

PCP optional case study template 2016

Name of PCP	East Gippsland Primary Care Partnership
Case Study Title	East Gippsland Ice Prevention Working Group
Which PCP program Logic domain does your case study relate to?	<input type="checkbox"/> Early intervention and integrated care <input type="checkbox"/> Consumer and community empowerment <input checked="" type="checkbox"/> Prevention
What was the need?	<p>In 2015, EGPCP led the development of ‘Preventing the first use of crystal methamphetamine in East Gippsland – a background paper’.</p> <p>This paper identified that:</p> <ul style="list-style-type: none"> • Use of crystal methamphetamine was a concern for local health services as well as the wider community. • Some locations in East Gippsland had groups that may have been at higher risk of using crystal methamphetamine for the first time than others. This included: <ul style="list-style-type: none"> ○ women aged over 35 years ○ men aged over 40 years ○ men aged 20-25 years without children ○ individuals from an indigenous background (both employed and unemployed, however a greater risk amongst unemployed people) ○ those individuals not engaged in meaningful employment ○ new mothers ○ isolated individuals ○ young people aged 12 years and up. • It was clear there was a need for community information to prevent the first use of crystal methamphetamine, acknowledge community concerns while providing accurate information and advice.
What was the aim of the initiative/action?	<p>This aim of this project was to prevent the first use of crystal methamphetamine by:</p> <ul style="list-style-type: none"> • Identifying groups in the population that were most at risk • Identifying strategies that could be implemented locally to prevent people from using crystal methamphetamine for the first time. <p>The objectives of this project were to:</p> <ul style="list-style-type: none"> • Increase awareness of crystal methamphetamine and its effects within the local community. • Improve knowledge of the risk factors for people using crystal methamphetamine for the first time within the local community. • Create and support community settings (including sport settings) so they can respond to ice use in the community before it becomes the drug of choice.
Who was the target group?	Whole of community. An initial focus on sporting clubs, with the flexibility to deliver information into other community based settings.
What was the setting?	Sporting clubs and other community settings.
Who did you work with?	The need for a group was identified in November 2014 by the partners involved in the East Gippsland Primary Care Partnership (EGPCP), with the first meeting of the group held in January 2015. The working group was established in response to growing concerns from within the local rural and remote community in addition to concern from local community health service providers about the impact that crystal methamphetamine use was having on a

	<p>range of communities across East Gippsland.</p> <p>The EGPCP facilitated the establishment of the working group and its focus.</p> <p>This working group enabled new partnerships between existing services, as well as with other local groups and committees that built on and complimented the activity of the working group.</p> <p>Membership of the Working Group is unique and not available in any other local network. It is comprised of 17 representatives from a broad range of services from across the East Gippsland Local Government Area:</p> <ul style="list-style-type: none"> • ACSO. • Ambulance Victoria. • Bairnsdale Regional Health Service. • Bush Nursing Centres in Buchan, Cann River, Dargo, Ensay, Gelantipy and Swifts Creek. • East Gippsland Primary Care Partnership. • East Gippsland Principals Network (Primary & Secondary). • East Gippsland Shire Council. • Gippsland & East Gippsland Aboriginal Cooperative and Tanderra Alcohol & Drug Services. • Gippsland Lakes Community Health. • Gippsland Primary Health Network. • GippSport. • Good Beginnings as part of Save the Children Australia. • Latrobe Community Health Service. • Latrobe Regional Hospital. • Orbost Regional Health. • Omeo District Health. • Within Australia (formerly SNAP Gippsland). • Victoria Police. <p>The development of the working Group and its focus was also supported by Member for East Gippsland, Tim Bull MP.</p> <p>The Australian Drug Foundation also contributed to the working group and the delivery of community presentations.</p>
<p>How did you do it?</p>	<p>The East Gippsland Ice Prevention Working Group (voluntary group of local services) recognised the need for community ice prevention education sessions across East Gippsland. This project took a whole of community, primary prevention approach that focused on strengthening the local response to ice prevention. The working group initially aimed to target sporting clubs, however tailored the sessions to ensure education and information reached as many people in the community as possible.</p> <p>The Ice Prevention Community Information Sessions were held on 19, 20 and 21 April in Bairnsdale, Orbost and Omeo respectively. These sessions focused on local and national statistics, and included information on what communities could do to support the prevention of first time use of ice. Information kits that included information about drug and alcohol use, local support services and family supports were also provided at the sessions. The Working Group recognised the essential role of primary prevention and how the existing use of alcohol and other drugs influences an individual's use of ice.</p> <p>Outputs as part of this project:</p> <ul style="list-style-type: none"> • Development of community information kits for sporting clubs and other community settings. • Delivery of 3 education sessions for community members targeting sporting clubs and community settings. • Development of referral pathways and support information tailored to meet specific community needs (focus on sporting clubs).
<p>What was achieved?</p>	<p>Evaluation from the Ice Prevention Community Information Sessions indicated</p>

(Consider whether results were benefits for clients and/or for service providers and/or for the system)

that:

- 176 people attended community information sessions
- Over 40% of attendees participated in evaluation of the sessions.
- Mix of both male and female attendees ranging from ages 14 – 65+. 40% were female, 33% male and 27% undisclosed.
- A large portion of attendees were aged between 0-17.
- Two thirds of community members stated they were attending for the information
- 16% of community members stated they were attending due to being concerned for a family member.
- Some community members indicated they were reformed addicts.
- After attending the sessions a large portion of respondents (97%) stated their level of understanding of the drug ice had increased.
- Two thirds of survey respondents indicated they believed the information had helped them to identify things that may increase the risk or protect someone from using crystal meth for the first time.
- A large portion of attendees (80%) stated that the information received at the session had increased their understanding of how they could be involved.
- Almost half of the survey respondents indicated they would like to be involved in local action to prevent the use of crystal meth.
- Overall, the comments from respondents indicated they believed the event was informative and encouraging. The respondents suggested more information on prevention and how to get involved would enhance the forums.

