority populations / places / settings

- Northern Moreland, particularly Fawkner, Glenroy and Hadfield
- Early years settings and services
- Schools

As a place-based, community-wide approach, priority populations include:

- Aboriginal and Torres Strait Islander communities
- Communities from migrant and non-English speaking backgrounds
- Children with additional needs
- People experiencing socioeconomic disadvantage
- Parents and carers of children, particularly those that belong to the above groups

Measures / targets

- Improved quality of the RSP partnership (strength, number, connection, and service coordination between partners)
- Increased early enrolment in year prior to kindergarten and school
- Increased participation in school transition
- Increased confidence and skills (including social skills) for children, and parents/carers of children
- More welcoming, inclusive and high quality educational environments
- Increased awareness of and access to information about:
 - > community services
 - > health and early childhood development

Actions	Due date	Targets (where relevant)
<p>5.1. Community and stakeholder engagement</p> <p>Coordinate RSP partnership, comprising community and stakeholders from:</p> <ul style="list-style-type: none"> - Kindergartens - Early years services - Schools - Moreland Council – maternal and child health (MCH), libraries, early years <p>Convene the RSP steering committee</p> <p>Recruit and upskill 5 community champions/connectors to share local key messages</p> <p>Launch project working groups to address identified partnership priorities, including:</p> <ul style="list-style-type: none"> - increasing attendance at maternal and child health checks - school readiness workshops for families - communications to improve service navigation for newly-arrived families 	<p>June 2022</p> <p>June 2022</p> <p>June 2022</p> <p>June 2022</p>	<p>40 partners engaged</p> <p>4 community representatives engaged</p> <p>5 community champions engaged</p> <p>3 working groups established</p>
<p>5.2. Capacity building</p> <p>Co-facilitate a transition network (community of practice) for early years services and schools across northern Moreland</p> <p>Facilitate professional learning and capacity building for stakeholder representatives from early years services/settings and schools</p>	<p>June 2022</p> <p>June 2022</p>	<p>4 meetings annually</p> <p>40 attendees</p> <p>4 guest speakers at transition networks</p> <p>20 opportunities promoted/supported</p>

Actions	Due date	Targets (where relevant)
<p>5.3. Organisational development</p> <p>Audit, expand and improve primary school transition programs for at least 5 kindergartens and/or schools in Glenroy/Hadfield</p>	June 2022	5 kindergartens and/or schools engaged
<p>5.4. Targeted interventions</p> <p>Facilitate or support two targeted interventions for vulnerable cohorts, for example:</p> <ul style="list-style-type: none"> – LEAP educational support group for carers of children with additional needs – Circle of Security – peer support program for carers of children with additional needs 	June 2022	2 interventions implemented 40 participants
<p>5.5. Community-led projects</p> <p>Support grant writing for partners to undertake targeted initiatives and community-led solutions</p>	June 2022	2 small grant applications submitted
<p>5.6. Communications</p> <p>Develop/implement a communications plan</p>	June 2022	N/A
<p>5.7. Advocacy</p> <p>Complete advocacy submissions to local and state government on early childhood development, integrating the voices and needs of local children and families</p> <p>Support local government representatives to engage directly with local children and families to inform policy or program design</p>	June 2022	1 advocacy submission
<p>5.8. Evaluation</p> <p>Develop a monitoring and evaluation framework to support RSP's new theory of change, including:</p> <ul style="list-style-type: none"> – tracking long-term data- e.g. AEDC, NAPLAN, MCH visits, kindergarten enrolments – developing new evaluation frameworks for specific interventions – refining the partnership data dashboard <p>Share evaluation findings with community, networks and stakeholders</p>	June 2022	N/A

6. Targeted interventions

5.1. YGLAM

Merri Health has a long history of supporting LGBTIQ+ young people within the Moreland local government area, and northern suburbs.

A core component of this work is YGLAM; a queer youth theatre ensemble that was established more than 20 years ago.

YGLAM uses the arts as a platform for engaging at-risk young people, primarily fostering social connections and improving knowledge of and access to local health services and supports (particularly for mental health).

During the COVID-19 pandemic, participation in YGLAM has been significantly affected by stay-at-home restrictions and the movement to telehealth. YGLAM participants and young people more broadly report online fatigue, often disengaging from online groups.

As a priority cohort, Merri Health is committed to continuing its support for young people from LGBTIQ+ communities, and aims to better understand and respond to their present needs in the context of a pandemic recovery.

Actions	Due date	Targets (where relevant)
Community and stakeholder engagement		
Consult with participants and key stakeholders about the needs of LGBTIQ+ young people in Moreland	November 2022	25 people consulted
Review YGLAM's current operating model	December 2022	N/A
Implement findings from consultation and review process	January 2022	N/A

5.2. COVID-19

Merri Health has worked in partnership with Moreland Council, the Department of Health, the Department of Families, Fairness and Housing, and others to respond to community need during COVID-19.

In 2021-2022, we anticipate this need will continue. With a focus on identified priority communities, Merri Health will implement targeted interventions where an express community need is identified.

Actions	Due date	Targets (where relevant)
Communications		
Share essential information about COVID-19 outbreaks, vaccinations and safety principles with priority communities	June 2022	N/A
Community and stakeholder engagement		
Consult with priority communities about community knowledge, attitudes, perceptions and barriers to inform: <ul style="list-style-type: none"> – communications messages – engagement strategies – design of targeted initiatives 	June 2022	N/A
Resourcing		
Seek funding to support identified community needs	June 2022	2 grant applications submitted

5.3. Emerging need

Through meaningful community engagement with priority populations within Moreland, Merri Health may identify new or emerging community needs.

We also acknowledge the guidelines for Health Promotion – Community Health funding are currently under review, however, at the time of drafting this document remained unfinalised. We will actively engage with the review process until final guidelines are received (anticipated 2022).

We will continue to work collaboratively with community and partners to respond within our existing capacity and seek out new resources and partnerships as required.

