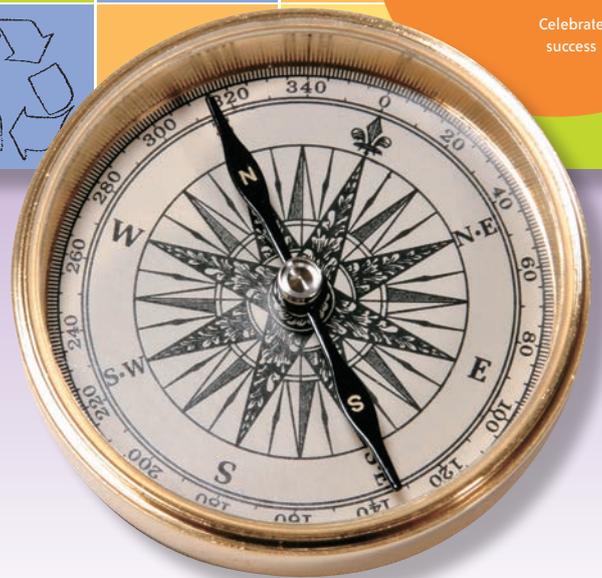




PATHWAY TO A HEALTHY COMMUNITY



A Guide for Councillors and Local Government

SECOND EDITION

The first edition of this guide was developed by the then South Metropolitan Population Health Unit with funding from Healthway and support from the Western Australian Local Government Association.

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This second edition was developed by the South Metropolitan Health Promotion Service with the same development team.

THANKS

The South Metropolitan Health Promotion Service would like to acknowledge the many organisations and individuals who contributed to the development of both editions of the guide.

Thanks in particular to those local governments who willingly gave their time to share their stories for the case studies and who contributed to the development of this resource.

ACKNOWLEDGMENT

The South Metropolitan Health Service respectfully acknowledges the Aboriginal Noongar people both past and present, the traditional owners of the land on which we work.

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DISCLAIMER

This work has been compiled from a variety of sources including material generally available on the public record, reputable specialist sources and original material. All the local government case studies and references have been checked and endorsed by the relevant local government. Care has been taken wherever possible to verify accuracy and reliability. However, the material does not provide professional advice. No warranty is provided nor, to the extent lawful, liability accepted for loss resulting from reliance on the contents of this guide or from its use, by the authors, Healthway, or the South Metropolitan Health Promotion Service. Readers should apply their own skill and judgement when using the information contained herein.

PATHWAY TO A HEALTHY COMMUNITY

A Guide for Councillors and Local Government

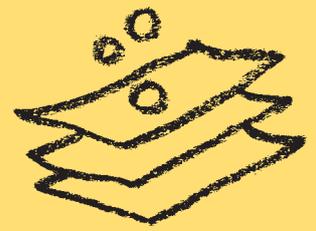
A story of the pathway

We are standing on a pathway by a swiftly flowing river. We hear the cry of a drowning person. We jump in, bring them to shore and revive them. We then hear many more cries for help and continue to pull drowning people to safety. Nearly exhausted, it occurs to us that we are so busy downstream saving people that we have not had time to go upstream and find out why they're falling in.

This, in essence, illustrates what the pathway to a healthy community is about.

Adapted from a story told by Irving Zola in an article by John B. McKinlay in A Case for Refocusing Upstream: The Political Economy of Illness (1981).

Lead from the front



Make health and wellbeing a priority

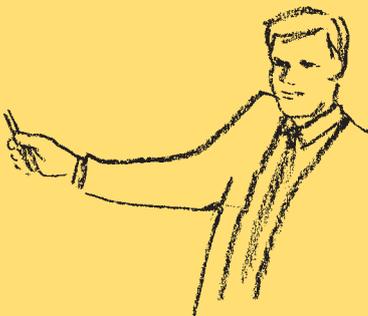
Think about everyone

Clarify the vision

Gather relevant information

Ask the right questions

Listen to the community



Engage stakeholders

Build partnerships



Clarify the direction

Set clear goals and objectives





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FOREWORD

It is my pleasure to introduce Pathway to a Healthy Community: A Guide for Councillors and Local Government.

As Western Australians we enjoy one of the world's highest life-expectancies. Nonetheless, we face a growing population, an ageing demographic and dramatic increases in the population of health issues such as diabetes, obesity, heart disease and mental illness. Not all Western Australians are doing well. There are significant disparities in life expectancy for some population groups.

Over the past decade, it has become increasingly clear that good health and wellbeing depends on a wide range of factors. These factors include not only our individual characteristics and lifestyles, but importantly the social, economic, built and natural environments in which we live, work and play. Nearly one third of the total amount of sickness, disability and death experienced in 2006 was due to preventable risk factors.

Local government plays a significant role in creating healthy environments for communities to prosper. So many aspects of community life: urban planning, parks and facilities, transport, healthy built food environments, social support and community participation have an impact on health. Indeed, of the three tiers of government, local government is well placed to understand and respond to these factors that influence health and quality of life at a local level.

Understanding how all these ingredients work together is the first step for local government to take in developing a public health plan. The way in which councillors and staff can positively contribute to the health and wellbeing of communities is highlighted within this document.

I commend this guide to you and hope you find it a helpful resource.



Mr Rob McDonald

Chair, South Metropolitan Health Service Board

Message from WALGA President

It is my pleasure to endorse the latest edition of Pathway to a healthy community: a guide for councillors.

This edition of the Pathway assists Local Governments in responding to changes in legislation which provide greater impetus to focus on community health and wellbeing. In 2016 the WA Public Health Act was brought into force, and implementation of the Act is currently underway. The Act acknowledges Local Governments' unique ability to influence their community's health through policy, infrastructure and behaviour change. The Act will require Local Governments to prepare a Local Public Health Plan, with the aim of embedding preventative health measures and health promotion at a local level.

Additionally, since the last edition of the Guide, the Integrated Planning and Reporting Framework was introduced in Western Australia as part of the State Government's Local Government Reform Program. By mid-2013, all Local Governments were required to have their first suite of IPR documents. The IPR process ensures uniformity in how Councils gather community data, and that plans and resourcing strategies are developed to address the long and medium term objectives of each Local Government.

This guide is therefore essential for Local Government Elected Members and Officers to provide an understanding of the importance of health and wellbeing to their communities, how the social determinants effect the health and wellbeing of their residents and how Local Government can play a vital role in guiding policy and decision-making that will impact on health and wellbeing into the future.

This resource highlights how State and Local Government can work together to create healthier communities through consultation, communication, participation, cooperation and collaboration at both strategic and project levels. It provides advice on targeting specific community health issues, and uses examples provided by Local Government to illustrate how some have responded to opportunities and challenges of health planning.

This guide is a valuable resource for all Councillors and staff to not only fulfil Local Governments' obligations under the Public Health Act 2016 but also to enrich their community. Each councillor is supported to find what works locally and follow that pathway to a healthy community.

I encourage you to use this guide to put health and wellbeing at the centre of a clear vision for the future of your community.



Lynne Craigie President WALGA

CONTENTS

INTRODUCTION	1
SECTION ONE	
HEALTH, WELLBEING AND LOCAL GOVERNMENT	3
1.1 What is health and wellbeing?	3
1.2 What does local government have to do with health and wellbeing?	4
1.3 Why is health and wellbeing important?	6
1.4 What determines health and wellbeing?	7
1.5 How does local government influence health and wellbeing?	9
SECTION TWO	
THE ROLE OF COUNCILLORS AND LOCAL GOVERNMENT STAFF	11
2.1 What is a councillor's role in health and wellbeing?	11
2.2 What is the role of local government staff in health and wellbeing?	12
2.3 Stages of commitment to health and wellbeing	14
SECTION THREE	
HEALTH IN ALL POLICIES	15
3.1 What is Health in All Policies?	15
3.2 What is a healthy community?	15
3.3 How can Health in All Policies be assessed?	16
SECTION FOUR	
PUBLIC HEALTH PLANNING	17
4.1 How does local government plan for a healthy community?	17
4.2 Pre-planning	19
4.3 Community health and wellbeing profile	24
4.4 Community engagement	30
4.5 Plan development	35
4.6 Implementation	39
4.7 Evaluation	45



CONTENTS

SECTION FIVE

LOCAL GOVERNMENT AS A HEALTHY EMPLOYER	49
--	----

SECTION SIX

QUESTIONS FOR A HEALTHY COMMUNITY	51
-----------------------------------	----

6.1 What questions should be asked?	51
6.2 Whole of population	52
6.3 Young children	56
6.4 Young people	60
6.5 Older people	64
6.6 Aboriginal people	68
6.7 People with a disability	72
6.8 People from culturally and linguistically diverse backgrounds	76
6.9 People with mental illness	80
6.10 People from rural and remote areas	84
6.11 Economically disadvantaged people	88

SECTION SEVEN

KEEP PLANNING FOR A HEALTHY FUTURE	91
------------------------------------	----

FURTHER HEALTH PLANNING RESOURCES	93
-----------------------------------	----

What is the purpose of this guide?

All tiers of government play a vital role in the prevention of disease and the promotion of health and wellbeing.

