



PHILIP STREET
COMMUNITY PRECINCT

SERVICE MODEL



Photo courtesy of Gladstone Regional Council

March 2023

Acknowledgements

First Nations acknowledgement

We acknowledge the traditional owners of the lands and waters the *Philip Street Community and Families Precinct Service Model* is intended for, the Bailai, Gurang, Gooreng Gooreng and Taribelang Bunda Peoples. We pay our respects to their Elders past, present and emerging, and to First Nations people reading this document.

Service model consultations acknowledgement

We would like to thank Philip Street staff and managers, and other consultation participants who contributed their time to sharing information about the Philip Street Communities and Families Service Model.



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Abbreviations

Full name	Abbreviation
Alcohol and Other drugs	AOD
Asset-Based Community Development	ABCD
Australian Institute of Health and Welfare	AIHW
Gladstone Regional Council	GRC
Gladstone Area Promotion and Development – Communities for Children	GAPDL CFC
Philip Street Communities and Family Precinct	Philip Street Precinct <i>or</i> Precinct
Socio-Economic Indexes for Areas	SEIFA
The Salvation Army	TSA
World Health Organisation	WHO

INTRODUCTION

The Philip Street Communities and Families Precinct (Philip Street Precinct) is a significant social-infrastructure project designed to support the health, social and cultural needs of the Gladstone community. It offers space and resources for health-promoting community activities as well as providing support and development services to people who have identified needs.

The Philip Street Precinct was developed through intensive community consultations and includes four stand-alone buildings integrated into recreational space and parkland. The land and buildings are owned and maintained by Gladstone Regional Council (GRC). There are plans to further develop the site that may include residential housing and other mixed-use developments.

Initial needs identification for the Philip Street Precinct occurred during 2008. In 2009 the Gladstone Region Social Infrastructure and Strategic Plan (Gladstone Regional Council, 2010) recommended development of a co-located and integrated human and social service hub as a key priority to improve the coordination and delivery of community, social and health initiatives across the region.

Stage 1 of the Philip Street Precinct building development began in 2018 after capital funding commitments of \$16.4M (increased to \$17.9M in 2020). Funding partners included GRC, The Salvation Army (TSA), via Gladstone Foundation, Department of Communities (Queensland State Government), and Federal funding via the Regional Jobs and Investment Package.

Community consultations assisted in developing initial strategic and operational plans during 2020 and the Precinct was opened in August 2021.

Three partner agencies manage and operate the Philip Street Precinct: GRC as lead agency and asset owner, TSA as primary partner, and GAPDL Communities for Children (GAPDL CFC). Additionally, more than 30 other services and activities are operating across the Precinct providing a wide range of opportunities for the community to improve their health and wellbeing, build community connections and learn new skills.

This document (*Philip Street Communities and Families Precinct Service Model*) sets out the frameworks, operations, governance structure, built environment, and evaluation mechanisms being used to deliver collaborative and integrated services at the site.

Consideration of local demographic trends and contextual factors, an outline of the history of Precinct development, consultation methods used in documenting the service model, and Precinct tools and resources are set out in the appendices.

SERVICE MODEL SUMMARY



Vision

A vibrant and evolving Philip Street Precinct that supports and enhances community wellbeing for all



Goal

Provide a diverse, integrated range of inclusive and responsive health and community activities, services, resources and spaces for the entire Gladstone region community



Frameworks

A **social model of health** as the overarching conceptual framework for understanding health and wellbeing

Practice approaches

Place-based practice to ensure the voices of the local community are listened to and systematically addressed

Asset-Based Community Development practice to highlight the people and resources available to strengthen the community



Operations

Community member engagement and participation opportunities which empower community members in Precinct decision making

Health promotion and community development services which promote social inclusion and wellbeing

Support and development services to respond to the needs of vulnerable community members

Service coordination and integration to build social connections and link people to the services they need



Governance & management

GRC owns land and infrastructure, and retains financial and compliance accountabilities

The Philip Street Precinct Advisory Committee provides support and advice on strategic and day-to-day operations. It is also the forum to include community members in key recommendations

The Philip Street Precinct Operations Group manages and coordinates day-to-day operations

Three partner agencies operate on site and each have their own Philip Street Precinct manager responsible for their agencies staff.

Gladstone Regional Council (GRC) are the local government provider for the Gladstone region. Along with provision of a wide range of essential and other services, they also provide community development services which promote health and social inclusion for community members

The Salvation Army (TSA) is a Christian movement dedicated to sharing the love of Jesus by: Caring for people, Creating faith pathways, Building healthy communities and Working for justice. TSA helps people in need through a wide variety of spiritual and humanitarian programs and is active in 133 countries

Gladstone Area Promotion and Development (GAPDL) is a not-for-profit membership organisation which supports and promotes the Gladstone region. They operate Communities for Children (CFC), a service providing strength-based programmes for children and parents



Built environment

The Precinct is a welcoming and accessible community space which includes a dedicated building for each service delivery partner, and the Maxine Brushe Community Meeting Place for community activities and programs. The Precinct further encourages community use of a micro-library, landscaped communal green space, a community garden, a children's playground, an amphitheatre and other public amenities.



Precinct outcomes

The Precinct outlines a range of strategically developed outcomes it hopes to achieve in the short term (by 2024), medium term (by 2028), and long term (by 2034).

Short term

- Community engagement
- Service mapping with partners to identify needs
- Flexible funding supporting local needs
- Fit-for-purpose Precinct infrastructure
- Collaborative governance

Medium term

- Community participation in needs identification
- Coordinated and where possible integrated service design and provision
- Connections to wider community assets
- Ongoing commitment to collaboration

Long term (community members)

- Improved community awareness of activities and resources that enhance wellbeing
- Increased engagement with activities that promote wellbeing, connections and learning
- Individual and community assets are recognised, valued and shared
- Increased understanding, respect and celebration of diversity
- Improved social connections and access to services
- Improved knowledge, skills and connections

Long term (systems development)

- Improved collective responsibility for the wellbeing and safety of all community members
- Effective use of data and community member perspectives in service planning and activities
- Optimised and targeted social investment
- Increased community member ownership and voice in Precinct activities



Community impacts

It is hoped that achieving the outcomes above will lead to significant and sustained improvements for the Gladstone community across the dimensions of wellbeing, learning and social connection.

Wellbeing

- Individual, family and community wellbeing and enhanced resilience

Learning

- A culture of growth and learning

Connection

- Strong, safe, connected communities

HOLISTIC WELLBEING VISION

The Philip Street Precinct Service Model is aligned with Australian government health and wellbeing strategic priorities. The Australian Government recognises that a wide range of social, economic, and cultural conditions impact our health and wellbeing, and that it is important to reorientate health services to address these impacts by intervening earlier, and in a more holistic and integrated manner.

The National Health Reform Agreement (2020–2025) has set out six key reforms designed to improve the health and wellbeing of all Australians. Table 1 (below) sets out how the Philip Street Precinct aligns with these reforms.

TABLE 1 – ALIGNMENT OF THE PHILIP STREET PRECINCT SERVICE MODEL WITH AUSTRALIAN HEALTH REFORMS

Health reform area	Philip Street Precinct alignment
Prevention and wellbeing focus	<ul style="list-style-type: none"> • Uses a Social Model of Health as the overarching conceptual framework for service provision • Uses health-promotion strategies which focus on wellness, not illness. Focuses on prevention and early interventions to prevent the progression of problems both early in life and early in illness • Uses place-based practices to tailor health support and resources to local needs • Uses Asset-Based Community Development practices to build community capacity related to health and wellbeing • Provides integrated and collaborative health-promoting and community development services which holistically meet individual, and community needs
Empowering people	<ul style="list-style-type: none"> • Includes community members in decision-making about: <ul style="list-style-type: none"> ○ Service design ○ The activities, services and resources available ○ Their own health • Is committed to First Nations self-determination • Is committed to inclusion, diversity and equity
Effective and efficient (evidence-based practice)	<ul style="list-style-type: none"> • Draws on current healthcare research and practice wisdom to inform service delivery • Has developed a Theory of Change to articulate how Precinct inputs and resources are hypothesised to produce hoped-for outcomes and impacts • Has developed an initial Evaluation Framework and Plan (2021–2023) • Has a strong focus on reporting outcomes and impacts, as well as programme outputs
Joint planning and local funding	<ul style="list-style-type: none"> • Was developed through collaborative planning and joint funding between Commonwealth, State and local governments, service providers, and the community • Includes a collaborative governance and management model to improve service access and integration • Uses place-based practices to identify local community interests, needs and priorities
Better data	<ul style="list-style-type: none"> • Uses local demographic data to inform service-delivery activities • Has developed an initial Evaluation Framework and Plan (2021–2023)
Health technology	<ul style="list-style-type: none"> • Has technology-enabled infrastructure and capacity to provide tele-health and tele-support services to community members who find access to the Precinct harder due to geographic constraints

1. FRAMEWORKS

Overview

The Philip Street Precinct uses a social-health framework to provide a consistent and understandable orientation to service provision. Additionally, the Precinct uses two well-recognised practice approaches as a way to deliver services, and sets out six practice principles to help guide staff in providing services and activities.

Theoretical foundations

A social model of health

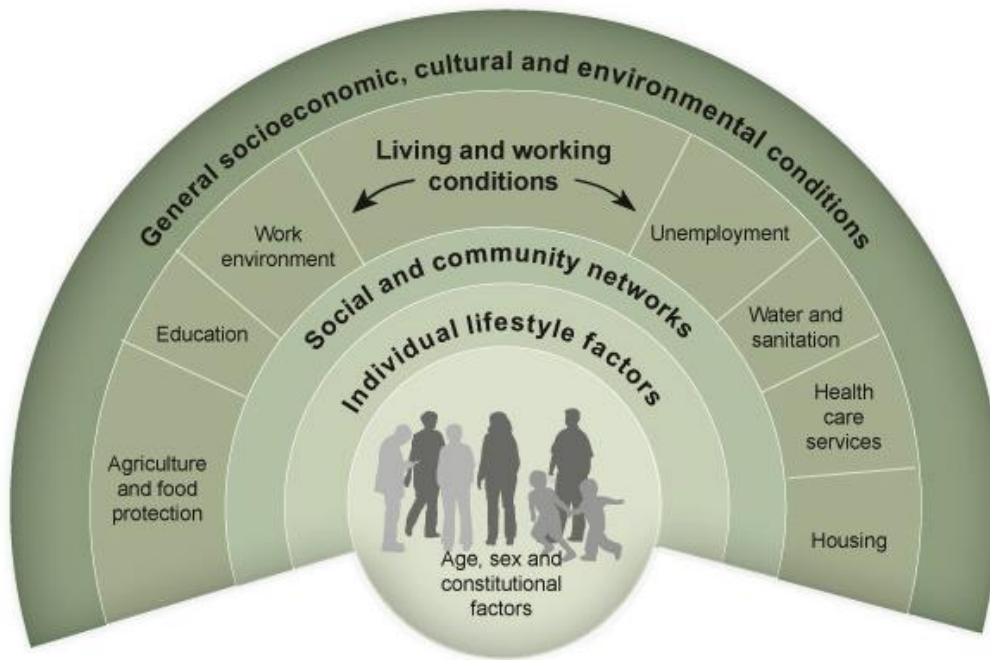
New health and wellbeing approaches emerged in the second half of the twentieth century in response to perceived gaps in medical models which principally focused on illness and individual characteristics in managing health.

Following the [Ottawa Charter for Health Promotion](#) (World Health Organisation – WHO, 1986) there has been increasing interest in understanding the broader structural and system factors (e.g. socio-economic, environmental, cultural) which contribute to health and wellbeing, and to reorientate health services to focus more on improving health, and preventing illness, rather than waiting for health problems to appear. It is recognised that a stronger focus on health promotion could improve health outcomes and reduce healthcare costs across entire communities.

One way to conceptualise new types of healthcare thinking is to view them as approaches which address our social conditions as a foundation to better individual and community health. Social-health models recognise that the biggest improvements in health are achieved by addressing structural factors across a whole population; for example providing education and employment opportunities, offering safe housing, ensuring equitable access to available resources, and creating environments which encourage healthy behaviours.

Figure 1 (below) illustrates how broad social-health conditions are thought to extend inward to impact other factors, including individual health behaviours. For example, providing bike paths in a local community is hypothesised to improve uptake of cycling, providing health benefits through increased physical activity and reduced motor vehicle pollution.

FIGURE 1 - SOCIAL DETERMINANTS OF HEALTH



(Dahlgren & Whitehead, 1991).

Social-health elements

Dahlgren and Whitehead (1991) have identified seven elements important to social-health thinking and practice. These are outlined in Table 2 (below).

