

INVESTING IN WOMEN

BUILDING A SOCIALLY CONNECTED EAST

Final Report



Women's Health East

Women's Health East is a regional non-profit women's health promotion organisation working across the Eastern Metropolitan Region of Melbourne. The region covers the seven Local Government Areas of Yarra Ranges, Maroondah, Knox, Whitehorse, Monash, Boroondara and Manningham. Women's Health East works to improve the health and wellbeing of girls and women.

Women's Health East embraces a social model of health approach, recognising the many determinants affecting the health and wellbeing of individuals and the community. We recognise gender as a determinant of health and wellbeing. We strive to make sure that issues faced by women and the changing needs of the community are consciously considered in policy decisions, services and programs. We recognise and take action on the political, social and economic factors that influence health and wellbeing outcomes for women in Melbourne's East. We recognise and respect the strength and life experiences of the women in our diverse region.

Investing in Women – Building a Socially Connected East Final Report

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Front cover images:

Left: Older Women's Project (Manningham Community Health Service)

Right: Connecting Women (Community member led project)

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CONTENTS

EXECUTIVE SUMMARY	2
PROJECT RATIONALE.....	4
PROJECT APPROACH.....	6
PROJECT OVERVIEW	8
EVALUATION OVERVIEW	9
STREAM 2: SERIES OF SOCIAL CONNECTION WORKSHOPS	10
Social Connection Workshop – Health & Community Sector	10
Results – Health & Community Sector	14
Social Connection Workshop – Women in The Community.....	18
Results – Women in the Community	20
STREAM 3: INVESTING IN WOMEN GRANTS PROGRAM.....	23
Results – Investing in Women Grants Program.....	28
Summary of the Impacts of the Social Connection Initiatives.....	30
LEARNINGS AND SUSTAINABILITY	41
CONCLUSION	42
ACKNOWLEDGEMENTS	44
REFERENCES	45
APPENDIX 1	46

Investing in Women

BUILDING A SOCIALLY CONNECTED EAST

EXECUTIVE SUMMARY

Women's Health East developed the '**Investing in Women – Building a Socially Connected East**' project to create meaningful opportunities for women who are isolated and/or disadvantaged in the Eastern Metropolitan Region to experience social connection. The project took a regional approach and engaged the health and community sector and women in the community to encourage social connection and community participation as a way to prevent poor mental health outcomes.

The project had four components:

Stream 1: Consultations with the health and community sector

Stream 2: Series of Social Connection Workshops

Stream 3: Investing in Women Grants Program

Stream 4: Evaluation and Capacity Building (ran concurrently across streams 1-3)

An in depth evaluation of the project was conducted to find out whether the project's approach to social connection was beneficial to women in the community. The evaluation primarily asked:

- Does the health and community sector have an increased capacity to address social isolation and promote social connection among women in their community?
- Do women, who participate in the established social connection opportunities, participate more regularly in community life?
- Do women, who participate in the established social connection opportunities, have stronger peer support and social networks?

The Social Connection Workshops were successful in laying a foundation for the effective promotion of women's social connection into the future. The improvements in skills, knowledge and capacity will have an ongoing impact. Participation in the workshops:

- Developed participants' capacity to understand the complexity of social connection/inclusion.
- Increased participants' capacity to deliver programs that address social connection for women who are isolated and/or disadvantaged.
- Led to more importance being placed on the issue of social isolation.

These results were seen across both the sector and community workshops. Comprehensive Resource Kits were provided and they will also have immense value beyond the life of the project.

The establishment and financial support of social connection initiatives through the Investing in Women Grants Program was a simple yet powerful way to empower community members and increase meaningful community

participation. The Grants Program resulted in the development of thirty social connection initiatives, twenty-eight of which were successfully completed and twenty-three of which are continuing in an ongoing way.

The analysis of the final reports and participant journals of the social connection initiatives indicated that the majority of participants had:

- Increased self esteem
- Participated more regularly in community life
- Stronger peer support networks
- Positive impacts on their mental wellbeing
- Increased knowledge of local services / activities
- Stronger social networks
- Increased skills e.g. financial, craft and transport
- Greater understanding of health enhancing behaviour e.g. accessing services and the importance of social connection.

Overall, the **'Investing in Women – Building a Socially Connected East'** project was successful and confirmed the positive impacts that social connection has on women's mental health and wellbeing.

PROJECT RATIONALE

Women's mental health and wellbeing is one of Women's Health East's priority areas for 2009-2013.

There is growing evidence worldwide of the benefits that social connection can have on mental health and wellbeing. Social connection refers to the relationships that people have with others and the benefits that these relationships can bring to an individual as well as to society (New Zealand Government 2010). These relationships and connections can be a source of enjoyment and support, helping people to feel that they belong and have a part to play in society (Spellerberg 2001).

Women's Health East (WHE) aimed to demonstrate the importance of social connection for women's health and wellbeing and also emphasise the many barriers that can limit a woman's ability to participate within her community and engage with those around her. If the barriers to social connection are better understood, then programs and services can be designed with these barriers in mind.

In 2009, WHE conducted a consultation with stakeholders from the health and community sector in the EMR. This consultation identified that stakeholders believed that social isolation was a significant issue for women in the Eastern Metropolitan Region (EMR) and that they did not feel they had the adequate skills and knowledge to address social isolation. As these stakeholders work directly with women in the community, WHE felt that by developing professional development around social connection, workers may be more confident and able to positively impact on the mental health and wellbeing of women through addressing social isolation.

In addition to consulting with stakeholders, a review of literature was undertaken which indicated:

- Social isolation is a gendered issue.

The social constructs of women's lives mean they often find themselves more socially isolated than men because:

- Women live longer and therefore are more likely to be elderly and single
- Women's comparative lack of financial resources mean they are less likely to be able to socialise
- Single parents with primary responsibility for children are more likely to be women (Women's Health Victoria 2008).

The Victorian Population Health Survey (2008) highlights that people from households with lower levels of income participated less in community events.

Women tend to have less financial security than men due to:

- Reduced work force participation
- Reduced access to education
- The need to interrupt paid work because of pregnancy, childbirth and to care for children or other family members

Working on a part-time or casual basis to prioritise the needs of family. This type of employment can have a negative impact on their overall financial security, with reduced job stability, less accumulated superannuation and fewer savings for retirement (Women's Health Victoria 2008b).

The capacity to ask for favours and obtain support from family and friends increases with income as did good health (Australian Bureau of Statistics 2007).

83% of single parents in Australia are women and 93% of jobless single parent families are headed by mothers. Single mothers in particular express feelings of isolation and loneliness. They are 3-4 times more likely to be suffering from anxiety or depression than the rest of the population (Office of Women's Policy 2005).

Mental illness is associated with indicators of poverty, low levels of education, poor housing and social exclusion. The greater vulnerability of disadvantaged people to mental illness may be explained by such factors as the experience of insecurity and hopelessness, rapid social change and the risks of violence and physical ill health (Women's Health Victoria 2008).

The 'Investing in Women' project responded to the felt need for more professional development around social inclusion and also the normative need to prevent poor mental health outcomes by encouraging social connection and community participation.

PROJECT APPROACH

Women's Health East adopted the VicHealth Framework for the promotion of mental health and wellbeing (2005). This framework focuses on the three key determinants of mental health - social inclusion, freedom from discrimination and violence, and economic participation. There are a number of elements within each of these key determinants:

Social Inclusion	Freedom from Discrimination & Violence	Economic Participation
<ul style="list-style-type: none"> • Supportive relationships • Involvement in group activities • Civic engagement 	<ul style="list-style-type: none"> • Valuing of diversity • Physical security • Self-determination and control of one's life 	<ul style="list-style-type: none"> • Work • Education • Housing • Money

The project focused its efforts on social inclusion as a key determinant to improve women's mental health and wellbeing. Women's Health East aimed to demonstrate the importance of supportive relationships, and participation and engagement with one's community for women's health and wellbeing. We also highlighted the many barriers that can limit a woman's ability to participate within her community and engage with those around her.

As identified in the VicHealth Framework, there are distinct mid and long term outcomes of focusing our work around the three key determinants of mental health and wellbeing:

Intermediate Outcomes		
Individual	Organisation & Community	Societal
Increased sense of: <ul style="list-style-type: none"> • Belonging • Self-esteem • Self-determination & control 	<ul style="list-style-type: none"> • Accessible and responsive organisations • Safe, supportive & inclusive environments 	<ul style="list-style-type: none"> • Integrated & supportive public policy & programs • Strong legislative platform • Resource allocation

Long-term Benefits		
<ul style="list-style-type: none"> • Less anxiety & depression 	<ul style="list-style-type: none"> • Improved productivity at work, home & school 	<ul style="list-style-type: none"> • Reduced health inequalities
<ul style="list-style-type: none"> • Less substance misuse • Improved physical health 	<ul style="list-style-type: none"> • Less violence & crime 	<ul style="list-style-type: none"> • Improved quality of life & life expectancy

In addition to addressing aspects of women's mental health and wellbeing through encouraging social connection, the project also incorporated an asset based community development (ABCD) approach. The 'asset-based approach' builds on the assets and strengths of specific communities and engages citizens in taking action (I&DeA 2010).