However, it is local government that has the most direct impact on the social, economic and environmental factors that influence health, wellbeing and quality of life at a local level.

The purpose of this guide is to assist councillors and local government staff to understand these factors so they can prepare local public health plans and make decisions that result in healthier communities.

Using the guide

Councillors and staff are likely to have vastly different knowledge and experience: many will already be familiar with the local government role in health and wellbeing; others might be new to local government or to health and wellbeing as a topic.

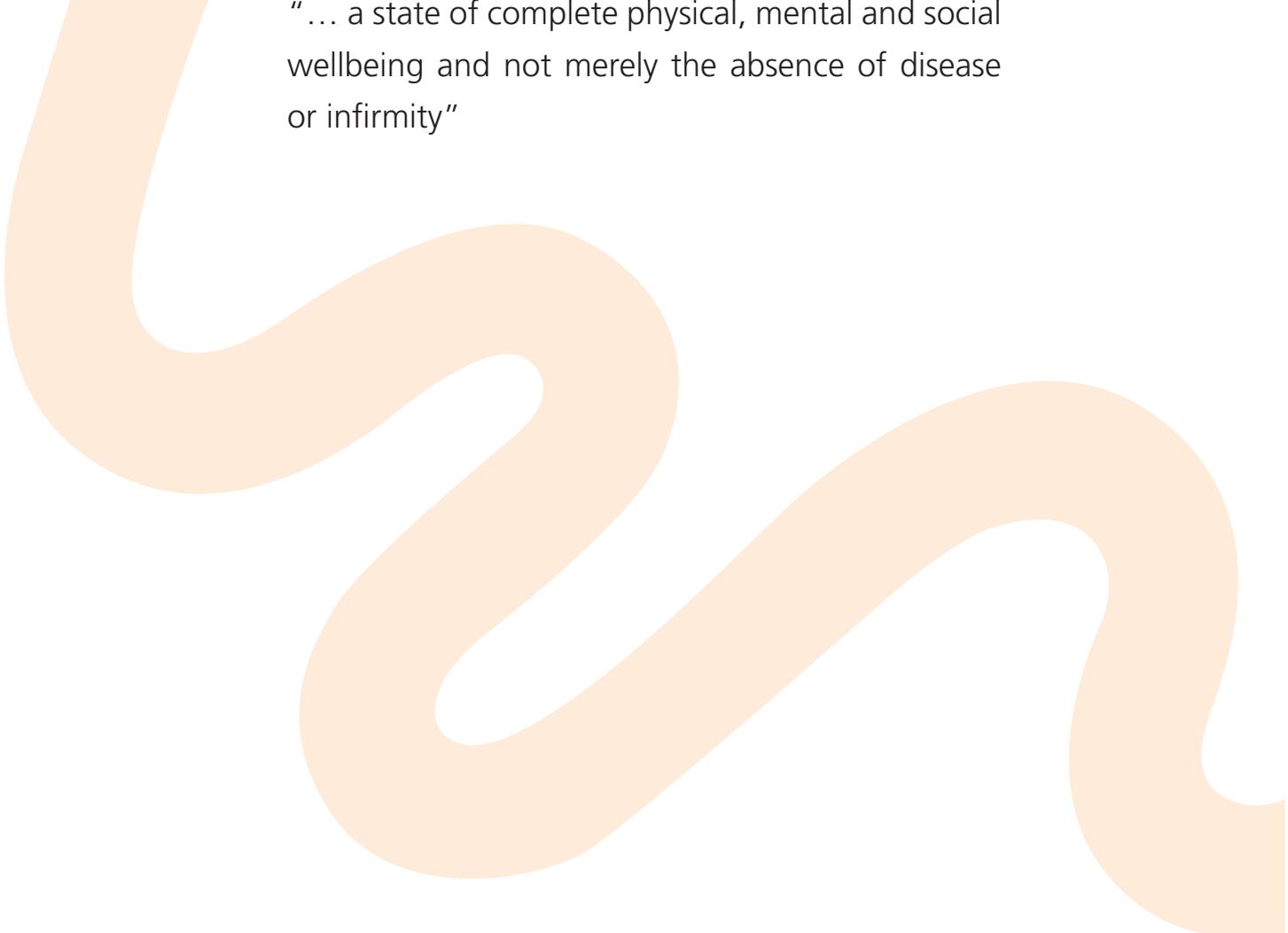
The guide, therefore, is written with this broad audience in mind. It introduces contemporary thinking about health and wellbeing and explores the role of councillors and local government in public health planning. It uses examples provided by local government to illustrate how some have responded to the opportunities and challenges this presents. Checklists and questions are also included to prompt reflection and discussion.

Browsing through the entire contents will provide an overview of the guide. Sections of most interest or relevance can be re-read in more detail when specific tasks or issues arise.

Local government makes the difference

'Many would be surprised to learn that the greatest contribution to the health of the nation over the past 150 years was made, not by doctors or hospitals, but by local government.'

Parfit J 1987, *Health of a City: Oxford 1770 – 1974*, Amate Press, Oxford



"... a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity"



1.1 What is health and wellbeing?

The World Health Organisation defines health as:

*'... a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.'*¹

Complete physical, mental and social wellbeing is influenced by a complex interaction of social, economic, environmental, behavioural and genetic factors. That is, health and wellbeing is more prevalent when people experience:

- supportive personal relationships
- strong and inclusive communities
- financial and personal security
- low health risks
- rewarding employment and participation
- safe and attractive surroundings.

Indeed, health and wellbeing is a resource for everyday life, rather than an end in itself.

For this reason, promoting health and wellbeing needs to take account of the places people live and the policies that shape their lives, as well as the individual lifestyles people pursue.

Health promotion aims to:

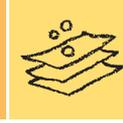
- ensure that all public policies, not just health policies, contribute in some way to improving people's health
- create social and physical environments that encourage and support wellbeing
- develop people's personal skills and knowledge about their own health and wellbeing
- strengthen communities to support health and wellbeing improvement
- ensure that services are effective, efficient and accessible to all - and have a stronger role in preventing illness and disease.

The five stated 'priorities for health promotion in the 21st century' are to:

- promote social responsibility for health
- increase investments for health development
- consolidate and expand partnerships for health
- increase community capacity and empower the individual
- secure an infrastructure for health promotion.

Adapted from World Health Organization 1986, *WHO Ottawa Charter for Health Promotion. First International Conference on Health Promotion*: WHO, Ottawa, Canada and World Health Organization 1997, *The Jakarta Declaration – Leading Health Promotion into the 21st Century*, WHO

¹ World Health Organization 1948, *Preamble to the Constitution of the World Health Organization*, WHO, Geneva



1.2 What does local government have to do with health and wellbeing?

From its earliest beginnings, local government has had a lot to do with health and wellbeing. Local government led the development of sewage and sanitation systems in the late 1800s and early 1900s, which resulted in the most significant reduction in death and disease in the 20th century.² Many other traditional local government functions have directly focused on reducing disease or harm: ensuring safe drinking water; legislating for safe food; insisting on safe housing; enforcing safe streets; and controlling mosquitoes and vermin.

Traditionally, those regarded as having the 'health' role in local government would have been the Environmental Health Officers. However, taking this wider view of health and wellbeing, many professions can now be regarded as making vital contributions to the health and wellbeing of the community. This includes Sport and Recreation Officers, Local Government Law Enforcement Officers, Pest Control Officers, Building Officers, Strategic Planners, Town Planners, Rangers, Librarians, Environmental Officers, Community Development Officers, Policy Officers and Engineers.

WA Public Health Act 2016

Each local government is to prepare a local public health plan that applies to its local government district. Local public health plans must be consistent with the State public health plan and must address a range of specified matters. Local public health plans may be prepared in conjunction with plans for the future of the local government district prepared under section 5.56 of the Local Government Act 1995.

In fact, in some way, nearly everyone in a local government contributes to the health and wellbeing of their community - even though the words 'health', 'wellbeing' or 'community' might not appear in their title or job description.

In Western Australia, many of the traditional 'health' functions continue to be conferred on local government by legislation. Examples include: the Western Australian Public Health Act 2016; the Commonwealth Food Standards Australia

New Zealand Act 1991; the Western Australian Food Act 2008; the Western Australian Environmental Protection Act 1986; the Western Australian Contaminated Sites Act 2003; the Caravan Parks and Camping Grounds Act and other associated regulations or local laws. The administration and enforcement of such laws is often referred to as local government's statutory role in health and wellbeing.

However, local government is increasingly aiming to build strong, self-reliant and resilient communities. This involves engaging with communities to make sure that policies, services and resources meet their needs and expectations. It also involves actively building the capacity of communities; that is, increasing the knowledge, skills and capabilities of individuals and local organisations to support themselves and each other.

It could be argued that these activities represent a non-statutory role in health and wellbeing for local government, and are guided by other laws. For example, the Western Australian Local Government Act 1995 requires that local government is actively concerned with the social, economic and environmental needs of their communities.