The greatest successes of the development of this Working Group were:

- The establishment of a strong local network of professionals that can embed alcohol and drug prevention in the local community. The diversity of this network is very unique and enthusiasm does not appear to have diminished over time.
- The increased understanding of crystal methamphetamine use and the factors that may increase risk or protect people from using for the first time.
- Documented understanding of local referral pathways and support services.
- Agreement about the next steps of the project and an understanding of how the community can drive change.
- Identification of 30 volunteer community members who have self-nominated to be part of future prevention activity.

Other achievements include:

- Established and agreed to the East Gippsland Ice Prevention Working Group Terms of Reference, structure and meeting format.
- Working with non-traditional PCP partners to identify clear boundaries that allow informed decision making about what is and what is not the responsibility of the group (for example, to focus on prevention of first use, opposed to contributing to treatment and response).
- Responded to community requests for information about progress through presentations and project summaries.
- Identified three local communities in need of support - through community feedback and information from local service providers. Orbst, Bairnsdale and the High Country area.
- Identified and documented local care pathways for community members.
- Reviewed numerous resources for inclusion in community information kits to support the community information sessions.
- Shared information with health & community services in regard to:

	<ul style="list-style-type: none"> ○ Changes in federal and state funding in regard to ice. ○ Relevant research, data and reports relating to ice use and prevention. ● Opportunities for professionals to support families and others that have a loved one who is ice-affected. ● Local and regional professional development opportunities. ● Identified new areas to work collaboratively and share information.
<p>What is the status and sustainability?</p>	<p>Sustainability of the project has always been part of the group's discussion and achievable actions have been identified to ensure many resources and as much information as possible is retained at the conclusion of the 2015-2016 funding cycle. There are ongoing discussions in regard to how this project will progress to the next stage, in addition to the sustainability of the group and how it links with other existing networks.</p> <p>Delivery of the Community Information Session was filmed and is currently being edited for use online. This video may be particularly beneficial to sporting groups, schools and families. The video will be available as a free online resource, and therefore to many members of the East Gippsland community, as well as those outside of the area.</p> <p>EGPCP Governance Group continues to prioritise and allocate a small amount of resources to facilitate the coordination of this Working Group.</p> <p>Through the success of the community information sessions in April, a group of volunteer community champions have been identified. These champions are enthusiastic about generating change in their respective communities. The East Gippsland Ice Prevention Working Group are currently in the process of establishing a project plan for 2016-2017 that includes a follow-up consultation with these champions to identify the best way for them to drive local change. The aim of the next phase of this project is to identify community led action to prevent the first time use of crystal methamphetamine.</p>
<p>What was the specific role of the PCP?</p>	<p>EGPCP have played a critical role in the establishment and achievements of this project. Without PCP involvement, it is unlikely the development of the Working Group, nor the outcomes of this project would have been met.</p> <p>EGPCP were responsible for:</p> <ul style="list-style-type: none"> ● Facilitating initial discussions between partners in regard to identifying the core components of the issue. ● Leading the research and compilation of the Background Paper. ● Leading the development of the initial submission to the Community Ice Action Group grants (Submission successful \$10,000). ● Ongoing leadership and facilitation of the Working Group. <p>A significant proportion of project costs were covered by EGPCP or provided in kind by partners.</p> <p>The PCP continues to facilitate the Working Group and support partners to achieve their collective goals in regard to this project. This includes:</p> <ul style="list-style-type: none"> ● Facilitation of the working group, coordination of meeting communication, planning and meetings. ● Liaison with non-traditional partner organisations such as Australian Drug Foundation and MP for East Gippsland. ● Acts as the central contact point for many organisations and media looking to become involved or obtain more information (includes fostering partnership between active partner agencies and others, i.e. catchment-wide, regional or state wide services).

	<ul style="list-style-type: none"> • Design and analysis of community information session evaluation and feedback. • Lead promotion of community sessions through media and distribution of information to existing networks.
What lessons have you learnt?	<p>The diversity and size of the group proves to be both a great success and a barrier. There has been strong interest from a variety of community service organisations, health services and educational intuitions. Each of these organisations has varying agendas, backgrounds and skill sets. The size and diversity of the group can make some topics difficult to discuss as there is often an 'introduction' required to ensure everyone can contribute to discussion and allow informed decision making. This has been addressed by EGPCP staff, allowing more time for discussion within meetings and extending timelines where needed.</p> <p>There is currently no network of Alcohol and Drug professionals in East Gippsland. As a result, there is often discussion and focus on additional important issues occurring in the AOD sector which limits time to focus on the content of this project. EGPCP staff ensure that a clear agenda allows for discussion while objectives of the project continue to be met.</p> <p>Although the Working Group has been facilitated and Chaired by the East Gippsland Primary Care Partnership, there have been some challenges progressing activity without a designated project officer. Progress has been reliant on generous contributions of resources and commitment of time from EGPCP and all partner organisations.</p>

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