**National Initiative and Activities Scan 2022**

Please note at the end of the scan there are an extra 2 copies of Part B for those wanting to include more than one initiative / activity.

**Part A**

**Contact/Organisation Name/s**

Your Name/s

First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Organisation or Health Service Provider

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Your Team/Department (if not applicable, write N/A)

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Organisation website

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Date of completion \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_

**Your contact details**

Your email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Would you like to sign up to Equally Well’s email list?**

Already signed up to it

No thanks

Yes please

**Organisation Type**

*Select appropriate box or add your own in a text box.*

State or territory government (e.g. Health Department, Mental Health Commission)

Commonwealth (e.g. Health Department, Mental Health Commission)

Community Managed organisation (e.g. Live Better, Marathon Health, Neami, Flourish)

Peak body stakeholder group (e.g. Mental Health Australia, NSW Mental Health Coordinating Council, National Rural Health Alliance)

Professional organisation/college/society (e.g. Australian Psychological Society (APS), The Royal Australian College of General Practitioners (RACGP))

Private provider (e.g. Ramsay health care)

Education/research institute (e.g. Black Dog Institute, Charles Sturt University (CSU))

Primary Health Network

Other (describe over page)

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**State/Territory**

*Select all that apply.*

NT  TAS  QLD

NSW  WA  ACT

SA  National

**Your role/s**

*Select all that apply or add your own in the text box.*

Health Professional  Quality Improvement

Planning/Data Manager  Researcher/Academic

Lived Experience Peer Consultant  Marketing/Communications

/Advisor/Advocate

Educator  Peer Worker

Policy/Project Officer  Administration

Health Promotion  Executive/Senior Manager

Manager/Team Leader

Other (please describe)

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**Part B**

**Share an initiative/activity**

**Name of initiative or activity** (*If it doesn't have a title, write N/A)*

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**Summary of initiative or activity**

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**What is the status of the initiative/activity? Select from below:**

Current (ongoing / embedded in practice for the foreseeable future)

1. If yes, what was the approx. start date? \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_

Current (in progress but may be time limited)

1. If yes, what was the approx. start date? \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_
2. How long is this initiative/activity anticipated to continue? Example answers may include: ongoing, anticipated completion X date, potential for ongoing continuation pending refunding.

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Recently completed/stopped/paused (last 24 months)

* 1. If yes, what was the approx. start date? \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_
  2. What was the approx. end date? \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_
  3. Why did the activity/initiative end – time limited project, one-off funding or grant, service reorganisation, other?

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Planned (not yet commenced)

1. If yes, when is the activity expected to commence? \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_

*For the following questions tick all the areas that apply to each question or add your own in the text box.*

**What is the focus of the initiative or activity?**

General physical health screening  Medication & side effects

treatment and recovery

Alcohol & other drugs  Empowerment/advocacy

Physical activity  Legal/human rights

Integrated care & care co-ordination  Social & community engagement

Carer support  Staff education/upskilling

Smoking cessation/tobacco treatment  COVID-19

Anti-stigma/anti-discrimination  Vaccination

Recovery and wellbeing

Other (describe)

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**What is the approach and/or resources/technology being utilised for this initiative/activity?**

Online program  In the home

Physical therapies  Service Coordination

Software (e.g. mobile/computer app)  Training program

GP Liaison/connection  Physical Resources

Phone calls  Group program

Mentoring  Not Applicable

Face to face  Education

Empowerment/Personal Agency  Psychological therapies

Other (describe)

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**What is the setting of the initiative/activity?**

In the person’s home  GP/Primary care

A community-based health and/or  A hospital-based service/facility

mental health service

In the broader community (not a  Online/virtual (including phone)

community-based health/mental

health service – Seniors Centre,

Neighbourhood Centre, Library)

Other (describe)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What physical and preventable health condition is being focused on?**

Cardiovascular Disease  Dental and Oral Health

A focus on general health and wellbeing  Obesity

Diabetes  Stroke/Cerebrovascular Disease

Vaccine-preventable conditions  Medication side effects

Respiratory Disease  A focus on multiple health issues

Cancer

Other (describe)

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**What is the population/cohort focus of the activity/initiative?**

People across the lifespan  CALD Communities (inc. Refugee)

Gender specific  Children and Youth 0-12

Aboriginal and Torres Strait Islander  LGBTQIA+

People experiencing homelessness  Youth 12-25

Rural and Remote  People experiencing Alcohol and

Other Drugs Issues

Older persons 65+  Adult

Other (describe)

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**What staff/professionals are involved in the activity?**

Nurse  Peer work/lived experience roles

Pharmacist  Occupational therapist

Psychologist  Exercise physiologist

Social worker  Psychiatrist

GP  Physiotherapist

Mental health worker  Carer support worker

Dietitian

Other (describe)