TABLE 2: SOCIAL-HEALTH ELEMENTS

Social-health element	Explanation
Health is impacted by a wide range of social, cultural, economic and other structural factors	Our wellbeing is fundamentally tied to the conditions in which we live. For example, social attitudes which stigmatise minority groups, lack of access to education opportunities, or living in insecure housing impact our health
Health includes a wellness focus – ‘health is more than the absence of disease’	Effective health models need to focus on what we can do to promote and sustain our wellbeing as well as address illness or provide treatment. They encourage us to consider what we can do to prevent problems emerging and act earlier to reduce their severity
Capacity to influence health across the health and illness continuum	Modern social healthcare approaches remind us we can improve health and wellbeing at all points of our life or illness. They provide opportunities to think about providing health promotion opportunities across the lifespan, address important health needs early, and provide ongoing support when necessary
Tailored health responses are needed	Understanding the wide range of factors that influence health highlights the need to tailor our responses to these different circumstances. This includes recognising the multiple intersecting influences on health, and developing health responses which consider local cultural, social and other factors when being developed for specific populations or settings
Reduce individual blame for health choices	Modern healthcare approaches reframe our thinking into a broader context, reducing the individual focus of behaviour choices and viewing these within a wider range of social conditions. This approach recognises that the social and environmental conditions in which we live may themselves

	encourage healthy or unhealthy behaviours and influencing them can have important whole-of-community health benefits
Encourage individual control for decision-making	Social-health approaches recognise that individuals are the experts about their own health , and therefore aim to hand more control for health decision-making to them. While health experts can provide valuable expertise, it is important for each person to take responsibility for their own health and for them to feel in control of significant personal health decision-making
Inequality impacts health for the poor and marginalised	Social-health thinking reminds us that inequality and marginalisation is the most significant factor affecting our health and wellbeing. People living in poverty or who are otherwise marginalised have significantly worse health outcomes than those better off. As such, social-health models have important links to advocacy for human rights and social inclusion

(Dahlgren & Whitehead, 1991)

Health-promotion strategies

The emergence of health-promotion strategies is closely tied to the development of social-health thinking. Health-promotion strategies work to address the social-health determinants discussed above (See Table 2), often through changes to public health (and other) policy settings as well as at an individual level.

The term ‘health promotion’ was enshrined in the Ottawa Charter for Health Promotion (World Health Organisation, 1986) and this has launched significant actions among national governments, organisations and local communities since this time. The World Health Organisation (WHO) articulates four strategic health-promotion strategies designed to improve health and wellbeing.

TABLE 3: HEALTH-PROMOTION STRATEGY

Health-Promotion strategy	Explanation
Good Governance	Strengthen governance and policies to make healthy choices accessible and affordable to all. This approach is based on the rationale that health is determined by multiple factors outside the direct control of the health sector (e.g. education, income or living conditions) and that decisions made in other sectors impact our health.
Health Literacy	Improve health literacy to allow people to play a more active role in understanding and improving their own health and allow them to advocate for improved health conditions and health equity.
Healthy Settings	Healthy settings provide opportunities for community participation, partnership, and empowerment around one's own health, which in turn facilitate improved community-health outcomes.
Social Mobilisation	Providing individuals, groups and communities with the knowledge, skills and resources to address and improve their own health leads to improved control for health decision-making. Expanded knowledge and understanding also helps different interest and population groups come together and work effectively to support and promote health for all.

(World Health Organisation, 1986)

Practice approaches

Overview

The Philip Street Precinct integrates two well-evidenced practice approaches to improving health and wellbeing, these are Place-based and Asset-Based Community Development (ABCD) approaches. These approaches have been carefully chosen to make effective use of local data to identify trends and change, leverage community assets and resources, optimise community member involvement, and facilitate flexible service coordination and partnerships.

Place-based approaches

Place-based approaches focus effort on local communities and their strengths. They highlight the importance of community engagement and collaborative work, recognising the importance of shared control of decision-making, governance and outcomes. Place-based approaches are ‘system-based’, they recognise the complex interplay between multiple social determinants which impact our wellbeing, and the need to integrate responses effectively.

An important additional feature of place-based approaches is their long term view and cyclical approach to learning, allowing flexible adaptation of service responses over time to refine and improve how services and resources are delivered.

Practice elements

The Queensland Council of Social Services (QCOSS) has outlined six essential elements of a place-based approach (QCOSS, 2022). The six elements are outlined below; subsequently Table 4 describes how Philip Street Precinct practice is aligned with each element.

Agreed place

The primary feature of any place-based approach is identifying the geographical setting in which the approach will be used. Geographical places hold memories and identities for people, which create meaning for them, and these are influenced by cultural history, what people do there, local assets and resources, and the natural and built environment.

Contemporary approaches to ‘place’ have focused thinking not just on ‘place’, but ‘community-in-place’. This perspective recognises that there will be multiple meanings and experiences of a given place for the diverse individuals and communities living there.

Shared vision and commitment to outcomes

Place-based approaches require engagement of the community and other key stakeholders in building a shared vision for the future. This first requires developing a common understanding of the systemic factors currently impacting the community being targeted and building agreements about what needs to change, including developing clear and collective outcome and impact measures.

Shared outcomes motivate different stakeholder groups to work together in achieving results which progress both their individual and broader community needs and goals.

Importantly place-based outcomes focus not just on the health and wellbeing of a local community, but also on the development of improved service delivery processes which facilitate more equitable and inclusive decision-making, improved collaboration and trust, and shared governance.

Working together

Place-based approaches require a commitment to working together in innovative and different ways. Place-based responses are, by their nature, collaborative and should involve community members, community services, industry and all levels of government. Bringing diverse stakeholder groups together facilitates creative responses to identified needs, helps reduce service fragmentation and duplication, and improves service coordination; it can also help identify assets and resources which can be effectively harnessed.

Sophisticated ‘working together’ approaches include addressing identified systemic issues by planning together, pooling resources across services and sectors, and reforming service systems to be more supportive and integrated.

Community engagement

Genuine and diverse community participation in decision-making is an essential feature of any place-based approach. In order to provide what communities need, an important first step is finding effective methods to engage and motivate the community in decision-making about key local priorities and needs. Furthermore, partnering with community members builds social inclusion, self-efficacy and civic empowerment.

Without effective community engagement and participation there is a risk that key needs and priorities will be missed, and that responses implemented will not gain community buy-in. Ineffective engagement also risks missing key assets and resources available in the local community.

While community engagement can be time and resource intensive, the benefits related to understanding community needs and strengths, empowering community members and further building capacity cannot be underestimated.

Local collaborative governance

There is a strong emphasis on local decision-making and citizen-led governance processes when place-based approaches are effective. An emphasis on more local decision-making can empower community leaders and build their skills, while simultaneously decentralising traditional power and authority structures which may seem impersonal and distant. These approaches embed key local knowledge and skills into important decision-making processes for communities ensuring they are tailored and responsive to the people they impact. Over time these local collaborative decision-making processes increases community buy-in and ownership as people come to recognise they can influence key decisions and have a right to contribute to how their community operates.

A cycle of integrated learning

Finally, place-based approaches embed a cycle of continual reflection and learning. This is underpinned by a strong focus on ‘what works’ (evidence-based practice) and a commitment to flexibly adapt activities based on new information and advice, this approach is often described as ‘action learning’.

Because place-based approaches recognise the complex and interconnected nature of entrenched social problems, it is recognised developing effective responses can be challenging. It is suggested that starting with small-scale projects and creating conditions where it is ‘safe to fail’ are important. Embedding a focus on learning and evolution of responses allows people to test new approaches and learn from them.

The concept of developmental evaluation is important in this context. Because population level outcomes related to improved individual and community health, and systems improvement take time it is important to begin monitoring changes early in the life of projects. This allows place-based

approaches to track emerging changings and build on them. In this sense collecting effective data to monitor and evaluate key outcomes sought is very important.

(QCOSS, 2022)

Further information about place-based approaches and a tool kit to assist in further understanding, supporting and implementing place-based practice at the Precinct is available at:

<https://www.qcoss.org.au/contents-page-for-place-based-approach-and-toolkit/>

TABLE 4: PHILIP STREET PRACTICE ALIGNMENT WITH PLACE-BASED APPROACHES

Place-based element	Philip Street Precinct approach
Agreed place	<ul style="list-style-type: none"> • The Precinct supports community members across the Gladstone region
Shared vision and commitment to outcomes	<ul style="list-style-type: none"> • Commitment to partnership between the Federal, Queensland state, and local governments, and community organisations • Commitment to partnership with local community members • Collaborative governance of the Philip Street Precinct
Working together	<ul style="list-style-type: none"> • An Operations Group supports integrated practice across the partnership • Precinct partners have developed an Engagement Strategy to work effectively with other community services and resources • Precinct partners have developed service coordination tools and processes
Community engagement	<ul style="list-style-type: none"> • Precinct governance includes community participation in decision making • The Precinct recognises the importance of listening to community members’ perspectives about how services are designed and managed • The Precinct runs activities which encourage community participation • The Precinct undertakes targeted promotional activities designed to facilitate access to services
Local collaborative governance	<ul style="list-style-type: none"> • An Advisory Committee comprising of Precinct partners and representatives from key population groups (e.g. First Nations, young people, older people, people with disabilities) supports Precinct structures, processes and activities
A cycle of integrated learning	<ul style="list-style-type: none"> • There is an Evaluation Framework and Plan (2021–2023) in place for Stage 1 of Precinct development • There are plans in place to develop outcomes monitoring and data collection processes • The Advisory Committee receives regular reports from partner agencies and specific population groups to reflect on and make recommendations about strategy and practice • Precinct staff and managers, and volunteers regularly participate in action learning activities • There are processes in place to embed key learnings into Precinct processes and practices

Asset-Based Community Development approaches

Asset-Based Community Development (ABCD) is a practice approach which improves collective, community led decision-making and action using local assets and strength-based thinking. This approach is contrasted with 'deficit-based' approaches which commonly focus on existing problems and are thought to sometimes miss opportunities and resources.

Three key groups are targeted for engagement in ABCD approaches and each are presumed to have important assets, resources and skills they can share. The groups targeted to support ABCD are individual community members, associations (e.g. recreational or environmental groups, clubs or sporting teams), and institutions (e.g. schools, employment providers, government or civic groups).

Practice elements

The ABCD approach includes five key elements (McKnight & Russell, 2018) which are thought to improve citizen participation and empowerment, ensure people are integrated in and connected to available community assets and resources, and enhance community health and wellbeing.

These practice elements are briefly discussed below along with a suggested process to enact ABCD (See Figure 2: Asset-Based Community Development Process). Subsequently, Table 5 describes how Philip Street Precinct practice is aligned with each practice element.

Asset based

ABCD approaches are focused on strengths, assets and resources. They work to identify and engage individual, organisational and institutional capacities, and to connect, integrate and activate resources in the community.

Place based

ABCD develops responses based on local needs and preferences using well-evidenced data that includes both objective quantitative data and the lived experience of local community members.

Relationship based

ABCD approaches build relationships based on trust and mutual respect so people can work better together. ABCD approaches recognise that relationships are the bedrock of effective social and economic participation and create opportunities to enhance these wherever possible.

Collaborative and inclusive

ABCD builds partnerships and service coordination functions which facilitate holistic and collaborative approaches. Ensure inclusion of diverse community voices in decision-making and consider how distinct community groups can work together effectively.

Community led

ABCD approaches focus on creating processes and opportunities which encourage community members to have a voice in key decisions which affect them and their communities. They create an expectation that community members should be central decision-makers about important health and wellbeing decision-making, including what services and resources are available to support them.

The Asset-Based Community Development process

McKnight and Russell (2018) have outlined a process to facilitate ABCD processes. This is summarised below in Figure 2.

FIGURE 2: ASSET-BASED COMMUNITY DEVELOPMENT PROCESS

(Adapted from: McKnight & Russell, 2018).

TABLE 5: PHILIP STREET PRACTICE ALIGNMENT WITH ABCD APPROACHES

ABCD element	Philip Street Precinct approach
Asset based	<ul style="list-style-type: none"> • The Precinct is a community asset promoting wellbeing and offering a wide range of resources and services • The community identifies opportunities and strengths for wellbeing • The Precinct provides links and connections to broader community resources, people and services
Place based	<ul style="list-style-type: none"> • See earlier discussion on pages 14–16
Relationship based	<ul style="list-style-type: none"> • The Precinct encourages supportive, trusting and resilient relationships between all parties • The Precinct recognises relationship-based practice is the foundation for effective service delivery to community members • Precinct partners are focused on building strategic and operational external relationships across the Gladstone region
Collaborative and inclusive	<ul style="list-style-type: none"> • Membership of the Precinct Advisory Committee includes dedicated representatives of the community • The Precinct has developed ‘partnership principles’ to support collaborative and coordinated practices • The Precinct embraces inclusive practices
Community led	<ul style="list-style-type: none"> • The Precinct Advisory Committee includes structured methods to review community member perspectives and ideas about the Precinct • Multiple and diverse methods are used to gather community member feedback about the Precinct, including from those who don’t use it • Staff actively seek the views of community members and there are methods in place to collate this data and include it in future Precinct decision making

Practice principles

To further support the Philip Street Precinct's service framework and approaches, we have developed six practice principles to further guide service delivery. These are designed to help Precinct service providers offer safe, sensitive and effective responses which meet community needs.

Accessible

The Philip Street Precinct recognises that access to community services and resources can be a barrier to improved health and wellbeing, learning and community connection.

The Precinct works to improve accessibility by widely promoting resources and programmes, effectively referring community members between partner agency services and linking them to other available Precinct activities, and supporting community members to access externally available community resources and support programmes.

Relationship based

The Philip Street Precinct understands that building trusting and supportive relationships with community members is the foundation to offering effective activities and services.

Philip Street Precinct staff spend time developing effective working relationships with community members and use these relationships to gather helpful information, help identify and meet goals, and introduce people to a wide range of community assets, resources and services available at the Precinct, and in the wider community.

Building trusting positive relationships with the Philip Street Precinct is viewed as a key leverage mechanism to support connections and links into the wider community for people who may be socially isolated

Person centred

Person-centred practice encourages community members to take ownership and responsibility for the Philip Street Precinct by facilitating a sense of control for key decision-making.

Philip Street Precinct recognises the expertise and preferences of community members in deciding what services and activities are required. The Precinct also acknowledges that community members should lead key decision-making in relation to any personal goal setting activities and support being provided to them.

Person-centred practice also encourages Precinct staff to explore personal identity, and broader ideas about connection, meaning and value of the Precinct with community members in a respectful way that acknowledges and celebrates differences.

