

# **Better Health in Braybrook Project Evaluation**

May 2017

A partnership project between HealthWest, cohealth  
and Maribyrnong City Council

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## Project Summary

In late 2015 representatives from cohealth, HealthWest Partnership, Braybrook community and Maribyrnong City Council (MCC), formed a partnership, called the Better Health in Braybrook (BH in BB) Project Group. A number of initiatives were happening around the Braybrook Community Hub at this time, which had a shared focus on health, health literacy and community leadership and inclusion. The BH in BB Project Group aimed to explore 'what are the ingredients of a user-friendly and accessible Braybrook Community Hub?' through a range of assessment, mapping, educational and strategic actions.

Key project learnings included that;

- Monitoring the development of the BH in BB Project included a key review point in April 2016. This allowed an adjustment around emerging resource issues and findings to date. This adaptive point in the evaluation highlighted important learnings to apply to future projects.
- Earlier stakeholder and community engagement at project inception (late 2015) could have shaped and clarified initial project rationale, actions and focus. Testing the Project's feasibility, viability and desirability with key stakeholders could have been timed earlier in the project's development to ensure that planned activities were in line with the readiness levels of stakeholders and community. Earlier engagement could have been a good preliminary opportunity to both develop a clearer Theory of Change and increase stakeholder awareness of the project. This may have increased stakeholder investment in the projects outcomes and clarified who the audiences were for the evaluation.
- Engagement of stakeholders was enabled by focussing more on the components of health literacy (e.g. integration, access, participation and community involvement in structures/systems at the Hub), rather than on the unfamiliar term "health literacy" which proved to be an obstacle to engagement.
- Collated tenant and community representative assessments highlighted common gaps in the accessibility and community receptiveness of the Braybrook Hub at this point. These collated assessments also highlighted that the community was keen to be more included in the Braybrook Hub and tenants were keen to see them involved.
- The incorporation of a health literacy lens in the 2016 Braybrook on Board leadership training supported participants to understand and take control of the issues that affect their health.
- Braybrook Hub staff found the Health Literacy learning sessions highly relevant, easy to understand and representative of community co-facilitation. Feedback showed the community inclusion potential of the Hub, as well as the need for implementing change and an authorising leadership to help this happen.
- The BH in BB Hub Project was retimed to fundamentally influence the inaugural Braybrook Hub Strategic Plan. All key areas of the Braybrook Hub Strategic Plan now reflect the language, goals and input of the BH in BB project, contributing to the sustainability of the key findings of the project.

## What was the Project?

In late 2015 representatives from cohealth, HealthWest Partnership, community members and Maribyrnong City Council (MCC), formed a partnership, called the Better Health in Braybrook (BH in BB) Project Group, to guide a response to the following goal.

**To enable the Braybrook community to more effectively influence and improve their health, by increasing the health literacy of the community.**

Many local community members and services are committed to improving the health and wellbeing of Braybrook residents. Unfortunately Braybrook has a long standing history of poor health outcomes related to chronic diseases such as diabetes, chronic obstructive pulmonary disease and circulatory diseases. Research indicates that low levels of health literacy play a role in creating poor health outcomes, as those with low health literacy outcomes often have more repeat visits to health services, lower adherence to medication instructions and higher levels of hospitalisation. Factors associated with low health literacy, such as high levels of cultural diversity and low socio-economic status, have significant presence in Braybrook, with 48% of Braybrook residents being born overseas and the suburb being ranked as one of the most disadvantaged in metropolitan Melbourne on the SEIFA index.

Organisations have responsibilities to enact health literacy responsiveness<sup>1</sup>. This responsiveness enables effective and appropriate community navigation, access and choice to health services and environments.

The Braybrook community shared their perceptions of the community's strengths during the consultation for Revitalising Braybrook<sup>2</sup>. They noted that;

- many in the community have demonstrated their resilience and offered a range of skills and experiences that contributed to the renewal of Braybrook.
- the passion of residents for Braybrook was clear, as was their willingness to work together to bring about improvements in the area.

In late 2015 there were many complementary projects and activities occurring in Braybrook.