7. Evaluation

Predominately, evaluation activities at Merri Health are conducted by the Community Wellbeing team. To support Merri Health's *Strategic Statement 2021-2025*, Merri Health has developed a theory of change, illustrating the link and logic between activities implemented by the team and our chosen Victorian Public Health and Wellbeing priorities. Please see Attachment C for the latest version of the theory of change.

Over multiple years, Merri Health has been working towards collaborations with local partners around shared measurement and monitoring of key initiatives. This work includes projects with the Inner North West Primary Care Partnership's Prevention Alliance, Women's Health in the North's Building a Respectful Community Partnership, and the Hume Moreland Prevention Partnership which was established by the regional office of the then Department of Health and Human Services.

Primarily, this work aims to improve our ability to demonstrate collective impact or effort at a local or regional level. Existing commitments are outlined below.

Actions	Due date	Targets (where relevant)
Community and stakeholder engagement		
Test and refine overarching theory of change / program logic with community members	February 2022	5 community members consulted
Test and refine overarching theory of change / program logic with key partners, including: <ul style="list-style-type: none"> – Inner North West Primary Care Partnership – Women's Health in the North – Moreland City Council – Women's Health in the North – DPV – Sunbury Community Health – Department of Families, Fairness and Housing 	February 2022	6 partners consulted
Develop a shared measurement plan using the Social Inclusion Measurement Framework , in partnership with Moreland City Council, the Inner North West Prevention Alliance and Hume Moreland Prevention Partnership	June 2022	N/A
Participate in collaborative planning and implementation of the Building a Respectful Community Strategy 2021-2025	June 2022	N/A

8. Attachments

Attachment A: Community Engagement Framework 2021-2023

Purpose

The purpose of this framework is to guide the Community Wellbeing (CW) team at Merri Health in our community engagement activities for the next two years (1 July 2021 – 30 June 2023).

This framework aims to assist our team in meeting our goals of reducing experiences of discrimination, violence and exclusion within Moreland communities, acknowledging links to Victorian Public Health and Wellbeing Plan 2019-2023 priorities of mental wellbeing and violence.

Organisational context

This work aligns with Merri Health’s commitment to involving a range of diverse communities in decision making, as well as its commitment to empowering consumers to participate in planning, designing and evaluating programs. It is governed through the Community Engagement Internal Working Group and the Community Engagement Board Sub-Committee, and documented via Merri Health’s:

- Strategic Directions 2020-2025
- Consumer Participation and Engagement Policy & Procedure 2019-2022
- Community Relationships Framework 2018

Our team has identified some longer-term aspirations, which underpin our action plan each year and also align with the Merri Health values (see Community Relationships Framework 2018). These aspirations include:

1. Engaging with new people and communities from target groups (Engage)
2. Increasing connections between different community groups to collaborate on and lead work towards shared goals (Respect)
3. Sharing our community engagement practices with others (Motivate)
4. Improving our ability to ‘co-design’ and ‘empower’ (Respond)
5. Learning from each other (Innovate)

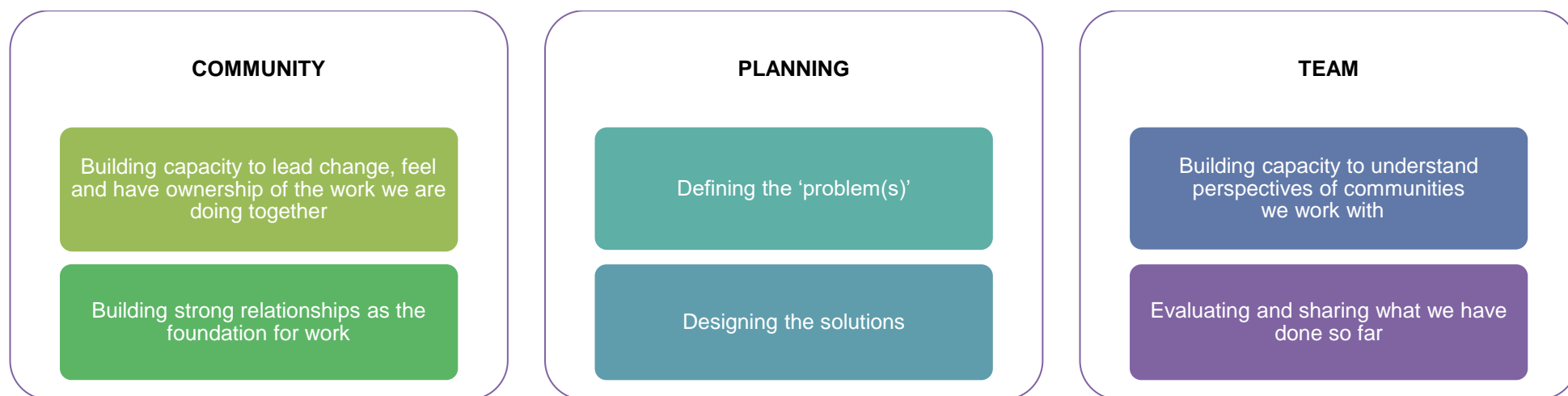
What is community engagement?

There are many definitions of community engagement. The CW team has developed the following definition of what good community engagement looks like for our team:

“Community engagement puts community in the driver’s seat and creates a sense of ownership and empowerment. This occurs through community involvement in a spectrum of activities, from information sharing to decision making.”

Why do we prioritise community engagement?

Within the CW team, we know that community engagement is a key method to inform and improve the quality and efficacy of different aspects of our work. Community engagement has impacts on community, our planning processes, and our team, including:



Our approach to community engagement

a) Planning and principles



When possible, community engagement should be planned from the beginning of CW projects. Merri Health's 'Engagement and Participation principles' guide the way we work (see *Consumer Participation and Engagement Policy & Procedure 2019-2022* for full list).