Flexible and responsive

Philip Street Precinct recognises the need to provide flexible responses and services to community members dependent on a wide range of personal and current community contextual factors.

It is acknowledged that cultural, gender, sexual and other orientations require unique and sensitive consideration when engaging with community members and providing services to them.

Strengths and solution focused

The Philip Street Precinct works to identify community assets and strengths that help promote health, learning, and positive social and community engagement.

Strength-based practice has a strong alignment with community resilience and allows community members to work with resources and build from that already exist in their environment.

Holistic

The Philip Street Precinct commits to supporting the range of responses identified as needed by the community which consider physical, psychological, social, cultural, economic, educational, environmental and spiritual preferences and needs.

Furthermore, Philip Street is committed to a 'whole of person' responses which recognises strengths and resources, as well as acknowledging presenting needs community members may have.

Framework Summary

The Philip Street Precinct has developed its service delivery model based on modern social health thinking that recognises the wide range of social, environmental, economic and cultural influences on our health, and works to build the capacity of entire communities to improve their wellbeing, while also supporting the health of individual community members.

Two distinct but integrated approaches to delivering services are used at Philip Street, these are 'place-based' and 'ABCD' practice approaches. These approaches use local data and community voices to design unique local responses drawing on community strengths and assets to improve health and wellbeing. There is a strong focus on using evidence-based data and community member led and agency in key decision-making.

Finally, a set of six practice principles have been developed to further guide partner agency practice and Philip Street Precinct activities.

These frameworks, approaches and principles allow the Philip Street Precinct to deliver clear and consistent services that effectively encourage and support a diverse range of community members to utilise Precinct spaces, and to build strong connections to their local communities.

2. SERVICE DELIVERY

Overview

The Philip Street Precinct is designed as an accessible, helpful and empowering space for community members to improve their wellbeing, participate in community activities, and develop new knowledge and skills. Community support services are offered on site.

A key element of the service delivery model is community engagement and participation. Encouraging community participation in key decision-making about the Precinct encourages community member ownership at the Precinct.

There is also a strong focus on collaborative and integrated practice which links people to community resources and support both within the Precinct and more broadly across the Gladstone region. In order to do this Precinct partners offer a wide range of distinct but coordinated services using agreed principles and common tools and resources.

Operational partners

Precinct operations are provided by the three Precinct partners, the GRC, TSA and GAPDL CFC.

The GRC Community Partnerships Team provides services from the Ngallil building. This is a central point of initial contact and access for people first accessing the Precinct. They provide a wide range of information and advice about the Precinct and broader Gladstone community activities. The Ngallil building provides community investment, community development services and Indigenous affairs on site. Staff are available to assist community members in navigating to other services. **The Salvation Army (TSA) operate services from the Gumar building.** Services include emergency relief, case management, financial support, social inclusion programmes and faith-based pathways. Additional rooms in the Gumar building are subcontracted to other aligned providers.

GAPDL CFC offer services from the Nutchee building. CFC provides early intervention programmes for vulnerable children and families; they include early childhood, education and care, and family support programmes that promote social participation and inclusion.

Target groups

The Philip Street Precinct operating model targets two distinct types of community member.

1. **Community members who would like to sustain and improve their wellbeing,** participate in social and community activities, and take up learning opportunities
2. Community members who have identified social needs and would like assistance to address these.

Information about currently available Philip Street activities and services, and the processes to access Precinct spaces is outlined at: <https://www.gladstone.qld.gov.au/philip-street-precinct>.

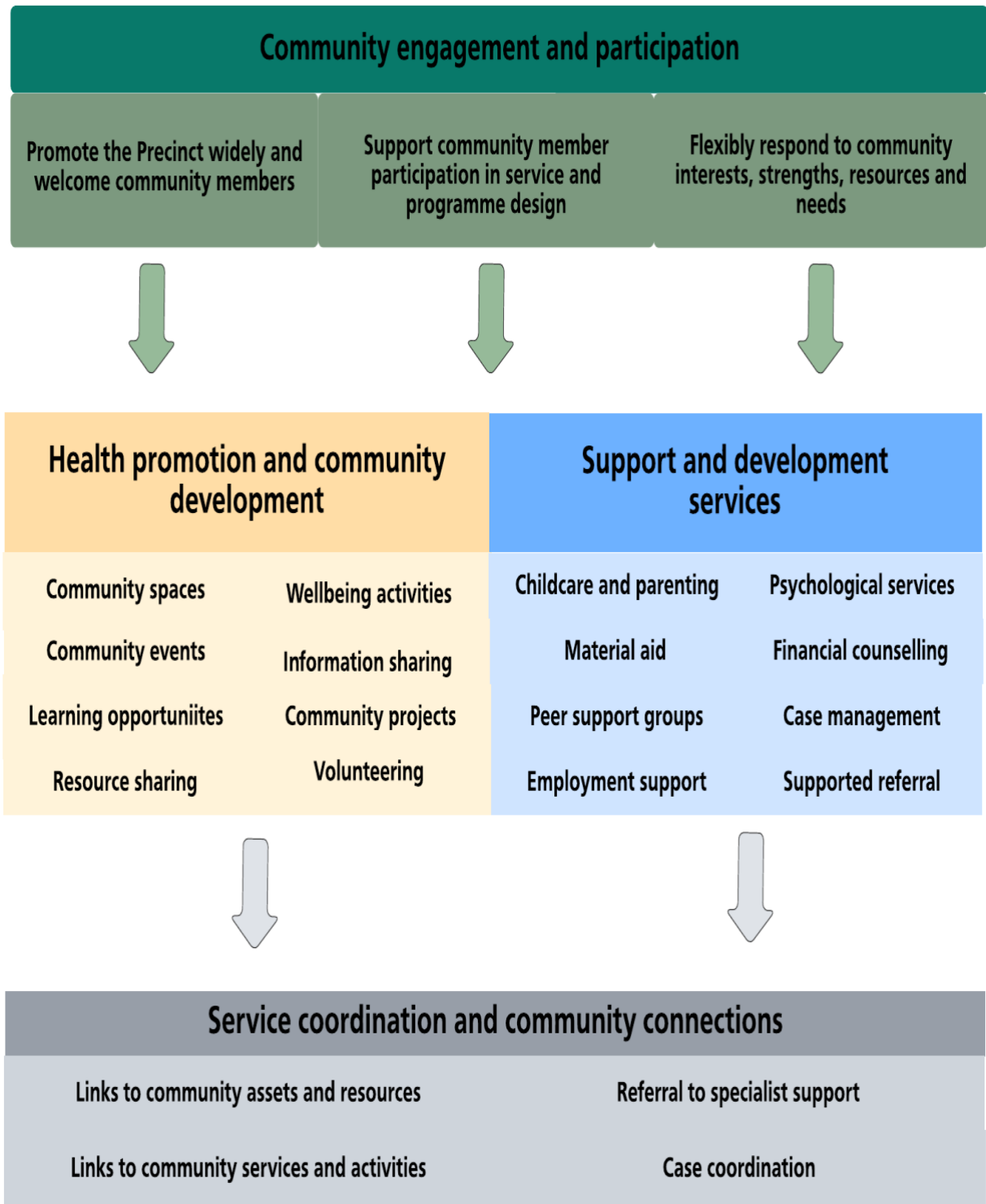
Staffing

The Philip Street Precinct employs more than 18 full-time equivalent staff across the three partner agencies. Furthermore, a range of individual, groups and organisations deliver services and activities that align with Precinct values.

Service delivery overview

Outlined below in Figure 3 is a summary of service delivery activities at the Precinct. There is a strong focus on engaging community members in decision-making about how the Precinct should operate, and coordinating services to improve access, and health, social connection and learning outcomes.

FIGURE 3 - PHILIP STREET PRECINCT SERVICE DELIVERY DIAGRAM



Community engagement and participation

All Precinct service delivery activities are grounded in effective community engagement and participation activities to ensure services offered meet the interests and needs of the local community.

Additionally, **service providers, groups and individuals requesting use of the Precinct spaces must demonstrate that their activities align with earlier set-out shared vision and commitment to outcomes documents.** (See Chapter 1 Frameworks).

Engagement and promotion

Philip Street partners use a wide range of channels and methods to promote Precinct services and activities. Common processes include newsletters, participation in networking groups, information on partner agency websites and at the local Neighbourhood Centre, and media and advertising on radio, social media and billboards.

Open days are regularly scheduled as a way for community members and service providers to learn more about the Precinct. Large TV screens at the Precinct advertise daily events and other opportunities.

Once community members are accessing the site for one activity there is a strong focus on linking people to other available activities and services they may enjoy or need.

Community participation

The Precinct is committed to including community members in service design, and decision making about the activities being offered to promote and support their wellbeing.

Participation in Precinct service design occurs in multiple and diverse ways in recognition that a single approach will not work for all. Methods which facilitate community member participation may include surveys, gathering feedback as part of community events, offering specific consultation opportunities and feedback received by staff members. Community perspectives are collated and shared with the Precinct Advisory Committee. Importantly, the Precinct also seeks feedback from community members who are not yet using the site.

Health promotion and community development

Community development and wellbeing activities are designed to meet the needs of the entire Gladstone community. These services include holistic activities, learning opportunities, and chances to build new social connections in the broader community.

There are services available to meet the needs of specific groups, ensuring that the whole of community is supported and their wellbeing needs met.

Access and bookings

Individual community members and associations, not for profit organisations and commercial services are welcome to book Precinct rooms for low or no cost.

Bookings are made via an online booking system – Philip Street Communities and Families Precinct – Venue EOI Form (<https://www.gladstone.qld.gov.au/eoi-philipst-booking>). All bookings must demonstrate alignment with Precinct purpose and values and include acceptance of *Conditions of Hire* agreements (<https://www.gladstone.qld.gov.au/downloads/file/3775/philip-street-casual-venue-booking-conditions-of-hire>).

Further information in relation to bookings can be accessed via the GRC Community bookings Team (4970 0700 / info@gladstone.qld.gov.au)

Activities and resources

Wellbeing promotion and community engagement activities are available at the Precinct. These are variously provided in partnership with local community associations, volunteers and commercial providers.

On site services and activities include youth services, a tax help programme, peer support, Community resilience services and a Justice of the Peace.

On-site volunteers assist community members in navigating to services, activities and resources where necessary.

A range of free Precinct resources are available to promote wellbeing, social inclusion and learning. These include free internet, a micro library, BBQs, an amphitheatre, a children's playground, *Shared the Dignity* and other public amenities.

Community members, associations and commercial providers can book rooms at the Maxine Brushe Community Meeting Place.

Common Precinct wellbeing and community development activities include those focused on:

- **Physical and psychological health:** For example yoga, meditation and walking groups
- **Community development and advocacy:** For example, advocacy and support groups who come together to plan community events, build awareness, provide education and an opportunity for inclusion in the Community
- **Learning and education:** For example, classes that provide an opportunity both formal and informal academic education as well as development of recreational and life skills
- **Recreation:** For example, groups coming together to play board games or participate in a book club

-
- **Cultural:** For example, facilitating social opportunities for specific cultural groups, and opportunities to participate in amateur music and theatre activities
 - **Peer support and social connections:** For example, support and connections for people recovering from substance use, gambling or mental health problems, or support groups for parents.

The types of groups and activities offered are varied and frequently change depending on who is booking the space.

Community links

Alongside the wellbeing and community-inclusion activities occurring at the site there is a strong focus on developing links into the broader Gladstone community. Precinct staff have a strong understanding of activities occurring in the community and they aim to facilitate links and engagement with these where possible. GRC provide an online community directory to assist community members in finding and accessing activities and resources available in the local community (See: <https://www.gladstone.qld.gov.au/community-services-directory>).

There are regularly scheduled events when other community service providers, community members and groups are invited to attend the Precinct to share information and learn about what is available on site. These events make effective use of the public space and resources available (e.g. BBQs, amphitheatre) and are designed to be social, community enabling, and information gathering/sharing opportunities.

Case study – Health promotion and community development

Jane develops an interest in yoga after finding these techniques helpful in reducing anxiety. After talking about the benefits with some friends, she establishes a weekly group at home. Others hear about this group and want to join; however there is insufficient space in Jane's house.

A friend informs Jane she has been attending Philip Street Precinct for parenting support and that spaces are available for community member use for a small fee.

Jane contacts the GRC Community Partnerships Team to learn more about what exists at the Precinct and how these resources can be accessed. She subsequently completes the online booking form and rents a space, allowing her yoga group to grow.

Jane runs a regular yoga class at the Precinct each Wednesday; she accepts gold coin donations to pay for room bookings. Up to 15 local community members now attend the Precinct each week to participate in the class. A range of wellbeing, learning and development, and links to support outcomes organically flow from Jane's yoga group



Wellbeing

Through regular attendance on-site community members accessing the yoga group develop new friendships; some decide to start a weekly walk group amongst themselves.

Another participant joins an existing environmental group at the Precinct after bumping into the group coordinator after a yoga class.



Learning and development

While attending yoga classes five young parents enrol their infants in childcare available at the Precinct. Through participation in these childhood development classes they become aware of a range of resources provided by GAPDL CFC, and other early childhood development activities in the broader community.



Links to support

When another yoga participant (Sue) confides in Jane that her daughter is experiencing financial hardship, Jane walks her over to TSA offices (Gumar building). Sue is able to gather some information for her daughter, who later makes an appointment for support.