1. Maribyrnong City Council delivered the **Braybrook on Board (BoB) community leadership program** with Victoria University in 2015. Community members received leadership training and were supported to lead projects within the Braybrook community. This program was to be delivered again in 2016 with a health focus and including health literacy concepts.
2. The new, council owned **Braybrook Community Hub<sup>3</sup>**, had recently opened in Braybrook, building on the Revitalising Braybrook project. Council via its own plans and strategies (including

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<sup>1</sup> Health-literacy responsiveness describes the way in which services make health information, resources, supports and environments available and accessible to people with different health literacy strengths and limitations. See <https://www.ophelia.net.au/about-health-literacy>

<sup>2</sup> [https://www.maribyrnong.vic.gov.au/Files/LD15\\_100986\\_Revitalising\\_Braybrook\\_-\\_2013-2015\\_-\\_Action\\_Plan\\_-\\_Designed.pdf](https://www.maribyrnong.vic.gov.au/Files/LD15_100986_Revitalising_Braybrook_-_2013-2015_-_Action_Plan_-_Designed.pdf)

<sup>3</sup> The Hub has seven key organizational tenants, about 70 staff and hundreds of diverse community members participating in programs. Hub features include a library, community centre and spaces, cohealth community health services, maternal and child health services, Melbourne City Mission early years centre, a sports pavilion, Braybrook Men's Shed, community gardens, public art installations and the Australian College of Optometry.

its pending Hub Strategic Plan), prioritized hearing community voices, increasing participation opportunities and enhancing community well-being.

3. cohealth and HealthWest Partnership were exploring the idea of a 'health literate hub' where Braybrook Hub service providers and users could work together to create a user-friendly hub that was responsive to the needs of community.

There were a number of synergies between these initiatives and their shared focus on health, health literacy and community leadership.

## What were the Project objectives?

After initial Hub tenant engagement interviews in late 2015 – early 2016, early project objectives were re-shaped, and the project scope was narrowed and refocused<sup>4</sup>. From April 2016 the BH in BB Project aimed to explore 'what are the ingredients of a user-friendly and accessible Braybrook Hub?' How do we have a Braybrook Hub that is integrated, easy to access, helpful, and full of participation and community involvement opportunities?, all these being core concepts of health literacy. A helpful and easy to access HUB would support community members in applying their confidence to participate in, advocate, express and question, the community and health systems at the Hub and beyond.

To achieve these hopes and longer term outcomes, a range of objectives were articulated.

- 1. Build awareness amongst Braybrook Hub organisational tenants and users about what health literacy is.**
- 2. Contribute to the development of a community of Hub tenants and users through their active engagement on different aspects of this project.**
- 3. Support an ongoing decision making platform for Braybrook community members to create positive change in their community via the Braybrook Hub**
- 4. Inform the development of the strategic plan so it incorporates elements of health literacy, accessibility and community participation.**

The BH in BB Project Group created the following vision on what could be different by the end of the project in late 2016.

- More users of Braybrook Hub and Braybrook residents know what health literacy is.
- The Braybrook community has some ways of having real, useful, meaningful and accessible ways to influence the Hub's activities.
- There is good signage, a good vibe, great posters, brochures and overall improved access for community.
- Volunteers do navigation roles and more people are involved in volunteer work at the HUB via community dinners or BBQs etc.

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<sup>4</sup> See Appendix 2 for discussion on adaptive changes and evaluation processes for the project.

- The community will contribute to the Hub Strategic Plan development (including those who don't currently use the Hub, as well as those who do).

## What did we do?

The project ran for approximately 12 months and revised timelines supported the following actions.<sup>5</sup>

|  |
|--|
| <b>1. Prepare (Jan 2016 – June 2016)</b>   |
| Supported Braybrook on Board Leadership course implementation and evaluation and member inclusion in BH in BB Project  |
| Mapped and assessed Braybrook Hub stakeholder readiness through 8 key tenant informant and operational group interviews, establishing support and commitment.  |
| Connected with existing structures/established structures within Braybrook Community Hub to drive health literacy work.  |
| Created an authorising environment, and conditions in which staff felt comfortable to identify and implement change.   |
| Recruited and supported two Braybrook community members as key members of the BH in BB project work group, to ensure that community voices were included throughout the project and to demonstrate a model of community participation. |
| <b>2. Create change (July 2016 – November 2016)</b>  |
| Developed a vision of a 'health literate Hub'.   |
| Assessed the health literacy environment and procedures at Hub   |
| Developed and implemented actions to create a health literate Hub - including two Learning Sessions for Hub tenant organisations   |
| <b>3. Evaluate and embed (December 2016 - February 2017)</b>   |
| Evaluated project activities and community participation.  |
| Shared learnings to enable similar projects to be implemented in other communities.  |
| Made key project findings available to governance group and strategic planners, so they could inform development of the first Braybrook Hub Strategic Plan.  |

## How did we evaluate it?

The project evaluation methods included;

- Measurement of pre and post project environmental changes at the Hub using Project Team and tenant and community member "walk throughs".
- Policy analysis to see numbers and types of influences we had initiated that impacted the 2016 Strategic Plan development processes and final draft.
- Two Learning Session evaluations from 20 Hub staff and community members measuring shifts in their learning about health literacy and in their motivations to act on knowledge gained.
- Project partnership focus group discussions including consumer representative feedback to assess adherence to and success in reaching project objectives.
- An evaluation report from the Braybrook on Board Leadership course and facilitator interviews of participants to assess how resilient health literacy concepts have been.
- A written adaption review for the Project mid-term, which monitored project goal progression and gave a rationale for changes in project scope and strategy