The following questions can be used to check the principles have been embedded into community engagement activities:

Participatory	<ul style="list-style-type: none"> •How will community members take part in this engagement activity? •Do you have the relationships needed? •Are we at risk of 'over-engaging' with a person/group?
Purpose driven	<ul style="list-style-type: none"> •Do you have a clear purpose for this engagement activity? •Have you planned your community engagement strategy from the start of your project?
Inclusive and accessible	<ul style="list-style-type: none"> •What are the barriers to community members participating? •Are you providing a safe space, and remunerating people for their time?
Encourages diversity	<ul style="list-style-type: none"> •Which priority community/ies are you working with? •Who else are you talking to? •Who is missing?
Empowers choice and control	<ul style="list-style-type: none"> •How are you allowing communities to take ownership? •How much of the 'power' are you able to give to community? •How are you going to feedback to those you engaged?

b) Tools and techniques



Each project should use the levels of engagement from the IAP2 Public Participation Spectrum¹ to assist in planning and selecting methods of engagement, as well as its evaluation (further detailed below). It is important to support the expertise of project team members to consider their resources and timeframes, as well as the goals of engagement.

Increasing community impact on the decision →

	Inform	Consult	Involve	Co-design	Empower
When to use	We need to tell people about something. We are not seeking feedback	We want to gather new ideas or are seeking feedback	We need in-depth discussion about an issue. We seek input and influence on a decision	We want to develop a solution in partnership with people	We want to empower people to generate a solution and manage the process
What it might include	<ul style="list-style-type: none"> - E-newsletters - Social media (Facebook, WhatsApp, Viber) - Campaigns - Translations - Flyers/QR codes - Sharing project/evaluation outcomes 	<ul style="list-style-type: none"> - Interviews - Surveys - Meetings with existing groups - Data 'sense-making' 	<ul style="list-style-type: none"> - Community Forums - Support group - Working Group - Most Significant Change - Community advisory groups 	<ul style="list-style-type: none"> - Community champions - Participatory evaluation - Community steering groups 	<ul style="list-style-type: none"> - Community-led projects - Community steering groups - Community champions - Deliberative engagement
What to evaluate	Largely process data e.g. via records or a short poll Participant/staff feedback: <ul style="list-style-type: none"> - timing (time of day and duration) - location - challenges to access or inclusiveness Participant/staff data: <ul style="list-style-type: none"> - reach - demographics 			Both process and impact data (consider need to collect baseline), e.g. records/poll plus large-scale survey or Most Significant Change Participant/staff feedback (detailed to left) Participant data (detailed to left) Impact data <ul style="list-style-type: none"> - community leadership - staff experience - community member satisfaction 	

¹ International Association for Public Participation – IAP2 International

c) Evaluation and sharing



There are many reasons that we monitor and evaluate our community engagement activities, including:

- Improving our community engagement practices
- Sharing our experience with internal and external stakeholders, as well as participants

Where possible, evaluation should be planned from the beginning of a project, with time and resources dedicated to this.

The table above can be used to consider what type of evaluation might be appropriate for engagement activities. (NB: This table provides guidance, but the type of evaluation will need to be planned for each project on a case-by-case basis).

The sharing of information (or ‘closing the loop’) should also be planned for, to ensure that community members understand how their participation has impacted the outcome of a project.

Project teams are also required to contribute to Merri Health data collection for community engagement activities, such as quarterly reporting through the Community Engagement Board Sub-Committee.

This framework will be evaluated in July 2023 by the CW team and our priority communities.

Resourcing and budget

Teams will be responsible for determining the allocation of resources towards community engagement and its evaluation, which is encouraged to be considered at project planning stage. The need for resources, including time, can also be included in funding applications.

Some possible financial aspects to consider are:

- Community Engagement Officer salaries
- External facilitation or consulting
- Catering and venue hire
- Promotion e.g. graphic design and printing of flyers, boosted social media posts, etc.
- Re-imbusement with Coles Myer gift cards (\$25/hour)
- Membership to peak body, training and resources (such as IAP2)
- Attendance at events e.g. Fawkner Festa

It should also be acknowledged that good community engagement takes significant time, not just for the activity itself, but also for relationship building, particularly working with diverse communities.