When the Advisory Committee runs a Precinct planning day to discuss future developments at the site, Jane attends to share her perspectives and data from her yoga group. She discusses the health and social connection benefits that participants have been reporting, and also highlights the links many participants have made to other Precinct activities, and to the local community. She suggests development of quarterly meetings between wellbeing providers to share insights and encourage further links between the activities being offered.

Support and development services

The Philip Street Precinct offers support and development services to community members experiencing life challenges. These programmes provide material aid, specialist support, case management, and referral to external health and community support providers.

The Precinct has a strong focus on providing services to the whole of community including but not limited to those needed by people impacted by family violence, mental health, social resilience (financial, social and family), cost of living pressures and people experiencing or at risk of homelessness. Precinct support services have inter-agency referral processes in place, and well-developed links to external health and community support providers.

Access

The Precinct places a strong emphasis on facilitating access to help and support for community members facing challenging situations.

Welcoming messages are advertised throughout the site, and the Precinct is promoted in networking meetings, service directories, social media and other communication platforms.

Screening – referral – assessment

Precinct partners use a ‘no wrong door’ approach to help people access the services they need, irrespective of which organisation they present to. A *Philip Street Screening and Referral Form* (See Appendix 6) is used to identify support needs and to facilitate referrals, both within the Precinct or to other health and community services externally.

When community members have immediate needs that cannot be met at the Precinct they are provided with a list of emergency support service contacts such as homelessness, family violence, child support, mental health and substance use. The Precinct maintains an *Immediate Needs Resource* (See Appendix 6) which provides a list of emergency support contact points for services such as family violence, homelessness, and primary and mental health.

Following referral, Precinct partners use their own assessment forms to identify the strengths and needs of community members.

For more information about screening, referral and assessment, see also Service Coordination below.

Support and activities

A wide range of support is available at the Precinct. These services and resources are provided by Precinct partners and specialist health contractors. Key support services include:

- **Families and children’s services to support improved family functioning**, provide advocacy and resources for parents, link parents to other services, and provide child care and early childhood development services. These services are provided by CFC.
- **Material aid to community members who have immediate needs.** This includes the provision of furniture and other household items, support to access public transport, and an on-site food bank. A breakfast club is also available. These services are provided by TSA.
- **Case management support, including assessment, referral, goal setting and planning.** Case management services are strength- and solution-focused and include motivational interviewing to help people identify the costs and benefits of current lifestyle choices which create the conditions for change. Services are offered for as long as they are required and focus on helping

people build the skills and resources they need to live independently. There is a strong focus on building resilience and connecting people to available community supports and resources through positive lifestyle programmes and mentoring. These services are provided by TSA.

- **Financial support**, including assistance with day-to-day budgeting, accessing Centrelink income, and providing no interest loans and financial counselling. Financial counsellors also support community members who have fines under the State Penalties Enforcement Registry to complete non-monetary activities as a way to resolve debts. These services are provided by TSA.
- **Psychotherapeutic services for community members seeking to work more intensively on their current goals and needs.** These services are offered by private providers who book rooms at the Precinct and are integrated with other available support being offered (e.g. case management). These services are subcontracted by TSA and use available office space in the Gumar building.
- **Peer support groups available for people recovering from mental health, gambling and substance use problems.** These groups help community members maintain positive changes in their lives and build new skills and relationships which help them participate in their communities. These services are provided by volunteer organisations using the Maxine Brushe Community Meeting Place.

Case study – support and development services

Dave has been struggling with his cannabis use; he would like to find a job, but his daily smoking reduces his motivation to work towards this goal.

When Dave's mother (who attends a volunteer environment group at the Precinct) hears support services are available, she suggests Dave attend the Precinct with her.

Dave and his mum attend the GRC building where the Community Partnerships Team work; they are welcomed by reception staff. Dave explains that he is looking for some help to stop smoking and get a job. A team member (Sarah) gathers some basic information using the Philip Street Screening and Referral Form. Sarah identifies key needs for Dave as help with his cannabis use and looking for employment.

Sarah informs Dave that TSA can support him with these needs. Dave agrees to a referral and completes the Philip Street Precinct Consent to Share Information Form which is appended to the Screening and Referral Form.

Sarah calls TSA and is put through to the case management team. Sarah informs the intake worker that Dave is with her now and she could walk over with him. Sarah then walks Dave over to the TSA offices and provides a warm introduction to the intake worker (Keira). Keira takes time to build a connection with Dave during this first visit, this puts Dave at ease.

Dave subsequently returns to the Precinct and completes a more detailed assessment with Keira using an internal TSA assessment form. After the assessment Dave and Keira develop a plan which includes:

- *An external referral to the local alcohol and other drug (AOD) service; they again use the Philip Street Screening and Referral Tool to provide basic information to the AOD service with Dave's consent*
- *Support from Keira to apply for unemployment benefits and access a pre-apprenticeship training programme*
- *Support from Keira in attending a local apprenticeship centre to discuss available job options*
- *Support from Keira to develop some alternative coping strategies; these include some mindfulness techniques and regular physical activity, including joining a local indoor soccer team.*

Dave continues to see Keira and the AOD service over the next three months. Keira, Dave and the AOD service sometimes meet together to ensure Dave is receiving coordinated care.

Although Dave doesn't completely cease his cannabis use, he reduces the frequency of his use to weekends. Dave is also now playing soccer on Tuesday nights and has met a new friend who doesn't smoke cannabis and they begin fishing together once a week.

He also completes a three-day pre-apprenticeship course and decides he would like to try a building apprenticeship. Keira helps him with his application and in sourcing some work clothes for him when he is successful.

Six months later Dave is a regular in the soccer team and enjoys fishing a couple of times per week. He is now enrolled in an apprenticeship and earning a regular income for the first time in his life. Dave reports improved physical and psychological wellbeing and ascribes this in large part to the support and connections at Philip Street.

Service coordination

To help community members effectively access the services, activities and resources available at the Precinct, and in the broader Gladstone community, partners have committed to collaborative and coordinated processes and practices.

The Precinct has developed a set of referral tools and service coordination resources to ensure that community members who require support can access the services needed by them.

These tools and resources have been developed for clients with identified health and social needs. Community members seeking health promotion and community development links are supported by Precinct staff to access these services; however the forms set out below are not required.

Tools

Set out below are tools developed by Precinct partners to assist in providing coordinated and integrated services in the provision of support and development services. These tools can be used internally at the Precinct, and with other service providers in the community.

Philip Street Precinct Consent to Share Information Form

This form is used as a record of consent from the community member to share information with another service or programme, it includes the name and contact details of the community member giving consent, the primary reason assistance is being requested, a record of consent and details about the referring agency. This form is attached to any other documentation provided by the referring agency.

(See Appendix 5)

Philip Street Precinct Screening and Referral Form

This form is used to identify community member needs and link people to required support services; it includes summary information about Philip Street Precinct, contact information about the referring agency and person making the referral, the name, contact details and basic demographic data of the person seeking assistance and high level screening assessment questions to identify support and development needs.

TABLE 6 – SCREENING ASSESSMENT DOMAINS

Key assessment domains	
Daily living needs	Primary health needs
Material aid and food needs	Housing needs
Mental health needs	Family violence and support needs
Alcohol and other drug needs	Disability support needs
Financial needs	Care for children support needs
Cultural support needs	Transport needs

(See Appendix 6)

Supporting resources

External Agency Engagement Strategy

Philip Street Precinct partners have developed an External Agency Engagement Strategy to build strong relationships and facilitate effective service coordination between the Precinct and external Gladstone community and health service providers.

The Engagement Strategy includes information about:

1. Key external referral partners the Precinct requires strong relationships with in order to provide effective and coordinated services
2. Methods being used to develop and sustain relationships with referral partners
3. Methods being used to facilitate community access to Precinct services (e.g. Advertising, Signage, presence at community events)
4. Key messages being shared about the Precinct in relation to both:
 - a. Available support services and how to access them
 - b. Available health promotion services and how to access them
5. Who is responsible for specific elements of the Engagement Strategy
6. What the expected outputs and outcomes are from the Engagement Strategy
7. How strong relationships, referral agreements and effective service coordination are maintained (e.g. Memorandum's of Understanding).

Referral and service coordination workforce training

Precinct Referral and Service Coordination Training has been developed to support effective service coordination between Precinct services and external service providers. This training includes distinct training for Precinct support services staff (four-hour training) and community groups/volunteers/facilitators as required (one-hour training). The brief training is also available to Advisory Committee members to help them understand the strategic importance of effective referrals and service coordination.

The service coordination training includes:

- Why coordinated services and effective referrals are important
- Consent gathering processes
- Overview of Precinct referral tools and resources
 - Screening and Referral Form
 - External Agency Engagement Strategy
- Introduction to common referral destinations
 - Internal destinations
 - External destinations (including an external provider site visit for support services staff)
- Processes for updating referral tools information
 - Screening and Referral Form (Annual review and update via Operations Group)
 - Immediate Needs Resource (Quarterly review and update via Operations Group)
 - External Agency Engagement Strategy (Annual review via Operations Group)
- Introduction to how referral data is recorded and logged for monitoring and evaluation purposes
 - By organisation
 - Across the Precinct (i.e. how data is aggregated).

Service delivery outcomes

The Philip Street Precinct has identified individual and community wide outcomes it hopes to achieve through the activities and services offered. A summary of key service delivery outcomes are set out below.

(Note: Other Precinct outcomes related to collaboration and partnership development are set out in the Theory of Change – See Chapter 5: Monitoring and Evaluation).

Outcomes for individuals

- Improved awareness of activities, services and resources which enhance wellbeing and learning
- Increased engagement in wellbeing and community-strengthening activities
- Improved knowledge, skills and connections
- Increased capacity to address presenting needs and concerns, and to live independently.

Outcomes for the Gladstone community

- Increased engagement and participation in Precinct, and broader community decision-making
- Improved collective responsibility for the wellbeing, safety and development of all community members
- Improved understanding, respect and celebration of diversity.

3. GOVERNANCE & MANAGEMENT

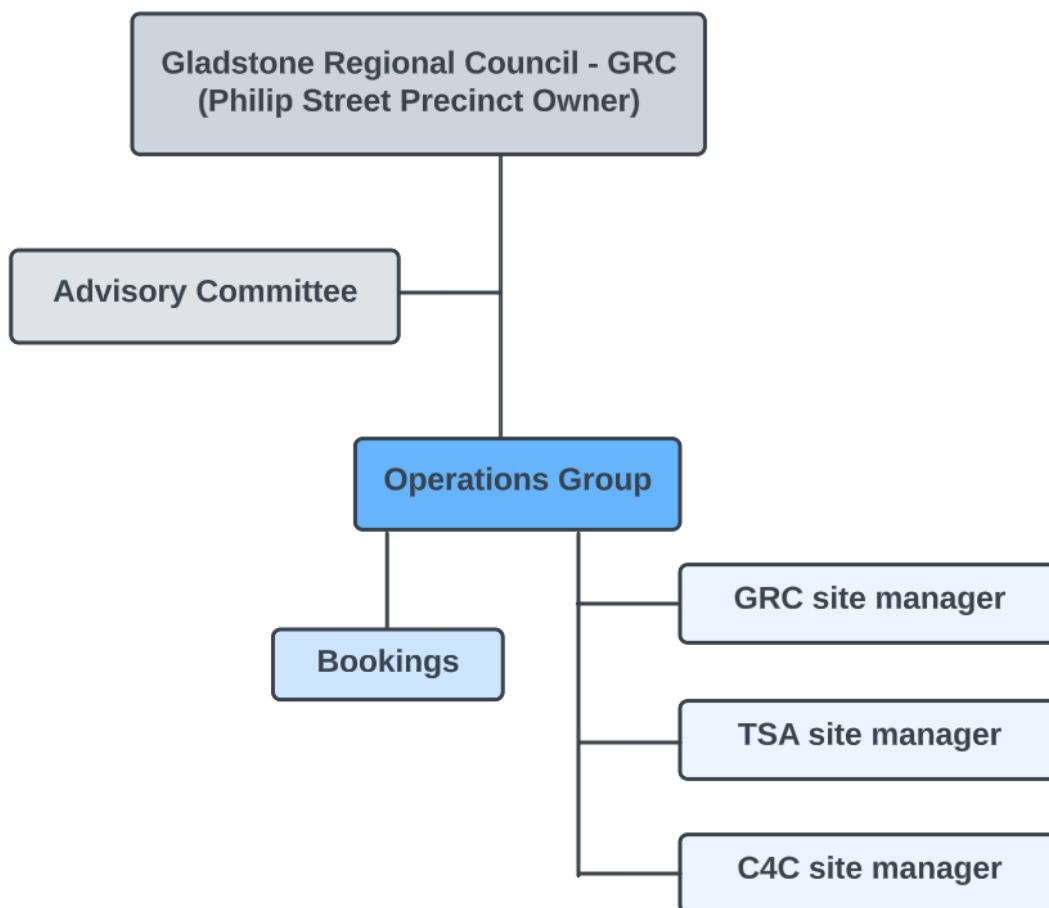
Overview

Gladstone Regional Council (GRC) owns the Philip Street Precinct infrastructure and land. They are responsible for Precinct maintenance and retain decision-making authority over use of the Precinct, including future developments.

A Philip Street Precinct Advisory Committee makes strategic and service delivery recommendations to GRC and Operations Group. This group is supported by **the Community Voice which provides community members with opportunities to participate in key decision-making.**

An Operations Group facilitates day-to-day service coordination and management of the Precinct, while site managers represent each partner’s agency support staff in their agency working on site.

FIGURE 4 - PHILIP STREET PRECINCT GOVERNANCE AND MANAGEMENT STRUCTURE



Partnership principles

Five partnership principles which support collaborative partnership activities are used as a guide to decision-making at the Precinct.