<sup>5</sup> See Notes within Appendix for sources of data from actions. Full environmental audits are available from project partners. Walk Through, First Impressions environmental audits based on work from:  
 - Checklist for observing and rating the environment (Health Literacy Review: A guide, New Zealand Ministry of Health, 2015)  
 - First impressions: The Walk to the Entrance (The Health Literacy Environment Activity Packet, Rima Rudd)  
 - Walking interview Stage 5: Reflections (The Health Literacy Environment Activity Packet, Rima Rudd)

# What did we discover?

## The Hub as an easy to access, welcoming and meaningful environment

A range of organisational members discussed the Hub, their work within the Hub and the strengths of the Hub as it approached its 1<sup>st</sup> birthday. As noted, eight Hub tenant interviews were conducted in March and April 2016.

### Issues identified by tenant organisational members

Tenants noted that without an intentional focus on 'whole of Hub' integration it wasn't really possible for this to occur spontaneously. Integration and collaboration required resources and focussed actions that hadn't yet occurred but most hoped this was key to the pending Strategic Plan. One interviewee noted that the library in particular was a key connection point for community and tenants and another that there were "*stiches of integration*" happening. The LEAP initiative for early years work was cited as highly integrated at the Hub and mature in its system cohesion and this sat as a 'subset' within the broader Hub of agencies.

Ten Braybrook Hub Operations Group members at two meetings also identified that:

- People need to understand what they can do to make the Hub easier to navigate and how health and well-being is affected by low health literacy environments.
- Promoting and raising awareness is important.
- Community involvement is easier when there are systems that help this happen. Down the track it would be great to have community members involved in doing "walk throughs" or checks on what we can do better.
- People often find it hard to find what they want at the Hub or to find their way around or to information they need.
- As a new site, the relationships are still developing and we need to actively do more to glue ourselves together.
- The Braybrook On Board community volunteers are a great resource and have great ideas about making the suburb and the Hub a great place. It's important to foster this energy.

### Issues identified by community representatives

Two community representatives on the Better Health in Braybrook Project team conducted Hub environmental audits in April 2016. Findings included:

- a lack of easy to read and see signs and lack of translations.
- too many acronyms that assume understanding (such as MCH).
- a need for more bilingual staff /volunteers to help with navigation.
- barriers to finding your way to everything.
- a lack of signs to say where you are, that you have arrived and where you are going in all directions.

20 Hub staff also did first impressions tours as part of the project Health Literacy Learning Sessions in September and October 2016 using three case studies representing community members Mai Jeff

and Dorcas. Staff were asked to “walk in the shoes of” Mai, Jeff and Dorcas to imaginatively navigate around the Hub with children to find different services and facilities. Key findings from these first impressions tours included:

- A lack of clarity around signage and difficulties with getting lost.
- Fear, anxiety and lack of active encouragement to look around easily.
- A lack of confidence in touching things or going to certain places (confusion around “am I allowed here?”).
- A lack of information in other languages and lack of diverse volunteers to help find ways around.

These collated assessments highlighted common gaps in the accessibility and community receptiveness of the Braybrook Hub at this point.

### Changes initiated

Through the course of the project we intentionally engaged Hub tenants through interviews, attended operations and governance meetings, shared community input, and advocated on these findings. A Walk Through by Project workers assessed some progress on environmental changes that had occurred between March and December 2016. Assessed health literate environmental changes at Braybrook Hub March – December 2016 included:

- New signs at cohealth saying reception with arrows.
- New signs at optometry saying reception with arrows.
- A new information board with standardised flyers to cut down clutter and offer some uniformity in appearance – with pictures of local people on them.

The pending Strategic Plan will now continue to progress environmental changes and embed change into the Hub going forward. Many BH in BB Project ideas have been included in the draft Strategic Plan relating to the Hub environment, Hub processes and systems.

### The Hub as a place that is easy to get involved with

Tenant and community interviews showed that the Hub is a “*loved and valued community asset with significant history*”.<sup>6</sup> There is excitement for the future and a belief in “*the passionate potential of all associated with the Hub*”.<sup>7</sup> The collated assessments highlighted that the community is keen to be more included in the Braybrook Hub at this point and tenants are keen to see them involved. This could be through community members being included in core facets of Hub life including through volunteering, being navigators and guides, being on governance groups, and initiating ideas for Hub directions and projects.