Rather than concentrating on the deficits and problems within communities, the ABCD approach values the capacity, skills, knowledge, connections and potential in a community. Assessing and building the strengths of individuals and

the assets of a community opens the door to new ways of thinking about and improving health and responding to ill-health. ABCD has the potential to change the way practitioners engage with individuals and the way planners design places and services. It is an opportunity for real dialogue between local people and workers in the health and community sector on the basis of each having something to offer (I&DeA 2010).

Women's Health East adopted the ABCD approach for the 'Investing in Women' project because it has immense potential to encourage social connection and address social isolation. We recognise the strengths and capabilities of women in the community and believe that a strengths-based approach encourages women to embrace and share their skills and knowledge. It is important to note that this approach does not replace investment in improving services or tackling the structural causes of health inequality; the aim is to achieve a better balance between service delivery and community building (I&DeA 2010).

PROJECT OVERVIEW

Timeline

July 2010 – September 2012

Budget

\$226,142

The project was successful in receiving \$131,180 of funding (see page 44).

Goal

To create meaningful opportunities for women who are isolated and/or disadvantaged in the Eastern Metropolitan Region to experience social connection.

Objectives

1. To build the capacity of the health and community sector to more effectively address social isolation amongst women who are isolated and/or disadvantaged
2. To establish meaningful social opportunities for women who are isolated and/or disadvantaged

Target Group

The target group for the project was women who are isolated and/or disadvantaged.

Expected Benefits

- Improved workforce skills, knowledge and capacity to address the social isolation of women
- Strengthened networks and connections of women
- Increased participation of women in community life
- Positive impacts on women's self esteem, coping effectiveness, mental health and sense of wellbeing

Project Phases

Stream 1: Consultations with the health and community sector

Stream 2: Social Connection Workshops

Stream 3: Investing in Women Grants Program

Stream 4: Evaluation and Capacity Building (ran concurrently across streams 1-3)

EVALUATION OVERVIEW

The impact evaluation of Stream 2 of the **‘Investing in Women – Building a Socially Connected East’** project was conducted and collated by the Women’s Health East project team with support from Monash University’s Faculty of Business and Economics (Dr Samantha Thomas, Senior Research Fellow).

WHE undertook an in depth evaluation of the project in order to find out whether the project’s approach to social connection is beneficial to women in the community.

The evaluation primarily asked:

- Does the health and community sector have an increased capacity to address social isolation and promote social connection among women in their community?
- Do women, who participate in the established social connection opportunities, participate more regularly in community life?
- Do women, who participate in the established social connection opportunities, have stronger peer support and social networks?

STREAM 2: SERIES OF SOCIAL CONNECTION WORKSHOPS

Social Connection Workshop – Health & Community Sector

Description of Workshop

A full day Social Connection Workshop was held on May 27th 2011 for people working in the health and community sector (e.g. neighbourhood houses, local government, community health). The workshop was held at the Mooroolbark Community Centre.

The catering was prepared by women from the Karen community. These women had recently completed a Kitchen Project run by the Migrant Information Centre and this workshop was an opportunity for them to practice their formal catering skills, share their Burmese cuisine and participate economically in their community. These women went on to receive funding through the Investing in Women Grants Program.

The aims of the workshop were to:

- Raise awareness of the health and wellbeing benefits of social connection for women
- Increase awareness and understanding of the barriers that exist for women to participate in the community.

At the workshop, participants were given a Social Connection Resource Kit containing worksheets for the day and additional resources to keep for the future (see description of Resource Kit). In addition to the Resource Kit, a USB containing larger and more detailed information was provided.

Presentations at the workshop covered topics such as:

- Asset Based Community Development Approach to Encourage Social Connection
- Health and Wellbeing Benefits of Social Connection
- Barriers to Participating in the Community– Body Image, Mental Illness, Culture, Sexual Diversity, Disability, Family Violence and Problem Gambling.

Presenters at the workshop were from the following organisations:

VicHealth	Migrant Information Centre	Disability Advocacy Resource Unit
Office of Women's Policy	Gambler's Help Eastern	Inner East Social Inclusion Initiative
Butterfly Foundation	Women's Health East	Inner East Community Health Service
Australian Research Centre in Sex, Health & Society	Victorian Mental Illness Awareness Council	Transformation Through Capacity Building

Resource Kit

Women's Health East developed a Social Connection Resource Kit in recognition of the health and community sector's need to have access to information about social connection as a determinant of mental health and wellbeing - information that sits within 'a social model of health' framework. The information presented consciously considers the ways in which women's health and wellbeing is determined by factors that go beyond individual or biological disposition. Through using the Resource Kit, organisations in the Eastern Metropolitan Region should be able to be more responsive to women's specific needs.

Women's Health East recognises the value, knowledge and expertise of the broad range of organisations who work across the Eastern Metropolitan Region of Melbourne. We recognise the strength of local organisations in knowing their local communities and understanding their specific needs. The Resource Kit was intended to complement this local knowledge and expertise.

The Resource Kit is useful for any organisation who works with the community, both within the health and community sector, and broader. Encouraging social connection is everyone's business whether they are a librarian, physiotherapist, nurse, community development officer, doctor or receptionist; they can encourage and invite those around them to connect. Having said this, socially connecting is often easier said than done and it is important to be aware of the barriers that some people may face. The Resource Kit discusses a number of potential barriers that can limit women's capacity to socially connect e.g. body image, mental illness and culture.

It is important to note that the Resource Kit was an accompaniment of the Social Connection Workshop held on May 27th 2011. However, the Kit can also be used as a standalone resource and we encourage the use of its resources and tools to assist in the planning and delivery of programs and services. It is our hope that it will assist the Eastern Metropolitan Region to encourage social connection and address the social isolation of women.

Below is a brief list of what was included in the resource kits:

- Overview of the Project
- The Social Determinants of Health
- Women's Mental Health & Wellbeing
- Social Connection - a Determinant of Mental Health & Wellbeing
- Barriers to Social Connection
- Asset Based Community Development
- Measuring and Evaluating Social Connection
- Investing in Women Grants Program

In addition to the Resource Kit given to the workshop participants, a USB containing larger and more detailed information was provided.



Photo 1. Social Connection Resource Kit and USB

Evaluation Methods

The workshop was evaluated using the following qualitative and quantitative evaluation methods:

- Pre-workshop questionnaire
- Post-workshop questionnaire
- 6 month follow-up questionnaire

The following results have been collated from the pre and post questionnaires which asked for participants' quantitative feedback in regards to:

- Knowledge of social connection
- Confidence to develop social connection programs
- Organisational commitment to improve social connection
- Evaluation capability of social connection
- Qualitative feedback was also sought in regards to:
 - Identified barriers to social connection in the community
 - Key issues for organisations to strengthen women's social connection

A 6-month follow up questionnaire was sent to the Workshop participants. As expected with subsequent questionnaires, the response rate was low with only 18% of participants responding. Despite numerous attempts to increase the level of responses we were unable to gather a reasonable number of responses. We do not think that any conclusions can be drawn from the responses and as a result we have not included them in the final report.

Results – Health & Community Sector

Pre Evaluation

The following results indicate how respondents felt in regards to women's social connection before they participated in the Social Connection Workshop.

Response Rate = 74%

From the 92 people who attended the Social Connection Workshop for the Health and Community Sector, 68 completed the pre-workshop questionnaire.

Groups of women that were identified as most in need of social connection:

- Women from culturally and linguistically diverse backgrounds
- Women with a mental illness
- Elderly women
- Mothers
- Geographically isolated women

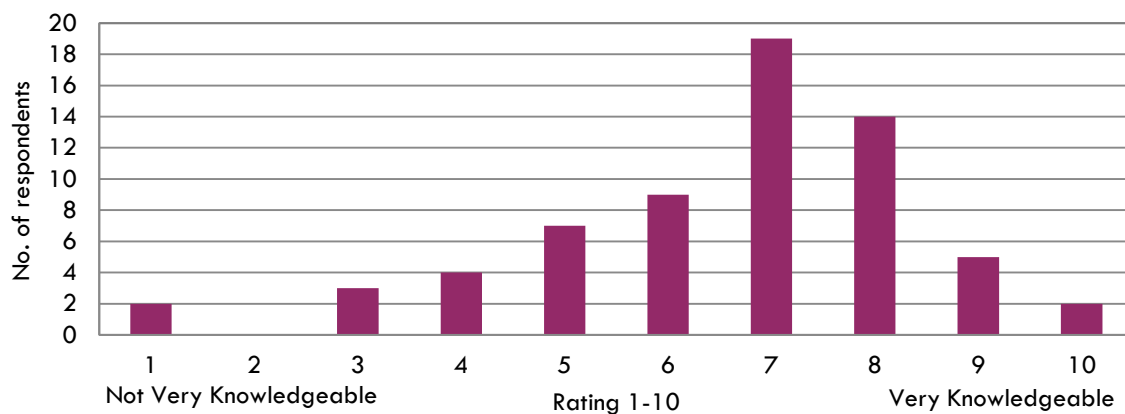
88% of respondents identified social connection or social inclusion as a priority area in their organisation.