- Valuing diversity
- Building equity
- Being open
- Ensuring mutual benefits
- Being courageous

Philip Street Precinct Governance

Philip Street Precinct Owner: Gladstone Regional Council

Gladstone Regional Council (GRC) owns the infrastructure and land at the Precinct. It is responsible for asset and lease management, financial management, and reporting to funding bodies. The GRC also provide secretariat support to the Advisory Committee and the Operations Group (see below). They hold decision-making authority on future site developments and use.

Advisory Committee

The Philip Street Precinct Advisory Committee provides advice and recommendations to GRC and the Operations Group about the services and activities being delivered via monthly meetings.

The Advisory Committee is comprised of community members, GRC Councillors and Precinct partner members (GRC, TSA, GAPDL CFC). Representation from key community cohorts is enshrined, with designated places held for: senior; youth; disability; and culturally diverse community members. A formal expression of interest application process is used to identify and assess potential Advisory Committee members.

Key Advisory Committee responsibilities include strategic planning recommendations, community participation in service design, communications and promotion recommendations, and oversight of evaluation activities. The Advisory Committee retains responsibility for including community member voices in key Precinct decision-making.

The Philip Street Precinct Advisory Committee provides a forum and process to engage community members in decision-making about Precinct service and programme design. This group reports to the Advisory Committee.

This group draws on the GRC [Community Engagement Policy \(2019\)](#) and [Community Development Strategy \(2021-2026\)](#) to ensure alignment of activities with broader Gladstone region community engagement thinking and practice.

A short video about the Advisory Committee is available [here](#).

The *Philip Street Precinct Advisory Committee Terms of Reference* is available in Appendix 7.

Philip Street Precinct Management

Operations Group

The Philip Street Precinct Operations Group is responsible for site operations, site policies and processes, and ongoing operational planning activities. This group reports to the Gladstone Regional Council. It also receives and provides advice to the Advisory Committee.

The Operations Group meets monthly and comprises managers and team leaders from each partner agency (GRC, TSA, GAPDL CFC), the Neighbourhood House and selected subcontracted services.

Operations Group responsibilities include:

- **Day-to-day site operations**, including supporting good practice, managing health and safety, and escalating facilities maintenance needs
- **Service coordination**, including building consistent approaches to screening and referral, and linking of community members to the activities and supports available
- **Developing and reviewing Precinct policies** and processes
- **Managing facility capacity and availability**, and ensuring groups and programmes using Precinct spaces are aligned with Precinct values
- **Managing risk and quality** at the Precinct and escalating relevant actions to the GRC
- **Leading shared professional development** activities for staff on site to improve quality, consistency and coordination of services
- **Monitoring Precinct data** to identify trends, strengths and gaps.

Bookings are managed by the Operations Group. All booking requests are reviewed against key Precinct values and purposes before being accepted.

Operational managers

Each service delivery partner retains an operational manager on site, these managers are responsible for their organisational staff and programmes, and effective service delivery of the programmes they offer. They also hold accountability for their own activity reporting obligations.

4. BUILT ENVIRONMENT

Overview

The Philip Street Precinct is a purpose-built community facility completed in 2021. It includes four stand-alone buildings, landscaped gardens, an amphitheatre, children’s playground, BBQs, other public amenities and a large car park. The Precinct sits approximately five kilometres away from the Gladstone central business district.

The Precinct is accessible by public transport with buses operating along Philip Street. There is ample parking space for people attending in private vehicles. Accessibility by foot is available from Stockland Shopping Centre, approximately 10 minutes’ walk away.

All buildings and gardens are wheelchair accessible and can meet the needs of people of all abilities. Braille and tactile signage are used to assist people with visual impairments.

The buildings and gardens have been effectively designed to create a sense of safety. Building reception areas include glass walls and sufficient seating and interpersonal space. Interiors have been thoughtfully designed to include warm colours, good lighting and multiple entry/exit points in case of emergency. There is a strong presence of First Nations artwork throughout the Precinct.

Buildings

Four main buildings exist on the site. Three of these buildings are used by partner agencies to deliver services (the Ngallil, Gumar and Nutchee buildings). The fourth building (the Maxine Brushe Community Meeting Place) includes spaces for hire by the community with an attached kitchenette for catering purposes.

Maxine Brushe Community Meeting Place

The Maxine Brushe Community Meeting Place (Community Meeting Place) is designed as the centrepiece of the Precinct and a place where the community can come together to access a wide variety of health promotion and community engagement activities.

The Community Meeting Place includes three rooms which can be flexibly adapted to meet community member and local association and organisational needs. Each room includes floor to ceiling glass walls with views to the landscaped gardens, amphitheatre and children’s playground. A range of physical assets are available for those using the space including tables, chairs and IT facilities.

Ngallil building

The GRC operate their Community Partnerships Team from the Ngallil building. This is a natural first access point to the Precinct with a range of information, advice and referral services available.

The building includes a welcoming reception area, staff offices, open plan working areas, private counselling and support spaces, a large meeting room and kitchen.

Gumar building

TSA provides services from the Gumar building; these services include dedicated support to people experiencing life challenges. The building includes a welcoming and open reception area, large meeting

room, staff offices, private counselling/support spaces and a kitchen. TSA subcontract some of the rooms in this building to other support and psychotherapeutic providers.

Nutchee building

The GAPDL CFC programme operates from the Nutchee building; these services are focused on early childhood development and parenting support. The building includes childcare play spaces, staff offices, and a meeting room/kitchen.

Green space and landscaping

The Precinct has been carefully designed to integrate the natural and built environments at the site. Professionally designed and landscaped gardens have been designed to accentuate safety by allowing clear visibility across the site, while also breaking up the space in useful parts, including a productive vegetable garden, various seating areas, a large amphitheatre, and a children’s playground. There are multiple outdoor spaces conducive to meeting community members or organisations which provide sufficient privacy and confidentiality without being obscured. Native bushland sits behind the Precinct, further encouraging a sense of integration with nature.

PHOTO: 1 – BIRDS EYE VIEW OF PHILIP STREET PRECINCT (BACK)



Photo courtesy of Gladstone Regional Council

PHOTO: 2 – BIRDS EYE VIEW OF PHILIP STREET PRECINCT (FRONT)



Photo courtesy of Gladstone Regional Council

Built environment strategies

The Philip Street Precinct has been developed based on best practice in the built design of community healthcare spaces. The design of healthcare facilities has been shown to directly affect the health and wellbeing of community members (e.g. Gross et al, 1998).

More recent research suggests that physical, social and psychological cues convey meaning about the purpose of healthcare environments, influence how welcome community members feel, and the sense of agency they have in using the space (Liddicoat 2019).

Philip Street has considered the following features in designing the built environment.

Creating meaning for being in the space

The Precinct has been designed to focus on wellness, strengths, assets and resources, and people are encouraged to use the space on this basis. There is a strong focus on creating opportunities for social connection and learning.

The landscaped environment and building interiors have been designed to create a calm, non-clinical atmosphere, with prominent signage and posters fostering a sense of opportunity and access to resources, social engagement (e.g. amphitheatre) and healthy lifestyle choices (e.g. vegetable garden).

Cues which help community members feel welcome, safe and accepted

Alongside non-judgemental service delivery approaches, the Precinct includes effective external lighting, open and well-maintained gardens, and prominent welcoming messages for specific population groups (e.g. First Nations, Disability, LGBTIQ). Reception areas are open and building interiors are light, bright and contain soft furnishings. Local aboriginal names for buildings have been chosen to welcome and encourage First Nation's peoples. All buildings and garden areas are wheelchair accessible.

Community member control of the space

Precinct buildings have been designed to be adapted to specific community group needs, for example by providing flexible seating and other space configuration choices, and a range of interactive IT facilities. There is a deliberate sense of informality to the spaces offered allowing for creative adaptation of available spaces.

The Philip Street Precinct also actively encourages community members to participate in decision-making about the design and use of the Precinct via the Community Voice.

Accessibility and way finding

There is clear signage and directions to different Precinct buildings and links between buildings are created via walkways; this creates an intentional sense of service integration and easy access to other parts of the Precinct. There is sufficient room for wheelchairs and prams to easily move between the car park and buildings.

Reducing cues which demonstrate a power imbalance

The Precinct minimises cues which differentiate staff and community members. For example 'staff only' and 'no entry' signs are used only when necessary, and staff and community members use the same furniture and other site resources.

Views to nature

Precinct buildings have been designed to allow maximum visual access to the green spaces surrounding the buildings. Significant trees have been retained. This creates a sense of additional space and connection to nature. There are multiple outdoor spaces to engage with community members when this is preferred.

Visual and acoustic privacy

Precinct buildings provide visual and acoustic privacy to community members, especially in areas where they be accessing help or support. Staff are sensitive to privacy needs and provide safe and confidential spaces for people to talk when needed. Waiting room configurations are flexible and provide sufficient inter-personal space.

Minimising visual surveillance

The Philip Street Precinct minimises visual surveillance and signage whenever possible; smaller security cameras are discreetly placed where required.

Regional Achievement Award

The Philip Street Precinct was successful in winning the 2022 Regional Achievement Award at the Australian Institute of Landscape Architecture Awards (Queensland). This award recognised the Precinct's use of landscape architecture to make a significant difference to improving the health of a regional community.

5. MONITORING AND EVALUATION

Overview

A **Philip Street Precinct Theory of Change** (See Figure 5 below) and a **Philip Street Precinct Evaluation Framework and Plan (2021-2023)** is helping guide evaluation of the Precinct during its development and implementation phase.

This initial Evaluation will focus on understanding how effectively the Philip Street Precinct has created the foundations and conditions for change which will support achievement of later outcomes and impacts. Preliminary evaluation findings will be presented to the GRC in September 2023.

Further work to identify the type, frequency and methods for routine output and outcome data collection are in development and will be further informed by initial evaluation findings.

Evaluation audiences

The initial Philip Street Precinct Evaluation (2021–2023) is intended for the following audiences:

- GRC as Precinct land and infrastructure owner, and governing body
- GRC, TSA, and GAPDL CFC as Precinct partnership service delivery providers
- Philip Street Precinct community member users
- The broader Gladstone region community
- The Commonwealth and Queensland State Governments as funding contributors
- Other community services organisations, association and individuals as current or potential Precinct users and partners.

Evaluation principles

The initial Evaluation is being guided by the following principles:

- **Strong participatory engagement** of Precinct partners in evaluation design and implementation, plus targeted engagement with other key stakeholders
- **Collaboration** to ensure evaluation findings and recommendations are informed by shared insights and learnings
- **Flexibility** to ensure that the evaluation can adapt to emerging circumstances
- Use of **fit-for-purpose** evaluation methods and tools that are sensitive to the context and needs of stakeholders, including community members
- **Credibility** of the evaluation findings based on firm evidence, rigorous and appropriate data collection and analysis methods, and clear communication of results.

Supporting documentation

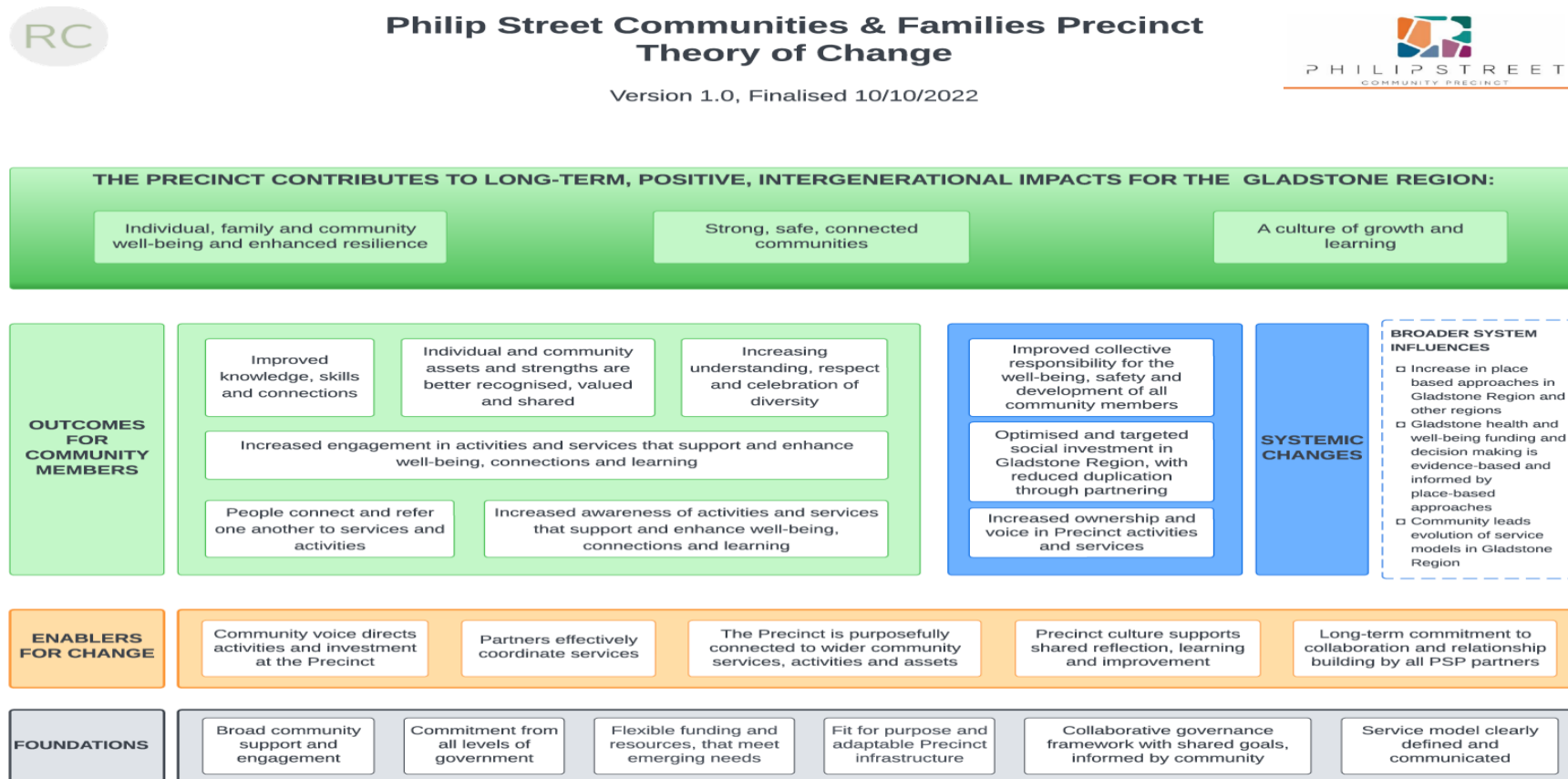
Supporting documentation is in development to assist in monitoring and reporting at the Precinct. This includes:

- A Precinct Evaluation Data Sharing Memorandum of Understanding between partner agencies
- A data monitoring and reporting guide to assist staff in routine data collection.