² Crombie, H 1995, *Sustainable development and health*, Public Health Alliance, Birmingham



The focus of local government

In carrying out its functions a local government is to use its best endeavours to meet the needs of current and future generations through an integration of environmental protection, social advancement and economic prosperity.

Government of Western Australia 1995, *Western Australian Local Government Act 1995*, Section 1.3

[Amended by No 49 of 2004 s.15], Perth

A local public health plan must:

- (a) identify the public health needs of the local government district; and
- (b) include an examination of data relating to health status and health determinants in the local government district; and
- (c) establish objectives and policy priorities for —
 - (i) the promotion, improvement and protection of public health in the local government district; and
 - (ii) the development and delivery of public health services in the local government district; and
- (d) identify how, based on available evidence, the objectives and policy priorities referred to in paragraph (c) are proposed to be achieved; and
- (e) describe how the local government proposes to work with the Chief Health Officer and other bodies undertaking public health initiatives, projects and programmes to achieve the objectives and policy priorities referred to in paragraph (c); and
- (f) include a strategic framework for the identification, evaluation and management of public health risks in the local government district and any other matters relating to public health risks in the local government district —
 - (i) that the local government considers appropriate to include in the plan; or
 - (ii) that are required to be included in the plan by the Chief Health Officer or the regulations; and
- (g) include a report, in accordance with the regulations, on the performance by the local government of its functions under this Act.

WA Public Health Act 2016 Section 45

The *Western Australian Planning and Development Act 2005* also requires local government to consider the promotion of sustainable land use and development under local planning schemes.³

Consequently, local government has clear legislative requirements to make sure that their communities not only survive, but thrive.

Of course, local government is not alone in this task. Taking care of the health and wellbeing of communities is a job that falls to all tiers of government and many other sectors: the federal government; the state government; the local government; private enterprise; and not-for-profit organisations.

³ Government of Western Australia 2005, *Western Australian Planning and Development Act 2005*, Perth



1.3 Why is health and wellbeing important?

Positive health and wellbeing enables individuals to:

- have increased life expectancy and better quality of life
- take on change and challenges
- survive injury, illness and pain
- avoid premature death and preventable hospitalisation
- deal with stress, disappointment and sadness
- develop and apply knowledge and skills
- enjoy more lifestyle choices
- spend less on the costs of ill-health.

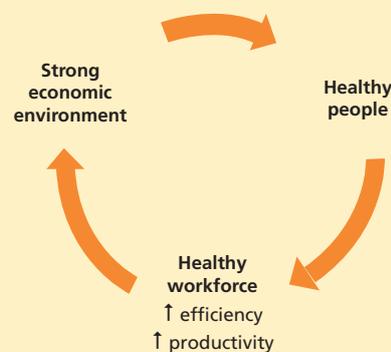
With poor health and wellbeing, individuals are more likely to:

- suffer pain and discomfort
- lose capacity and skills
- have decreased life expectancy and lower quality of life
- make poor decisions
- become lonely and isolated
- become anxious and stressed
- develop chronic disease.

From a community perspective, the health and wellbeing of the population contributes to social interaction and the vitality of the community. For example, it enables participation in sports, volunteering, arts and culture, and all activities that bring the community together.

By contrast, poor health and wellbeing reduces this participation and brings with it the high costs of medical care and other community services. The health and wellbeing of the population likewise contributes to the economic life of the community. It provides the workforce and the trade that drives business investment and productivity. Figure 1 demonstrates that a strong economy relies on healthy people.

Figure 1:
A healthy economy
relies on a healthy community



Source: The Institute of Public Health in Ireland 2005, *Health impacts of employment: a review*, Dublin

The health of future generations

‘In view of new epidemiological developments – for example, the increase of overweight and obesity, early onset of diabetes, an increase in mental health problems – the generation of children born at the turn of the 21st century could be the first to have a lower health and life expectancy than their parents. Increased investment in the health of the next generation is critical’.

Kickbush, I 2008, *Healthy Societies: Addressing 21st Century Health Challenges*, State of South Australia, Adelaide



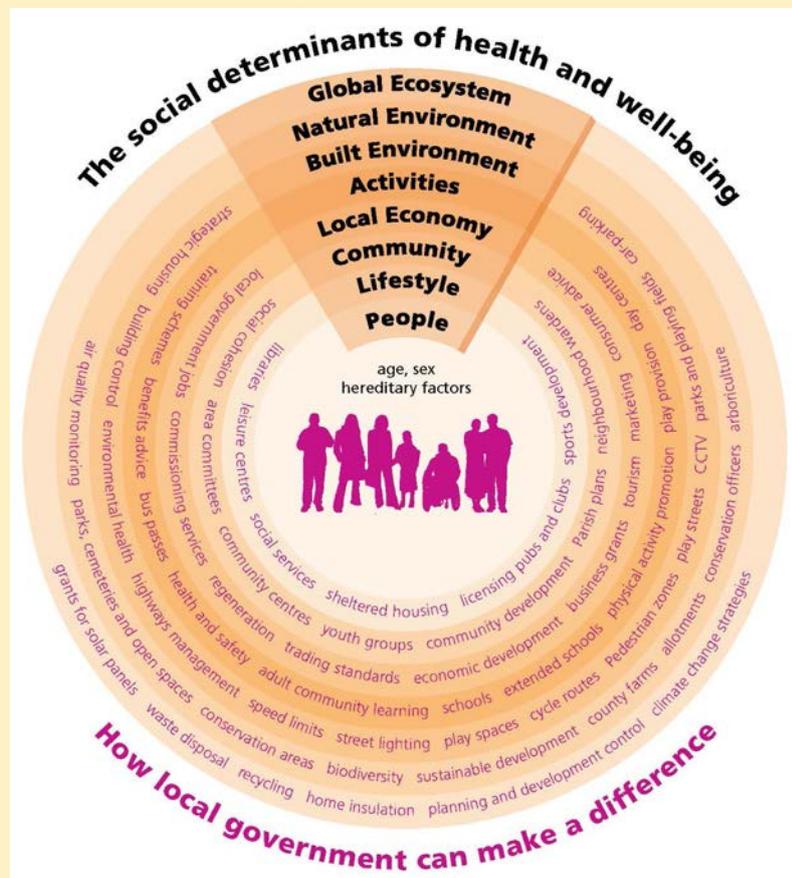
1.4 What determines health and wellbeing?

Health and wellbeing is influenced by the built, natural, social and economic environments in which we live, work and play.

At the time when sewage and sanitation systems made such a difference, the major threats to the health of the community were largely famine and disease. Such threats still exist today and warrant our continued vigilance. However, recent research has shown that a wider range of factors can influence our health and wellbeing. These factors are often referred to as 'determinants of health'.⁴ They include not only our individual characteristics and lifestyles but importantly the social, economic, built and natural environments in which we live. These four environments are referred to as the 'environments for health'.⁵

As we enter the 21st century, health and wellbeing is also increasingly shaped by global influences like climate change; the globalisation of markets; the increasing mobility of individuals; and the pressure on non-renewable resources such as oil. These global challenges have the potential to impact radically on local communities. Figure 2 depicts the often inter-related factors that influence the health and wellbeing of individuals and communities.

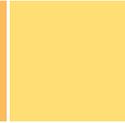
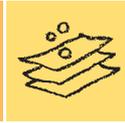
Figure 2: The determinants of health: global to local



Source: Campbell F, 2010 Improvement and Development Agency, United Kingdom

⁴ Wilkinson, R & Marmot, M 2003, *Social Determinants of Health: the Solid Facts*, 2nd edn, World Health Organization, Denmark

⁵ Victorian Department of Human Services 2001, *Environments for health: municipal public health planning framework*, VDHS, Melbourne

