



# In-Touch Initiative



## Final Report

### Jul 2024 – Feb 2025

Contract Variation #6

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# Executive Summary and Opportunities

Across Australia, there are an estimated 2.8 million people who are unpaid carers, over 700,000 of whom are in Victoria. They provide a diverse mix of support for people living with disability, chronic health conditions, mental health conditions, and/or frail older people.

While this unpaid care is a critical part of the overall health and social care systems providing support with an estimated replacement value of \$70 Billion per annum (Deloitte Report, Value of Informal Care, 2020), the experience of caring has a range of adverse impacts for many Australians who provide this support.

Over the past five years, Carers Victoria funded by North Western Melbourne Primary Health Network (NWMPHN) has developed, and trialled and then delivered online Carer Wellbeing and Connection program to tackle social isolation and improve carer wellbeing. Through its experience in developing this program, Carers Victoria identified significant demand for such a program and leveraged its extensive carer expertise to design, deliver and refine the program.

This Summary Report outlines program delivery and findings. Below is a list of opportunities for future consideration.

## OPPORTUNITIES:

1. Carers Victoria to continue delivering the online Carer Wellbeing and Connection program in response to ongoing high demand from carers.
2. Extending access to more carers across a wider geographic catchment as well as partnering with other PHNs.
3. To deliver additional targeted/adapted programs for multicultural communities.
4. Respond to the high demand for programs like the online Carer Wellbeing and Connection program in response to the lack of supports for carers' mental health and wellbeing in regional Victoria.

# Background

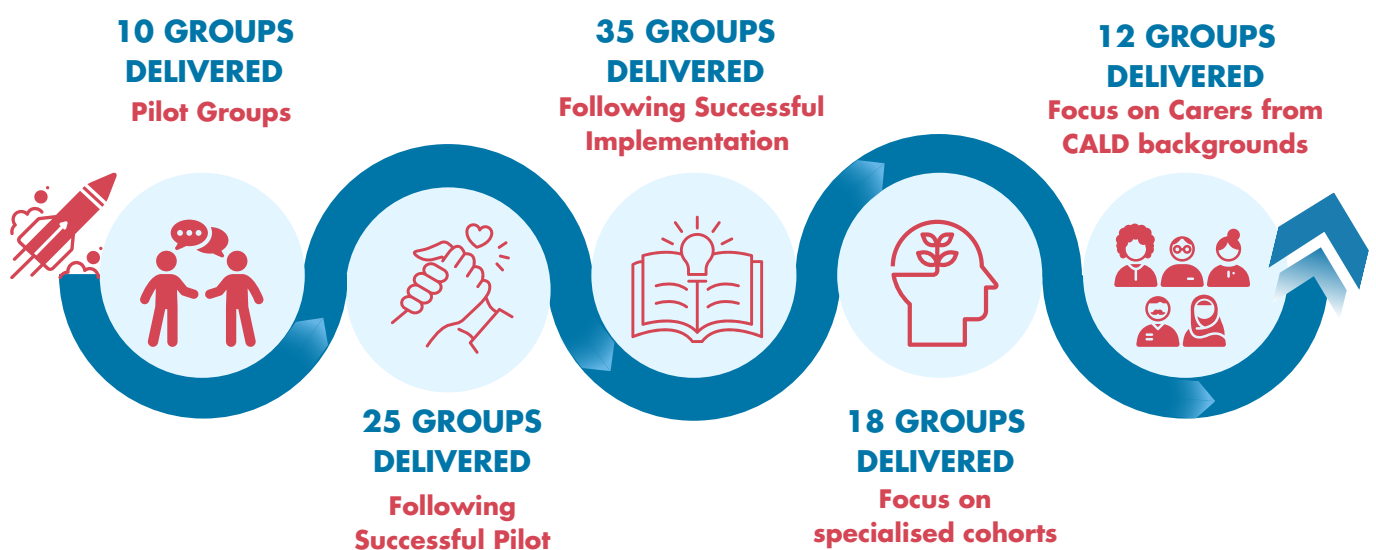
Carers Victoria received funding in 2019 from NWMPHN for the Social Connectedness Trial to co-design and develop an intervention for carers in the Local Government Areas (LGAs) of Hume and Wyndham. The project arose through community consultations, where social connections were identified as fundamental to physical, spiritual, and mental wellbeing.