Theory of Change

Philip Street Precinct has developed a Theory of Change to articulate how they believe the activities provided at the Precinct lead to the positive outcomes and impacts sought by the community; this is set out below in Figure 5.

FIGURE 5 – PHILIP STREET PRECINCT THEORY OF CHANGE



The Theory of Change is read from the bottom up, with Precinct ‘Foundations’ and ‘Enablers for Change’ leading to ‘Outcomes for Community Members’ and ‘Systemic Changes’. These in turn facilitate the positive longer term impacts for the Gladstone community.

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APPENDICES

Appendix 1 – Gladstone region contextual information

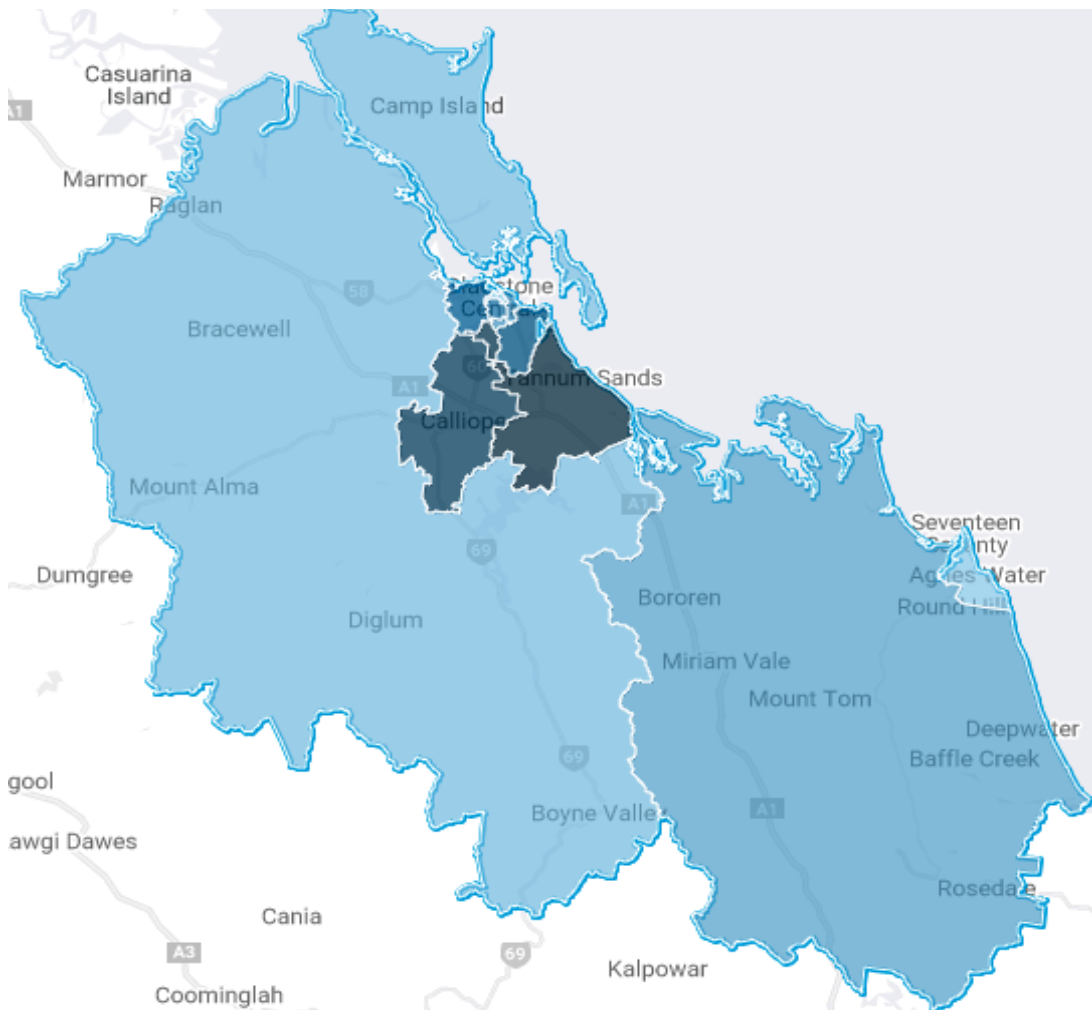
First Nations history

The Gladstone region is home to the Bailai, Gurang, Gooreng Gooreng and Taribelang Bunda people who are the traditional custodians of this land (National Native Title Tribunal, 2017). Prior to white settlement First Nations people lived around waterways in the area and had major settlements at the site of the present city of Gladstone, on the Calliope River, Curtis Island and Facing Island, and parts of the Boyne River. Today local First Nations people retain a strong link to the local waters and lands around Gladstone (Boyne Island Environmental Education Centre, undated).

The Philip Street Communities and Families Precinct acknowledges the traditional owners of the lands the Precinct is built on and pays respect to their Elders, past, present and emerging.

Geography and service area

FIGURE 6: GLADSTONE REGIONAL COUNCIL AREA



The Gladstone Regional Council (GRC) was formed in 2008; it covers approximately 10,000 square kilometres and includes the regional town of Gladstone which has an urban population of approximately 33,000.

The Philip Street Precinct has been designed to meet the needs of people across the Gladstone region.

Demographic data

In 2021 the Gladstone population was estimated at 63,515 with a median age of 38 years. (ABS, 2021a). There has been significant population growth in the Gladstone region during the past 40 years and projections the population will grow to nearly 75,000 by 2041 (Remplan, 2021).

- Approximately 49% of Gladstone residents identify as female.
- Approximately 6% of Gladstone residents are four years of age or younger
- Approximately 15% of Gladstone residents are between five and 14 years of age
- More than 50% of residents fall between the ages of 25-54
- Less than 15% of the Gladstone population are aged over 64 years.

Comparison of Gladstone region with Queensland demographic data

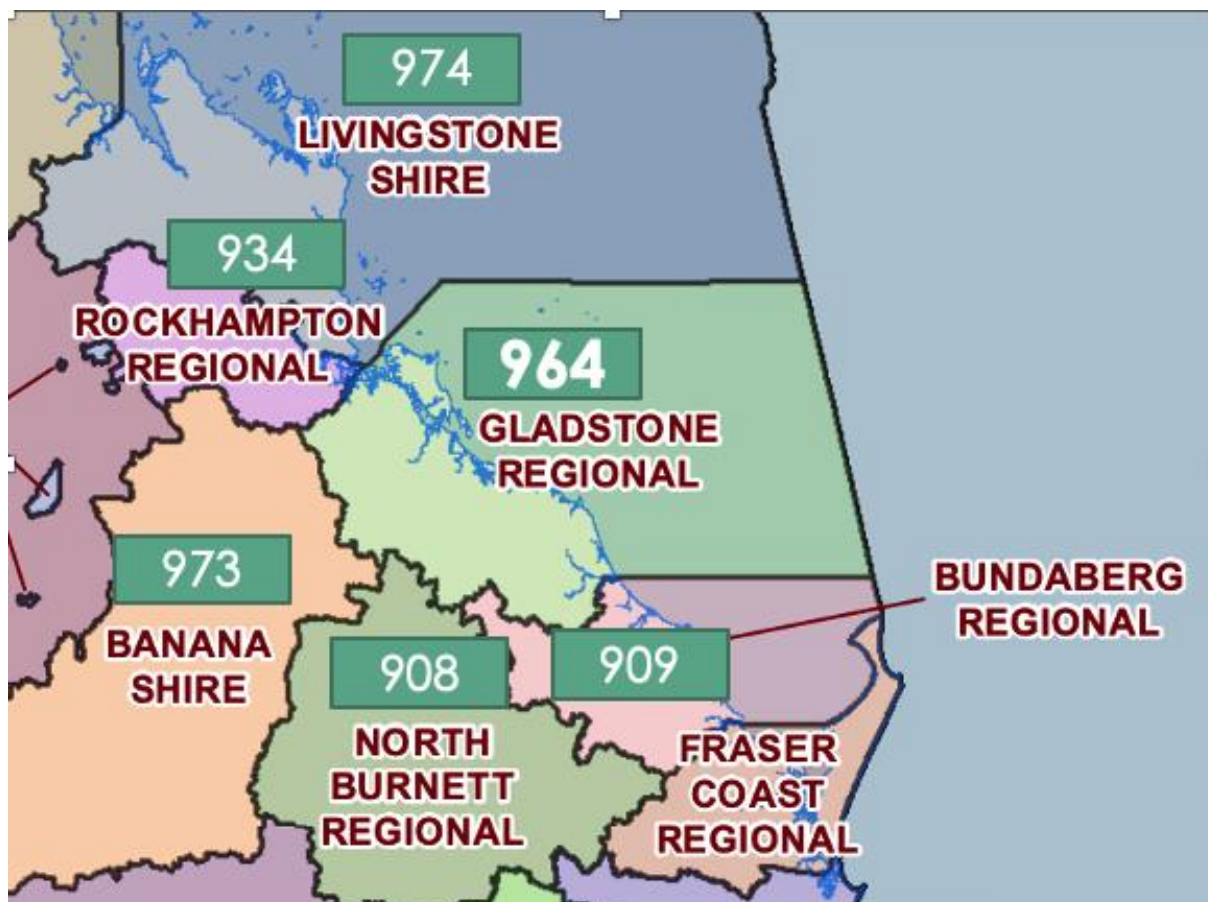
Table 7 (below) provides a snapshot comparison of the Gladstone region population demographic data compared to Queensland as a whole.

TABLE 7: SUMMARY DEMOGRAPHIC DATA COMPARISON 2021 (GLADSTONE V. QUEENSLAND)

Demographic marker	Gladstone	Queensland	Points of note
Median age	38 years	38 years	
Children and young people (0–25 years)	35.1%	32.7%	Slightly more children and young people in Gladstone
Completed year 12	68.4%	86.2%	Much lower Year 12 completion rates in Gladstone
Aboriginal and Torres Strait Islander people	5.5%	4.6%	Slightly more Aboriginal and Torres Strait Islander people living in Gladstone
People born overseas	26.6%	22.7%	More people born overseas in Gladstone
Median weekly income	\$758	\$787	
Long-term health condition ¹	49%	29%	Much higher rates of longer term health conditions in Gladstone
Reference	(ABS, 2021a)	(ABS, 2021b)	

The most recent Socio-Economic Index for Australia (SEIFA) scores (ABS, 2021b) ranks Gladstone as having a slightly lower socio-economic score (964) compared with the Australian average (1,000). However Gladstone’s SEIFA score is slightly higher than most adjoining regional areas. Figure 7 shows SEIFA scores for the Gladstone Regional Council and adjoining local government areas.

FIGURE 7 – INDEX OF RELATIVE SOCIO-ECONOMIC DISADVANTAGE BY REGION



Industry and employment

The Gladstone region supports an estimated 27,834 jobs, representing 27.4% of the 101,764 people working in Central Queensland. Major industries include Manufacturing (14.4%); Construction (11.9%), Retail trade (9.9%), Transport and logistics (8.9%), Education and training (8.2%) and Healthcare and social assistance (7.9%) (Remplan, 2021).

Important contextual demographic and health factors

Additionally to the demographic data sourced above, service model consultations identified the following contextual and health factors as important for the Philip Street Precinct to consider and address as part of its service delivery model.

- **Employment** – Higher employment rates for trade and technical roles, boom/bust employment cycles, and a transient workforce.
- **Geography** – A large geographical area that includes distinct pockets which are more advantaged or disadvantaged, a mix of rural and urban housing and living conditions, and limited public transport in some areas.

-
- **Social isolation** – Some people in the Gladstone region feel socially isolated and disconnected, especially people on lower incomes, people from culturally and linguistically diverse backgrounds and people identifying as LGBTIQ.
 - **Mental health** – There is anecdotal reporting of higher than average mental health needs and long wait times to receive psychological health appointments across the Gladstone region.
 - **Medical care** – There is anecdotal reporting of a lack of bulk-billing General Practitioners and resultant pressure on accident and emergency services at Gladstone Hospital.
 - **Childcare** – There are long waiting lists for affordable childcare; this can delay parents returning to work.
 - **Housing** – There is a recognised lack of affordable housing in Gladstone and across Queensland.
 - **Family and domestic violence** – There are anecdotal reports of higher-than-usual rates of family violence in Gladstone compared to Queensland as a whole.