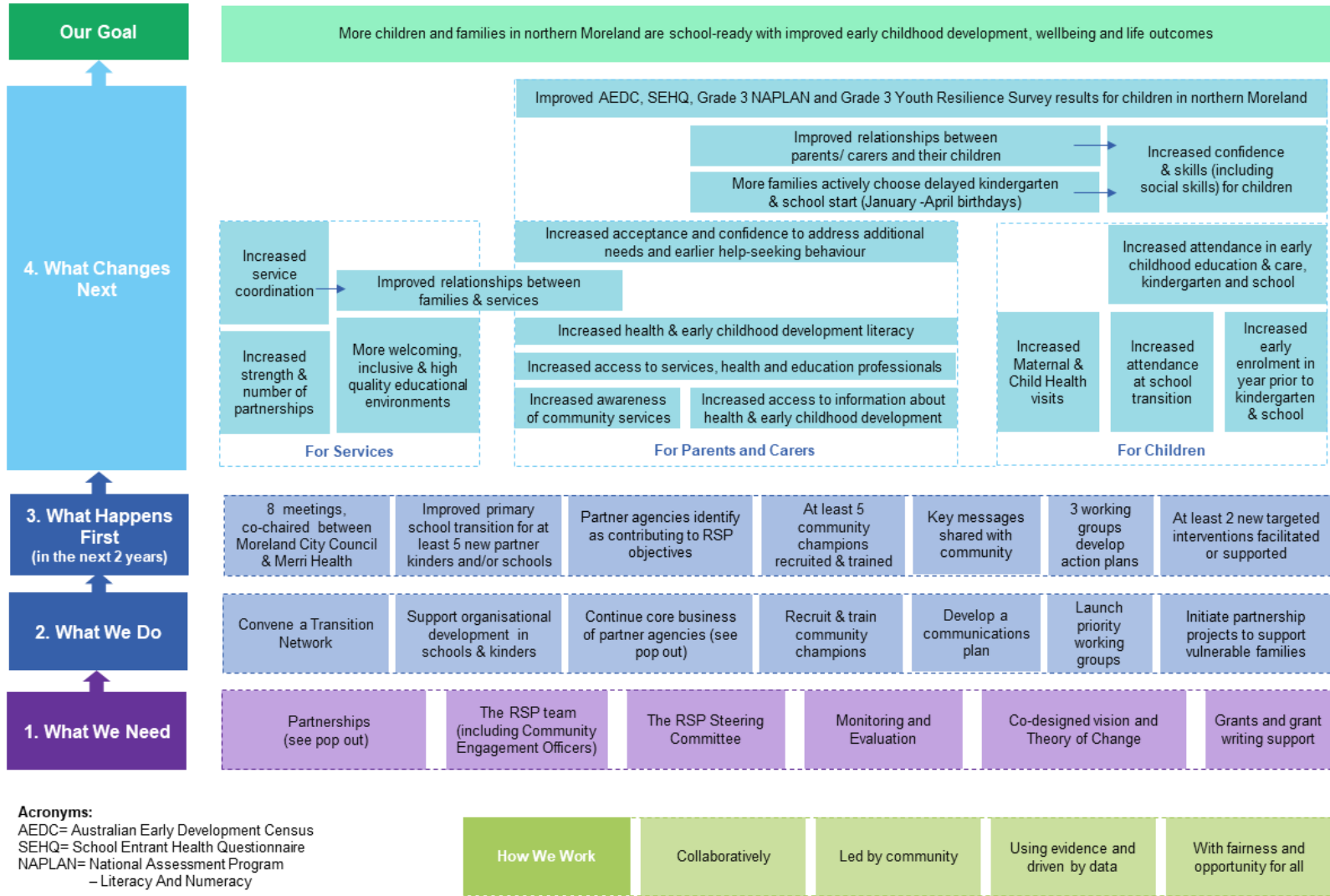
Related documents and resources

- [Merri Health Strategic Directions 2020-2025](#)
- Merri Health Integrated Health Promotion (IHP) Plan and Theory of Change (ToC) 2021-2025 (in draft at time of development)
- [Merri Health Consumer Participation and Engagement Policy 2019-2022](#)
- [Merri Health Relationships Framework 2018](#)
- Merri Health model - Healthy & connected communities (in draft at time of development)
- [Ottawa Charter for Health Promotion](#)
- [Moreland City Council Community Engagement Policy 2020](#)
- [Moreland City Council Community Engagement Implementation Plan 2020-2024](#)
- [International Association for Public Participation \(IAP2\) Spectrum](#)
- Videos of [Tassia Michaleas](#) (CEO, Merri Health) and [Ann Taylor](#) (Board Member, Merri Health) discussing community engagement
- [Merriverse Community Engagement page](#) (contains resources e.g. [The Merri Health Co-design workbook](#), [Organisational Reporting Help Sheet](#))
- Merri Health’s Community Engagement Internal Working Group (CEIWG) Direction and Action Plan 2021 – 2023

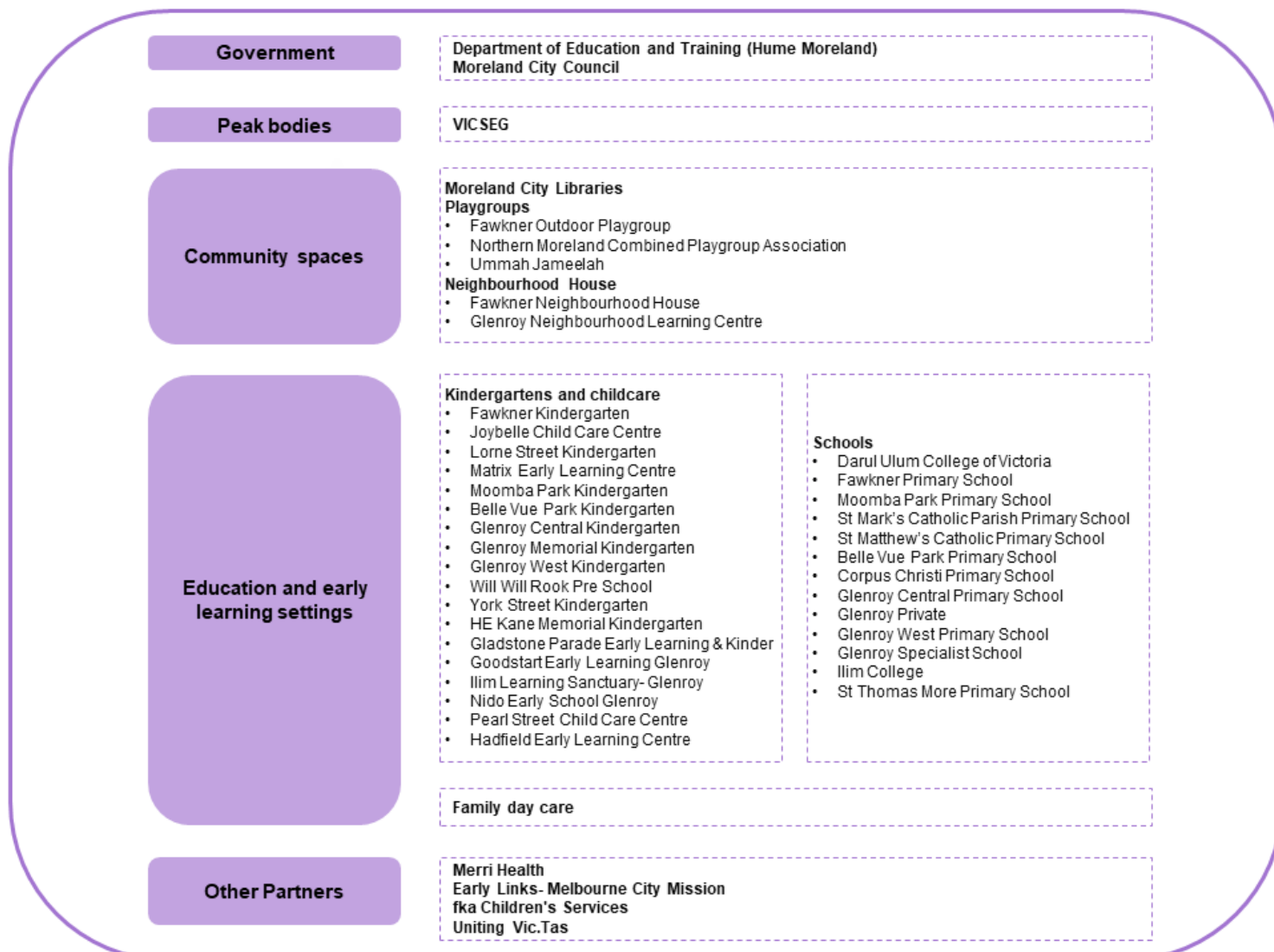
Attachment B:

Ready, Set, Prep!
Theory of Change 2021-2022

Vision: Ready, Set, Prep! is a partnership between community and early years service providers to improve service quality and access, learning and educational opportunities, for families and children in northern Moreland. Together, we are creating a healthy and happy community.



Pop Out: Partnerships



Attachment C: Theory of Change

The following table sets out a theory of change, or logic, between activities delivered by Merri Health and the anticipated impacts.

This theory is currently in draft, and will be refined in late 2021 in collaboration with community and partner organisations. The theory of change provides the foundation for the evaluation framework supporting Merri Health's initiatives.

If we create opportunities for...	To...	*	So they...	They will then...	Which is likely to lead to...	And eventually...
People from priority communities	<ul style="list-style-type: none"> Lead / participate in community action Build leadership-related skills Meaningfully participate in or lead decision-making for initiatives for MH or other local organisations Build relationships with Merri Health and its staff 	HM RAP RSP UP	<ul style="list-style-type: none"> Have ↑ leadership skills Have ↑ resources to lead community action Have ↑ opportunities to influence community initiatives / programs / action ⁱ Have ↑ knowledge, skills and confidence to provide advice/influence community initiatives 	<ul style="list-style-type: none"> Have ↑ self-confidence, self-esteem and self-efficacy Have ↑ capacity to take/lead future community action Understand how their participation has affected MH initiatives Sense of ownership / influence over community initiatives Have ↑ trust in MH staff/services Feel more valued ^{ii iii} 	<ul style="list-style-type: none"> ↑ agency and influence ^{iv} ↑ sense of self-determination (Aboriginal and Torres Strait Islander people) ↑ volunteering ^v ↑ civic participation ^{vi} MH initiatives reflect the needs of diverse communities ↑ sense of safety using MH services ↑ participation in / engagement with local services (health, community, early years, education) ^{vii viii ix} 	<p>↓ experiences of discrimination, violence and exclusion in northern Moreland (priority communities) ^{x xi xii xiii xiv xv xvi}</p> <p>↑ sense of safety within northern Moreland (priority communities) ^{xvii xviii}</p> <p>↑ sense of belonging (priority communities) ^{xix}</p> <p>↑ social participation ^{xx}</p> <p>↑ economic participation ^{xxi}</p> <p>↑ confidence and skills of children</p> <p>↓ children vulnerable on 1 or more domain on the AEDC ^{xxii}</p> <p>↑ mental wellbeing</p> <p>↑ subjective wellbeing ^{xxiii}</p> <p>↑ resilience ^{xxiv xxv}</p> <p>↑ decreased experiences of psychological distress ^{xxvi}</p> <p>↑ life satisfaction ^{xxvii xxviii}</p>
	<ul style="list-style-type: none"> Connect with others who share their culture / identity in safe and supported ways Participate in local community activities 	HM RAP YGL	<ul style="list-style-type: none"> Have ↑ confidence to make new social connections Have ↑ social connections ^{xxix} Have ↑ connection to local community 	<ul style="list-style-type: none"> Feel ↑ sense of belonging ^{xxx} Have ↑ social support ^{xxxi xxxii xxxiii} 	→	
	<ul style="list-style-type: none"> Connect with others in northern Moreland Connect with people who don't share their culture / identity in safe and supported ways 	HM RAP	<ul style="list-style-type: none"> Learn more about and engage with cultures/communities that are different to their own 	<ul style="list-style-type: none"> Feel ↑ connection to local community Understand/appreciation more about cultures / communities that are different to their own Have broader social networks ^{xxxiv} 	<ul style="list-style-type: none"> ↑ positive attitudes towards diversity ^{xxxv xxxvi xxxvii} ↑ people trusting each other ^{xxxviii} 	
	<ul style="list-style-type: none"> Practice and celebrate their culture / identity (with peers, with people who don't share their culture / identity, and within their local community) ^{xxxix xli xlii} 	HM RAP YGL	<ul style="list-style-type: none"> Feel more connected to their culture / identity ^{xlii} Feel more valued ^{xliii} 	<ul style="list-style-type: none"> Feel ↑ sense of pride in culture / identity Feel ↑ sense of pride in local community 	→	
	<ul style="list-style-type: none"> Acknowledge traumas in safe and supported ways as part of healing and reconciliation ^{xliv} 	RAP	<ul style="list-style-type: none"> Feel their experiences are heard and validated 	<ul style="list-style-type: none"> Feel ↑ safety Feel ↑ trust 	<ul style="list-style-type: none"> Feel ↑ sense of pride in culture / identity ↑ connection to local community Feel ↑ sense of belonging ^{xlvi} 	
<ul style="list-style-type: none"> Learn more about local health and community services Access health information they want and need 	RSP YGL	<ul style="list-style-type: none"> Are more aware of health and community services Can better identify their own health needs Can find and use health information 	<ul style="list-style-type: none"> Have ↑ health literacy Be more likely to seek help Have ↑ confidence to share this information with networks Have ↑ trust in MH staff/services 	<ul style="list-style-type: none"> ↑ participation in / engagement with local services (health, community, early years, education) ^{xlvii xlviii xlix l} 		