The Social Connectedness Trial was initially funded as a two-year project to explore the social connectedness of carers and reduce the impacts of isolation to improve their wellbeing. It was co-designed with carers and comprises both clinical and impact evaluations.

After initial consultations with carers and service providers, the Social Connectedness Trial was renamed for external audiences to the 'In-Touch Initiative'.

Based on findings from surveys, co-design workshops, consultations with service providers and Carers Victoria experience, the In-Touch Program was developed. The evidence-informed intervention centred upon cognitive reframing concepts to promote behaviour change. It also incorporated psychoeducation, narratives, storytelling, individual support and was underpinned by co-design themes. Initially the program was designed to be a nine-week program comprising of five weeks of face-to-face group sessions and four weeks of individual follow up support/goal setting.

The program was scheduled to commence in March 2020 however, due to the COVID-19 pandemic, the In-Touch Initiative was unable to proceed in its originally intended face to face format. All project documentation for this component of program development was updated, submitted, and accepted by NWMPHN in June 2020.



Carers Victoria reported to NWMPHN in mid-2020 that COVID-19 had disproportionately and adversely affected carers. It was found that the need for connections and support for carers was paramount to enable them to maintain their own wellbeing during the heightened time of disconnection and isolation.

The In-Touch project team undertook a “mini co-design” to explore the option of delivering an online program based on the In-Touch Initiative concepts and aims. The co-design aimed to ascertain if the provision of online support to carers could take on the form of a series of online sessions, to provide practical advice as well as an opportunity for carers to connect with each other.

Based on carers’ responses, an online program was developed utilising the material from the original co-designed In-Touch program and additional carer feedback and the program renamed to Carer wellbeing and connection program. The University of Melbourne was also engaged to continue its clinical evaluation of the online program and to ensure clinical efficacy of the new model.

The catchment for delivery was extended to NWMPHN’s catchment (13 LGAs) with capacity to accept out of area carers if vacancies were available, with the approach piloted in September 2020. Due to initial positive evaluation findings and overwhelming carer responses, the program was extended into 2021, with a total of 35 groups delivered by the end of 2021.