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**Why did your organisation decide to do this activity?**

*Include as much or as little detail here about how the activity came about.*

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**How was the activity developed?**

*Include as much or as little detail here about the activity's development and methodology, and, for example, if co-design or other measures were used to incorporate lived experience into the activity/initiative.*

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**Were measures used to incorporate lived experience views into the design and implementation of the initiative/activity?**

Yes

No

Unsure

**Reflecting back and looking forward**

*Looking back, how has this initiative/activity made an impact? What big or little successes has it brought? What hopes or ambitions do you have for this initiative/activity in the future? Include any other pertinent details about the program/activity here that you haven't shared yet.*

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***IF YOU HAVE ADDITIONAL INITIATIVES / ACTIVITIES TO RECORD***

***THERE ARE 2 ADDITIONAL COPIES OF THE PART B SECTION BELOW,***

***AFTER PART C AND PART D. PLEASE PRINT ANOTHER COPY SHOULD***

***YOU HAVE MORE ACTIVITIES TO INCLUDE.***

**Part C**

**Resources**

Do you have any resources relevant to Equally Well that you would be willing to share? Or, resources you use that you would like to let Equally Well know about as part of a resource library (e.g. training/education materials for people with a lived experience of mental health issues or carers, family and kinship groups, assessment tools, screening tools, publications)?

Yes *(please provide a brief description or weblink if applicable or attach)*

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Would you or your organisation be interested in presenting your work more broadly or further engaging with the network, e.g. via a webinar, symposium, or community of practice? *Select*

Yes

Maybe

No

**Part D**

**Feedback**

How would you describe your organisation's level of engagement with Equally Well? (10 being extremely engaged, 0 being not at all engaged.)

1  6

2  7

3  8

4  9

5  10

How satisfied are you with Equally Well's support as a partner? (10 being extremely satisfied, 0 being not at all satisfied.)

1  6

2  7

3  8

4  9

5  10

Based on your engagement with Equally Well to date, what feedback do you have for Equally Well about how you can be better supported moving forward?

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Do you have any general feedback for Equally Well?

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**THANK YOU FOR COMPLETING THIS SCAN – PLEASE SEND TO**

Patrick Livermore[plivermore@csu.edu.au](mailto:plivermore@csu.edu.au) / Mobile 0468 869 941

**ADDITIONAL INITIATIVES / ACTIVITIES CAN BE ADDED BELOW**

**#2 Part B**

**Share an initiative/activity**

**Name of initiative or activity** (*If it doesn't have a title, write N/A)*

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**Summary of initiative or activity**

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**What is the status of the initiative/activity? Select from below:**

Current (ongoing / embedded in practice for the foreseeable future)

1. If yes, what was the approx. start date? \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_

Current (in progress but may be time limited)

1. If yes, what was the approx. start date? \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_
2. How long is this initiative/activity anticipated to continue? Example answers may include: ongoing, anticipated completion X date, potential for ongoing continuation pending refunding.

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Recently completed/stopped/paused (last 24 months)

* 1. If yes, what was the approx. start date? \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_
  2. What was the approx. end date? \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_
  3. Why did the activity/initiative end – time limited project, one-off funding or grant, service reorganisation, other?

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Planned (not yet commenced)

1. If yes, when is the activity expected to commence? \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_

*For the following questions tick all the areas that apply to each question or add your own in the text box.*

**What is the focus of the initiative or activity?**

General physical health screening  Medication & side effects

treatment and recovery

Alcohol & other drugs  Empowerment/advocacy

Physical activity  Legal/human rights

Integrated care & care co-ordination  Social & community engagement

Carer support  Staff education/upskilling

Smoking cessation/tobacco treatment  COVID-19

Anti-stigma/anti-discrimination  Vaccination

Recovery and wellbeing

Other (describe)

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**What is the approach and/or resources/technology being utilised for this initiative/activity?**

Online program  In the home

Physical therapies  Service Coordination

Software (e.g. mobile/computer app)  Training program

GP Liaison/connection  Physical Resources

Phone calls  Group program

Mentoring  Not Applicable

Face to face  Education

Empowerment/Personal Agency  Psychological therapies

Other (describe)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is the setting of the initiative/activity?**

In the person’s home  GP/Primary care

A community-based health and/or  A hospital-based service/facility

mental health service

In the broader community (not a  Online/virtual (including phone)

community-based health/mental

health service – Seniors Centre,

Neighbourhood Centre, Library)

Other (describe)

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**What physical and preventable health condition is being focused on?**

Cardiovascular Disease  Dental and Oral Health

A focus on general health and wellbeing  Obesity

Diabetes  Stroke/Cerebrovascular Disease

Vaccine-preventable conditions  Medication side effects

Respiratory Disease  A focus on multiple health issues

Cancer

Other (describe)

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**What is the population/cohort focus of the activity/initiative?**