If we create opportunities for...	To...	*	So they...	They will then...	Which is likely to lead to...	And eventually...
Schools, workplaces, sporting clubs and early years settings, and the people in them	<ul style="list-style-type: none"> Learn about discrimination, violence and exclusion Learn about how to prevent, reject or respond to discrimination, violence and exclusion in their setting / life ⁱⁱ 	RAP RSP UP		<ul style="list-style-type: none"> Respond / reject discrimination, violence and exclusion in their homes, schools, sporting clubs, workplaces and communities ^{liii liv} 	<ul style="list-style-type: none"> Reduced reports of everyday stereotypes and discrimination within settings ^{lv} Organisational cultures that reject / respond to discrimination, violence and exclusion in schools, sporting clubs, workplaces and communities ^{lvi} Decrease in discriminatory attitudes and behaviours ^{lvii lviii} 	<p>↓ experiences of discrimination, violence and exclusion within local settings (priority communities) ^{lix lx lxi lxii lxiii}</p> <p>↑ sense of safety within local settings² (priority communities) ^{lxiv lxv}</p> <p>↑ sense of self-worth (priority communities)</p> <p>↑ sense of belonging (priority communities) ^{lxvi}</p> <p>↑ social and employment participation^{lxvii lxviii lxix lxx}</p> <p>↑ confidence and skills of children</p> <p>↓ children vulnerable on 1 or more domain on the AEDC ^{lxxi}</p> <p>↑ mental wellbeing (priority communities)¹</p>
			<ul style="list-style-type: none"> Can identify disrespect, discrimination, violence and exclusion ^{lii} Have the knowledge, skills and confidence to respond to disrespect, discrimination, violence and exclusion when it occurs Understand the impact of disrespect, discrimination, violence and exclusion on some communities 	<ul style="list-style-type: none"> Make changes within settings to prevent, reject or respond to discrimination, violence and exclusion ^{lxxii lxxiii} 	<ul style="list-style-type: none"> ↑ quality and inclusiveness of programs/services ↑ policies/practices that are inclusive and discrimination-free ↑ environments that are inclusive and discrimination-free ↑ practices that are inclusive and discrimination-free ↑ settings are more culturally safe ^{lxxiv} Settings have ↑ capacity to self-identify and sustain changes Programs, policies and practices within settings are sustained over time Settings² better engage priority communities in programs and services ↑ relationships between services and target communities (incl. staff from priority communities) ↑ participation in / engagement with local services (health, community, early years, education) (priority communities) ^{lxxv lxxvi lxxvii lxxviii} 	
			<ul style="list-style-type: none"> Understand the importance of self-determination for Aboriginal and Torres Strait Islander communities 	<ul style="list-style-type: none"> Make changes within Merri Health that actively promote/support/advance Aboriginal and Torres Strait Islander economic participation ^{lxxix} 	<ul style="list-style-type: none"> ↑ MH programs, policies and practices that actively promote/support Aboriginal and Torres Strait Islander economic participation (eg. procurement) ^{lxxx lxxxi} 	
	<ul style="list-style-type: none"> Work together to achieve mutual goals and better outcomes with/for priority communities Learn from each other 	RSP	<ul style="list-style-type: none"> Partner with each other more Have stronger and more meaningful partnerships Identify new ways of working together and/or changes that can be made to improve outcomes for target communities 	<ul style="list-style-type: none"> Make changes to the way they work together Have services/programs that are better coordinated Have services that are more responsive to community need ↑ referrals between partner organisations 	<ul style="list-style-type: none"> ↑ participation in / engagement with local services (health, community, early years, education) (priority communities) ^{lxxxv} 	<p>↑ mental wellbeing (priority communities)</p> <p>↑ confidence and skills of children</p> <p>↓ children vulnerable on 1 or more domain on the AEDC ^{lxxxvi}</p>
<ul style="list-style-type: none"> Use similar/shared measurements for similar work 	RSP PP	<ul style="list-style-type: none"> Can identify impact from collective effort 	<ul style="list-style-type: none"> Make changes to programs and partnerships that increase impact 	→		
Local and state government	<ul style="list-style-type: none"> Hear the voices, ideas and needs of priority communities within our local area 	AD	<ul style="list-style-type: none"> Local and state government have more awareness of local community and priority communities' needs 	→	<ul style="list-style-type: none"> Local and state government make changes to policies, programs and frameworks to reflect community needs More inclusive policies, programs and frameworks 	<p>↓ experiences of discrimination, violence and exclusion (priority communities) ^{lxxxvii}</p> <p>↑ social, education, employment participation ^{lxxxviii}</p> <p>↑ mental wellbeing (priority communities)</p>

Assumptions:

- Merri Health will be able to engage diverse communities (including new communities)
- Policy settings in Moreland will not change dramatically
- That our partners' priorities will continue to align
- Population changes in Moreland will continue on current trajectory
- Community-level social tensions have not dramatically worsened since last collecting data, and will not dramatically worsen
- COVID will not continue forever!
 - o And associated increases in discrimination, violence and exclusion will not be sustained after COVID lockdowns
- Participation will be positive, and not increase divisions between communities / harmful attitudes
- Funding and prevention systems/directions will not change dramatically
- That supporting emerging community needs will not require changes to resource allocation

*Please note, the acronyms in this column reference planned initiatives within the 2021-2022 Action Plan.