### Issues identified by Operations Group members & staff in Learning Sessions

The Operations Group members identified that:

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<sup>6</sup> Operations Group May 2016

<sup>7</sup> As above

- Community involvement is easier when there are systems that help this happen. They noted “Down the track it would be great to have community members involved in doing “walk throughs” or checks on what we can do better.”
- The Braybrook On Board community volunteers are a great resource and have great ideas about making the suburb and the Hub a great place.
- It’s Important to foster community energy.

The staff commented in the Learning Sessions summaries that changes could occur through:

- Clarifying the vision for the hub and how to listen, include and respond to community.
- Support and proactivity from all management, so as to listen to community members needs and engage in more community consultation.

### Issues identified by BoB Leaders and Community Representatives

Community representatives on the BH in BB project group and Braybrook on Board Leadership group identified community roles and actions at the Hub could include:

- Nominating for community governance roles
- Being involved in community consultations
- Joining a community group, network or project
- Developing new ideas and initiatives
- Expanding projects due to innovative ideas
- Continuing with education & training
- Applying learnings in community organisations, workplaces and improve employment opportunities
- Acting as guest speakers or presenters at community events, forums and conferences
- Networking, mentoring, encouraging others
- Being active members of Project Teams

### Changes initiated

The BH in BB Project role modelled community inclusion in its processes by;

- HealthWest creating a clear job description for community representative for the Project Working Group, offering orientation and supporting through recruitment of two community members.
- Having community representation at all 7 meetings across 2016-2017.
- Community members being co-facilitators in both learning sessions for Hub tenant organisations in September and October.

This inclusion was both valued by the community representatives themselves as well as noted by participants of the learning sessions who said the sessions were “*highly relevant, easy to understand and representative of community co- facilitation*”. Key BH in BB Project outcomes also included major Influence of the Braybrook Hub Strategic Plan to maximise community inclusion in its processes, draft content and proposed actions.

- A 2 hour meeting was held with Strategic Plan consultant Andrew Smaile.

- Advocacy encouraged having a BoB leader consultation with the 32 BoB leaders from 2015 and 2016 graduates. This consultation did occur on December 3<sup>rd</sup>.
- Advocacy encouraging community representation at the Strategic Planning consultation day. This did occur on December 8<sup>th</sup> 2016, with 2 community members on each of 8 tables of 6 people.
- Advocacy for question content on Strategic Plan consultation day December 8<sup>th</sup> – This occurred with the majority of questions posed on the day framed around our advocated items, accessible and welcoming environments and community inclusion.
- All members of the Learning Sessions said that they had learned about health literacy, navigation, receptiveness and inclusion and intended to apply these learnings in their teamwork.

## The Braybrook on Board (BoB) members as a Leadership Group for health and health literacy

The theme for the 2016 BOB leadership course was Health and Health Literacy. Intentionally concepts around health and well-being, access, equity and rights were included across the course. 16 people did the course in 2016.

### Health and health literacy in the BoB Course 2016

The BoB Leadership course was supported through the incorporation of a health theme and Health Literacy concepts throughout their 12 week course. 3 BoB sessions were co-facilitated by BH in BB Project Staff including:

1. What it means to be a leader
2. What is Diabetes
3. Meet Community Organisations night

Evaluation support was given to Victoria University BoB Course Facilitator to incorporate health literacy questions into regular course evaluation criteria.<sup>8</sup>

### Changes initiated

After the course concluded, we were interested in how have concepts around health literacy been resilient for people? To answer this, a follow up evaluation was done by BOB course coordinator from Victoria Polytechnic Helen Rodd. It was noted that it was clear that health and wellbeing is a primary concern for community leaders and that access and equity are key principles that the BOB course illuminated. For some participants their interest was specific:

- “my dad has diabetes; I want to try to do something about that – for my family (genetic inheritance) and for others in the community who experience it”.
- “obesity is an issue in my community; I want my kids to know how to eat well and to be active”.

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<sup>8</sup> Full BoB Leadership evaluation cited in Notes within Appendix. Specific info on resilience of health literacy concepts communicated in email 25<sup>th</sup> January 2017.

- “I've been diagnosed with diabetes as an older woman. I can't neglect my own health any more”.

For other participants their interests were general:

- social isolation and disconnection is not good for well-being.
- mental health issues, stress, poverty, disability isolates you and makes you feel vulnerable, judged, isolated, hopeless and unwell.
- having confidence in yourself and feeling accepted, respected and part of your community makes you happier and healthier and gives you a sense of hope – it's important to focus on this with e.g. our children, women, newly arrived communities (e.g. Chin); diverse groups, Braybrook as a suburb, people living with mental illness, poverty etc.

Three broad outcomes for the BOB Leadership Course participants included learning new concepts, implementing some health literacy projects and learning new skills.