The main barriers, for female clients, that were identified by respondents are:

- | | |
|-------------------------------------|--|
| • Being limited English proficiency | • Lack of resources and support |
| • Culture | • Lack of time |
| • Gender expectations | • Social stigmas |
| • Having a mental illness | • Age |
| • Finances | • Self-esteem |
| • Lack of transport | • Limited knowledge of local services |
| • Geographical isolation | • Having a disability |
| | • Having experienced domestic violence |

The effects that social connection can have on women's health and wellbeing that were identified by respondents were:

- | | |
|--|---|
| • Improved mental health | • Improved physical health |
| • Decreased isolation | • Improved sense of belonging |
| • Increased self worth | • Utilisation of community services |
| • Increased self confidence | • Improved education and career options |
| • The opportunity to share experiences and knowledge | to women's mental health and wellbeing |



Graph 1. Knowledge of social connection prior to workshop



Photo 2. Audience at Social Connection Workshop



Photo 3. Health and Community Sector Workers at Social Connection Workshop

Post Evaluation

Response Rate = 71%

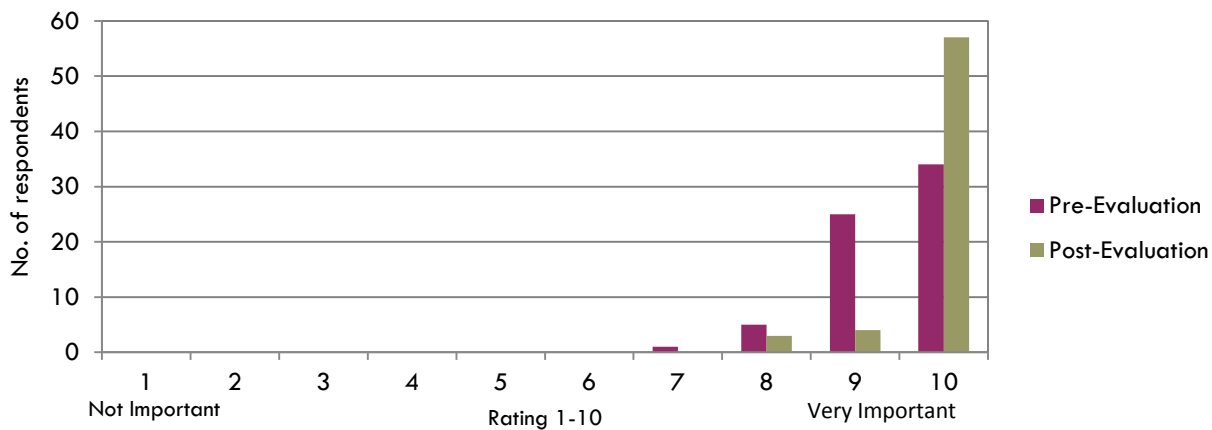
From the 92 people who attended the Social Connection Workshop for the Health and Community Sector, 65 completed the post-workshop questionnaire.

The main sectors where respondents worked were community health, neighbourhood houses and local government. The most common roles were:

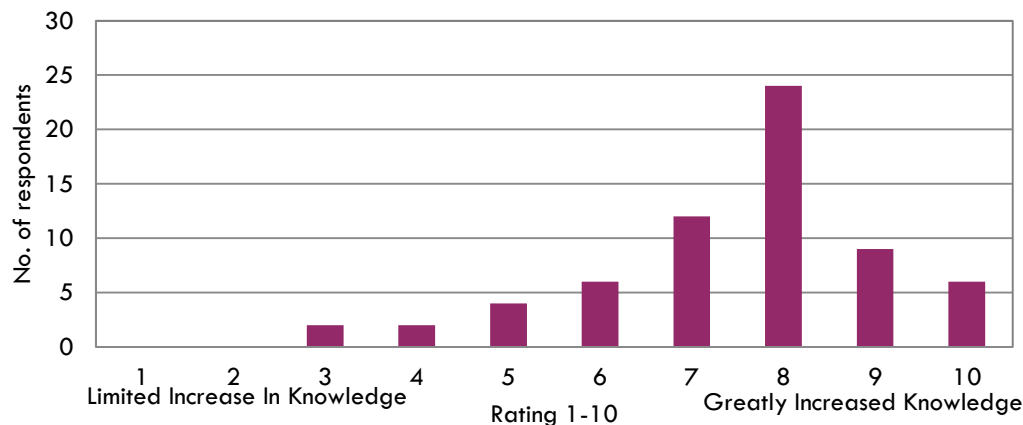
- Health Promotion Officer/Coordinator (21% of respondents)
- Community Development Officer/Coordinator (21% of respondents)

The majority of their organisations serviced areas within the Eastern Metropolitan Region.

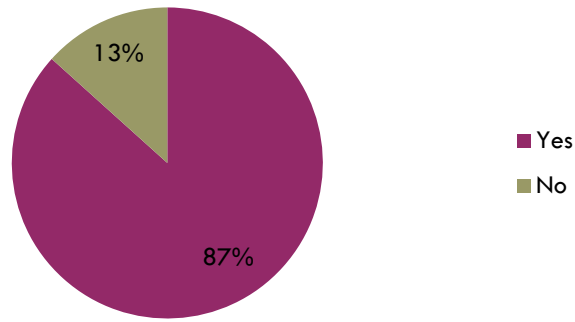
The following results indicate how respondents felt in regards to women's social connection after they participated in the Social Connection Workshop.



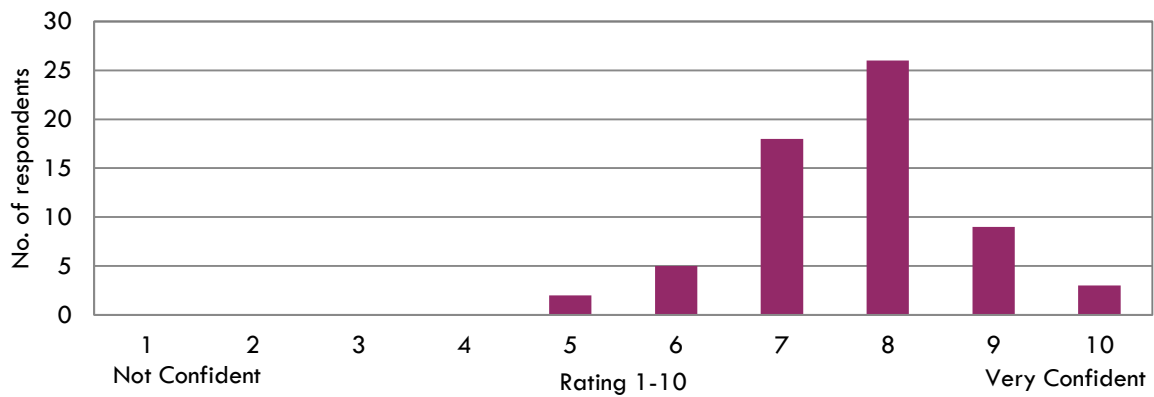
Graph 2. The importance of social connection in improving women's health and wellbeing



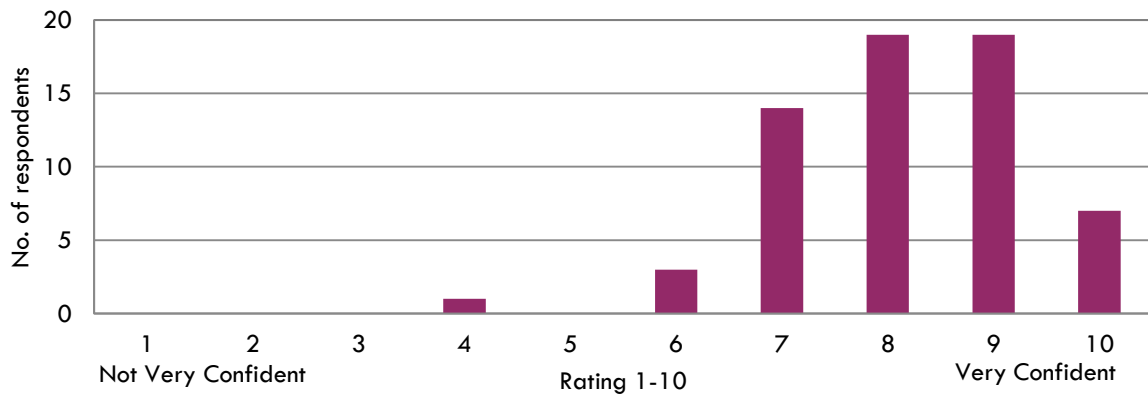
Graph 3. Increase in knowledge about issues associated with social connection



Graph 4. Increased awareness of barriers to social connection



Graph 5. Personal confidence in developing social connection programs for the women



Graph 6. Personal confidence in addressing the social isolation of the women

Social Connection Workshop – Women in The Community

Description of Workshop

A series of interactive half day workshops for women in the community were held at the Women's Health East office in Ringwood. It was planned to run two workshops but due to the high level of interest, four workshops were throughout June and July 2011.