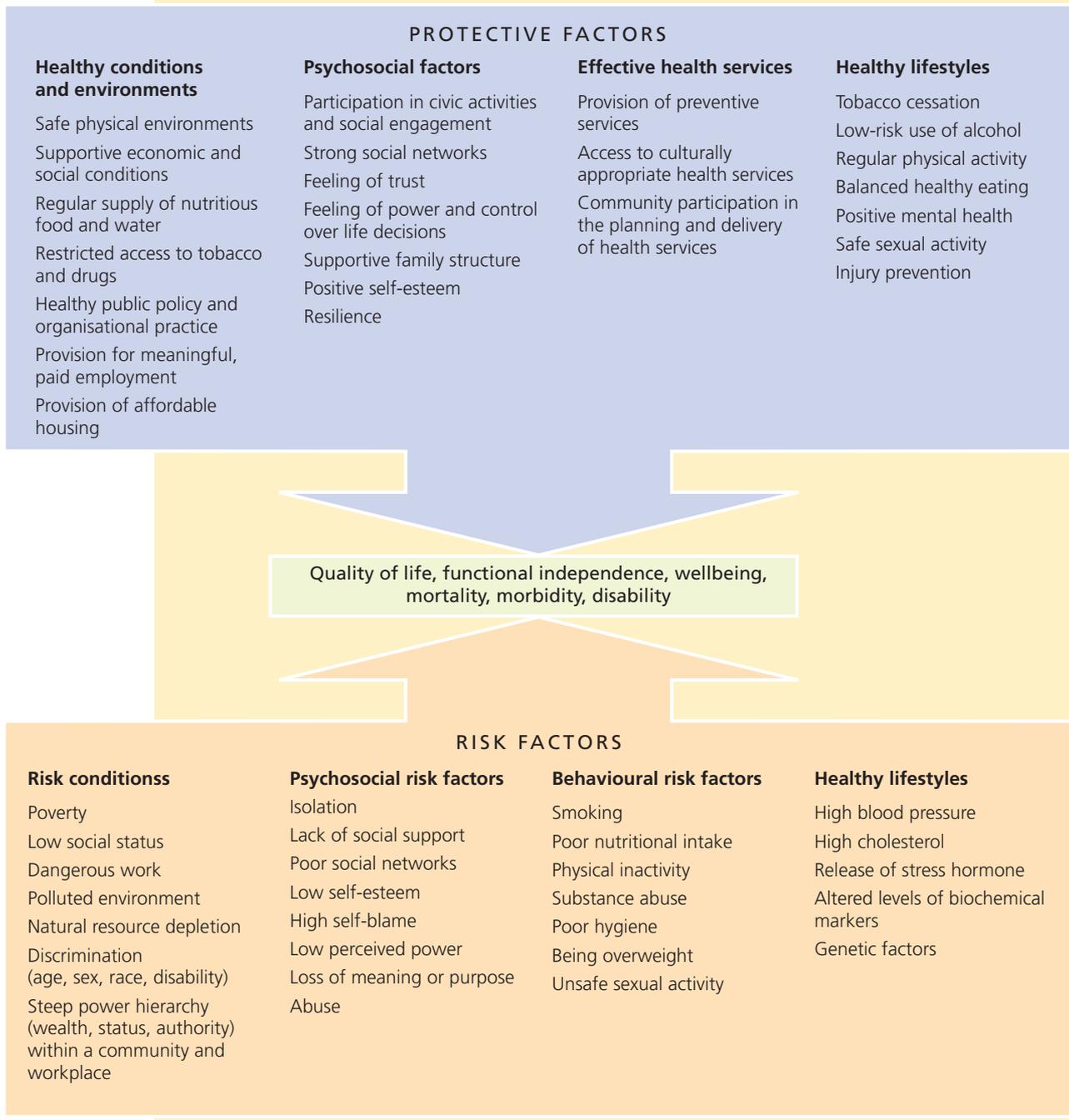


Health and wellbeing is about more than hospitals, illness and medical care

The relationship between the determinants of health and the health and wellbeing of individuals and communities can also be understood by considering:

- the factors that contribute to good health and wellbeing – ‘protective factors’
- the factors that jeopardise good health and wellbeing – ‘risk factors’ (see Figure 3).

Figure 3: The factors affecting health and wellbeing



Adapted from Labonte, R 1998, *A community development approach to health promotion: a background paper on practice, tensions, strategic models and accountability requirements for health authority work on the broad determinants of health*, Health Education Board of Scotland, Research Unit on Health and Behaviour Change, University of Edinburgh, Edinburgh.



1.5 How does local government influence health and wellbeing?

Given the wide range of factors influencing health and wellbeing, it is clear that the core business of local government plays a major part in the health and wellbeing of local communities. However, responsibility for health and wellbeing is not confined to local government health services sections. The decisions and activities of other business units less recognised for their involvement in health and wellbeing can also create supportive environments, reduce risks and increase protective factors (see Table 1).

Table 1: The ways in which local government can influence health and wellbeing

Environment	Common business of local government		Examples of impacts on health and wellbeing
Social Creating opportunities for people to participate in the life of the community	<ul style="list-style-type: none"> community development sport and recreation programs library services youth services senior services community support groups community safety 	<ul style="list-style-type: none"> volunteers disability services home care services art and cultural activities community engagement information services 	<ul style="list-style-type: none"> improved physical, social and mental health and wellbeing increased physical activity sense of place, belonging and safety improved social connectedness and cohesion reduction in illness and diseases
Economic Encouraging economic development and equitable access to resources that are viable	<ul style="list-style-type: none"> economic development employment development commercial and industrial development 	<ul style="list-style-type: none"> tourism affordable housing and accommodation subsidised services job creation 	<ul style="list-style-type: none"> improved physical, social and mental health and wellbeing accessible and affordable housing higher standards of living reduction in illness and diseases
Built Altering our surroundings to make them liveable	<ul style="list-style-type: none"> town planning and development community infrastructure roads and streetscapes traffic management footpaths community facilities seating toilets 	<ul style="list-style-type: none"> drainage lighting underground power land management graffiti management parks and public open spaces museums 	<ul style="list-style-type: none"> improved physical, social and mental health and wellbeing increased physical activity improved social connectedness and cohesion reduction in falls and traffic-related injuries safer environments for health reduction in illness and diseases
Natural Looking after the natural environment so that it is sustainable and continues to nurture us	<ul style="list-style-type: none"> air quality water demand and quality waste management bushland and coastal protection 	<ul style="list-style-type: none"> pollution and hazards climate change energy consumption environmental protection shade trees 	<ul style="list-style-type: none"> improved physical, social and mental health and wellbeing increased physical activity safer food, water and air reduced exposure to environmental hazards and health risks reduction in illness and diseases



One Planet Fremantle Strategy

'The aim of the One Planet Fremantle initiative is to create a future where it is easy, attractive and affordable for people to lead happy and healthy lives within a fair share of earth's resources. As part of the One Planet Councils program in Australia, BioRegional applies 10 One Planet principles and a set of common international targets to support the development of flagship sustainable regions. These principles are:

- Culture and community
- Equity and local economy
- Health and happiness
- Land use and wildlife
- Sustainable food
- Sustainable materials
- Sustainable transport
- Sustainable water
- Zero carbon
- Zero waste



The City of Fremantle launched its One Planet Fremantle strategy in 2014/15, to set out how it would become a One Planet Council. The City achieved national recognition in September 2014 and was awarded international certification as a One Planet Council in October 2015 by BioRegional. BioRegional champions a better, more sustainable way to live. They work with partners to create places which enable people to live, work and do business within the natural limits of the planet. This is called One Planet Living.

Through the One Planet Living holistic framework, the City of Fremantle supports staff, local business, industry, and residents to strive towards a one-planet lifestyle by 2025. The City has committed to a suite of corporate and community targets and has developed a detailed action plan to guide progress towards meeting these targets.'

For more information please visit the City of Fremantle website:

<http://www.fremantle.wa.gov.au/OnePlanet>

SECTION TWO: THE ROLE OF COUNCILLORS AND LOCAL GOVERNMENT STAFF



2.1 What is a councillor's role in health and wellbeing?

Councillors can play an important part in improving the health and wellbeing of the communities they serve.

As elected officials, councillors are expected to fulfil a number of important roles in the administration of local government.

These generally include:

- elector representation
- community leadership
- policy and decision-making
- community partnership.

Each of these roles contributes directly towards the improvement of health and wellbeing in the community (see Table 2).

Role of councillors

A Councillor:

- represents the interests of electors, ratepayers and residents of the district;
- provides leadership and guidance to the community in the district;
- facilitates communication between the community and the council;
- participates in the local government's decision-making processes at council and committee meetings; and
- performs such other functions as are given to a councillor by this Act or any other written law.

This section applies to all members of council including a Mayor or President who is not a Councillor and a Councillor who is also the Mayor or President.

Government of Western Australia 1995, *Western Australian Local Government Act 1995, Section 2.10*, Perth

Table 2: Councillor roles and influence on health and wellbeing

Role	Responsible for...	Influence health and wellbeing by...
Elector representation	providing a direct link between individual electors, community groups and local government	understanding the health and wellbeing issues affecting constituents and their communities
Community leadership	taking a lead role in dealing with current and future issues confronting the community	making sure health and wellbeing is given priority by raising health and wellbeing issues and influencing policies, plans, services and facilities
Policy and decision-making	contributing to policy debate and making informed decisions on matters affecting the community	asking the right questions, considering the evidence, ensuring health and wellbeing is improved for everyone, listening to the community, checking the results and planning for health and wellbeing into the future
Community partnership	working in partnership with community and local government stakeholders	pursuing integrated approaches to health and wellbeing across the whole organisation



2.2 What is the role of local government staff in health and wellbeing?

The roles local government staff play in the health and wellbeing of the local community are very broad, depending on their specific occupations and functions. As stated earlier, nearly everyone in a local government contributes to the health and wellbeing of their community in some way. The wide range of local government responsibilities means that local government staff bring a vast array of qualifications, backgrounds and experience in creating healthy communities.

While councillors make policies and decisions designed to serve the best interests of the community, it is local government staff who provide advice to councillors and who implement and interpret these policies.

In addition to carrying out their specific roles, local government staff can influence health and wellbeing through broader roles and departments within council.

These include:

- gathering the evidence to identify priority health issues
- putting health and wellbeing at the centre of council decision-making
- engaging with the community to improve health and wellbeing
- collaborating with internal and external partners
- learning from their experience and the experience of others
- being a health and wellbeing 'champion'.

These broader roles contribute to the way local government demonstrates a commitment to health and wellbeing as an organisation (see Table 3).