Appendix 2 – History of Precinct development

Set out in Table 8 (below) is a summary timeline of Precinct development.

TABLE 8 – TIMELINE OF PHILIP STREET PRECINCT DEVELOPMENT

Date	Activities
2009	<ul style="list-style-type: none"> The Gladstone Region Social Infrastructure and Strategic Plan recommends co-location and integration of human and social services and facilities to address the fragmentation of the community support system
2013	<ul style="list-style-type: none"> There is preliminary masterplan approval for a community site encompassing a community services precinct, residential developments, an environmental/conservation area and space for other mixed-use community activities
2018	<ul style="list-style-type: none"> Gladstone Regional Council and other key partners approve \$16.4M in funding for construction of Stage 1 of the Philip Street Precinct Gladstone Regional Council establishes the Philip Street Precinct Working Group to consider and recommend a suitable service and facility management model for the Precinct Collaborative service model planning processes are initiated with the support of Queensland Government Department of Community Hubs and Partnerships
2019	<ul style="list-style-type: none"> Gladstone Regional Council sells the Neighbourhood Centre building Philip Street Communities and Families Precinct site and building development is initiated Philip Street road redevelopment is initiated
2020	<ul style="list-style-type: none"> Gladstone Regional Council and other funding partners revise funding commitments to \$17.9M for construction of Stage 1 of the Philip Street Precinct Community engagement activities are facilitated by Engagement Plus Consultants to: <ul style="list-style-type: none"> Build Precinct vision, goals and service delivery priorities Progress strategic and operational planning Identify options for the operating model Gladstone Regional Council passes resolution S/20/4341 to: <ol style="list-style-type: none"> Retain service and facility management responsibilities for the Philip Street Communities and Families Precinct, and to evaluate the models effectiveness within a period of 24 months Establish and appoint an Advisory Group of community members and key stakeholders as a formal governing body to advise Council on strategic planning, management and service delivery at the Precinct Collaborate with TSA (Queensland) to undertake an Expression of Interest (EOI) calling for human and social services providers with interest in delivery and co-location at the Philip Street Communities and Families Precinct Philip Street Communities and Families Precinct Advisory Committee and Working Group established. GAPDL CFC are invited to join the Working Group An EOI is advertised to identify community service organisations and local community groups who would like to deliver services from the site. A wide range of community and allied health, government, children and family, and disability services respond with 19 expressions of interest received
2021	<ul style="list-style-type: none"> Philip Street Communities and Families Precinct becomes operational in August 2021

Table 9 (below) sets out Precinct development partners and their identified responsibilities.

PHILIP STREET COMMUNITIES AND FAMILIES PRECINCT – SERVICE MODEL

TABLE 9: PHILIP STREET PRECINCT DEVELOPMENT PARTNERS

Organisation or person	Responsibilities / Activities
Gladstone Regional Council	<ul style="list-style-type: none"> • Deliver the Master Plan developed for Lot 7 Philip Street, West Gladstone • Project management of the construction of the Precinct with Stage 1 consisting of internal roads and trunk infrastructure, four fit-for-purpose buildings, car park, parklands and landscaping • Establish partnership governance arrangements • Support for coordination of an integrated service hub to enhance service delivery and achieve positive social outcomes for the Gladstone Region
The Salvation Army	<ul style="list-style-type: none"> • Management of two buildings within the Precinct: the Gumar and Nutchee buildings. The Nutchee building is sublet to CFC. • Provision of services from the Precinct and possible coordination or management role
Department of Communities, Disability Services and Seniors	<ul style="list-style-type: none"> • Sold the existing Neighbourhood Centre property at Toolooa Street, South Gladstone and transferred the proceeds of the sale to GRC
Maxine Brushe, community leader	<ul style="list-style-type: none"> • Community advocate who promoted engagement with key stakeholders and the community to ensure that community needs were understood and met • Consistently involved in planning for the Precinct from original vision to construction and operation.

Funding

Table 10 (below) provides an outline of capital funding for the Philip Street Precinct and the various contributions from Federal, State and Local governments, and The Salvation Army.

TABLE 10: CAPITAL FUNDING FOR THE PHILIP STREET PRECINCT

Funding Streams	Original June 2018	Revised July 2020
Regional Jobs and Investment Package (Australian Government)	\$3,082,016	\$3,082,016
Gladstone Foundation (The Salvation Army)	\$2,700,000	\$2,700,000
Department of Communities (State Government)	\$400,000	\$300,000
Gladstone Regional Council Contribution	\$9,950,000	\$11,817,984
TOTALS	\$16,432,016	\$17,900,000

In addition to the capital funding outlined in Table 10(above), Federal Government funding of \$20m was invested to fund the Philips Street Road Duplication Project.

Appendix 3 – Service model documentation methods

Overview

Research, key stakeholder consultations and a site tour were used to gather data on the Philip Street Precinct Service Model.

Research

Desktop research and document reviews were conducted to identify:

- Gladstone region demographic data
- Local contextual information
- Philip Street Precinct needs identification and development history
- Current process and activities operating.

Consultations

Workshops, interviews and focus groups were conducted to understand Precinct development history, the currently operating model, and to assist the Philip Street Precinct in refining key model elements, including the Theory of Change and referral tools and service coordination resources.

Gladstone Regional Council Councillors and senior staff

A meeting with four current councillors from Gladstone Regional Council and two senior staff was conducted to understand the history of Precinct development and current Council perspectives.

Participants were:

- Councillor Rick Hansen
- Councillor Glen Churchill
- Councillor Natalia Muskat
- Councillor Chris Cameron
- Erickson Noakes (Strategic Projects Specialist)
- Simon Mai (Operations Supervisor)

Service model consultations

A workshop, two focus groups and two interviews were conducted to gather data on the Philip Street Precinct currently operating service model. These consultations considered:

- Gladstone region demographic data, available assets and services, and local needs
- Conceptual and practice frameworks being used as the platform for service delivery
- Operational activities and processes
- Governance and management frameworks and processes
- Evaluation needs and approaches
- The Precinct built environment.

Consultation participants included Philip Street Precinct Working Group and Operations Group members, direct service staff, and other key stakeholders from partnering organisations, government and the community. Detailed information about the participants is set out below.

Participants

TABLE 11 - SERVICE MODEL CONSULTATION PARTICIPANTS

Name	Role	Organisation
Charmaine Stubbs	Collective Change Facilitator	TSA
Captain Christopher Ford	TSA Philip Street Precinct Manager	TSA
Lee Griffiths	Manager GRC Community Partnerships Team	GRC
Kylie Lee	General Manager GRC Community Development and Events	GRC
Wendy Morris	Project Lead Communities for Children (CFC)	GAPDL CFC
Maxine Brushe	Community member	Philip Street Precinct Advocate Previous GRC Councillor
Kari Morris	Director Social Infrastructure Strategy	Queensland Government – Department of State Development, Infrastructure, Local Government and Planning
Lucinda Reck	Statewide Operations Manager	Queensland Government – Department of Communities, Housing and Digital Economy
Deb Meier-Cuddy	Senior Training Officer	Department of Communities, Housing and Digital Economy Queensland
Brad McIver	Assistant Secretary for TSA Mission	TSA
Emma Scott	Research analyst	TSA
Rebecca Griffin	Neighbourhood Centre Coordinator	GRC

Referral and service coordination consultations

A workshop, two focus groups and one interview was conducted to gather data on required referral tools and processes at the Philip Street Precinct. These consultations considered and developed:

- Outcomes sought through the referral resources to be developed
- Operating referral approaches and service coordination frameworks
- Current referral practices
- Referral destination maps
- Referral gaps and sticking points
- Tools and processes requiring development.

Consultation participants included Philip Street Precinct Working Group and Operational Group members and operational staff. Detailed information about the participants is set out below.

Participants

TABLE 12 - REFERRAL AND SERVICE COORDINATION PARTICIPANTS

Name	Role	Organisation
Captain Christopher Ford	TSA Philip Street Precinct Manager (Team member)	TSA
Lee Griffiths	Manager GRC Community Partnerships Team	GRC
Wendy Morris	Project Lead Communities for Children (CFC)	GAPDL CFC
Rebecca Griffin	Neighbourhood Centre Coordinator	GRC
Lisa Sailor	Administrative Assistant	TSA
Nicole Hovelroud	Program Support Officer	TSA
Hop Slegers	Case Manager	TSA
Mick Evans	Community Engagement Worker	TSA
Kay Ford	Corps Officer (Team Leader)	TSA
Ann Johnson	Gladstone Salvos Store Manager	TSA
Michelle Battisson	Senior Program Support Officer	GRC

Evaluation consultations

A workshop and two focus groups were conducted to gather information informing development of the Theory of Change and Evaluation Framework and Plan.

These consultations considered and developed:

- The newly developed Theory of Change
- Precinct evaluation needs during the implementation phase of operations (2021–2023)
- Key evaluation domains and indicators for the implementation phase of the evaluation

Participants

TABLE 13 - EVALUATION CONSULTATION PARTICIPANTS

Name	Role	Organisation
Captain Christopher Ford	TSA Philip Street Precinct Manager	TSA
Lee Griffiths	Manager GRC Community Partnerships Team	GRC
Wendy Morris	Project Lead Communities for Children (CFC)	GAPDL CFC
Rebecca Griffin	Neighbourhood Centre Coordinator	GRC
Lorna McGinnis	Executive Director, Gladstone Region engaging in action together	Central Queensland University (CQU)
Deb Meier-Cuddy	Senior Training Officer	TSA
Lisa Sailor	Administrative support	TSA
Sonya Wawrzyniak	Financial Capability counsellor	TSA
Anne Johnson	Gladstone Salvos Store Manager	TSA
Michelle Battisson	Senior Program Support Officer	GRC
Hop Slegers	Case Manager	TSA

Mick Evans	Community Engagement Worker	TSA
Kay Ford	Corps Officer (Team Leader)	TSA

Site Tour

The consultants completed a site tour to view and understand building and other built environment layout.

Appendix 4 – Philip Street Precinct Key Messages

Advisory Committee Key Messages

The Philip Street Precinct Advisory Committee has developed a set of key messages to share with the community. These messages are designed to be used in media and reporting about the Precinct and build awareness and understanding of, and access to the Precinct.

The key messages developed by the Precinct Advisory Committee are set out below:

- The precinct's dedicated Formal Advisory Committee will advise Council on strategic planning, management, and service delivery to ensure community voice is heard and services are responsive to community needs.
- The Philip Street Communities and Families Precinct is designed to strengthen Gladstone's social service sector, foster inclusion, and increase access to resources and services.
- The Precinct's collaborative and unique operating model will create opportunities for community connection, wellbeing, and lifelong learning.
- Community groups and services will have the opportunity to hire meeting rooms and office spaces.
- The Precinct features a community centre at its heart.
- The facility will evolve by bringing in organisations, providers, and services who share the vision of wellbeing, learning, and connection.
- The Precinct is set in a pleasant parkland setting for community use and enjoyment.
- The Precinct offers a unique opportunity for service providers, organisations, and community groups to collaborate and work towards shared goals.
- The Philip Street Communities and Families Precinct is a first-of-its-kind collaboration involving local government, the community, and the human and social services sector.
- The delivery of the precinct was a collaborative effort involving the Salvation Army Gladstone, Council's Community Partnerships Team, GAPDL Communities for Children, and the State Government.
- The Salvation Army Gladstone, Council's Community Partnerships Team, GAPDL CFC, and the State Government have all been involved in the delivery of the Precinct.

Appendix 5 – Philip Street Precinct Consent to Share Information Form



PHILIP STREET
COMMUNITY PRECINCT

Consent to Share Information Form

Purpose: To record freely informed consent given by a community member to share their information with a specific agency/ies for a specific purpose/s.

(* Required fields)

Name of community member *

Date of birth *

Gender *

- Female
- Male
- Non-binary or gender diverse
- Prefer not to say

What information about this person can be shared? *

Note: Once this form is signed information may be shared verbally or via written documentation (e.g. Philip Street Screening and Referral Form).

- Name, contact details and main reason seeking assistance
- Name, contact details, main reason seeking assistance and other relevant information

Agency(ies) information can be shared with (list all relevant) *

Community member signature *

The Philip Street Precinct worker has discussed with me how and why certain information about me may be shared with other service providers, as listed at point 5 above. I understand this and I give my consent for the information to be shared.

Note: Write name here if form is being completed online.

Signed *

Philip Street Precinct Partner gathering this consent *

- Gladstone Regional Council
- The Salvation Army
- GAPDL Communities for Children

Consent obtained by*

Enter Philip Street Precinct worker name and role.

Verbal consent given (if unable to sign above)

The Philip Street Precinct worker gathering consent is to sign or write their name here when this form is completed online, or the community member is unable to provide written consent.

I have discussed with the community member how and why certain information may be shared with other service providers. I am satisfied that this has been understood and that informed consent for the information to be shared as detailed at point 5 above has been given.

Philip Street Precinct worker or organisational contact details (name, phone and email) *



Philip Street Precinct worker signature and date *

Appendix 6 – Philip Street Screening and Referral Form



Screening and Referral Form

The Philip Street Communities and Families Precinct provides health promoting and community development resources, services and support to Gladstone community members. It is designed to improve community connections and wellbeing, and create opportunities for learning and growth.

The Precinct is operated by Gladstone Regional Council in partnership with The Salvation Army and GAPDL Communities for Children.

Precinct services include support and referral for community members with identified social and health needs. This Screening and Referral Form (and the appended Consent Form) is designed to help link community members with the support and services they need.

For further information about the Philip Street Precinct please contact the Gladstone Regional Council - Engagement and Partnerships Team.