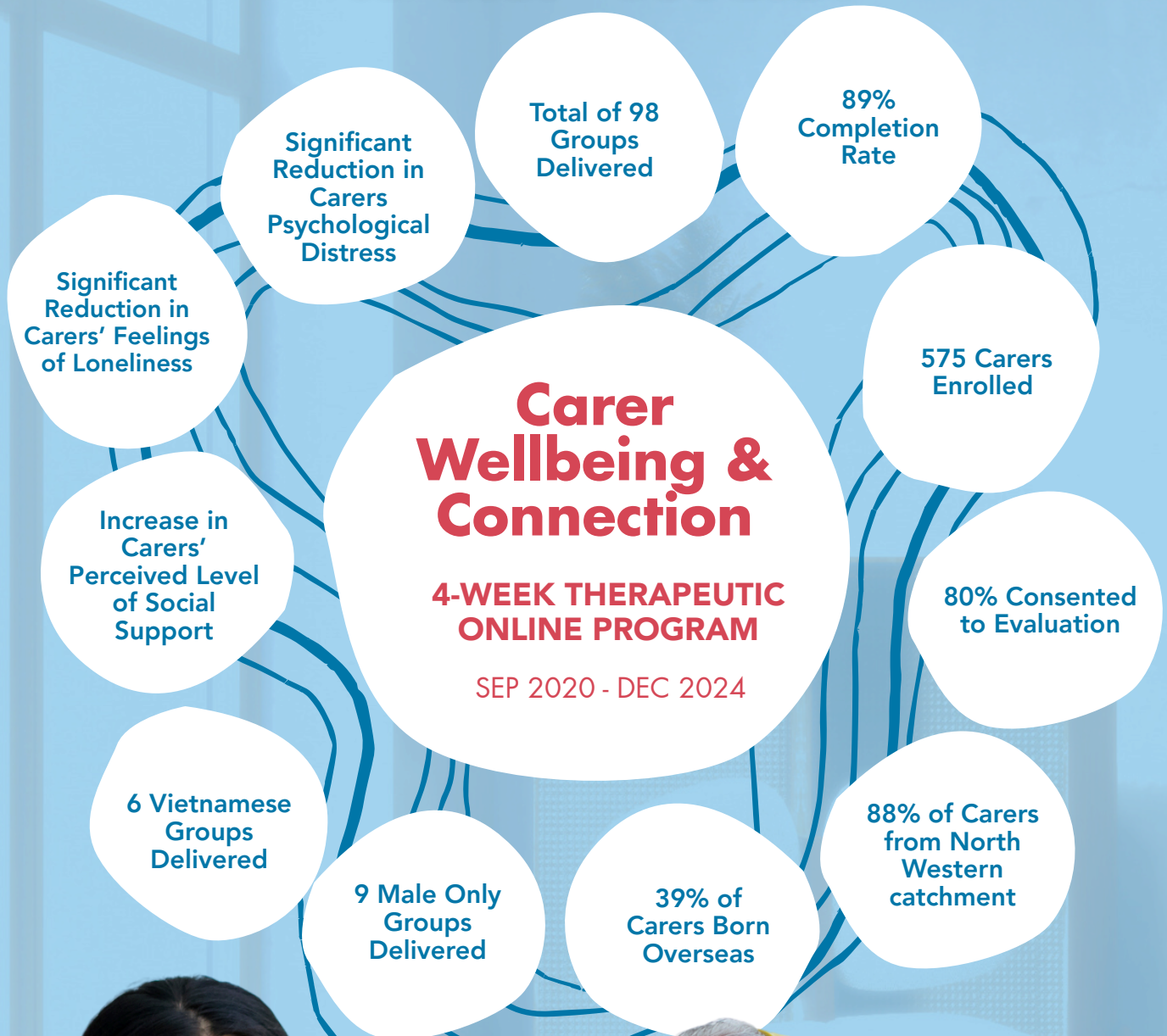
Due to the successful trial, NWMPHN provided an extension of funding for an additional 35 groups, which were delivered between April 2022 and September 2023. In June 2023, the current contract variation #5 was executed and a further 18 groups were delivered between October 2023 and June 2024; including 9 specialised groups targeted to minority groups within the carer population.

In June 2024, contract variation #6 commenced, with 10 groups delivered between August and December 2024, which is the period of focus for this report. These groups underwent continued evaluation by the University of Melbourne.



# Overall Project Statistics

SEP 2020 – DEC 2024



# Aims of Carer Wellbeing and Connection Online Program

While remaining true to the original intended purpose of the Social Connectedness Trial, the online adaptation of the program has provided group psychoeducational interventions and supported carers at risk of loneliness and social isolation. The Program provided a structured approach with a focus on:

- Connecting carers with each other
- Improving carer wellbeing and support
- Reducing isolation
- Providing appropriate information/referral pathways

The online adaptation also utilised key components of the original co-designed material that was created and developed for the face to face In-Touch program. Delivery in 2024 continued to build on the experience of co-design, pilot, iterative improvements, and recommendations identified in the preliminary, feasibility, clinical and impact evaluations undertaken by the University of Melbourne. Focus was also placed on targeting carers from culturally diverse backgrounds with proficient English to participate in the program.

## ONLINE GROUP SESSIONS: 4 WEEKS

OVERALL PROJECT AIM	To identify how isolation and connection impact on carers and to develop strategies for managing this
SESSION 1	To explore isolation and connection and to identify how it impacts on carers
SESSION 2	To understand what helps us recognise what feels good and finding meaning in connection
SESSION 3	To explore connection to self, how we create change and to identify barriers to change
SESSION 4	To understand what helps us recognise what feels good and finding meaning in connection

The Carer Wellbeing and Connection Program comprised four weekly therapeutic group sessions exploring the impact of loneliness and social isolation on carers to promote a deeper understanding of connectedness and personal wellbeing. The program comprised:

- Weekly 90-minute sessions over 4 consecutive weeks
- Delivered on Zoom
- Facilitated by mental health professional, plus moderator
- Small group numbers (max seven participants and two staff)
- Independently evaluated – clinical evaluation and carer co-design activities

## KEY COMPONENTS FOR ONLINE PROGRAM DELIVERY

Below are further details regarding the components incorporated to ensure continuity in program delivery, staff support, clinical and duty of care requirements, as well as administrative oversight for each group. In response to carer feedback, a major contributor to the success of the online program was the scheduling of flexible times and dates for group delivery. This improved access to carers with varying commitments and duties.