- AD – Advocacy
- HM – Hello, Moreland!
- PP – Prevention Partnerships, including the Hume Moreland Prevention Partnership and Inner North West Primary Care Partnership
- RAP – Reconciliation Action Plan
- RSP – Ready, Set, Prep!
- UP – Be Upstanding!
- YGL – YGLAM

Links to other measurement frameworks

- i [Social Inclusion Measurement Framework](#): 3.2.39. People are involved in a form of community action
- ii [Victorian Outcomes Framework](#): 4.1.2.5. Proportion of adults who feel valued by society
- iii [Social Inclusion Measurement Framework](#): 2.4.32. People feel valued in the community
- iv [Social Inclusion Measurement Framework](#): 3.3. Sense of agency and influence
- v [Social Inclusion Measurement Framework](#): 3.2.38. People volunteer for a group, club or organisation
- vi [Social Inclusion Measurement Framework](#): 3.2. Involvement in civic life and community action
- vii [Victorian Aboriginal Affairs Framework 2018-2023](#): Objective 12.1 Improve access to health and community services for all Aboriginal Victorians
- viii [Victorian Aboriginal Affairs Framework 2018-2023](#): Measure 4.1.1 Number and proportion of eligible Aboriginal and Torres Strait Islander children enrolled in a funded four-year-old kindergarten program in the year before school
- ix [Social Inclusion Measurement Framework](#): 4.4.50-51. People have access to health services; People have access to other essential services
- x [Victorian Aboriginal Affairs Framework 2018-2023](#): Objective 20.1 Address and eliminate racism
- xi [Victorian Aboriginal Affairs Framework 2018-2023](#): Measure 17.1.3 Proportion who have experienced any violence in the last 12 months
- xii [Victorian Aboriginal Affairs Framework 2018-2023](#): Measure 20.1.1 Proportion of Aboriginal people who report having experienced racism in the previous 12 months
- xiii [Family Violence Outcomes Framework](#) 2021: Reduction in people subject to family violence
- xiv [Family Violence Outcomes Framework](#) 2021: Reduction in the over-representation from particular groups experiencing violence
- xv [Family Violence Outcomes Framework](#) 2021: Reduction in experiences of discrimination
- xvi [Social Inclusion Measurement Framework](#): 4.5.58. Experiences of discrimination (all forms)
- xvii [Victorian Aboriginal Affairs Framework 2018-2023](#): Measure 17.1.2 Proportion who feel safe/very safe walking alone at night in local area
- xviii [Victorian Outcomes Framework](#): 2.1.3.3. Proportion of adults feeling safe walking in their street at night
- xix [Social Inclusion Measurement Framework](#): 2.3.28. People have a sense of belonging
- xx [Victorian Outcomes Framework](#): 4.1.1.2. Proportion of adults who attended an arts activity in the last three months or cultural activity in the last 12 months
- xxi [Social Inclusion Measurement Framework](#): 1.2. Participation in work and employment opportunities
- xxii [Victorian Aboriginal Affairs Framework 2018-2023](#): Measure 4.1.3 Proportion of children vulnerable on one or more domain on the Australian Early Development Census
- xxiii VicHealth Indicators Survey
- xxiv VicHealth Indicators Survey
- xxv [Victorian Outcomes Framework](#): 1.2.1.2. Proportion of adolescents with high level of resilience
- xxvi [Victorian Outcomes Framework](#): 1.2.1.1.A. and 1.2.1.1.B. Proportion of adults/adolescents report high or very high psychological distress
- xxvii [Victorian Outcomes Framework](#): 4.1.2.2.A, 4.1.2.2.B. and 4.1.2.2.C. Average overall life satisfaction of adults/adolescents, and Average extent that adults report that their life is worthwhile
- xxviii [Social Inclusion Measurement Framework](#): 2.4.30. Level of happiness/satisfaction with life
- xxix [Social Inclusion Measurement Framework](#): 2.1. Relationships and connections with others
- xxx [Social Inclusion Measurement Framework](#): 2.3.28. People have a sense of belonging
- xxxi [Victorian Aboriginal Affairs Framework 2018-2023](#): Measure 14.1.3 Proportion reporting strong social networks they can draw on in times of crisis
- xxxii [Victorian Outcomes Framework](#): 4.1.2.1. Proportion of adults who have someone outside their household they can rely on to care for them or their children, in an emergency
- xxxiii [Social Inclusion Measurement Framework](#): 2.2.27. People have others they can rely on for social support (practical and emotional)
- xxxiv [Social Inclusion Measurement Framework](#): 2.1.26. People have broad social networks in their life
- xxxv [Victorian Aboriginal Affairs Framework 2018-2023](#): Measure 20.1.2 Prevalence of racist attitudes against Aboriginal Victorians held by the Victorian community
- xxxvi [Victorian Outcomes Framework](#): 4.2.1.1. Proportion of adults who thought multiculturalism definitely made life in their area better
- xxxvii [Social Inclusion Measurement Framework](#): 4.5.56. Attitudes towards diversity
- xxxviii [Victorian Outcomes Framework](#): 4.1.2.3. Proportion of adults who feel most adults can be trusted
- xxxix [Victorian Aboriginal Affairs Framework 2018-2023](#): Objective 19.1 Support the preservation, promotion and practice of culture and languages
- xl [Victorian Aboriginal Affairs Framework 2018-2023](#): Measure 19.1.1 Participation in community events which celebrate Aboriginal culture
- xli [Victorian Aboriginal Affairs Framework 2018-2023](#): Measure 19.1.2 Investment in Aboriginal language and culture revitalisation programs
- xlii [Social Inclusion Measurement Framework](#): People have a connection to their culture and languages
- xliiii [Social Inclusion Measurement Framework](#): 2.4.32. People feel valued in the community
- xliv [Social Inclusion Measurement Framework](#): 2.3.28. People have a sense of belonging
- xlvi [Victorian Government Self-determination Reform Framework](#) - <https://content.vic.gov.au/sites/default/files/2019-09/Self-Determination-Reform-Framework-August-2019.PDF>
- xlvii [Social Inclusion Measurement Framework](#): 2.3.28. People have a sense of belonging
- xlviii [Victorian Aboriginal Affairs Framework 2018-2023](#): Objective 12.1 Improve access to health and community services for all Aboriginal Victorians