1. Participants of the BOB course said they learned:
  - To understand concepts of access, equity and their right to demand great health and well-being services.
  - That they can make a difference if they try.
  - That they have rights to access and equity.
  - That you don't have to be original to be a leader.
  - That there's more to communication than meets the eye.
  - To work, learn and change things together.
2. Participants went on to target many Health literacy initiatives including groups and talks on:
  - Women's connection, safety, health, wellbeing; environmental sustainability and food security; Parenting and children; Newly arrived communities and settlement; Social isolation and connection; Health and wellbeing e.g. Diabetes.
  - Community spaces- infrastructure and access; Social enterprise, employment, income; local volunteering and civic knowledge and participation.
3. Participants noted that they have gained the confidence, skills and experience to do things like:
  - Continue with education & training.
  - Act as guest speakers or presenters.
  - Nominate for community governance roles and be involved in community consultations.
  - Join community groups, networks or projects.
  - Develop new ideas and initiatives.
  - Network, mentor and encourage others.
  - Be active members of the Better Health in Braybrook Project Team.

As noted earlier, BoB graduates had a specific consultation session with Hub Strategic Planner in November 2016. They also:

- Helped facilitate conversations during the Strategic Planning session on December 8<sup>th</sup> 2016 and were co-facilitators across the two Health Literacy learning sessions in September and October.
- Led first impressions tour environmental audits during the Learning Sessions.
- Were representatives on the Better Health in Braybrook Project team.

These leader initiatives and participant conversations, demonstrate BoB leaders have a sense of the 'big picture' health view in their lives. They fed back that they have tried to do what they see is possible, they want to keep learning and keep actively involved in making theirs and others' lives better, even if it's in small ways. They noted that this is not academic; this IS them, their families, their neighbours, their networks. These issues are very real for them, and are part of how they more confidently now negotiate their lives, every day.

## Summary

The Better Health in Braybrook initiative has been an adaptive and resourceful project that has successfully advocated for community inclusion, seeded ideas, and developed tools for community use. Its legacy:

- Built awareness amongst Braybrook Hub organisational tenants and users about what health literacy is.
- Contributed to the development of a community of Hub tenants/user organisations through their active engagement on different aspects of this project.
- Supported Braybrook residents, especially the Braybrook on Board leadership group, to understand and take control of the issues that affect their health.
- Supported an ongoing decision making platform for Braybrook residents to create positive change in their community via the BB Hub, through fundamental influence on the inaugural Braybrook Hub Strategic Plan. All key areas of the plan reflect the language, goals and input of the BH in BB project.

There are significant transferable findings and processes for future work at Braybrook Hub and across other neighbourhood house settings that can be drawn from this project. The BH In BB Project Group concluded this project work at its final meeting in February 2017. It is anticipated that the membership of the Project Group will reform into future action groups as the strategic plan for the Hub progresses and actions and priorities are clarified.

## Acknowledgment

HealthWest, cohealth and Maribyrnong City Council would like to acknowledge the hard work and passion of our fellow project group members, Muna and Joanna. Their insights, experiences and personal stories as Braybrook residents and Hub users helped shape Better Health in Braybrook and will make a real difference for the Braybrook Community. Many thanks.

We would also like to thank the many Braybrook community members and Hub staff that we talked to throughout this project. Your input is greatly appreciated.

# **Better Health in Braybrook Project: Notes and Appendices**

## Notes

- Learning session plans, background research reading list, templates of Walk Throughs and First Impressions environmental audits and summaries of tenant interviews, are all available from the key project representative, Cath Lancaster Cohealth.(Prevention@cohealth.org.au)
- Templates of consumer rep job descriptions, interview process and support policies are available from key project representative Mindy Allott HealthWest: info@healthwest.org.au.
- The Braybrook on Board Leadership course evaluation for 2016 is available in full from Helen Rodd Victoria University. Helen.Rodd@vu.edu.au)