The workshop aimed to provide women with the opportunity to:

- Learn about social connection and the barriers that women may face in participating within their community
- Think about community action through an asset based community development approach
- Discuss ideas for social connection opportunities
- Gain information and skills around writing small grant applications.

At the workshops, participants were given a Social Connection Resource Kit containing worksheets for the day and additional resources to keep for the future. Below is a brief list of what was included in the Resource Kits for women in the community:

- | | |
|-------------------------------------|---|
| ● Overview of the project | ● What is social connection? |
| ● Barriers to social connection | ● Asset based community development |
| ● How to write grant applications | ● Tips for groups |
| ● Investing in women grants program | ● Promoting your group
(e.g. media releases) |

Evaluation Methods

The workshop was evaluated using the following qualitative and quantitative evaluation methods:

- Pre-workshop questionnaire
- Post-workshop questionnaire
- 6 month follow-up questionnaire

The following results have been collated from the pre and post questionnaires which asked for participants' quantitative feedback in regards to:

- Knowledge of social connection
- Confidence in writing grant applications
- Level of participation in the community
- Confidence to develop social connection programs
- Qualitative feedback was also sought in regards to:
 - Identified barriers to social connection in the community
 - Knowledge about issues related to social connection

A 6-month follow up questionnaire was sent to the Workshop participants. As expected with subsequent questionnaires, the response rate was low with only 13% of participants responding. Despite numerous attempts to increase the level of responses we were unable to gather a reasonable number of responses. We do not think that any conclusions can be drawn from the responses and as a result we have not included them in the final report.

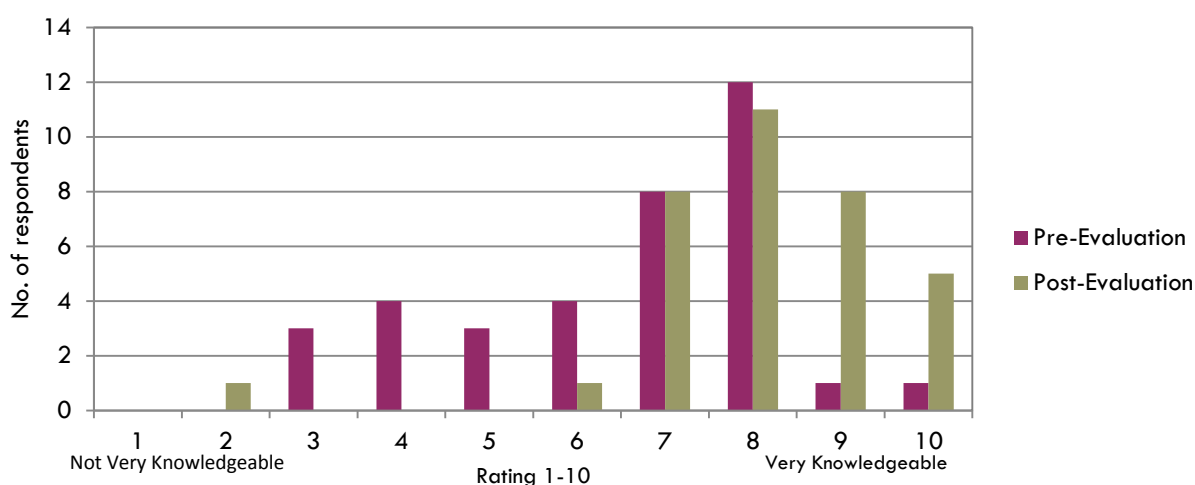
Results – Women in the Community

Pre Evaluation

The pre-workshop results have not been included in the final report due to the information providing little value to the overall results. The pre-workshop results are available upon request.

Post Evaluation

The following results indicate how respondents felt in regards to women's social connection after they participated in the Social Connection Workshop.

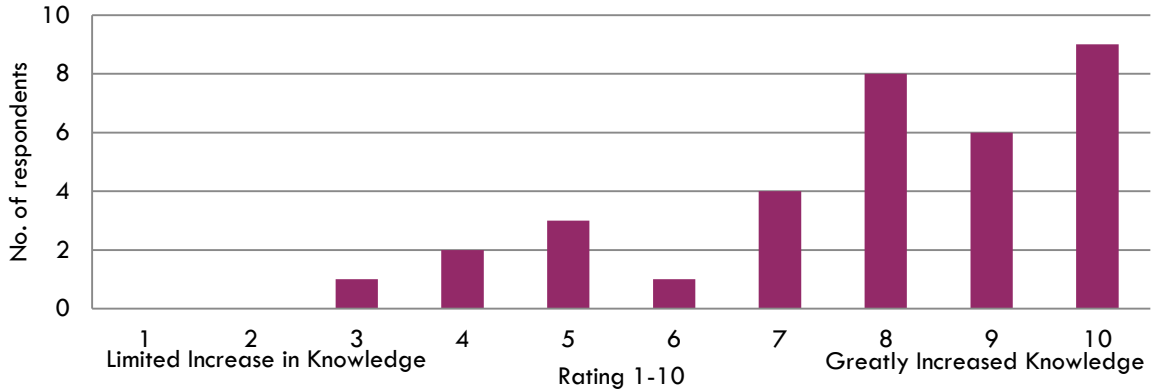


Graph 7. Knowledge about social connection

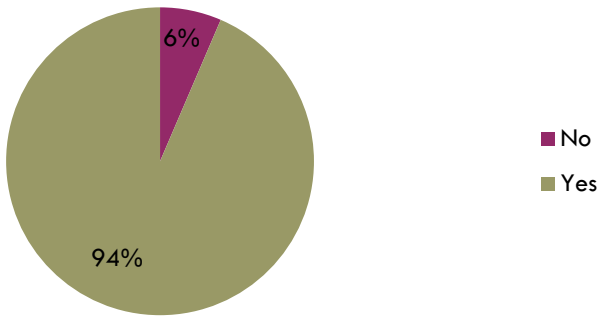
Respondents found that the workshop consolidated and increased their knowledge of social connection while allowing them to gain valuable information on social connection and gain ideas from fellow attendees.

“The class was quite interactive answering basic questions that usually don’t occur until you really develop your program. I am a step closer to putting my plan into action. Thank you.”

“This session really helped consolidate my understanding of social connection.”



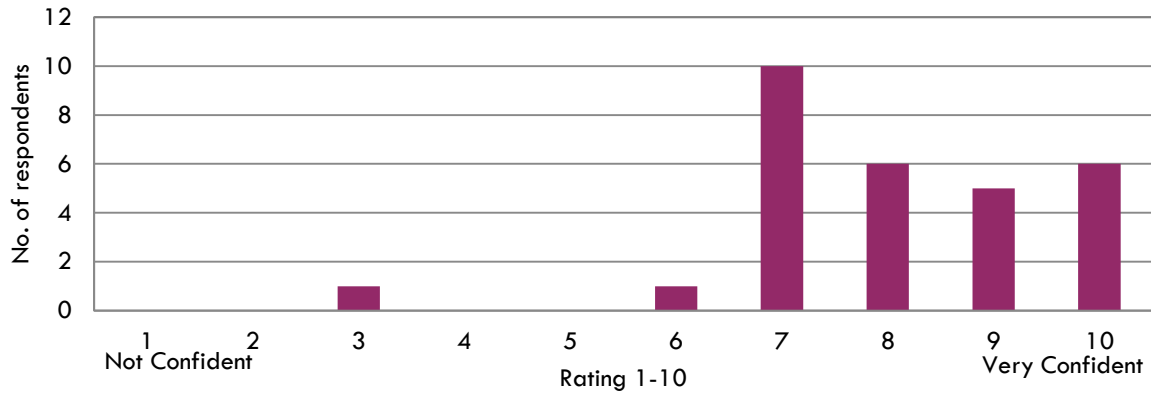
Graph 8. Increased knowledge about issues related to social connection



Graph 9. Increased awareness of barriers to social connection

“Made me think about the flow on effect of social barriers.”

“Increased awareness of other barriers to social connections otherwise unaware of.”



Graph 10. Confidence to develop social connection projects

Evaluation Limitations

The evaluation of the ongoing/longer term impact of the Social Connection Workshops is one of the project's limitations. It has been difficult to monitor the impact that the Workshops have had on the region, and the number of new social connection initiatives that developed as a result of attending. The impact of the Social Connection Workshops was more easily documented for the organisations and women in the community who were involved in the Grants Program.



Photo 4. Social Connection Workshop – Women in the Community

STREAM 3: INVESTING IN WOMEN GRANTS PROGRAM

Description

The Investing in Women Grants Program provided opportunities for women to establish meaningful social opportunities and engage with other women in their community.

The aims of the Grants Program were to:

- Address barriers to being socially connected
- Improve women's mental health and wellbeing
- Encourage women's engagement with their peers in the community.

Attendees of the Social Connection Workshops (Stream 2) were invited to participate in the Grants Program. This encouraged workshop participants to put into practice the new skills and knowledge they had gained at the workshops. The Grants Program was open to health and community organisations in the region as well as women in the community. Women, as individuals in the community, who applied for funding did not need to be auspiced by an Incorporated organisation. This decision was made to lessen the barriers for women wanting to be involved in their community by inviting them as community members to submit applications.