People across the lifespan  CALD Communities (inc. Refugee)

Gender specific  Children and Youth 0-12

Aboriginal and Torres Strait Islander  LGBTQIA+

People experiencing homelessness  Youth 12-25

Rural and Remote  People experiencing Alcohol and

Other Drugs Issues

Older persons 65+  Adult

Other (describe)

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**What staff/professionals are involved in the activity?**

Nurse  Peer work/lived experience roles

Pharmacist  Occupational therapist

Psychologist  Exercise physiologist

Social worker  Psychiatrist

GP  Physiotherapist

Mental health worker  Carer support worker

Dietitian

Other (describe)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Why did your organisation decide to do this activity?**

*Include as much or as little detail here about how the activity came about.*

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**How was the activity developed?**

*Include as much or as little detail here about the activity's development and methodology, and, for example, if co-design or other measures were used to incorporate lived experience into the activity/initiative.*

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**Were measures used to incorporate lived experience views into the design and implementation of the initiative/activity?**

Yes

No

Unsure

**Reflecting back and looking forward**

*Looking back, how has this initiative/activity made an impact? What big or little successes has it brought? What hopes or ambitions do you have for this initiative/activity in the future? Include any other pertinent details about the program/activity here that you haven't shared yet.*

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**ADDITIONAL INITIATIVES / ACTIVITIES CAN BE ADDED BELOW**

**#3 Part B**

**Share an initiative/activity**

**Name of initiative or activity** (*If it doesn't have a title, write N/A)*

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**Summary of initiative or activity**

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**What is the status of the initiative/activity? Select from below:**

Current (ongoing / embedded in practice for the foreseeable future)

1. If yes, what was the approx. start date? \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_

Current (in progress but may be time limited)

1. If yes, what was the approx. start date? \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_
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Recently completed/stopped/paused (last 24 months)

* 1. If yes, what was the approx. start date? \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_
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Planned (not yet commenced)

1. If yes, when is the activity expected to commence? \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_

*For the following questions tick all the areas that apply to each question or add your own in the text box.*

**What is the focus of the initiative or activity?**

General physical health screening  Medication & side effects

treatment and recovery

Alcohol & other drugs  Empowerment/advocacy

Physical activity  Legal/human rights

Integrated care & care co-ordination  Social & community engagement

Carer support  Staff education/upskilling

Smoking cessation/tobacco treatment  COVID-19

Anti-stigma/anti-discrimination  Vaccination

Recovery and wellbeing

Other (describe)

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**What is the approach and/or resources/technology being utilised for this initiative/activity?**

Online program  In the home

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Software (e.g. mobile/computer app)  Training program

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Phone calls  Group program

Mentoring  Not Applicable

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Empowerment/Personal Agency  Psychological therapies

Other (describe)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is the setting of the initiative/activity?**

In the person’s home  GP/Primary care

A community-based health and/or  A hospital-based service/facility

mental health service

In the broader community (not a  Online/virtual (including phone)

community-based health/mental

health service – Seniors Centre,

Neighbourhood Centre, Library)

Other (describe)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What physical and preventable health condition is being focused on?**

Cardiovascular Disease  Dental and Oral Health

A focus on general health and wellbeing  Obesity

Diabetes  Stroke/Cerebrovascular Disease

Vaccine-preventable conditions  Medication side effects

Respiratory Disease  A focus on multiple health issues

Cancer

Other (describe)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is the population/cohort focus of the activity/initiative?**

People across the lifespan  CALD Communities (inc. Refugee)

Gender specific  Children and Youth 0-12

Aboriginal and Torres Strait Islander  LGBTQIA+

People experiencing homelessness  Youth 12-25

Rural and Remote  People experiencing Alcohol and

Other Drugs Issues

Older persons 65+  Adult

Other (describe)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What staff/professionals are involved in the activity?**

Nurse  Peer work/lived experience roles

Pharmacist  Occupational therapist

Psychologist  Exercise physiologist

Social worker  Psychiatrist

GP  Physiotherapist

Mental health worker  Carer support worker

Dietitian

Other (describe)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Why did your organisation decide to do this activity?**

*Include as much or as little detail here about how the activity came about.*

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**How was the activity developed?**

*Include as much or as little detail here about the activity's development and methodology, and, for example, if co-design or other measures were used to incorporate lived experience into the activity/initiative.*

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**Were measures used to incorporate lived experience views into the design and implementation of the initiative/activity?**

Yes

No

Unsure

**Reflecting back and looking forward**

*Looking back, how has this initiative/activity made an impact? What big or little successes has it brought? What hopes or ambitions do you have for this initiative/activity in the future? Include any other pertinent details about the program/activity here that you haven't shared yet.*

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**SHOULD YOU HAVE MORE ACITIVITES / INTIATIVES TO INCLUDE**

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