The role of local government staff

'Each local government must employ a CEO and staff to advise council members on matters under discussion, administer the day to day operations of the local government, carry out the policies of council and implement its decisions. CEOs are selected by the council and are generally employed on a fixed term contract basis. This contract contains performance criteria which are evaluated by the council in the CEO's performance review on an annual basis.'

The CEO acts as the conduit between the council members and the council staff. All other council staff, including engineers, planners, financial managers, administrators and outside workers, ultimately receive their direction from, and are responsible to, the CEO. Council members acting individually do not have the authority to influence the activities, duties and operations of these staff directly.'

Adapted from An introduction to local government: Local Government Elections – Fact Sheet 1, 2015, Department of Local Government and communities, WA



Table 3: The role of local government staff in influencing health and wellbeing

Role	Responsible for...	Influence health and wellbeing by...
Gathering the evidence	identifying the priority health issues for the community and vulnerable groups	developing community health and wellbeing profiles to support local health planning and policy direction (see pages 24-29)
Putting health and wellbeing at the centre of council decision-making	understanding the impacts of local government's decisions and actions on health and wellbeing choosing the most effective or promising responses to identified need	ensuring that a local government's decisions and actions support protective factors and reduce risk factors (see page 8)
Engaging with the community to improve health and wellbeing	encouraging participation from diverse voices in the community in decisions affecting their health and wellbeing	ensuring that community views are carried forward into decision-making (see pages 30-34)
Collaborating with internal and external partners	proactively pursuing opportunities to integrate responses to identified need in partnership with community and local government stakeholders	creating more streamlined and accessible programs and services that are more effective and efficient (see pages 40-44)
Learning from their experience and the experience of others	measuring the extent to which responses to identified need are working or not	demonstrating accountability for results and using regular reflection and evaluation to inform new or revised responses to need (see pages 45-48)
Being a health and wellbeing champion	modelling or supporting healthy behaviours	participating in or supporting workplace health and wellbeing initiatives (see pages 49-50)



2.3 Stages of commitment to health and wellbeing

In pursuing all their roles it is important that councillors and council staff recognise that each local government has a unique historical and cultural context. This means they might be at different stages in their commitment to health and wellbeing. Understanding this organisational context will affect the way they work with the community and within local government. Table 4 illustrates the features common to local government at different stages of commitment.

Table 4: Features of a local government's commitment to health and wellbeing

Starting out	Making progress	Showing the way
Marginal commitment to health and wellbeing	Growing commitment to health and wellbeing	Commitment to health and wellbeing is central to organisational culture
No clear vision or objectives for creating a healthier community	Vision and objectives for creating a healthier community are expressed, but not necessarily acted upon	Clear vision and objectives for creating a healthier community, that are acted upon and measured in the Plan for the Future
Councillors and senior managers starting to shift focus from service issues to a strategic health and wellbeing agenda	Councillors and senior managers pursue integrated approaches to health and wellbeing	Councillors and senior managers work collaboratively to achieve integrated approaches to health and wellbeing
Individuals within local government beginning to recognise how their function contributes to health and wellbeing	Many recognise their role in improving health and wellbeing but more can be done to maximise the benefits	Everyone recognises the contribution they make to creating a healthier community
Action is confined to specific health and wellbeing projects and services	Action includes examples of health and wellbeing integrated with other local government activity	All action is considered in terms of its impact on health and wellbeing
The role of internal policies in supporting health and wellbeing are recognised, but some changes need to be made	Some policies exist that promote health and wellbeing, but some inconsistencies exist	Workplace policies model positive health and wellbeing practices

Adapted from Welsh Local Government Association 2006, *The route to health improvement: An Organisational Development Package to Build Capacity for Local Authorities*, WLGA, Cardiff

SECTION THREE: HEALTH IN ALL POLICIES

3.1 *What is Health in All Policies?*

'Health in All Policies' is about promoting healthy public policy across all departments of local government to achieve policy outcomes that simultaneously improve community health and wellbeing outcomes.

Councillors and staff routinely develop and adopt policies or make major decisions that will have significant impacts on health and wellbeing. Often, they are under pressure to balance the opposing interests of residents, business, community groups and other tiers of government.

3.2 *What is a healthy community?*

A healthy community is characterised by...

- a clean, safe physical environment of a high quality (including housing quality)
- an ecosystem that is stable now and sustainable in the long term
- a strong, mutually supportive and non-exploitative community
- a high degree of participation in and control by the citizens over the decisions affecting their lives, health and wellbeing
- the meeting of basic needs (food, water, shelter, income, safety and work) for all the city's people
- access by the people to a wide variety of experiences and resources, with the chance for a wide variety of contact, interaction and communication
- a diverse, vital and innovative economy
- the encouragement of connectedness with the past, with the cultural and biological heritage of city dwellers and with other groups and individuals
- a form that is compatible with and enhances the preceding characteristics
- an optimum level of appropriate public health and sickness care services, accessible to all;
- high health status (high levels of positive health and low levels of disease).

World Health Organization Europe (1986). *Healthy Cities: Promoting Health in the Urban Context*, WHO Copenhagen, Denmark

Key elements of Health in All Policies

The five key elements of Health in All Policies are vital to the success of this work:

1. Promote health and equity by incorporating health and equity into specific policies, programs, and processes, and by embedding health and equity considerations into government decision-making processes;
2. Support intersectoral collaboration by bringing together partners from many sectors to recognize the links between health and other issue and policy areas, break down silos, and build new partnerships to promote health and equity and increase government efficiency;
3. Benefit multiple partners and simultaneously address the policy and programmatic goals of both public health and other agencies;
4. Engage stakeholders beyond government partners, such as community members, policy experts, advocates, the private sector, and funders; and,
5. Create structural or procedural change in order to fundamentally change how government works by embedding health and equity into government decision-making processes at all levels.'

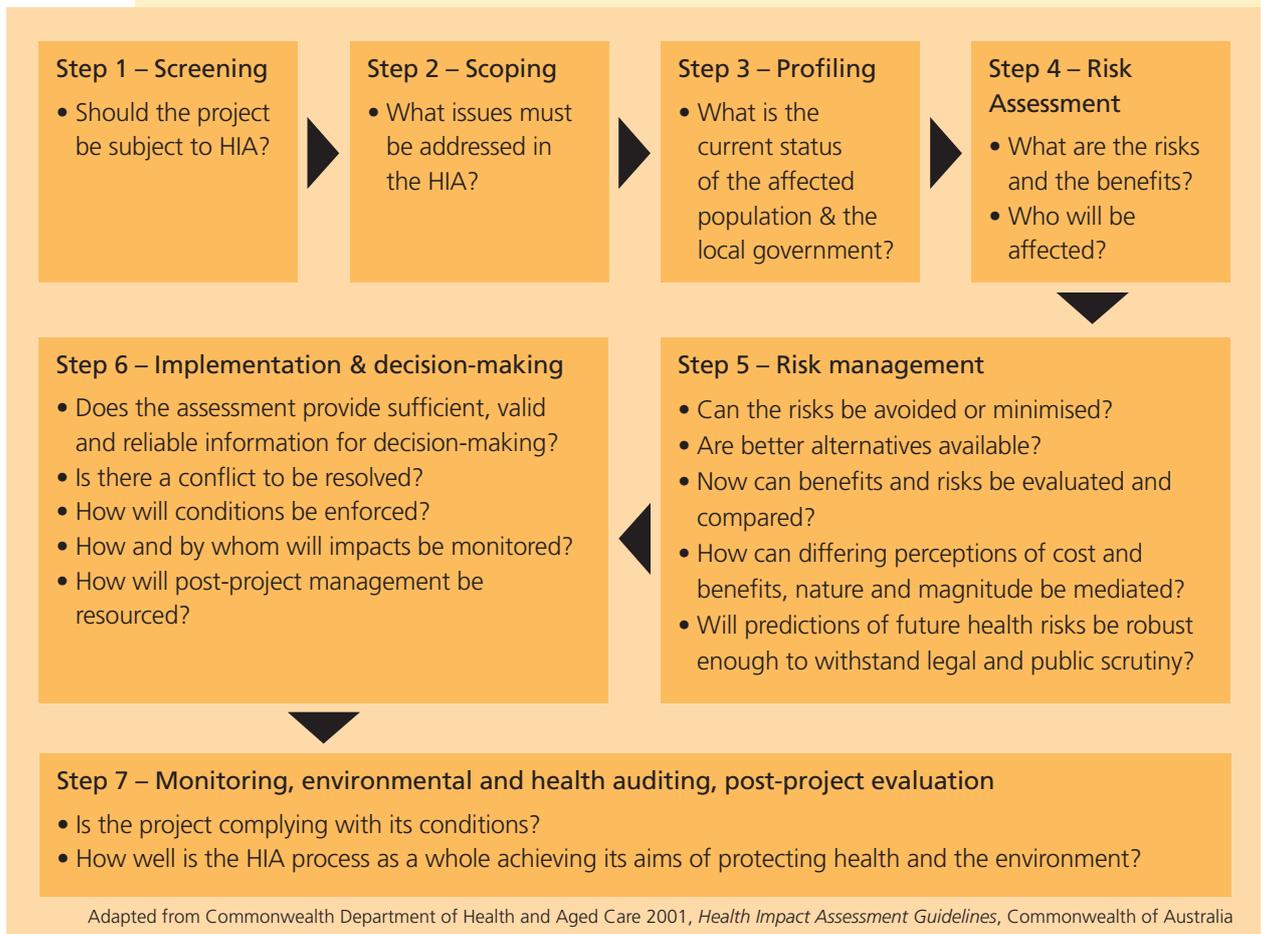
(Rudolph, L. et al (2013). *Health in All Policies: A Guide for State and Local Governments*, American Public Health Association and Public Health Institute, Washington DC and Oakland CA



3.3 How can Health in All Policies be assessed?

To assess the likely health and wellbeing impacts of a policy or major decision fully, it is necessary to apply a “health lens” to all local government policies and consider all four environments for health – the social, built, economic and natural. One way that councillors and staff can apply a “health lens” and assess the likely impacts is to use impact assessment tools. Figure 4 below depicts the steps involved in a typical health impact assessment.