Grant guidelines and application forms were developed and promoted. Funding of up to \$1500 was available per application. The Grants Program was open for applications during June and July 2011. All applications were assessed by a grants panel which was comprised of three Women's Health East staff and three external stakeholders who were members of the project steering committee.

The project team met with each successful applicant one-on-one to support them to put together a project framework, which included clear goals and objectives, expected outcomes and evaluation plans.

Grants Program Evaluation Methods

Due to the nature of the social connection initiatives that were established, the evaluation was flexible. WHE recognised that the women participating in the Grants Program would all be different so there was a range of evaluation methods available. A final report from each of the grant recipients was the minimum evaluation requirement. Journals and disposable cameras were offered to each of the initiatives as a qualitative way to capture information about the individual group member's experiences. At an individual group member level, participation in the evaluation was voluntary. WHE's aim was to get as much meaningful information as possible without jeopardising anyone's stories or information. All information has been de-identified. The evaluation combined both qualitative and quantitative methods and included:

- Final reports submitted by the group leaders/organisers (see Appendix 1)
- Journals from Grants Program participants
- Photographs from Grants Program participants

Journals and Final Reports

The evaluation of the journals was undertaken by two health promotion staff from Women's Health East. Therefore the evaluation of the journals has been subject to interpretation by each person. The Grant Program participants also self selected to submit their journals for evaluation, which means participant bias must be taken into account.

The journals were analysed through a thematic analysis using pre-identified themes. The purpose of the analysis was to measure the impact that participating in social connection initiatives has on women's health and wellbeing. The themes chosen as indicators/measures of the impact were influenced by the Victorian Department of Health's Integrated Health Promotion Performance Measures, and the WHE key evaluation questions set at project inception.

The following themes and definitions were used to analyse the journals and final reports.

- **Social skills, self esteem and self efficacy**
Higher levels of skills, self esteem and self efficacy enable individuals to achieve better health outcomes (Victorian Department of Health 2010).
- **Participation in community life**
Increased participation in community life, including social and physical activities (Victorian Department of Health 2010).
- **Peer support and social networks**
Better access to supportive relationships, including family relationships, peer support and social networks (Victorian Department of Health 2010).
- **Impact on mental health and wellbeing**
Articulated benefits to mental wellbeing as a result of socially connecting.

- **Knowledge of local services**

Increased health related knowledge and awareness, including where to go and what to do to obtain health services (Victorian Department of Health 2010).

- **Understanding of the importance of health enhancing behaviour**

Change in individuals' attitudes, motivation and behavioural intentions concerning healthy lifestyles e.g. accessing services and socially connecting (Victorian Department of Health 2010).

- **Skills**

Attainment of skills from connecting with others who share and demonstrate their skills.



Photo 5. Evaluation Tools – Journals and Disposable Cameras

Feedback on Grants Program Evaluation Tools

Due to the methods used to evaluate the Grants Program, formal feedback was sought from group leaders. Below is a collation of the feedback given in regards to the use of journals and disposable cameras as evaluation tools in the Investing in Women Grants Program.

Journals

Groups that were established through the Grants Program had the choice to use journals as an additional evaluation method as a way to try and capture meaningful information about how initiatives like theirs are able to impact on women's mental health and wellbeing. Group members submitted journals on a voluntary basis.

Of the 259 journals distributed, 22 were submitted to Women's Health East for evaluation, giving a submission rate of 8%. Feedback was requested in regards to the use of journals as an evaluation method. The primary reason that journals were not submitted for evaluation was because of the personal nature of them and the content was deemed too private to share. The main reasons for not using the journals included:

- Lack of interest
- Hesitation due to beliefs about poor English skills
- Feelings of insecurity and anxiety about literacy skills.

Group leaders also noted that they did not want to push the group members to use the journals if they did not want to; the group leaders felt the most important thing was that the group members were engaged and enjoyed being part of the group.

The groups that submitted journals to Women's Health East found the experience of keeping a journal to be positive. It was noted that the group members enjoyed using the journals once they had started and found them useful for releasing thoughts and feelings. Some comments included:

"The women stated that writing the journals cemented their experiences, and a number agreed that it help them to realise that they really did have a wonderful support network."(Mums 4 Mums)

"A couple of women also expanded and wrote in it more often as a way to get out emotions at other times when they were stressed or overwhelmed. This helped them to release what they were feeling in a positive and safe way" (Women's Kitchen Table Yarning)

Disposable Cameras

Groups that were established through the Grants Program had the choice to use disposable cameras as an additional evaluation method as a way to try and capture meaningful information about how initiatives like theirs are able to impact on women's mental health and wellbeing.

Of the 86 disposable cameras provided to groups, 20 were submitted to Women's Health East, giving a response rate of 23%.

There was mixed feedback in regards to using the disposable cameras. The groups that used them found the cameras to be useful for documenting the fun that the groups had, and helped to capture the special moments that written reports could not. Having photo consent forms signed was a barrier for a couple of groups. Many of the groups suggested that better quality cameras would have been more useful, and as such used their own digital cameras or phones to take photos. Others noted that they were enjoying themselves too much to remember to take photos. Some comments included:

"The young women really enjoyed taking photos of each other throughout the day... The cameras were a great idea for it enables the young women to remember their day and be able to visually see through there facial expressions and appearance on how the day impacted on them positively." (Loving ME)

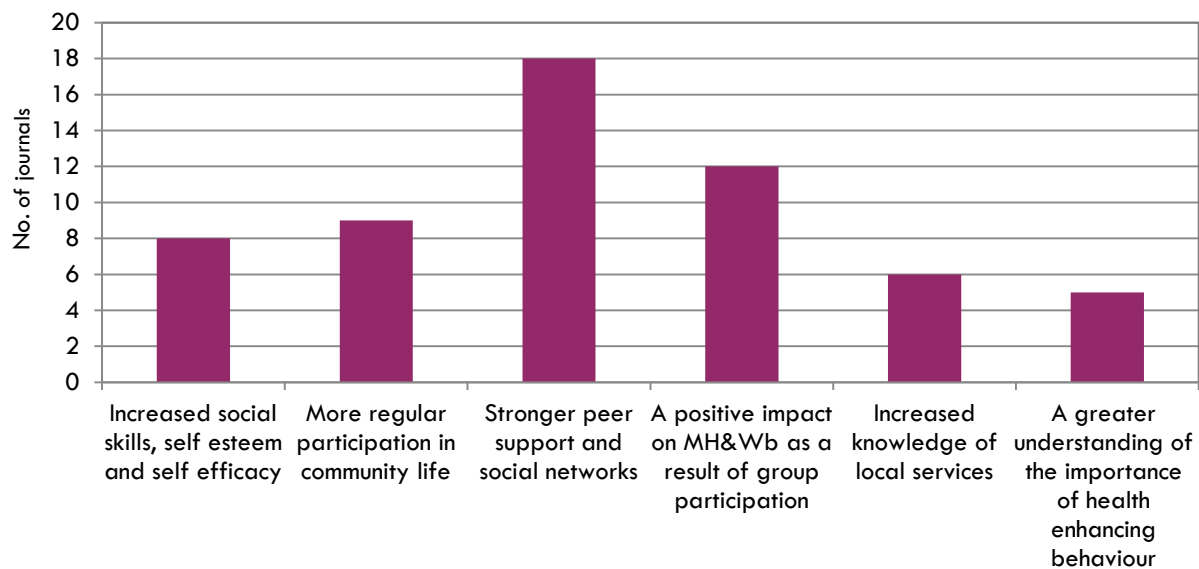
"One positive thing about using cameras for documentation of the project is that pictures are better able to capture aspects that project reports can't. Pictures can better portray the mood and emotion of participants." (Chinese Mothers)

Results – Investing in Women Grants Program

Forty-eight funding applications were received and twenty-eight initiatives were funded with more than 650 women involved. The established initiatives were led by a mixture of local organisations (17) and women from the community (11).

