

Case study 15: Providing a space for the 'go-between' to have real impact

A low decile (or in their words 'opportunity rich') Nelson community has put health and well-being at the centre of community life, as a non-profit community health centre and a primary school converge to help change lives for the better.

Victory Village is a partnership between **Victory Primary School** and **Victory Community Health Centre**. It is the result of years of challenging discussions as a small, ethnically diverse community with many refugee families and loads of poor social, educational and health outcomes turned things around by tapping into the shared resources within the community.

The Victory Village partnership led to the establishment of a physical 'community hub' at the school. The hub is a multi-purpose community, health and recreation centre and school hall located on the school grounds. The centre provides one-to-one health services for residents, as well as many recreational and social programmes and community events.

"From the start, there was an agreement that we would do things differently," says Kindra Douglas, Victory Community Health Centre manager.

"We decided to integrate education, health and social well-being using the school as a hub."

A community development approach was taken from the outset, with expert practitioners assisting the community to identify its needs and priorities. As progress was made, deliberate processes were in place to help those involved reflect on what they did, what they had achieved, and how.

This identified concepts such as looking outward to find others with a similar vision, looking inward at your own culture and practices, investing time in relationships, capitalising on bridging practices to build systems for professional interdependence and being open and responsive.¹

Support from **Inspiring Communities** and the **Families Commission** played an important role in assisting the community with this process. The Families Commission's Innovative Practice Fund research has shown that Victory Village created an environment where people took collective responsibility for child and family well-being, with great results.

"It is a fantastic example of social innovation, where solutions to complex and seemingly intractable problems have been found by establishing new ways of working,"² says Chief Families Commissioner, Carl Davidson.

Community centre services are open to all residents – not just parents of children at the school. The school itself has a family-centred philosophy and involves parents in a number of ways, from social and curriculum events to adult education. These systems of education and community health and development positively overlap and intersect in many ways to nurture families.

Before the community centre was built, a fractured collection of health and social services operated randomly from school meeting rooms. Now families can access a range of clinical

¹ Drawn from [Paths of Victory: Victory Village – A case study](#), D. Stuart, Families Commission, Nov 2010.

² Quote sourced from [Victory shares lessons](#), The Nelson Mail, 25 July 2011.

and social services at the Health Centre, as well as counselling, playgroup, a community garden and adult education – with ‘easy and often’ supported referrals to all other agencies in the city.

In the community centre, two office spaces are home to other agencies: **Parents as First Teachers (PAFT)**, **PATHS (Pathways to Health Solutions)**. Other services offered at the Centre on a free and regular basis include: cervical screening, Work and Income, hearing tests with Hearing Unlimited, a Plunket nurse, three independent midwives, counsellors for face-face confidential sessions, and PHO dietitians and a respiratory educator who use spaces as needed. In 2008, the centre took over the PHO contract for the Be Well community nurse role.

“What makes this unique, I think, is the connection with the school and the connection with so many different agencies that come in and bring their services here. So not only does that make it really easy for the families in this area to connect with those services, but all the services get to know each other better. It’s just a really good example of interconnectedness,” says Be Well community nurse, Penny Molnar.

Nelson Women’s Centre (NWC) has a multi-faceted, collegial and client-centred relationship with the Victory Community Health Centre – with many clients of one being connected with the other, and staff involved in both.

“Nelson is well-networked,” says Carrie Mozena, Co-ordinator at the Women’s Centre.

“Anyone who comes into work in the area spends a lot of time meeting with other agencies and finding out what they do – it’s common to do a lot of visiting when you come into a role.

“It means when people who need help and are ready to face challenges come in, they can have a positive, productive relationship with people who are skilled and can help them navigate the system. It’s not just about making referrals, it’s about working alongside other organisations and to people’s strengths,” Carrie explains.

Kindra has a similar view, explaining that the Health Centre sees itself as a first stop for residents, some of whom may become clients, and others of whom may enrol for an activity, or participate in activities or events in a support role.