Figure 4: Health Impact Assessment (HIA) Framework



It might not be practical for all policies and decisions to be subjected to in-depth assessment. Approaches can be scaled to fit the policy or decision context; that is, more rapid appraisals can be used either to provide assurance that a decision can go ahead or to identify the need for greater scrutiny. Specific tools can assist with various steps in this assessment process. For example, the Western Australian Department of Health has developed scoping guidelines for environmental and health impact assessment (*Health Risk Assessment [Scoping] Guidelines*).⁶ These guidelines acknowledge the importance of a risk-based approach to assessing public health issues.

⁶ Western Australian Department of Health 2010, *Health Risk Assessment (Scoping) Guidelines*, WA DoH, Perth

SECTION FOUR: PUBLIC HEALTH PLANNING

4.1 *How does local government plan for a healthy community?*

Planning for healthy community involves not only developing specific responses to health issues or people at risk of poor health; it also means ensuring that wherever possible, all plans and decisions take into account potential health impacts.

This broader approach focuses public policy on supporting health and wellbeing and shifts the balance towards prevention, rather than cure.

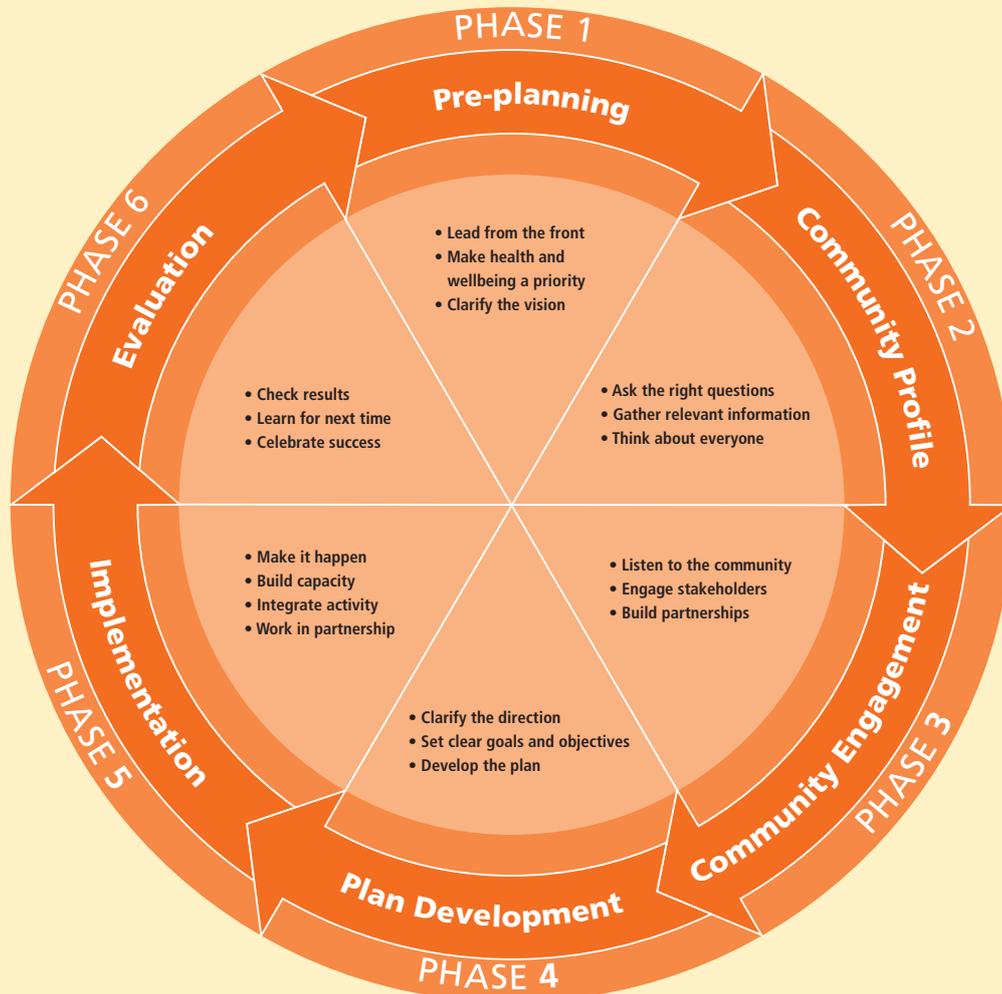


Make a real difference – understand how planning for a healthy community works, and get involved

Planning for a healthy community is generally made up of a number of phases: Pre-planning, Community Profile, Community Engagement, Plan Development, Implementation and Evaluation. These phases normally occur in a cycle - that is, one phase follows the next and the final phase of each cycle starts the next, new cycle (see Figure 5 page 18).



Figure 5: Phases of the planning cycle: A healthy community



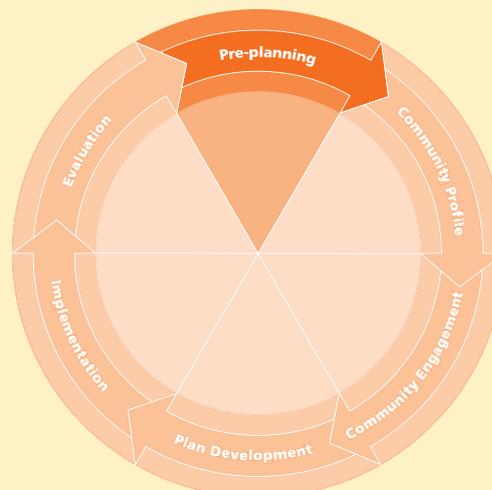
Local public health planning methods and terminology might vary across local government and between business units. However, this is not important so long as the health planning processes provide direction and help councillors and staff to:

- understand the issues and opportunities as fully as possible
- engage with the community, specific population groups and other stakeholders
- be clear about what they want to achieve
- prioritise their options and commit to effective strategies that are sustainable
- check whether what they are doing works.

The following sections look at each of the phases of the health planning cycle in more detail.



4.2 PHASE 1 *Pre-planning*



Lead from the front – make sure health planning gets off on the right foot

Getting involved in planning for a healthy community needs to start as early as possible: it is difficult to contribute to a plan when it's being presented for sign-off. Of course, health planning is not just about producing a document called a local public health plan, it is about examining the information; participating in discussion; and agreeing on direction and actions.

It is important to take time during the pre-planning phase to design the process, so that all phases receive sufficient time and resources to succeed. Effective pre-planning requires leadership and a clear vision – with health and wellbeing as a priority for the future.

Integrate health planning with other plans

Local government produces plans for a number of reasons. Some plans will be prescribed by legislation or a funding agreement, while others will be an initiative of local government itself.

Chief among legislated local government plans in Western Australia is the requirement for a "Strategic Community Plan".⁷

This plan establishes the community's long-term vision for the municipality's future, including aspirations and service expectations. The plan also drives the development of other local government Area/Place/Regional Plans, resourcing and other informing strategies.

Many other plans developed by local government will deal with issues that impact on the health and wellbeing of the community. These might have quite different purposes or subjects – for example:

- a **particular target group** – e.g. positive ageing or youth plan
- an **outcome** – e.g. access and equity plan
- a **product** – e.g. affordable housing strategy
- a **business unit** – e.g. parks and reserves plan.