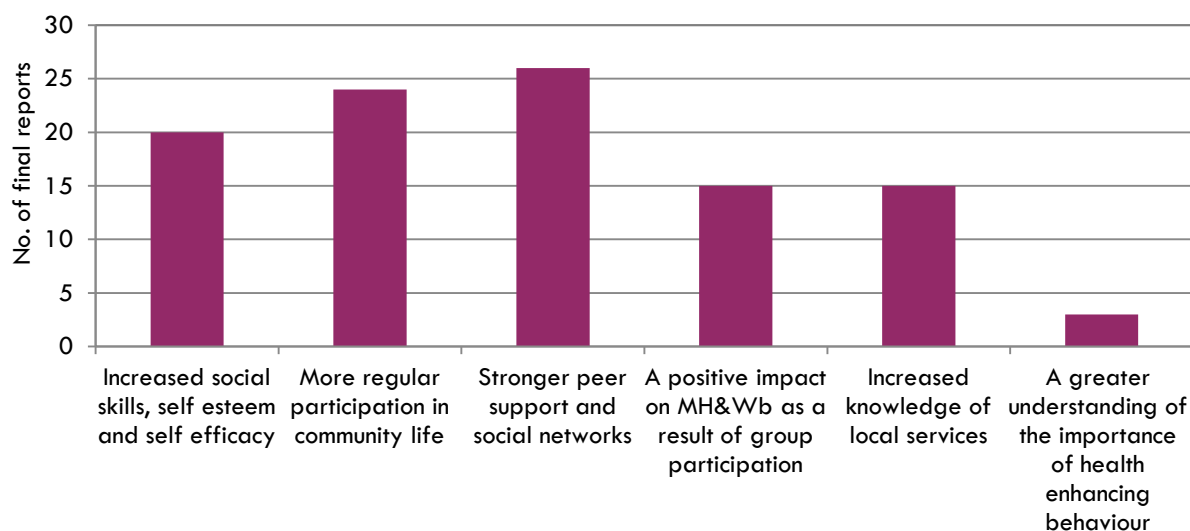
Number of grants brokered	Number of projects developed*	Number of projects successfully delivered	Number of projects which have continued after funding	Number of projects that received ongoing funding (from other sources)
28	30	28	23	6

*One organisation developed more than one project with their funds



Graph 11. Number of times themes emerged within the journals

Across all journals, 55% also mentioned an increase in skills, including craft, cooking, anger management, mindfulness, art therapy, meditation, fitness, public transport use, financial/savings skills and recycling skills.



Graph 12. Number of Times Themes Emerged Within the Final Reports

Across all Final Reports, 17% also mentioned an increase in skills, including increased English proficiency, craft, social and parenting skills and practical skills around self care.

Differences between Community led and Organisationally led Social Connection Initiatives

A comparison was made between the themes present in the final reports of community led social connection initiatives and organisationally led initiatives. When compared there was no significant difference between the most noted themes. Although *stronger peer support and social networks* emerged slightly more often in the community led initiatives, and *increased knowledge of local services* emerged slightly more often in the organisationally led initiatives.

Summary of the Impacts of the Social Connection Initiatives

Bayswater West Community Cafe - Community member led

Bayswater West Community Cafe was developed as a free fortnightly cafe where women can come together and relax over a hot drink, and children are able to enjoy Story Time, allowing parents to have some time to themselves. The Café itself is held in the hall at Bayswater West Primary School, and although it naturally attracts school-mums, it is open to everyone in the community. The café gives women a way to get together in a social setting without the commitment of a formal project.

The most significant impact of the project was stronger peer support and social networks.

"The Café gives a view of just what is possible. That one person with drive can start something new, that is then taken up and supported by many." (Final report extract)

"And there are several people, who may or may not choose to come, but know that once a fortnight they can go to the Café sit and listen to others talk, and that others will listen to them" (Final report extract)

Betting on a Better Life - Monashlink Community Health Service

Nine women of varying demographics and life experiences participated over four weeks in a wide range of creative modalities including body awareness, dance/movement, drawing, painting, mindfulness and writing. The project was developed as an alternative to gambling and as a way of increasing the women's participation in their community.

The most significant impact of the project was stronger peer support and social networks.

"I wouldn't have believed that I would ever find myself doing something so positive and healing.... much better than sitting in front of pokie machines" (Participant quote - Final report extract)

"The women commented on the closeness and connection they felt through dancing together, sharing the deeper meanings of their artworks, and hearing similar experiences around the circle - of grief, sorrow, triumph and joy" (Final report extract)

Community Connections – Community member led

Community Connections was developed to encourage women to move outside their own cultural group and meet other women in their community whilst exploring Melbourne. Trips throughout Melbourne were used as a way to build a connection in order to feel 'at home' for culturally diverse women, many of who have recently arrived in Australia. Through the project, the women were involved in activities such a trip to Lilydale Lake, learning how to purchase a MYKI Card and finding out the best public transport routes in the outer eastern suburbs.

The most significant impact of the project was stronger peer support and social networks.

"The self-confidence of the women, building of friendships, connection to place and realisation that their feelings and experiences are not unique – they are not alone. This is their first unifying experience" (Final report extract)

Connecting Women – Community member led

The project was developed to encourage women to reconnect with their community and socially connect with other women who are also experiencing anxiety and depression. The women participated in activities such as arts and craft, guest speakers and facilitated psychology sessions to build their capacity to recover. The sessions helped the ladies to increase their self worth and deal with others who might put them down.

The most significant impact of the project was stronger peer support and social networks.

"Knowing the depression and anxiety group was meeting up for coffee and a chat gave me a reason for getting up and facing the day" (Journal extract)

"I think one of the best things about the group is that there is nearly always someone who has been or is going through the same stuff you are. I know I am a mix of anxiety from person A, low SE from person B, struggling with identity like person C and in physical pain like person D. So no matter what I'm going through there is someone who can relate and hopefully help. Where else could you get that??" (Journal extract)

Girl Power Camp - Upper Yarra Community House

The Girl Power project was a two day camp for girls within the Upper Yarra Community House Community College and was held at St Johns Camp in Westburn. The project was centred on the girls having a good time as well as educating and informing them of local services available to women. The project aimed to foster a place for young women to relax and create new social and educational connections within their immediate community, and to be on going in the form of 'Girl Power'.

The most significant impact of the project was increased knowledge of local services.

"The most significant change for the participants, as a result of the project, are strong connections between students and stronger connections to local service providers" (Final report extract)

"I believe that the program fostered creativeness, mental health and wellbeing and connected women together in a comfortable environment" (Final report extract)

The Gourmet Girls - Temple Society Australia

The Gourmet Girls is a dinner group held regularly in the outer eastern suburbs. It was developed because women acknowledged that they spend a lot of time running around helping family and friends but felt they did not have time to spend on themselves and to maintain connections with other women in the community. The group provides an opportunity for the women to make new connections and gives them the chance to meet new people, forge friendships and networks and enjoy a good hearty meal.

The most significant impact of the project was stronger peer support and social networks.

Hand in Hand: Supporting & Celebrating Unity in Diversity - Mount Pleasant Road Primary School

Mt Pleasant Road Primary School is a multi-cultural community with over eighteen languages being spoken in the home. It was noticed that mothers from culturally-diverse families were experiencing isolation, anxiety and a lack of connection and resources. The aim of the project was to provide opportunities for women in the school community to connect through events and activities that celebrated different cultures and provided opportunities for friendships to develop. Events that were held include:

- Indian cultural afternoon
- Roti-bread making class
- Family breakfast
- Harmony Day Bush Dance
- Chinese Dumpling making class

The most significant impact of the project was stronger peer support and social networks and increased social skills, self esteem and self efficacy.

"The women are more interested and aware of each other and not afraid to approach each other, find friendships and attend/organise/participate in school activities" (Final report extract)

Health Through Fun & Fitness - Upper Yarra U3A

Health Through Fun & Fitness is a set of weekly one hour classes run by a personal trainer. The project was developed to strengthen the capacity of older women in Warburton to participate more regularly in their community and to strengthen community involvement.

The most significant impact of the project was stronger peer support and social networks.

"I know everyone's names now and the background of quite a few of the group members. There are now people in town I can say 'G'day' to and I have found out about great activities" (Journal extract)

"A sense of belonging to this community and a confidence that someone else is there to be called on in a time of need" (Final report extract)

Hungarian Seniors Needlework Club – Community member led

The Hungarian Needlecraft Club is a fortnightly opportunity for older women to come together and create craft work such as Hungarian embroidery and knitting, followed by a cooked lunch. The project was developed to provide the opportunity for older women from the Hungarian community to socially connect and build relationships within the Hungarian Senior Citizens Club.

The most significant impact of the project was stronger peer support and social networks.

"Was very happy to be invited to be in a group of women that felt the same way" (Journal extract)

"Sharing a craft has encouraged elderly women to actively participate in the community" (Final report extract)

It's All About Me - Wonga Park Community Cottage

It's All About Me was a six week scrapbooking workshop for female carers in the community to work together as a group to identify their unique qualities while exploring and documenting their life story. The project was developed to provide the women with the opportunity to participate in a meaningful social activity whilst being able to access free childcare.

The most significant impact of the project was stronger peer support and social networks.

"The bond between the women was incredible as they came from all walks of life and different circumstances" (Final report extract)

Kinkora - Inner East Community Health Service

The Kinkora project was a wellbeing support program for women living at Kinkora Women's Hostel. It was developed to build the capacity of women, with severe mental illness, who are vulnerable to social isolation and chronic disease to participate in their community. Regular health and wellbeing education sessions were held for the women to raise awareness and encourage discussion on a range of issues.

The most significant impact of the project was increased knowledge of local services.

"After an education session on women's health, one of the newer residents to Kinkora has made an appointment to visit her local GP and asked for a pap smear test which she has not done in many years. She spoke out in one of the group sessions to say that she so looked forward to attending these meetings that she couldn't sleep. She has also lost weight and is taking more pride in her physical appearance" (Final report extract)

Lakewood Enterprises - Lakewood Community Managed Co-operative Ltd

The project was developed to encourage women living at the Lakewood Community Managed Co-Op, who may be isolated and often remain in their apartment, to engage with the Lakewood Community. The group began as a mixed art and craft, then moved to be a general interest group with a couple of outings to craft fairs, and then became a painting group.