## Appendix One

### Better Health in Braybrook Summary of Learning Sessions

#### Snapshot:

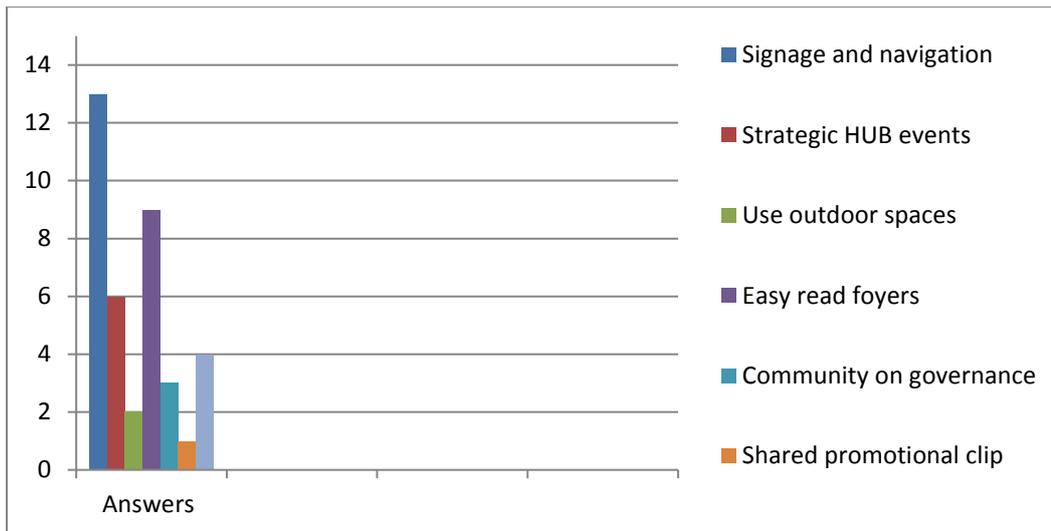
- Attendance 20 people across two sessions.
- Came from Hub tenant organisations and leaders.
- Based on session evaluations, attendees found the sessions:
  - Highly relevant
  - Easy to understand
  - Representative of community co- facilitation
  - Raised issues of potential of the Hub as well as the need for implementing change and an authorising leadership to help this happen.

**As part of the Better Health in Braybrook project, we talked to lots of Hub staff earlier in the year about actions the whole Hub may take together at this stage in its development.**

**Group members circled the ideas that best aligned with their team/organisational goals**

#### Top answers:

- Improve signage and ease of finding ways to get to & between services
- Have shared easy read content for foyer(s) of Hub - on TV and brochures
- Host more volunteer work within organisations or programs ( such as greeters, welcomers, navigators, health librarians)
- Advocate for more consumer representation across Hub governance and processes
- Have whole of Hub events that are linked to shared strategic goals
- Make better use of the Hub outdoor spaces – dog groups, café truck, meetings, pop up
- Make another short clip together specifically about our shared work



## Summaries of Small Group Discussions

### Group 1

- Have volunteers and staff who reflect the community
- Showcase the results of programs like big table
- Flyers and communication boards redesigned with community input
- TV display not visible and too fast
- Improve location and sign for info display
- Open the kitchen for public use newspaper and child books in the foyer
- More rubbish bins outside \repurpose café space – have bake sales craft market
- Exhibitions
- Big kitchen accessible to community
- Utilise courtyard area
- Men's shed should be made part of the Hub and they have access to courtyards kitchens etc.
- Bring co-located partners together – social atmosphere
- Quarterly staff newsletter and some way to connect all staff, volunteers and orgs
- Community local art exhibitions hanging spaces and facilities /MORE ART

### Dream bigger

- PTV access and redesign
- Integrated services including training for staff
- Accessible kitchen
- Community advisor progress and input from people who aren't currently coming along
- Build on the aboriginal foodshare program and develop partnerships across service providers
- Simple language and words on flyers and signs

### Group 2

- Signage visual e.g. a big eye colour coding simple languages and show footsteps
- Show operating hours
- Front of car park needs welcome sign and map
- Someone at the front entrance to assist
- Greet everyone

- Reception and admin as different roles
- Volunteer greeting service
- Volunteer employment
- Youth participation would increase
- Better use of dead outdoor space – near cohealth entry
- No ramp on exit doors in library – needs action

#### **Dream bigger**

- Front of building – redo
- Big sign clear arrows not too much info
- Plant trees near grandstand were it was
- Smooth out little hills near carpark
- Safety concerns with kids running on concourse of library
- This is your place
- A desk at back of library with views to city feels like tis been plonked down
- Make it safer for people to use at night?
- Pop up deck chairs, food trucks, things happening outside.

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### **Group 3**

- We should have signage outside and inside / that is visual - easy to read
- Letter box drops - there are concerns whether info arrives – contractor issues?
- Email tree for Hub users – help them know what's on at the Hub
- Cohealth and MCC don't look connected and its very dark around cohealth reception
- Training for chatting to clients and helping staff within the Hub do this
- And training for helping clients to navigate
- Forum to ask what locals want from the Hub and engage them more in it – door knocking to ask may be inviting
- Have spectacles on the sign for optometry

#### **Dream bigger**

- Create outside for coffee/chat
- Have a "people greeter" program

### **Group 4**

- Have volunteers as greeters and navigators more than 1
- Signage – more , clearer, logos for non-English speakers
- Open sign on the door
- Different furniture in the foyer – groupings/ places to sit and chat
- Info brochures in different languages
- Maribyrnong messenger – promote this
- Shared documents promoting different info – keep working on this
- Docs put online – in a central place

#### **Dream bigger**

- How do we reach people who don't come
- Outreach
- Informal volunteers
- Welcoming from the outside
- Places to sit and relax build personal relationships
- Activate the outside of the building – volunteers /community gardens/connect to playground
- Stadium area shade sails seating and events

- Organised tours run by volunteers to talk to locals.