Phone

(07) 4976 6300

Address

1 Pengelly Street (off Philip Street), Gladstone Qld 4680

PO Box 29, Gladstone Qld 4680

Email: info@gladstone.qld.gov.au

*** Required field**

Date *

Name of community member *

Address *

Preferred phone number *

Email*

Preferred contact method and time(s)

Security alerts for contacting this person *

Highlight any safety and security risks associated with contacting this person. Provide detailed information below. If there are no safety and security concerns write - ***No safety or security concerns***

Example: Janice has identified safety risks in her home, only contact her via her mobile phone and do not respond to any other person answering her phone or leave an identifying message.

Emergency contact name and contact details

Ask the community member if they would like to list a trusted person as an emergency contact for them.

Date of birth *

Cultural background *

Gender *

- Female
- Male
- Non-binary or gender diverse
- Prefer not to say

What is the main reason you have come here today? *

Provide an opportunity for the community member to explain in their own words what they are seeking assistance with today. You can complete the questions below without having to ask each individual question if this information is provided in their summary comments.

Follow this up by asking the high-level screening questions below which were not answered in their summary comments.

Do you need any help with your daily living needs? *

This might include things like help with shopping, cooking and cleaning, personal hygiene, transport, or communicating with government agencies or important people in your life.

- Yes
- No
- Not sure

IF YES - What type(s) of help do you need with your daily living activities?

Do you have any material aid and/or financial needs? *

This might include needing help to access food, furniture and bedding, or personal hygiene products like soap, towels and bedding.

It may also include financial needs, for example, needing money to pay the rent or utility bills, or for transport.

- Yes
- No
- Not sure

IF YES - How would you describe your material aid and/or financial needs?

Do you have any physical health needs? *

This might include things like accessing a doctor, dentist or other health professional for support and treatment related to an ongoing physical health issue (e.g. diabetes or asthma) or a recent injury.

- Yes
- No
- Not sure

IF YES - How would you describe your physical health needs?

Do you have any psychological health needs? *

This might include needs related to managing symptoms of anxiety or depression, or concerns you may have about feeling lonely or isolated.

- Yes
- No
- Not sure

IF YES - How would you describe your psychological health needs?

Do you have any alcohol and other drug, or gambling needs? *

This might include concerns about drinking, smoking or using drugs (both prescription medications and illicit substances), or spending too much money on gambling.

- Yes
- No
- Not sure

IF YES - How would you describe your alcohol and other drug, or gambling needs?

Do you have any housing needs? *

This might include currently being homeless or concerned that you will be asked to leave the place you are living in and have nowhere else to go, or that there isn't enough room for your family in the housing you currently have. It can also include living with someone that makes you feel unsafe.

- Yes
- No
- Not sure

IF YES - How would you describe your housing needs?

Do you have any concerns or needs related to family violence? *

This might include any concerns you have about people making threats to your safety, including yelling at you or throwing things at you (or other family members), or any physical violence you or other family members may have experienced.

- Yes
- No
- Not sure

IF YES – What are your concerns or needs related to family violence?

Do you have any concerns or needs in relation to your (or others) children? *

This can include your own children in your care, other people's children in your care, and/or your own children who are being cared for by others.

- Yes
- No
- Not sure

IF YES - How would you describe your needs related to your (or others) children?

Do you have any cultural support needs? *

This might include wanting to understand more about your culture(s) of origin, having better connections with other people who share your cultural identity and accessing resources which help you connect to your cultural identity. This might also include needing support from an interpreter.

- Yes
- No
- Not sure

IF YES - How would you describe your cultural support needs?

Do you have any disability support needs? *

Disability support needs might include help with daily living needs like showering, dressing, preparing meals and transportation. It could also include needs relating to accessing NDIS (National Disability Insurance Scheme) or other disability support services, or support with advocacy to these services to have your needs met.

- Yes
- No
- Not sure

IF YES - How would you describe your disability support needs?

Are you currently receiving support from any other services? *

This can include any government, community or health service currently assisting the community member. Include connections with Out of Home Care, Centrelink, NDIS and other government agencies.

- Yes
- No
- Not sure
- Prefer not to say

Please list other support services we can contact to help coordinate your support

List organisation, support person(s) and contact details.

Referral destination (Include organisation name and contact details)

Only complete this section if you are making a referral to another government or community service.

Referral destinations can include both internal Philip Street Partners and other co-located services OR external referrals to other providers in the community.

I certify a signed *Consent to Share Information Form* is attached *

Philip Street Precinct Worker name and signature.

Appendix 7 –Advisory Group Terms of Reference

Philip Street Communities and Families Precinct Advisory Group Terms of Reference

1.0 Background

- 1.1 Gladstone Regional Council (“Council”) is committed to creating healthy communities that are engaged, involved, proud and connected. Council has expressed its commitment to this goal through the development of the Philip Street Communities and Families Precinct (“the Precinct”).
- 1.2 The Philip Street Communities and Families Precinct Advisory Committee (“the Committee”) was established by resolution of Council on 2 November 2020 as an Advisory Committee to Council under the *Local Government Regulation 2012*, ss. 264- 265.

2.0 Purpose

- 2.1 The purpose of the Committee is to provide Council with advice on strategic planning, management and service delivery for the Precinct from a community perspective.

3.0 Objectives

The Committee will advise Council on:

- 3.1 The Precinct’s progress and proposed initiatives to achieve Council’s vision for the Precinct to be a vibrant and evolving space that supports and enhances community wellbeing for all.
- 3.2 Opportunities to offer services in the Precinct to assist in improving the community’s physical and mental wellbeing and health literacy.
- 3.3 Proposals for the Precinct to create opportunities for lifelong learning and to assist the community to transition through life stages.
- 3.4 Monitor and champion the Theory of Change and its impacts, outcomes, enablers and foundations.
- 3.5 The Precinct and its services will evolve to address informed trends and aspirations of the community.

4.0 Membership

4.1 Membership of the Committee shall be voluntary and consist of:

Council Members:

- Two (2) Gladstone Regional Council Councillors
- One (1) other representative from Council

Appointed Members (Primary Tenants):

- One (1) representative from the Salvation Army
- One (1) representative from the Gladstone Area Promotion and Development Limited (GAPDL)
- One (1) representative from the Department of Communities, Housing and Digital Economy

Ordinary Members:

- Up to six (6) representatives to include one (1) representative of the region's youth, one (1) representative of the indigenous community, one (1) representative of the culturally and linguistically diverse community, one (1) representative of the senior community and one (1) representative of the disability community.

The following ex-officio representatives are entitled to attend and take part in meetings but are non-voting participants:

- The Mayor
- Committee Secretary, who will be an employee of Council.

4.2 The position of Committee Chair will be determined by the Committee.

4.3 The Committee may request Council increase or decrease Committee membership at any time through the Committee's Secretary.

5.0 Role of Members

5.1 Members of the Committee will fulfill their role by:

- Attending meetings and making a commitment to actively contribute to the activities of the Committee.
- Providing informal advice and formal recommendations to Council on matters relating to the Terms of Reference Purpose and Objectives.
- Supporting open discussion and debate and encouraging fellow members to present their views and provide advice and guidance within their area of appointment, expertise and/or experience.

6.0 Terms and Method of Membership Nomination and Appointment

6.1 Nomination for appointment to the Committee will be as follows: · Appointment by Council / CEO for Council

Members

- Written invitation and nomination for Appointed Members By a publicly advertised expression of interest process for Ordinary Members as detailed in item 6.2

6.2 Ordinary Member selection will first be considered by a selection panel consisting of three (3) members appointed by the Chief Executive Officer which must consist of one

(1) Council Officer and may include two (2) representatives from the community and/or stakeholder service providers. The selection panel will make a recommendation to Council on the appointment of Ordinary Members.

6.3 Ordinary Member appointments will be determined by Council resolution.

6.4 Appointments to the committee may be for a period of 24, 30 or 36 months or as otherwise determined by Council.

6.5 If a member does not attend at least three meetings (half the minimum number of meetings to be held per year) without prior notification of a proposed absence, their position will be considered vacant.

6.6 Members may resign at any time by written notice to Council.

7.0 Replacement of Members

7.1 If an Ordinary Member resigns within six months of appointment, the selection panel will reconvene and recommend a replacement from candidates that submitted an expression of interest from the most recent application round.

7.2 If a suitable Ordinary Member replacement is not available from the previous application round, an expression of interest process will be initiated.

7.3 If an Ordinary Member resigns within six months of the end of their term, they will not be replaced until the next scheduled expression of interest cycle.

7.4 Council and Appointed Members will be replaced via the method set out in Section 6.1 for these categories of membership.

7.5 In the instance that an advertised vacancy remains open for a period of more than 8 weeks, the Committee will seek to capture the community voice of the relevant category of membership via alternative means until such time as the vacancy is filled.

7.6 Members may be replaced at any time by resolution of Council.

8.0 Meetings and Voting

8.1 The Committee will meet a minimum of six times per calendar year at dates and times determined by the Committee.

8.2 The Committee may elect to meet virtually through online platforms where it is required to do so, or where it is deemed appropriate or convenient.

Where virtual meetings are considered appropriate or convenient, arrangements will be made to ensure that the public has the opportunity to observe and/or participate in the meeting if invited to do so.

8.3 Dates and times of all meeting will be published once a year on Council's website.

8.4 Should a change in meeting date and/or time be required Council must be notified of the changes which will be publicly advertised.

8.5 Members unable to attend a scheduled meeting are required to notify the Chair or the Committee Secretary prior to the meeting.

8.6 Council will provide secretariat services to the Committee.

8.7 Other Council Officers whose work complements the work of the Committee may be invited to attend meetings on an as needs basis in an ex-officio capacity.

8.8 Where specialist advice is required on a specific issue and the expertise is not available within the Committee, suitable stakeholder representatives will be invited to attend meetings (as an ex-officio) on an as needs basis.

8.9 A quorum of voting members is required for a meeting to take place, with a quorum being a majority of Committee members, or if the number of members is an even number, one half of the number.

8.10 All voting members are required to identify one (1) proxy delegate to attend the meeting in their absence. Voting Members are to advise of their proxy delegate via the Committee Proxy Delegate Form. Council reserves the right to refuse a Proxy Delegate nomination.

8.11 Proxy votes will only be accepted where the required Proxy Delegate Form has been provided.

8.12 Voting at a meeting must be open and a question is decided by a majority of the votes of members present.

8.13 Each member present has a vote on each question to be decided, and if the votes are equal, the Chair or Presiding Member has the casting vote. If a member fails to vote, the member is taken to have voted in the negative.

8.14 All meetings are open to the public unless closed under the provisions of Section 254J of the *Local Government Regulation 2012*.

8.15 Meetings will be presided over by the Chair of the Committee, or in the absence of the Chair, the Presiding Member.

9.1 The minutes of Committee meetings remain the property of Council and Council Officers will ensure that they are prepared, managed and made available to the public in accordance with legislative and corporate requirements.

9.2 Council requires a formal progress report from the Committee to be presented to a General Council meeting at least every six (6) months.

9.3 In conducting meetings of the Committee, Council Officers will ensure that Committee Members and others in attendance are made aware of and provided with relevant advice relating to meeting procedural matters contained in the *Local Government Act 2009* and *Local Government Regulation 2012* as they relate to Advisory Committees to ensure that the Committee remains compliant with its legislative obligations.

10.0 Committee Chair or Presiding Member Responsibilities

Where the Committee Chair is unable to attend a meeting, Committee members present at the meeting must determine a Presiding Officer to Chair the meeting by consensus. The Chair or Presiding Member will:

10.1 Formally declare the meeting open, after ascertaining that a quorum is present, welcome guest speakers and others.

10.2 Preside over and facilitate the meeting and conduct meetings impartially according to the Terms of Reference.

10.3 Ensure debates are conducted in a respectful, collaborative and culturally appropriate way.

10.4 Declare the result of all votes.

10.5 Ensure the opportunity for members to declare conflicts of interest at the beginning of each meeting or during the meeting.

10.6 Adjourn (when so resolved) and formally declare the meeting closed when business has concluded.

11.0 Deputations and Public Participation in Meetings

11.1 The Committee may receive deputations via an application process on matters pertaining to:

- Community trends related to physical, mental wellbeing and health literacy · Lifelong learning
- Social and cultural capacity
- Emerging opportunities and community changes

11.2 Deputation applications must be received by the Committee Secretary in writing at least two (2) weeks prior to a Committee meeting and must include:

- the purpose of the deputation
- those proposed to be involved in the deputation

11.3 Deputation requests will be decided by the Committee Chair and Committee Secretary.

11.4 Committee meetings may be closed to the public and other invited guests where required under the provisions of Section 254J of the *Local Government Regulation 2012*.

11.5 Non-members including invited guests and members of the public may only take part in a meeting when invited to do so by the Chair.

11.6 The Chair can elect to set aside a period of time in the meeting where public discussion is invited on issues relevant to the Purpose and Objectives of the Committee, or on matters on the meeting agenda.

12.0 Reporting and Accountability

12.1 Any Committee requests, recommendations and/or advices will be presented to Council via an Officer Report and/or through a deputation from a Committee Representative/s.

12.3 The Committee will prepare and provide a written Annual Report to the Committee's Annual General Meeting which will also be presented to Council at a General Meeting, outlining the Committee's activities, achievements, notable challenges, foreseeable opportunities and any proposed plans for the coming or future years.

Adoption Date: 07 March 2022 –

16 February 2021 – Resolution GM/21/4444

18 May 2021 – Resolution GM/21/4508 – membership amended to include two (2) Gladstone Regional Council Councillors.



Photo courtesy of Gladstone Regional Council