The most significant impact of the project was stronger peer support and social networks.

"The women currently involved in the group are now quite familiar with each other, the group has been valuable for introducing new resident women to other women in the building and is one of several projects for women to come and interact socially with each other in a non-intrusive manner" (Final report extract)

Lakewood Swimmers - Lakewood Community Managed Co-operative Ltd

Lakewood Swimmers was developed to create an opportunity for women from Lakewood Community Managed Co-Op to form positive relationships with other women within the Lakewood building through the medium of exercise. A swimming group was established which ran three times a week.

The most significant impact of the project was stronger peer support and social networks.

"I would have never done this alone if it wasn't for going as a group" (Final report extract – participant quote)

"After the first session many commented about how good they felt afterwards, both mentally and physically and believed that they would not have attempted if it wasn't for going with another woman" (Final report extract)

Linking Manningham Women Together - Manningham Community Health Service

Manningham Community Health Service developed three projects with their funds.

Kinder Teachers Project

It was identified that kindergarten teachers were experiencing high levels of stress within Manningham due to the lack of support networks therefore the aim of the project was to establish a support network for them. A professional development evening was held, inviting all teachers from both kindergartens and childcare centres in Manningham. From this, an informal networking group arose. The group has continued meeting and they are now able to provide collegial support to each other on issues that are important to their work.

The most significant impact of the project was a positive impact on mental health and wellbeing as a result of group participation.

Older Women's Project

Clinicians at Manningham Community Health Service (MCHS) had begun identifying socially isolated women through their clinical work. The women were typically widowed, no nearby family, low socio-economic status, had a health issue, and came from a culturally and linguistically diverse background. MCHS decided to host a series of morning teas, where these women were invited by their clinician to come along and to chat with the clinician and other women present, with the goal of enabling these women to build friendships with each other, and to build their confidence to go on outings and socialise.

The most significant impact of the project was stronger peer support and social networks.

Chinese Mother's Project

The project was developed to provide Chinese mothers who are having their first child in Australia (but who have more than one child born overseas) with the opportunity to connect with other mothers and services in their community. MCHS discovered that these mothers are excluded from a number of maternal services because funding only covers first-time parents.

The most significant impact of the project was stronger peer support and social networks and more regular participation in community life.

Loving ME - Anchor

The project focused on four women being supported by the Support for Young People program (SFYP). The young women identified that having their hair cut and their nails done would improve their self-confidence and self-esteem. A day was held that focused on the importance of self-care, and developing their skills to be able to create and implement individualised self-care plans. The young women were able to identify what they believe will contribute to enhancing their confidence, self-esteem and lowering their levels of anxiety.

The most significant impact of the project was increased social skills, self esteem and self efficacy.

“The young women have taken more pride in themselves and the way they present. Their dress style has improved and their self-confidence has improved” (Final report extract)

Mandalas for Mums - Inner East Community Health Service

The Mandalas for Mums project was developed to improve the social connection of women who had experienced trauma and were socially isolated in the City of Boroondara. A four week Mandala workshop was held for free for five women who had young children and would not have been able to attend the workshops without the provision of free childcare. By providing all materials for free and having free childcare on site, it enabled the women to be able to participate in the program.

The most significant impact of the project was stronger peer support and social networks.

Middle Eastern Women’s Group - Migrant Information Centre

The Middle Eastern Women’s Group was a pilot social support group developed to increase opportunities for isolated women to participate in their community. The women were from Iraq, Iran, Afghanistan and other Middle Eastern or Central Asian countries living in the Eastern Region of Melbourne. Nine group sessions were held on a monthly basis to practice English and to meet other women. Activities included an excursion to a cherry farm, a healthy living session at a local community health service and a three week financial literacy program (delivered in partnership with WHE).

The most significant impact of the project was stronger peer support and social networks.

“The greatest achievement of this group has been the sense of real connection among the women and the fact that all have felt that they now have more support around them than they did before they started attending the group” (Final report extract)

“All reported that the group helped the women participate in activities outside of the home” (Final report extract)

Mums for Mums Group - Kerrie Neighbourhood House

The Mums for Mums group was developed as a response to the number of young women who came to Kerrie Neighborhood House who were parenting without extended family support. Many of the women are from overseas. The project provides these women with the opportunity to meet with other mothers in their community to socially connect and support each other. The women meet weekly in a playgroup setting with two volunteers who organise activities and play with the children. The mothers have the option of staying with the children or having a chat and a coffee with the other mothers.

The most significant impact of the project was stronger peer support and social networks.

"Knowing that we can trust each other and have someone to call in need is a wonderful thing, lovely experience and relief in our small group." (Journal extract)

"I don't feel alone. I know enough people who I can call when I need and I can rely on them." (Journal extract)

Parenting Course/Social Club - Upper Yarra Family Centre

Three free parenting sessions were offered at Upper Yarra Community House in term one, 2012. The sessions gave parents an opportunity to meet and get to know one another. During the sessions, childcare was provided to enable parents with young children to fully participate and to have a break. The program included activities specifically designed to facilitate connection amongst parents and with service providers. The provision of occasional care was critical to the success of the parenting course.

The most significant impact of the project was increased knowledge of local services.

Re-connecting with the Women of the Co-op - Mountain District Learning Centre

The project was developed to reconnect the original members of the Women's Co-op at the Mountain District Learning Centre. In recent years there had been a shift towards youth activities at the Co-op and the original members felt displaced. Regular luncheons were held free of charge to encourage older women to participate again, whether they were new or original members.

The most significant impact of the project was more regular participation in community life.

Retreat, Relate & Recreate – Community member led

Retreat, Relate & Recreate was developed as a camp-style retreat for mums and their children to take a break from life's stressors. The camp invited mothers who are disadvantaged and socially isolated to retreat from their day to day life, to learn what revives their spirit and to recreate a better version of themselves. The weekends away deepened relationships, rest and reflection.

The most significant impact of the project was stronger peer support and social networks.

"Just being heard and loved in that way brought me back to a calm place - a much healthier place to mother my baby from" (Journal extract)

"Connection with other women with similar struggles...hearing their stories and sharing my own makes me feel like I'm not so alone in my situation" (Journal extract)

Stick in There - Yarraleen Preschool

The Stick in There project was developed because it was identified that there was a lack of social connection opportunities, within the kindergarten community, for women to interact on a social level in addition to kinder duty. The kindergarten felt that this was important because caring for young children can be quite isolating. Regular mosaic and coffee sessions were held at the kinder, and all kinder mums were invited to attend and be a part of the community project. A wonderful mosaic for the kinder was developed throughout the sessions.

The most significant impact of the project was stronger peer support and social networks.

"We had one particular woman, for whom English is her second language, who knew a small number of women before the project started however once we began to have regular mosaic workshops, she became one of our most regular participants – and is visible now, around the kinder chatting easily to other women. I also know that she has organised regular play dates for her child with other children/mums at the kinder in her own home, outside of our kinder hours. What a great outcome!" (Final report extract)

We Care - Louise Multicultural Community Centre

The project was developed to provide an opportunity for migrant and refugee women in the Eastern Melbourne Region to participate in social activities in addition to their weekly English classes. The women were isolated due to barriers such as lack of self esteem and confidence, lack of proficiency in English and not feeling valued in their family or community. The women participated in social activities such as:

- An excursion to the Melbourne Museum
- An information session on healthy eating
- NIA holistic movement class
- Quilting classes
- The Biggest Morning Tea

The most significant impact of the project was stronger peer support and social networks.

"Participants have increased confidence and self esteem as shown in their interactions with each other" (Final report extract)

Women's Kitchen Table Yarns (Healing Circle) - Boordawan Willam Aboriginal Healing Service

The project focused on three specific kitchen table conversations over six months where Aboriginal women and partners of Aboriginal men were given the opportunity to "yarn up" about issues concerning them and/or their families within a culturally safe and non-threatening environment. The

kitchen table yarns occurred bi-monthly and provided the opportunity to socially connect and discuss issues of family violence. The aim was to provide a focal point for problem solving and general networking where the women came together in unity, sharing conversations around the teapot in the same way it was done in the past. Friendships, connections and emotional support were key aspects of the project.

The most significant impact of the project was increased social skills, self esteem and self efficacy.

"The effects of intergenerational family violence often means that it is difficult to break these cycles of trauma, however with the introduction of the kitchen table yarning circles, the women have become part of our family and have learnt how to find strength and solace in each other. We have achieved collaboration, kindness, mutual respect and a desire to fight, which is the strength of this service and a credit to the women who have trusted us enough to engage in this program" (Final report extract)

Women's Nook - Bellevue Kindergarten

The Women's Nook project aimed to encourage mothers to continue kinder duty whilst having a safe and comfortable environment to breastfeed their younger children. It encouraged mothers to get to know each other in a relaxing space and provide a private area for staff to meet with parents. An area for women at the kindergarten was designed and established to meet, form social connections, share their personal stories and feel part of a community. A coffee machine was also purchased to encourage more informal get-togethers.

The most significant impact of the project was stronger peer support and social networks.