### Key Components for success included:

- Recruitment and Promotion via Carers Victoria and other stakeholders
- Continuous improvement
- Technical support
- Flexible times offered – i.e., morning, evening and afternoon sessions
- Training and clinical supervision
- Pre-program screening of participants
- Support for participants throughout program including referral pathways
- Email, SMS reminders
- Written material/handouts to enhance program content
- Dedicated time pre and post sessions for planning and debriefing
- Overall program coordination to maximise impact

# Clinical Evaluation

The University of Melbourne (UoM) conducted clinical evaluation of the program, including the identification of appropriate clinical measures and input into clinical efficacy. The program's clinical framework was approved by the University Ethics Committee. The below measures, including pre- and post- screening and qualitative interviews were utilised:

SCALE	MEASURES	ITEMS
UCLA Loneliness Scale	Loneliness/social isolation	3 item scale
Oslo Social Support Scale	Social support	3 item scale
K 10 +	Stress/distress	10 item scale

Throughout 2024, UoM clinically evaluated a further 10 groups. All clinical reports to date, have been compiled on the outcomes data, which have shown positive results, including a significant reduction in the psychological distress and loneliness of participants, as well as an increase in perceived social support.

According to the University of Melbourne a research response rate of 50% or higher is considered excellent in most circumstances. Below are research consent and completion rates per quarter, noting that Feb-Mar 2025 groups will not undergo clinical evaluation.

QUARTER	CARERS CONSENTING TO EVALUATION	PRE-SURVEY COMPLETION	POST-SURVEY COMPLETION
Q1 – 2024	80%	83%	75%
Q2 – 2024	80%	80%	71%

## Further information:

Attached: University of Melbourne Longitudinal Evaluation Report 2025

Attached: University of Melbourne Data Compendium 2025

Attached: University of Melbourne Impact Evaluation Report 2025

# Performance Indicators:

## Final Numbers: Jul – Dec 2024

INDICATORS	JUL-DEC 2024	TARGET TO DEC 2024	PROGRESS TO TARGET
#GROUPS RUN	10	10	Achieved
#CARERS ENROLLED	65	>50	Exceeded
#CARERS IN NWMPHN CATCHMENT	64 (99%)	>43 (83%)	Exceeded
#CARERS CONSENTED TO EVALUATION	54	Offered to all eligible participants	Achieved
#CARERS COMMENCED	54	N/A	Achieved
#CARERS COMPLETED	46 (85%)	(80%)	Exceeded

In November 2024, 4 Vietnamese groups were not delivered as intended. As such, NWMPHN approved redirection of funds toward delivery of 2 additional groups for English speaking Carers to be delivered in Feb – Mar 2025, which are currently underway.

# Online Program Delivery Schedule: Jul – Dec 2024

To maximise accessibility and cater to differing carer commitments, online groups were scheduled at various days/times of the week. Four morning, two afternoon and four evening groups were delivered, as outlined below.

Please note, an additional two groups are underway at the time of writing this report (marked below in green). Days and times were chosen based on carer demand and preferences of those on the waiting list.

GROUP NO.	DATES	TIMES
1	6 – 27 Aug (Tuesday mornings)	10:30am – 12pm
2	6 – 27 Aug (Tuesday afternoons)	1:30pm – 3pm
3	7 – 28 Aug (Wednesday mornings)	10:30am – 12pm
4	7 – 28 Aug (Wednesday evenings)	6:30pm – 8pm
5	6 – 27 Aug (Tuesday evenings)	6:30pm – 8pm
6	12 Nov – 3 Dec (Tuesday mornings)	10:30am – 12pm
7	12 Nov – 3 Dec (Tuesday evenings)	6:30pm – 8pm
8	13 Nov – 4 Dec (Wednesday mornings)	10:30am – 12pm
9	14 Nov – 5 Dec (Thursday afternoons)	1:30pm – 3pm
10	12 Nov – 3 Dec (Tuesday evenings)	6:30pm – 8pm
11	18 Feb – 11 Mar (Tuesday mornings)	10:30am – 12pm
12	18 Feb – 11 Mar (Tuesday evenings)	6:30pm – 8pm