⁷ <http://integratedplanning.dig.wa.gov.au>



Pre-planning is an opportunity to integrate local public health plans with these many plans: to see how the goals or strategies expressed in a local public health plan might align with one or more other plans. Mapping or auditing existing plans within the organisation will help to do this and avoid unnecessary duplication. The key to integrated planning is to ensure that:

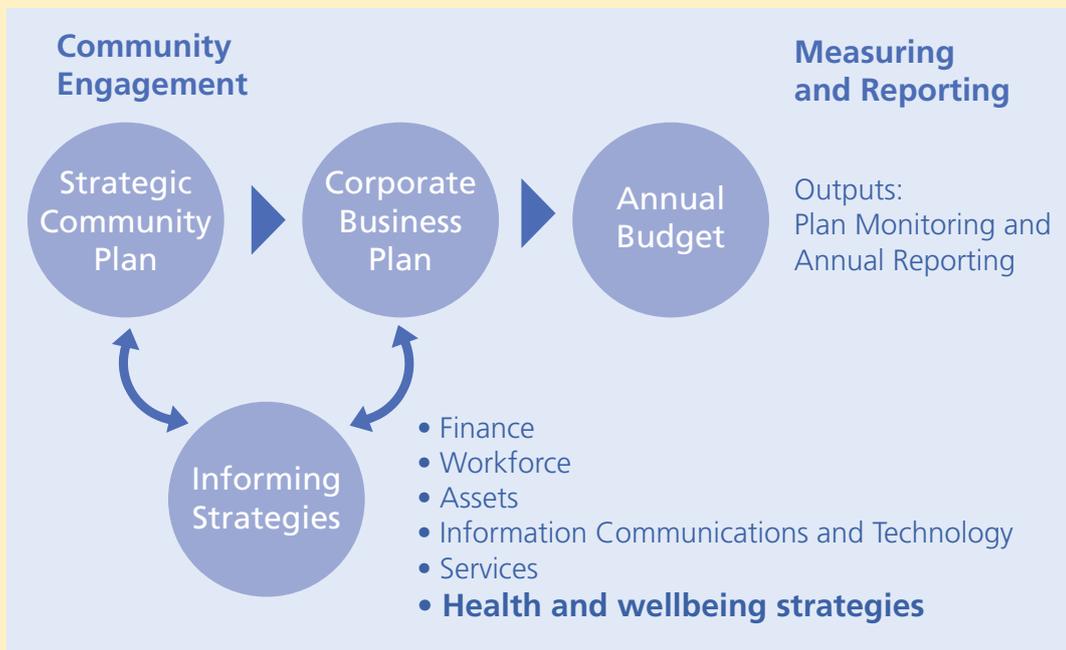
- the right questions are asked
- the answers are available for any other planning activities
- the right stakeholders are identified and involved in the process
- collaborative working relationships are encouraged and supported.

Planning for health and wellbeing requires councillors and staff to take the lead in pursuing their vision for a healthier community. An effective starting point is to express clear policy objectives for the health and wellbeing of the community.

Integrated planning and reporting

The Integrated Planning and Reporting: Framework and Guidelines, September 2016 has been developed by the WA Department of Local Government and Communities to improve the practice of strategic planning in local government. The framework reinforces the need for integrated activity across the full spectrum of local government business and recognises that planning should be holistic in nature and driven by community aspirations. The following diagram depicts the elements that make up the framework.

Figure 6: Elements of the Integrated Planning and Reporting Framework



Adapted from ICT Strategic Framework

<https://www.dlgc.wa.gov.au/Publications/Pages/ICT-Strategic-Framework.aspx>

For more information on the Integrated Planning and Reporting: Framework and Guidelines, September 2016 and other resources, please visit the Department of Local Government and Communities website:

www.dlgc.wa.gov.au/Publications/Pages/IPR-Framework-and-Guidelines.aspx.aspx



City of Melville – A vision for the future

'The City of Melville Health and Wellbeing Strategy frames the City's vision for improving the health and wellbeing of the community. The Strategy aligns with the City's Strategic Community Plan - People Places Participation 2012-2022, which sets out our communities' vision and aspirations for the future.

These aspirations listed in the following tables demonstrate the importance of health and wellbeing to the community and show how the City is able to support this.

Improvements in community health and wellbeing rely on a whole-of-community approach, involving government agencies, service providers, non-government agencies and the community.

The City will work in partnership with all stakeholders to work towards the outcomes described in this Strategy.'



For more information please visit the City of Melville website

www.melvillecity.com.au/index.php/component/alfrescocontent/?nodeid=42202bd5-ae2a-4240-b31f-c5d02fc66dfb



City of Melville Health and Wellbeing Policy

'Policy Objective

To enhance the health, wellbeing and quality of life for the City of Melville community.

Policy Scope

This Policy applies to Elected Members of Council, to all employees and to all consultants engaged by the City and influences all strategies, plans and activities developed or conducted by the City.

Policy Statement

The City of Melville recognises that its legislative role in promoting public health and wellbeing is through urban planning, social and physical infrastructure, health protection initiatives, community programs and the creation of safe and healthy environments which promote and support community connectedness and help prevent a range of chronic diseases which positively influence the identified health and wellbeing needs of the community.

This Policy describes the City of Melville's commitment, vision and contribution for the current and future health and wellbeing of the community. It supports consultation with internal and external stakeholders and describes the processes and considerations necessary to develop and implement a Public Health and Wellbeing Plan.

The National Public Health Partnership in Australia 1998 described public health as "...an organised response by society to protect and promote public health and to prevent illness, injury and disability. The starting point for identifying public health issues, problems and priorities, and for designing and implementing interventions, is the population as a whole or population sub-groups".

This Policy has been developed and aligned with the Department of Health South Metropolitan Area, Health Service guide to local public health plans to ensure the alignment of local Public Health and Wellbeing Policy with national and state policies.

Relevant activities include:

- public health planning.
- ihealth protection.
- health promotion
- parhealth promotion
- best practice in public health

The City of Melville aims to enhance the health, wellbeing and quality of life for the community through:

- assessing, reviewing and responding to current and future public health and wellbeing needs, issues and emerging trends, based on best practice, sustainability and evidence-based decision making processes.
- determining key health priorities, gaps in health protection and goals to be reached to achieve health gains.
- facilitating an integrated intersectoral approach to public health and wellbeing across the City.
- developing collaborative partnerships with internal and external key stakeholders.
- integrating public health and wellbeing into existing planning processes



- facilitating the vision for a healthy and sustainable community through greater community participation and development on health issues.
- aligning with and providing strategic links and relationships with local, state and national strategic plans and policies that impact on health and wellbeing.'

For more information please visit the City of Melville website:

[http://www.melvillecity.com.au/about-melville/council-information/policies/
Public+Health++Wellbeing+Policy+-+CP-040](http://www.melvillecity.com.au/about-melville/council-information/policies/Public+Health++Wellbeing+Policy+-+CP-040)



Councillor and staff checklist for pre-planning

How does the local public health plan under consideration reflect and reinforce the local government's strategic intention for health and wellbeing? Does it align with the plan for the Strategic Community Plan? How will it align with other policies or plans?



Who will 'own' the plan? Will local government be responsible for all the strategies, or will external agencies take on agreed actions?

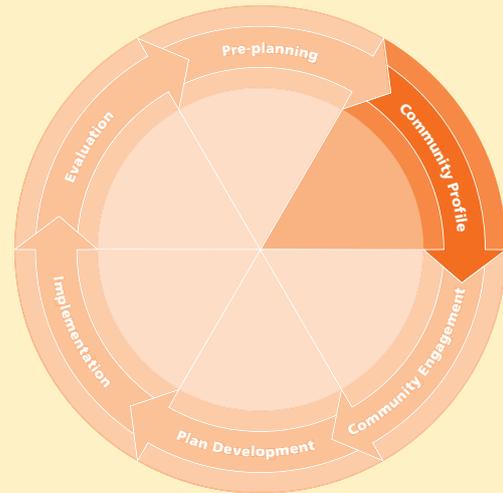
Is there a clear process laid out for all phases of the health planning process? Is there sufficient time allocated to each phase? Is the health planning process adequately resourced? How will councillors and staff be briefed as the plan progresses?

What role will councillors and staff play in the health planning process – for example:

- councillor and staff representation on the plan reference group or similar?
- councillor and staff attendance at consultation forums or public meetings?



4.3 PHASE 2: *Community health and wellbeing profile*



Ask questions about the community

A community profile is a picture of the health and wellbeing of the community. As a result, it can inform local government, the public, partners and other stakeholders about the health and wellbeing of the general population and different groups within the community. Developing a community health and wellbeing profile means asking the right questions and using reliable information. It is important to consider the entire community and pay particular attention to those who might be more vulnerable to poor health and wellbeing.

The information gathered in developing the community health and wellbeing profile provides the evidence required to plan effectively.

Such profiles can:

- identify specific health concerns, high-risk groups and unmet needs
- clarify built, social, economic and natural barriers to health and wellbeing
- focus attention on health priorities
- establish the resources available to the community to respond to priority health needs
- stimulate the 'buy-in' of the community and other stakeholders.



Understand the community's needs and opportunities

A traditional response to planning has been to focus on needs, deficiencies and problems. However, in recent years these traditional needs-based planning approaches have become regarded as taking a 'glass half-empty' approach. They can miss the opportunity to ask questions about the potential that exists in communities. They also run the risk of reinforcing negative perceptions of the community and encourage welfare dependence from one generation to the next.

A number of models have been developed to challenge this approach. These alternative planning processes, which include Asset Based Community Development and Appreciative Inquiry, use a 'glass half full' approach – building on the strengths of communities. They start from a position of 'what works for us?' and 'how can we do more of it?'⁸

Table 5 describes the difference between a purely needs-based approach and an asset approach.