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- xlvi [Victorian Aboriginal Affairs Framework 2018-2023](#): Measure 4.1.1 Number and proportion of eligible Aboriginal and Torres Strait Islander children enrolled in a funded four-year-old kindergarten program in the year before school
- xlix [Family Violence Outcomes Framework](#) 2021: Increase equitable access to services and programs
- l [Social Inclusion Measurement Framework](#): 4.4.50-51. People have access to health services; People have access to other essential services
- li [Victorian Aboriginal Affairs Framework 2018-2023](#): Descriptive Measure 5.2.7: Number and proportion of government schools having undertaken cultural understanding and safety training
- lii [Family Violence Outcomes Framework](#) 2021: Increased awareness of what constitutes violence
- liii [Family Violence Outcomes Framework](#) 2021: Increase in positive bystander behaviour in the face of sexism and discrimination
- liv [Family Violence Outcomes Framework](#) 2021: Increased confidence among men and boys to challenge their peer group when faced with disrespectful or hostile attitudes towards women
- lv [Family Violence Outcomes Framework](#) 2021: Reduced reports of everyday stereotypes and sexism
- lvi [Family Violence Outcomes Framework](#) 2021: Increased culture of challenging gender inequalities, across all settings and across all life stages
- lvii [Family Violence Outcomes Framework](#) 2021: Decrease in sexist and discriminatory attitudes and behaviours
- lviii [Social Inclusion Measurement Framework](#): 4.5.55. Discriminatory attitudes
- lix [Victorian Aboriginal Affairs Framework 2018-2023](#): Measure 13.1.1 Proportion reporting experiences of racism in the health system
- lx [Family Violence Outcomes Framework](#) 2021: Reduction in people subject to family violence
- lxi [Family Violence Outcomes Framework](#) 2021: Reduction in the over-representation from particular groups experiencing violence
- lxii [Family Violence Outcomes Framework](#) 2021: Reduction in experiences of discrimination
- lxiii [Social Inclusion Measurement Framework](#): 4.5.58. Experiences of discrimination (all forms)
- lxiv [Victorian Aboriginal Affairs Framework 2018-2023](#): Objective 5.2 Increase the proportion of Aboriginal students who feel safe and connected at school
- lxv [Family Violence Outcomes Framework](#) 2021: Increased feelings of safety for people where they live, work, learn and play
- lxvi [Social Inclusion Measurement Framework](#): 2.3.28. People have a sense of belonging
- lxvii [Victorian Aboriginal Affairs Framework 2018-2023](#): Objective 4.1 Optimise early childhood development and participation in kinder
- lxviii [Victorian Aboriginal Affairs Framework 2018-2023](#): Objective 9.1 Increase Aboriginal workforce participation
- lxix [Victorian Aboriginal Affairs Framework 2018-2023](#): Measure 9.1.1 Employment to population ratio
- lxx [Victorian Aboriginal Affairs Framework 2018-2023](#): Descriptive measure 13.1.4 Number and proportion of Aboriginal people employed in the health or social services sector
- lxxi [Victorian Aboriginal Affairs Framework 2018-2023](#): Measure 4.1.3 Proportion of children vulnerable on one or more domain on the Australian Early Development Census
- lxxii [Victorian Aboriginal Affairs Framework 2018-2023](#): Descriptive measure 12.1.6 Services implement strategies, partnerships and campaigns, and offer care and support that is inclusive and addresses the needs of Aboriginal people who are LGBTI
- lxxiii [Family Violence Outcomes Framework](#) 2021: Increase in organisations and institutions with systems to support people who challenge sexism and discrimination
- lxxiv [Victorian Aboriginal Affairs Framework 2018-2023](#): Objective 13.1 Increase the cultural safety and responsiveness of services
- lxxv [Victorian Aboriginal Affairs Framework 2018-2023](#): Objective 12.1 Improve access to health and community services for all Aboriginal Victorians
- lxxvi [Victorian Aboriginal Affairs Framework 2018-2023](#): Measure 4.1.1 Number and proportion of eligible Aboriginal and Torres Strait Islander children enrolled in a funded four-year-old kindergarten program in the year before school
- lxxvii [Victorian Aboriginal Affairs Framework 2018-2023](#): Related measures – number and proportion of Aboriginal and Torres Strait Islander people accessing services
- lxxviii [Social Inclusion Measurement Framework](#): 4.4.50-51. People have access to health services; People have access to other essential services
- lxxix [Victorian Aboriginal Affairs Framework 2018-2023](#): Objective 8.3 Increase Aboriginal business ownership and support Aboriginal entrepreneurs
- lxxx [Victorian Aboriginal Affairs Framework 2018-2023](#): Objective 8.3 Increase Aboriginal business ownership and support Aboriginal entrepreneurs
- lxxxi [Victorian Aboriginal Affairs Framework 2018-2023](#): Measure 8.3.2 Aboriginal businesses that government enters into a purchase agreement with as a proportion of small to medium enterprises government enters into a purchase agreement with
- lxxxii [Victorian Aboriginal Affairs Framework 2018-2023](#): Objective 8.3 Increase Aboriginal business ownership and support Aboriginal entrepreneur
- lxxxiii [Victorian Aboriginal Affairs Framework 2018-2023](#): Objective 14.1 Improve Aboriginal mental health and social and emotional wellbeing
- lxxxiv [Victorian Aboriginal Affairs Framework 2018-2023](#): Measure 14.1.1 Proportion reporting 'high or very high' levels of psychological and psychosocial distress
- lxxxv [Social Inclusion Measurement Framework](#): 4.4.50-51. People have access to health services; People have access to other essential services
- lxxxvi [Victorian Aboriginal Affairs Framework 2018-2023](#): Measure 4.1.3 Proportion of children vulnerable on one or more domain on the Australian Early Development Census
- lxxxvii [Social Inclusion Measurement Framework](#): 4.5.58. Experiences of discrimination (all forms)
- lxxxviii [Social Inclusion Measurement Framework](#): 1.1-1.3. Participation in social activities; work and employment opportunities; education, learning and training opportunities