# Participant Demographics:

## Jul – Dec 2024



**39% BORN OVERSEAS**



**88% IDENTIFIED AS FEMALE**



**12% IDENTIFIED AS MALE**



**CARERS FROM 18 COUNTRIES**



**99% FROM NORTH WESTERN MELBOURNE**



### BIRTH COUNTRIES OF PARTICIPANTS

Australia	Pakistan
Bangladesh	Poland
Egypt	Scotland
England	Sudan
India	Switzerland
Kenya	The Netherlands
Lebanon	The Philippines
Malta	United States
New Zealand	Vietnam

### 19 LANGUAGES OTHER THAN ENGLISH SPOKEN

Arabic	Hindi
Auslan	Indonesian
Bengali	Italian
Dutch	Macedonian
Filipino	Māori
French	Maltese
Greek	Polish
Gudjarati	Punjabi
Hakka	Urdu
	Vietnamese

# Key Components of Success: Carer Wellbeing Program

## Carer Wellbeing & Connection

Co-designed

Accessible  
and  
Responsive

Evidence-  
based

Referral  
Pathways and  
Support

Robust  
Clinical  
Framework

Cultural Safety  
& Duty  
of Care

Staff Training  
& Support

Continuous  
Improvement



# Multicultural Communities

When recruiting participants for the August and November 2024 groups, Carers Victoria targeted advertising to carers from culturally diverse backgrounds and provided them first option to express interest, ahead of launching marketing campaigns to wider audiences. From a search of Carers Victoria's database, 1,049 carers were contacted and given first priority. The database search was filtered for those carers residing within North Western PHN's LGAs, who were from a CALD background, did not require an interpreter and with an email address.

In addition to reaching out to CALD carers directly, the following service providers were sent a Stakeholder Kit with group information and marketing material:

- Access Health and Community
- Action on Disability with Ethnic Communities (ADEC)
- Afri-Aus Care Inc (AAC)
- African Women's and Families Network
- Alfred Health
- Asylum Seeker Resource Centre (ASRC)
- Australian Institute for Diversity in Mental Health (AIDMH)
- Beyond Blue
- Brotherhood of St Laurence (BSL)
- Cancer Council Victoria
- Centre for Multicultural Youth (CMY)
- Centre for Muslim Wellbeing (CMW)
- Ethnic Communities Council of Victoria (ECCV)
- Federation University of Australia
- Foundation House
- Great Care
- Invictus Health
- Mind Australia
- Monash University
- Moonee Valley Council
- Multicultural Centre for Women's Health (MCWH)
- National Disability Services (NDS)
- Neami National
- North Western Melbourne Primary Health Network (NWMPHN)
- NorthWestern Mental Health
- Pola Practice
- Positive Wellness Recovery Centre (PWRC)
- Shakti Mental Health
- Shapes and Sounds
- St Vincent's Health Australia (SVHA)
- Star Health
- Strive Pacific Australia Community Services (SPACS)
- Switchboard
- The Chinese Association of Victoria (CAV)
- The Royal Melbourne Hospital
- Thorne Harbour
- University of Melbourne
- Victorian Mental Illness Awareness Council (VMIAC)
- Volunteer West
- Wisetree Counselling

## Participant Feedback

"It enabled me to sort of do more reflection and look at...how I can improve my situation by having a value-based life...It certainly gave me some motivation"