"The women who have joined in meeting and drinking coffee, have gone on to have gatherings in local coffee shops and in their own homes. They have established new relationships that many of them lost when they left the workforce to have their children" (Final report extract)

"Having the opportunity to sit down with a parent (more often than not it will be the mother) and share our experiences, our joys, our pleasures or concerns over a cup of coffee can make a huge difference to our overall wellbeing" (Journal extract)

Women Nourishing & Nurturing - Boroondara Park Primary School

The project was developed to encourage mothers at the Boroondara Park Primary School to be more involved in the school community and get to know one another. It was identified that many of the mothers were not engaging with the school except for school drop-offs. The project provided a regular meeting time and place for women to come together to support each other and learn how to cook new things. Women were given the opportunity to operate outside their comfort zone in cooking tasks, catering organisation and in meeting new people. One of the biggest achievements for the group was cooking for the Biggest Morning Tea gathering at the school where eight-five parents at the school attended.

The most significant impact of the project was stronger peer support and social networks.

"Any opportunity where members of a community can gather to exchange conversation and form

networks and friendships is very much appreciated..." (Journal extract)

"I have met many new people with whom I now can easily talk at school or outside of school. The atmosphere is welcoming and the coffee divine!" (Journal extract)

Croydon Coffee Connections - New Community Ringwood

Croydon Coffee Connections was an opportunity to enjoy a free coffee at a local cafe and chat with women from organisations within the community. Unfortunately this project was unable to be completed due to a number of contributing factors including volunteer drop-out, café closure and staff turnover.

Karen Kitchen - Migrant Information Centre

The Karen Kitchen project was developed in response to the need for women in the Karen community to channel their existing cooking skills into a business venture whereby they could cater for community events, thereby acquiring new skills and benefiting economically through employment. Unfortunately the project was not successful. It was stated that the project did not eventuate as the group's enthusiasm for the program seemed to have evaporated when faced by the first obstacle, despite offers of support to overcome this. A new project that is more relevant is currently being developed.



Photo 6. Mums for Mums Group



Photo 7. Mandalas for Mums Artwork

Additional Support Provided to Grants Program Participants

To build the capacity of the women leading the social connection initiatives, they were invited to attend a mental health first aid course at Women's Health East, free of charge. Mental health first aid provides the skills and knowledge to be able to provide help to someone developing a mental health issue or who may be experiencing a mental health crisis. There was huge interest in the course, especially from women in the community who have taken on leadership positions for the first time through the Grants Program.

To connect the women across different social connection initiatives, we specifically organised an International Women's Day event in March 2012 to celebrate the contribution that women had made to their community through the Grants Program. A lawn bowls and dinner event was held and thirty-one women attended. Dinner was prepared by the Karen Kitchen, which was a funded group through the Grants Program.

The project team will put together evaluation summaries for each of the social connection initiatives. The summaries will combine information from the final reports, evaluation plans, journals and photographs in language that can be used in future funding applications. It is hoped that this will help to sustain a number of initiatives that wish to continue, especially for those who are new to grant writing.



Photo 8. Hungarian Seniors Needlework Group with Project Manager at International Women's Day

LEARNINGS AND SUSTAINABILITY

Lessons Learnt

At the completion of the **'Investing in Women – Building a Socially Connected East'** project, a number of lessons have been learnt:

- Journaling is an effective way to gather rich qualitative information about the experience of women who participated in the Grants Program and it allowed for the subjective nature of social connection to be explored.
- The opportunity to take the acquired knowledge from the Social Connection Workshops and put it into practice through the Grants Program was a proactive and successful way to encourage the development of social connection projects across the region.
- The strategy of linking eligibility to participate in the Grants Program with mandatory attendance at the Social Connection Workshop was a good way to increase attendance at the Social Connection Workshops.
- Combining workforce development and community action in the one project relied heavily on strong relationships and partnerships with other organisations. Recognition of the importance of strategic and influential networks and partnerships has been a great learning and was a critical success factor in the project. Also, as there is some overlap between organisations' priority areas, many of the developed relationships and networks also focus on other areas of Women's Health East's work so there is opportunity to stay engaged and to continue to strengthen the work that is implemented together.
- When working across the entire Eastern Metropolitan Region whilst having a localised focus within each municipality there needs to be generous timeframes to support this.

Sustainability

Sustainability has been built into the Investing in Women Project in a number of ways. The Social Connection Workshops were strengthened by the Social Connection Resource Kit and the ongoing support offered by WHE. The Social Connection Resource Kit has been made available online as it has been developed to also be available for use as a standalone resource to provide access to evidence-based information to those in the health and community sector working in the social connection space.

The Resource Kit can be accessed online at:

[http://www.whe.org.au/newsite/documents/20120924%20Social%20Connection%20Resource%20Kit%20\(For%20Distribution\).pdf](http://www.whe.org.au/newsite/documents/20120924%20Social%20Connection%20Resource%20Kit%20(For%20Distribution).pdf)

In addition, as previously noted, the project team has provided grant recipients of the Investing in Women Grants Program with evaluation summaries which will enable them to effectively apply for future funding. This strategy should facilitate the sustainability of the individual social connection initiatives developed through this innovative project.

The Project Manager will also continue to be a resource to the health and community sector in regards to social inclusion/social connection. Because of the strength of WHE's relationships in the Eastern Metropolitan Region and the number of network meetings that are attended, WHE's ability to continue building the capacity of the EMR will be sustained.

CONCLUSION

The project took a regional approach to improving the social connection of women who may be isolated and/or disadvantaged. It engaged the health and community sector and women in the community to encourage social connection and community participation as a way to prevent poor mental health outcomes.

The Social Connection Workshops were successful in laying a foundation for the effective promotion of women's social connection into the future. The improvements in skills, knowledge and capacity will have an ongoing impact. Participation in the workshops:

- Developed participants' capacity to understand the complexity of social connection/inclusion.
- Increased participants' capacity to deliver programs that address social connection for women who are isolated and/or disadvantaged.
- Led to more importance being placed on the issue of social isolation.

These results were seen across both the sector and community workshops. Comprehensive Resource Kits were provided and they will also have immense value beyond the life of the project.

The establishment and financial support of social connection initiatives through the Investing in Women Grants Program was a simple yet powerful way to empower community members and increase meaningful community participation.

The Grants Program resulted in the development of thirty women's social inclusion project, twenty-eight of which were successfully completed and twenty three of which are continuing in an ongoing way.

The analysis of the final reports and participant journals of the social connection initiatives indicated that the majority of participants had:

- Increased self esteem
- Participated more regularly in community life
- Stronger peer support networks
- Positive impacts on their mental wellbeing
- Increased knowledge of local services / activities
- Stronger social networks
- Increased skills e.g. financial, craft and transport
- Greater understanding of health enhancing behaviour e.g. accessing services and the importance of social connection.

Overall, the **'Investing in Women – Building a Socially Connected East'** project was successful and confirmed the positive impacts that social connection has on women's mental health and wellbeing.

Women's Health East hopes to encourage more work to be done in this area, acknowledging that being socially connected has the potential to not only improve the current mental health and wellbeing of women but to also prevent poor mental health outcomes from arising in the future.

"I don't feel alone. I know enough people who I can call when I need and I can rely on them." (Mums for Mums)

"They say friends become your family, so we shall see. Networks have definitely developed and I have learnt to ask and to listen" (Mums for Mums)

ACKNOWLEDGEMENTS

The project was successful in receiving \$131,180 of external funding. We would like to thank and acknowledge the following funding bodies.



We would like to also acknowledge the members of the Steering Committee who met periodically to review progress, provide valuable input and participate in the decision making process.

- Inner East Community Health Service
- Department of Planning and Community Development
- Yarra Ranges Council
- Manningham City Council
- Inner East Primary Care Partnership
- Manningham Community Health Service
- Monash City Council
- Maroondah City Council

We would also like to thank the Investing in Women Grants Program project leaders and participants without whom the project would not have been possible.

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APPENDIX 1

INVESTING IN WOMEN GRANTS PROGRAM FINAL REPORT TEMPLATE

1. Project Name
2. Recipient Details
3. Who can we contact for more details about this report?
4. Project Details
5. Summary/Overview of the Project (200 words)
6. (a) Which of the objectives identified in your original proposal did you achieve?
(b) Which objectives didn't you achieve? Why do you think this was?
7. Were there any changes made to the original project?
If yes, what were they and why were they made?
8. What are the sustainable/long-term outcomes from your project, for women in the community? (e.g. since the project, is there a greater connection with the women who participated in the project?)
9. Outcomes of the Project
10. What are you most proud of having achieved? (200 words)
11. What do you think has been the most significant change for participants as a result of this project?
12. What would you do differently if you were to run the project again?
13. How will this project continue once funding from Women's Health East is finished? Provide details (e.g. commitment from participants to keep it going, other funding sources received).
14. Other than funding, did you receive any other support from Women's Health East?
If yes, please describe the support you received. Was it useful?
15. What connections have been established/ strengthened with local services (e.g. local government, community health services, neighbourhood houses etc) at an individual or group level?
16. Please feel free to use the space below to share a story about the project.