“We can also be the go-between. We provide the space for the community and the services to come together. It’s not about doing TO people, it’s about working with people,” she explains.

“We have an easy, welcoming friendly environment – people come in for one service and realise there are so many other things they can access – like our ‘Victory on the Move’ programme or free counselling, which is offered by final year students from NMIT,” explains Kindra.

Carrie says NWC sees a lot of women with mild to moderate mental health issues, sometimes relating to relationship breakdowns or sexual abuse. They also see many low income women living in cold, damp homes and women with physical injuries from domestic violence. As a drop-in centre, there are also women with chronic and significant mental health issues following the shift to people living in the community, rather than institutions.

“Women may have one presenting issue, such as not being able to pay a bill, but there can be so much more going on. Our social workers can help them unpack this,” she explains.

Carrie says the large state bureaucracies are over-worked and understaffed and not very nimble because their paperwork requirements are huge.

“There are not many people in their frontline positions who have the time to be kind and compassionate. NGOs try for much less paperwork, and have a more caring culture – so we will spend more time with people.

“Many of the women who come in here have incredibly, complex and sometimes, dysfunctional family systems,” says Carrie.

Health centre manager, Kindra Douglas says the Victory team is always looking for ways to take down the barriers and help people access vibrant, low cost programmes unlike anything others offer.

“It makes sense to add value to what already exists in a community – that is, sharing resources such as buildings, networks, and relationships to extend the capacity of the whole community to become better connected and further resourced,” she explains.

In July 2011, Victory Village was host to 250 people from around New Zealand at the Victory Village Forum³, where the social innovation approach was explored from a variety of angles by people hoping to make similar life-changing improvements in their communities.

Kindra says when Victory was named the *2010 Community of the Year*⁴, there was a huge increase in people from around NZ wanting to visit Victory and see what had been done.

“The forum was our way of sharing our experiences and managing that level of interest. It was about sharing ideas about community-led, family-centred development,” she says.

Kindra is quick to emphasise that you can’t pick up Victory Village and place it down in another community and expect the same results. She refers rather to principles around development, leadership, relationships and professionalism, and the *Paths of Victory* research⁵ and Inspiring Communities report, *What we are learning about community-led development*⁶, which examines this approach in detail.

“Community ownership is vital. Our whole ethos is about relationships. You need good trusted relationships before doing anything,” say Kindra.

“It’s all about working together to grow strong, nurturing communities, in which children and families can thrive. People can make a change for the better by tailoring their own responses to their own unique circumstances.”

Victory Primary School Principal, Mark Brown agrees.

“We see the absolute positive benefits in our young people – their behaviour, their health, the engagement of our parents, the health of the parents, the way they talk more positively

³ [Victory Village Forum: An Overview](#) – The 2011 post-forum report also includes key milestones since 1989. It is available on the Families Commission website and from [Inspiring Communities](#).

⁴ [New Zealander of the Year Awards](#).

⁵ [Paths of Victory: Victory Village – A case study](#), D. Stuart, Families Commission, Nov 2010.

⁶ [What we are learning about community-led development in Aotearoa New Zealand](#), Inspiring Communities, Dec 2010.

about their families. For those who doubt, I think they need to examine their true belief of their investment in people. If it makes a difference to strengthen our families and to nurture them, it is worth doing it every single day," says Mark.

Community Initiatives Funding from the Ministry of Social Development in 2005 supported the initial community work from which the centre (and other initiatives) has resulted.

A range of government funding has been important in the success of Victory Village, but Kindra estimates that this currently comprises just 35-40% of the centre's backing, with the rest coming from about 15 community funding sources.

As for future funding, Kindra says the consensus at the Forum was that the whole structure of funding needs to make a paradigm shift.

"The silos created at the top create silos and competition further down the chain. If the funding could be done differently, who knows what would be possible. We are commonly working toward the same goal, but end up being set up against each other for resources.