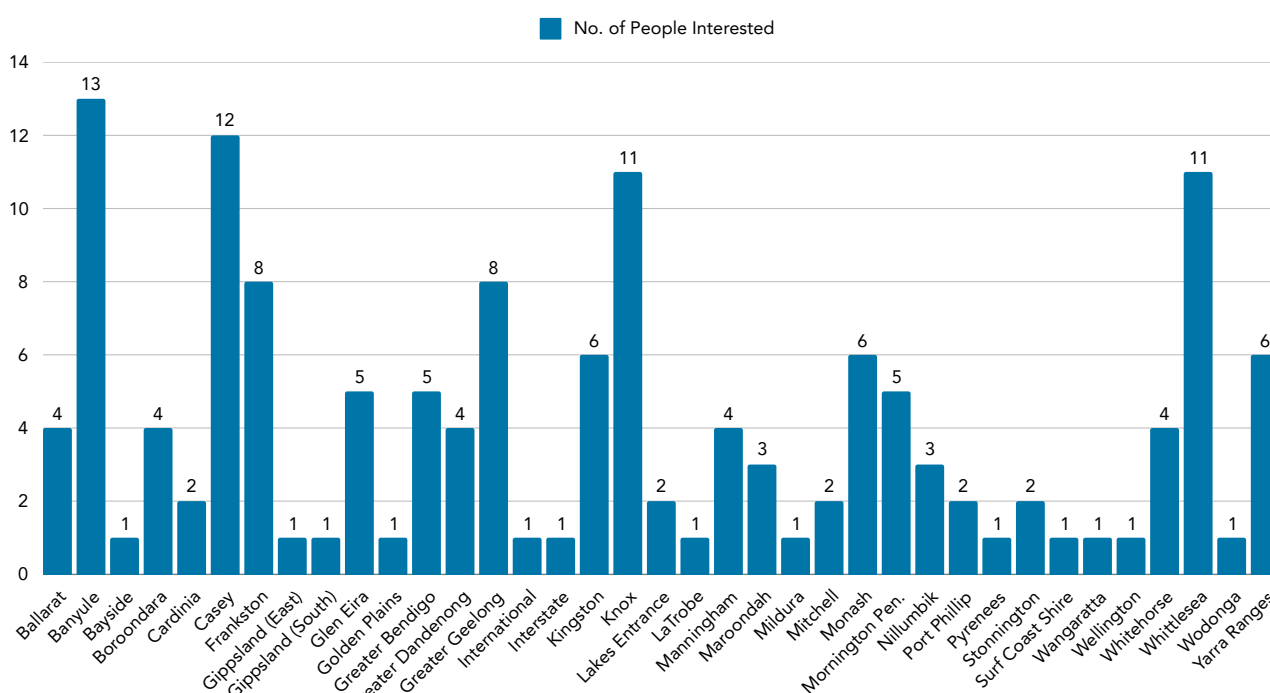
"It felt very safe...having that safe space to actually have a voice and I felt like I had been heard and understood".

"I think definitely the big takeaway for me has been to be more present. Being more conscious of that, which brings attention to myself and self care".

# Program Interest from outside NW Melbourne Catchment

There continues to be strong interest from carers (approx. 145 between Sep 2020 – Dec 2024) and various organisations outside of the North Western Melbourne PHN catchment area. As provision to these carers is outside of the scope of the current contract and funding, cost of program delivery has been a barrier for interested organisations.

## OUT OF AREA: EXPRESSIONS OF INTEREST



## SERVICE PROVIDER INTEREST

Goulburn Valley Health	EACH	Pines Learning, Doncaster	Aust. Institute of Family Studies	Bendigo Health
Castlemaine Community Health	Red Cliffs Neighbourhood House	Latrobe Regional Hospital	Everymind, NSW	Merri Health
WIRE	SANE	GV Hospice	Inclusive Rainbow Voices	Tandem
Vietnamese Community in Aust. VCA - VIC	Neami National	MHCA (Mental Health Carers Australia)	Nepean Blue Mountains PHN	Gippsland PHN
Mental Health Matters 2	North Sydney Local Health District	University of Newcastle	Monash University	Different Journeys
Mental Health Carers NSW	The Australian National University	Western NSW Local Health District	Illawarra Shoalhaven Local Health District	Silver Chain Group

## REPORTING AND RISKS/ISSUES

The project followed the reporting requirements set out in the Contract Variation #6 including formal quarterly reports and updates as required. The Minimum Data Set (MDS) was not required for the current contract variation.

There were no updates to the Risk Register as previously submitted in October 2024.