### **What are the barriers that need to be addressed to make the changes you would like to see happen?**

- Clarity around vision for the hub and how to listen, include and respond to community
- The barriers that would need to be addressed are signage, how staff integrate - operations & committees
- Senior manager engagement
- Financial management perceptions
- Breaking down the differentiation between staff and volunteers
- More signs for entrance and different areas e.g. cohealth or men's shed
- Support and proactivity from senior management listening to community members needs and engaging in more community consultation

### **Evaluation questions**

#### **How was this session relevant for you?**

- MCH relevance
- Relevant to centre facilitator
- I work at front reception and a session like this helps us
- It really made me look and think hard about how it can be to navigate and feel comfortable
- Very relevant for asking me to be involved – community rep
- Very relevant
- Relevant for planning for the centre
- I work in the Hub and appreciate feedback and thoughts of others who work and use Hub

#### **How might you use some of what was discussed today in your work?**

- Share discussion and ideas to relevant staff
- Extremely helpful in finding out what works and what doesn't for the Hub
- Be aware of what the public think when they come in , put yourself in their shoes
- Be more mindful of helping visitors and clients
- Pass on messages to other Hub users/tenants
- Input this into planning
- Try and ask people what they want from us the Hub relating to events, programs and directions

#### **What barriers may need to be addressed to make the changes you would like to see happen?**

- staff time costs and budgets to implement some ideas
- Funding signage
- Getting more involvement/info from the community /building councils trust in the locals more
- Need to consider changes to Hub rules
- Money could stand in way, as well as an attitude that 'it can't be done'
- Need to implement ideas from meetings/lots of great potential and big ideas which could reduce barriers to participation
- Support from senior management – support and finance

## Summaries of Learning Session Walk-Throughs

### **You are walking in the shoes of... Dorcas!**

Dorcas is coming to the Braybrook Hub to get her eyes checked. Dorcas can have a conversation in English, but she has some trouble reading it. She drives here and parks in the cohealth carpark.

#### **1. Start your journey in the cohealth carpark.**

- What do you see? What do you feel?

*I didn't even know there was another car park? Where is it? Wouldn't it be confusing? Do they get told at their appointment? Is it clear who can park here? I am already puzzled. I don't know where to go when I get outside the front.*

- Is it clear which direction you need to go? (Main Hub sign hidden by trees, 3 different paths)

*No it's not clear at all.*

#### **2. Head towards the optometrist reception area**

- What do you see and feel? Do you feel welcome?

*Am I in the right place I can't see a sign? I am afraid I will be late*

- Are the signs appropriate for people with low ability to read English?

(e.g. – do signs use alternatives to medical terms, such as eye checks as well as optometrist?)

*No they don't and they are not real signs/ more like a made up one and not at useful points of the journey/eye doctor or a visual of an eye or glasses could be good. I am still not sure I am on the right track yet*

#### **3. You want to get information about other services that the Hub offers.**

- Where can you get information in the Braybrook Hub?

*I can see information in some spots but don't know if I can take it, I don't want to bother receptionist/the location of the brochure rack doesn't help cause I need to have gone through the door before I see it/ maybe we need some clear indication that the cohealth and other section are linked physically? Just do some coloured footsteps on the ground in sticky plastic that indicate you can keep walking (in fact encouraged to)*

- Is the information attractive, user-friendly and appropriate? (Written info simple and/or translated; visual info diverse/inclusive and user friendly, people to ask)

*Not really/languages not evident really /need more visuals*

#### **4. You need to use the bathroom before you go.**

- Is it easy to find and get to?

*No we got lost as the signs weren't easy to find and were at intervals in the journey that didn't help.*

#### **5. How do you feel about your experience at the Braybrook Hub?**

*I had to come and was nervous the whole time/I might just leave the way that I can in as soon as my appointment is over.*

### **You are walking in the shoes of... Mai!**

Mai has recently moved to Braybrook with her husband and three children. She has driven to the Hub to look into activities for her children and visit the library. This is her first visit to the Braybrook Hub.

#### **1. Start your journey in the main carpark.**

What do you see? Are there clear signs? Do you feel included and welcome? Why/Why not

*I am confused and stressed / can't find car park and can't find the entrance  
All the cars are in the way/I see parents with prams/ a zebra crossing and safety signs*

## **2. Go to the main entrance.**

You are looking for information about child-friendly activities.