"The current pressures on secondary and tertiary health services mean the current government is now reducing and even eliminating prevention and promotion. This is counter-intuitive and so contrary to the primary health strategy," says Kindra.

"Look at smokefree – that's taken long-term investment and legislation change to make smoking less socially and economically acceptable. We need the same type of investment in other key health determinants, and housing is one of the biggest."

Kindra goes on to describe the impact of the Healthier Homes programme, which retrofitted over 500 houses in the local community over three years. The local **Nelson Tasman Housing Trust** drove the project but they "collaborated with everyone" to get as many houses done as possible. That included EECA, Energy Smart, the Asthma Society, Cystic Fibrosis, and liaising with Nelson City Council's warm homes project.

"We were staggered by the level of support from the DHB – it was wonderful and meant we could improve the health of so many more families, but then the funding stopped.

"There are still so many more houses to do – especially rental accommodation where most of the poorest families live," says Kindra.

When asked to identify some of the health outcomes at Victory Village, Kindra says they've supported people stopping smoking, enrolled many with GPs who weren't before, and given free counselling. Previously, the community had high residential mobility, with many people not enrolled with a GP or accessing primary health services.

"And we've got people becoming more active, more often – walking, cycling – people don't use their cars as much. At the softer end, there's involvement in the community garden, plus we have older people coming in for the *Sit and Be Fit* classes.

"Our health focus is more about well-being – not a medical model. It's the pride and self-esteem that really shows. ERO (the Education Review Office) told the principal that Victory Primary School doesn't look and feel like a decile 2 school.

"No-one is just the trouble they present with, they can participate and contribute too. One day they might be here seeing the nurse or the counsellor, but the next day they are here helping an event happen. We have a virtual waiting list for helpers for Matariki, because there is such a sense of community," she says enthusiastically.

Victory Community Health Centre is an alliance partner with the PHO and on the community advisory group, however, Kindra says she's surprised at how slow the implementation of the *Primary Health Care Strategy*⁷ seems to be.

"There are community reps of course on the PHO board, yet it's been very poor performance around low cost access, and the PHO itself seems to just grow – and they still seem to have mostly a medical view. The whole model there still seems oriented around GPs.

"From our understanding, the Ministry of Health allocates funding via DHBs to PHOs specifically for improvements in primary health outcomes. Some of this is then contracted to organisations like us at the minimum they can give, for the maximum they can achieve. And yet PHO staff get paid at high government rates, while we struggle to make ends meet," Kindra explains.

"We've battled to get respect for doing things differently. Our PHO contract is more constrained than we'd like it to be, and it's now even more output driven than our original contract of four years ago. This seems like a backward step and maintains a hierarchical process in what is already a frustrating sector.

"New Zealand could be doing so much more in the prevention of diabetes, for example. Our area is the fourth highest recipient of refugees in New Zealand and, within a few years of being here, we see them starting to have the same weight issues as the rest of the population. Why doesn't the government put a tax on high sugar drinks such as V and Coca Cola as a disincentive and a revenue builder for prevention?

"A new approach is needed to do prevention work, and it needs to be multi-pronged," suggests Kindra.

More information: www.victorycommunitycentre.co.nz or nnwomenscentre@ts.co.nz
www.familiescommission.govt.nz/research/culture-and-community/victory-village-forum
or www.confer.co.nz/VictoryForum/

This is one of the 15 case studies profiled in *How NGOs Make a Difference to Health Care in the Community* – a 96-page report from the Health and Disability NGO Working Group, Jan 2012.

The case studies cover acute nursing services, health information services, virtual practices, youth one-stop-shops, mental health networks, community development approaches, cardiac rehab, Whānau Ora and Asiasiga models of care, and more – from North to South.

See www.ngo.health.govt.nz for more of the report.

⁷ [Primary Health Care Strategy](#), Ministry of Health, 2001.