## ROLES AND RESPONSIBILITIES

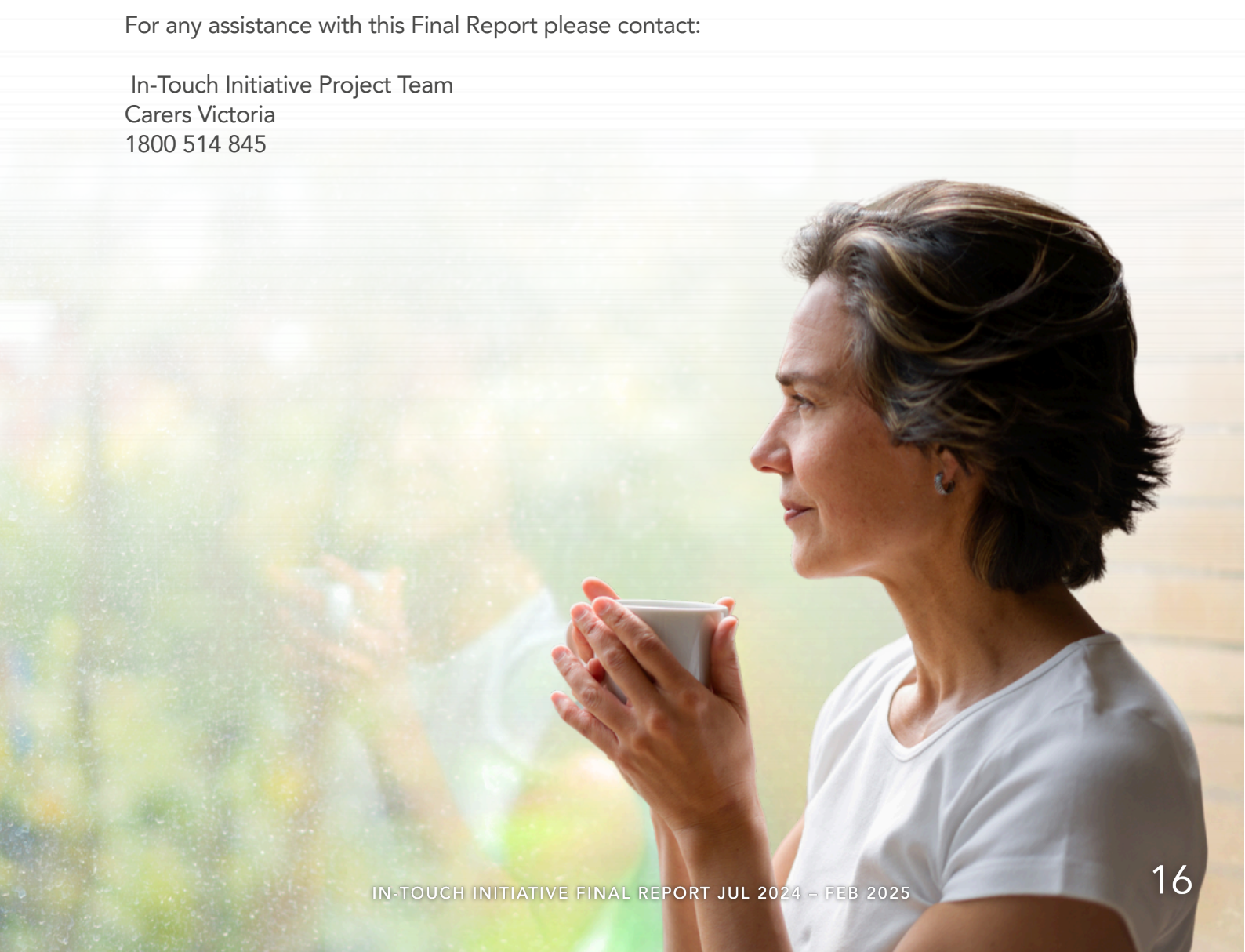
The Project Team consisted of:

- Moreen Pakwan – Manager – Carer Programs, Performance and Quality
- Mary O'Mara – Lead Clinician/Lead Facilitator
- Sarah Kovarik – Project and Clinical Coordinator
- Group Facilitators and Moderators

## CONTACT

For any assistance with this Final Report please contact:

In-Touch Initiative Project Team  
Carers Victoria  
1800 514 845





**For any assistance with this final report,  
please contact:**

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**[www.carersvictoria.org.au](http://www.carersvictoria.org.au)**

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Carers Victoria acknowledges the Traditional Owners of the land on which we work, the Wurundjeri peoples of the Kulin Nation, and pay our respect to Elders past, present and emerging. We acknowledge the continuing connection to land and waters. Sovereignty was never ceded.