- What information can you see? Is it user friendly? (TV, flyers at reception or flyers on wall)  
*Signs are hard to read and TV...Better to have pictures/logos*

## **3. Go to the brochure wall.**

- Do the brochures look inviting?
- Are they easy to read and understand for different members of the Braybrook community?  
*Good layout of wall but all in English?*

## **4. One of your kids needs to use the toilet.**

Is it easy to find?

- Are the toilets easy to use for a parent with kids?

*No hard to find and confusing*

## **5. You go to the library to have a look around** - Do you and your kids feel welcome?

*Yes books areas are good in library but reception is not marked in main foyer*

## **Appendix two**

### Case Study of BH in BB Project Adaptive Evaluation

Monitoring the development of the BH in BB Project included a key review point in April 2016. This allowed us to adjust around emergent issues and findings to date. This adaptive point in the evaluation highlights important learnings to apply to future projects.

#### **Background**

In late 2015, the early Better Health In Braybrook Project Group initially coordinated three linked proposals:

1. To work with Braybrook Community Hub users (services, groups and community members) to develop a health literate and responsive Hub.

#### **Key proposed actions:**

- engage with Hub tenants and users and 2016 BoB leaders.
- assess current environment, structures and practices within the Hub.
- establish internal structures for Hub services and users to work together to improve Hub health literacy.
- take action across all levels of the Braybrook Community Hub to ensure that the Hub is responsive to the needs of the Braybrook community.

2. To work with the Braybrook on Board community health leadership program

#### **Key proposed actions:**

- conduct training on leadership and health for Braybrook community members January to June 2016.

- support 2016 Braybrook Leaders to conduct projects to improve health of the Braybrook community.
  - support Braybrook Leaders to conduct projects with the Braybrook Hub to improve health literacy.
3. To explore broader community leadership programs and opportunities for those community members using the Braybrook Hub.

HealthWest led and coordinated the recruitment and ongoing support of two community members to the Project Group. Due to the pilot nature of the project, it was hoped that key findings could be shared across different Braybrook communities and neighbourhood houses beyond the Hub.

### **Refocus of Project in April 2016**

A key review point in April 2016, allowed us to adjust around emergent issues and findings to date. Three key developments were part of this adaptive review:

1. Initial engagement interviews in March and April 2016 with eight key Hub organisational tenants showed that the Hub was a “*cherished and respected setting, with loyal community engaged in services and programs with respectful and skilled staff*”.<sup>9</sup> Staff identified that they, and other organisational tenants, were diverse and not as ready to coordinate addressing community leadership opportunities and health literacy changes in sustained, collaborative and ‘change managed’ ways. People had typically not heard of the BH in BB Project or how it differed to existing Hub initiatives.

These findings showed that:

- Earlier stakeholder and community engagement at project inception could shape and clarify initial project rationale, actions and focus. Testing the Project's feasibility, viability and desirability with key stakeholders could have been timed earlier in the project's development to ensure that planned activities were in line with the readiness levels of stakeholders and community.
  - This earlier engagement could have been a good preliminary opportunity to;
    - develop a clear Theory of Change
    - increase stakeholder awareness so as to increase investment in the projects outcomes
    - clarify who the audiences were for the evaluation
2. In April and May 2016, Staffing changes and annual leave, lead to reduced capacity of the project team. Roles and responsibilities also became less clear in this time.
  3. The Hub's first Strategic Plan, due to commence in early 2016, was delayed till late 2016 due to council staffing changes. Initial ideas to align the BH in BB Project with the Braybrook Hub Strategic Plan needed to be revised and timelines changed.

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<sup>9</sup> Tenant interview April 2106

These developments meant that a review of original project goals was needed. These changes encouraged a re-focus on reducing the scope and concentrating the strategy of BH in BB project by:

- Redefining the project to support community access to and participation within Hub organisations (with less emphasis on pre and post environmental assessment outcomes and less demand on BH in BB project transferability)
- Supporting development of the Braybrook Hub's first Strategic Plan and advocating for community inclusion in Hub processes and governance
- Supporting BOB leaders and community members with opportunities at the Hub where possible (with less emphasis on both their specific 16 mini projects and on linking them all into the existing BH in BB project). Aims shifted instead to creating systems that could utilise their talents into the future.
- Re defining project outcomes to be more attainable within a shorter timeframe and in alignment with Braybrook Hub Strategic Plan development – now not due till early 2017. We reduced project expectations on impacting chronic disease, increasing Hub efficiency, setting benchmarks of quality and implementing governance structures.
- Speaking more about the components of health literacy (e.g. integration, access, participation and community involvement in structures/systems at the Hub) as a means of engaging others. We chose to refine and simplify the project language to these elements of health literacy, as the unfamiliar term “health literacy” proved to be an obstacle to engagement.