Table 5: Moving from a needs approach to an asset approach

A needs approach	An asset-based way of thinking
Start with deficiencies and needs in the community	Start with the assets in the community
Respond to problems	Identify opportunities and strengths
Provide services to users	Invest in people as citizens
Emphasise the role of agencies	Emphasise the role of civil society
Focus on individuals	Focus on communities, neighbourhoods and shared goals
See people as clients and consumers receiving services	See people as citizens and co-producers with something to offer
Treat people as passive and done-to	Help people to take control of their lives
'Fix people'	Support people to develop their potential
Implement programs as the answer	See people as the answer

Source: Improvement and Development Agency 2010, *A Glass half full*, IDeA, United Kingdom

The benefit of this kind of approach is that community assets are explored from a positive standpoint and sustainable solutions to issues are often uncovered. Sometimes these assets are existing facilities; sometimes they are people prepared to help each other out; and at other times they might be an economic opportunity that benefits the whole community.

⁸ Improvement and Development Agency 2010, *A Glass half full*, IDeA, United Kingdom



Gather information

Gathering information should include quantifiable data - that is, information that can be counted or objectively measured. For example: life expectancy; mortality rates; prevalence of disease in the population; preventable hospital admissions; prevalence of risky behaviours in the population, such as smoking, alcohol and drug use, inadequate fruit and vegetable consumption and insufficient physical activity.

Other sources of health and wellbeing data include:

- local government community wellbeing surveys - for example, surveys undertaken for local government by independent firms: to determine levels of wellbeing in the community; to understand how community needs are changing; and to identify opportunities for improvement
- broad demographic data – for example, from the Australian Bureau of Statistics (ABS), including its Socio-Economic Indexes for Areas (SEIFA) - a measure of relative social and economic wellbeing assigned to geographic areas⁹
- more health-specific data. This might be obtained from the Department of Health and Public Health Units. For example, Population and Community Health Profiles; Hospital Morbidity and Emergency Department information; Western Australian Burden of Disease Bulletins; Western Australian Health and Wellbeing Surveillance System reports – a self-report data collection system using monthly telephone interviews with 550 people who answer health and wellbeing questions.¹⁰
- The Social Atlas of Australian Local Government Areas, which includes data on a range of population characteristics, including demography, socioeconomic status, health status and risk factors and use of health and welfare services.¹¹

A community health and wellbeing profile should also include qualitative data – that is, subjective information about individual and community feelings and perceptions. Examples include perceptions of safety, self-assessed health and wellbeing and aspirations for the future.

Some information might not be available in the local government area. This might mean using surveys or other forms of community engagement to collect local views. It might also mean it is easier to work with others across data collection areas. Many issues are not confined to local government boundaries.

The prompting questions in Section Five provide ideas for health and wellbeing questions that local government might incorporate into their own community surveys.

⁹ Australian Bureau of Statistics, <http://www.abs.gov.au/websitedbs/censushome.nsf/home/seifa>

¹⁰ Western Australian Department of Health, http://www.health.wa.gov.au/Publications/BOD_Technical.cfm

¹¹ Public Health Information Development Unit, The University of Adelaide, phidu.torrens.edu.au



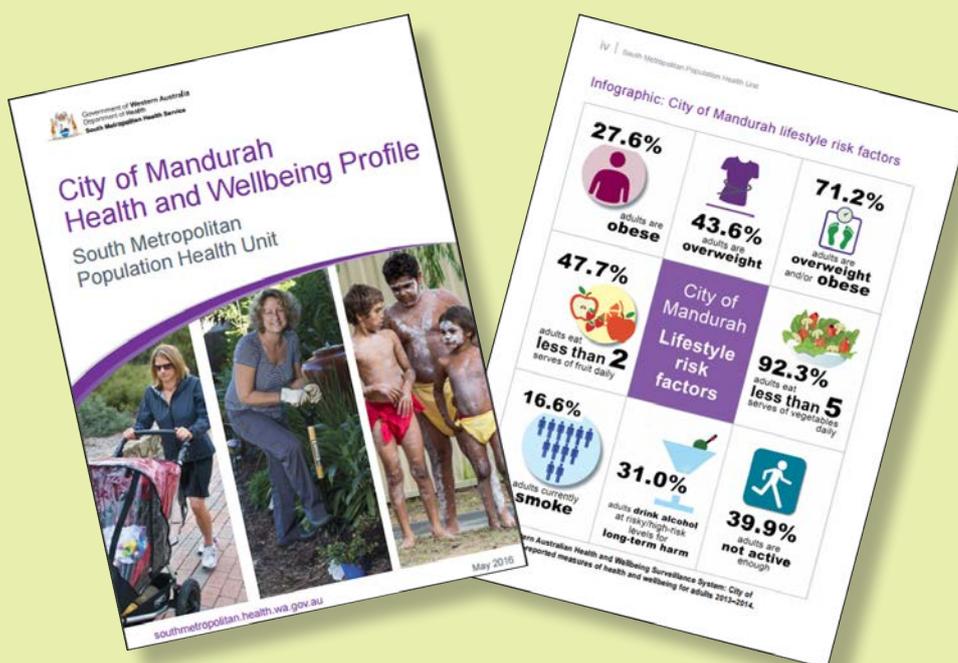
Local government health and wellbeing profiles

The South Metropolitan Health Service has prepared public health profiles for every local government across the South Metropolitan Health Service area.

The aim of the profiles is to provide each local government with demographic and health-specific data to support the development of Local Public Health Plans.

The information gathered by the South Metropolitan Health Service provides each local government with evidence to inform the Council, the public, partners and other stakeholders on a range of public health indicators. This profile is a useful tool for local government to plan effectively to improve the health and wellbeing of the community.

Much of the information contained in the profiles is provided by the Epidemiology Branch, Department of Health, Western Australia and sourced from a variety of databases including the Australian Bureau of Statistics (ABS), the WA HWSS, the Australian Childhood Immunisation Register (ACIR), the WA Hospital Morbidity Data System (HMDS), WA Death Registrations, WA Midwives Notification System and others.



For more information please visit the South Metropolitan Health Service website <http://ww2.health.wa.gov.au/~-/media/Files/Corporate/general%20documents/SMHS/Reports%20and%20Publications/SMPHU-Mandurah-LGA-May2016.ashx>



City of Melville Community Wellbeing Survey

'Every two years the City of Melville asks the community how they feel about the City as a place to live, work and play in its Community Wellbeing Survey.

The Community Wellbeing Survey is designed to measure and report the progress of the City's Strategic Community Plan: People, Places, Participation 2012-2022 which informs big picture plans and the annual budget.

The last survey in 2015 was conducted by an external research company and surveyed more than 400 randomly selected residents who gave their opinion on the City and priorities.'



Extracts from: Community Wellbeing Results Summary 2015

For more information please visit the City of Melville website:

<http://www.melvillecity.com.au/about-melville/community-engagement-and-communications/community-surveys/Community+Wellbeing+Survey>



Think about everyone in the community - improve health and wellbeing for all

Some members of the community are more vulnerable to poor health and wellbeing. This might be the result of culture, ethnicity, gender, age, illness, injury, lack of mobility or even where they live. It might also result from lack of income or skills.

This is often described as 'health inequality' and can be thought of as:

- **inequality of access** – barriers to the services that support health and wellbeing. It includes barriers created through cost, through physically inaccessible services and through services not being culturally appropriate.
- **inequality of opportunity** – barriers to the social, geographic and economic resources necessary to achieve and maintain good health: such as education, employment, income and a safe place to live.
- **inequality of impacts and outcomes** – differences in health status between groups (for example in rates of death, illness or self-reported health).¹²

It is important to understand who in the community will be affected. Local government has a particular responsibility to ensure that:

- vulnerable people in the community are protected and cared for; and
- physical, economic or cultural barriers that prevent people from sharing in opportunities and community prosperity are removed.

Section Five provides questions to prompt consideration of issues facing people who might be at risk of health inequality

Councillor and staff checklist for community health and wellbeing profiles

Is the information for the community health profile in plain language?



Do the conclusions drawn from it make sense?

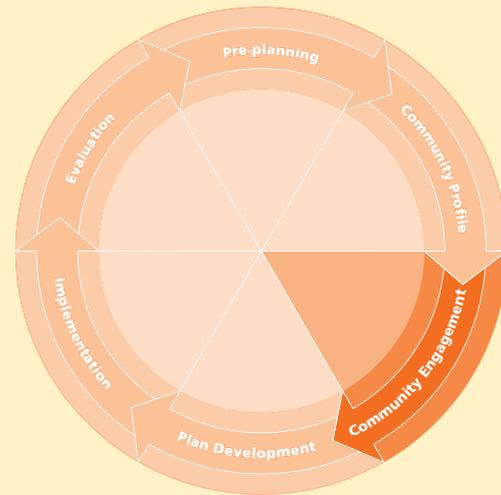
Is it clear what opportunities exist to improve health and wellbeing in the community?

Is it clear who in the community might be at risk of poor health and wellbeing?

¹² VicHealth 2008, *People, Places, Processes*, VicHealth, Carlton



4.4 PHASE 3 *Community engagement*



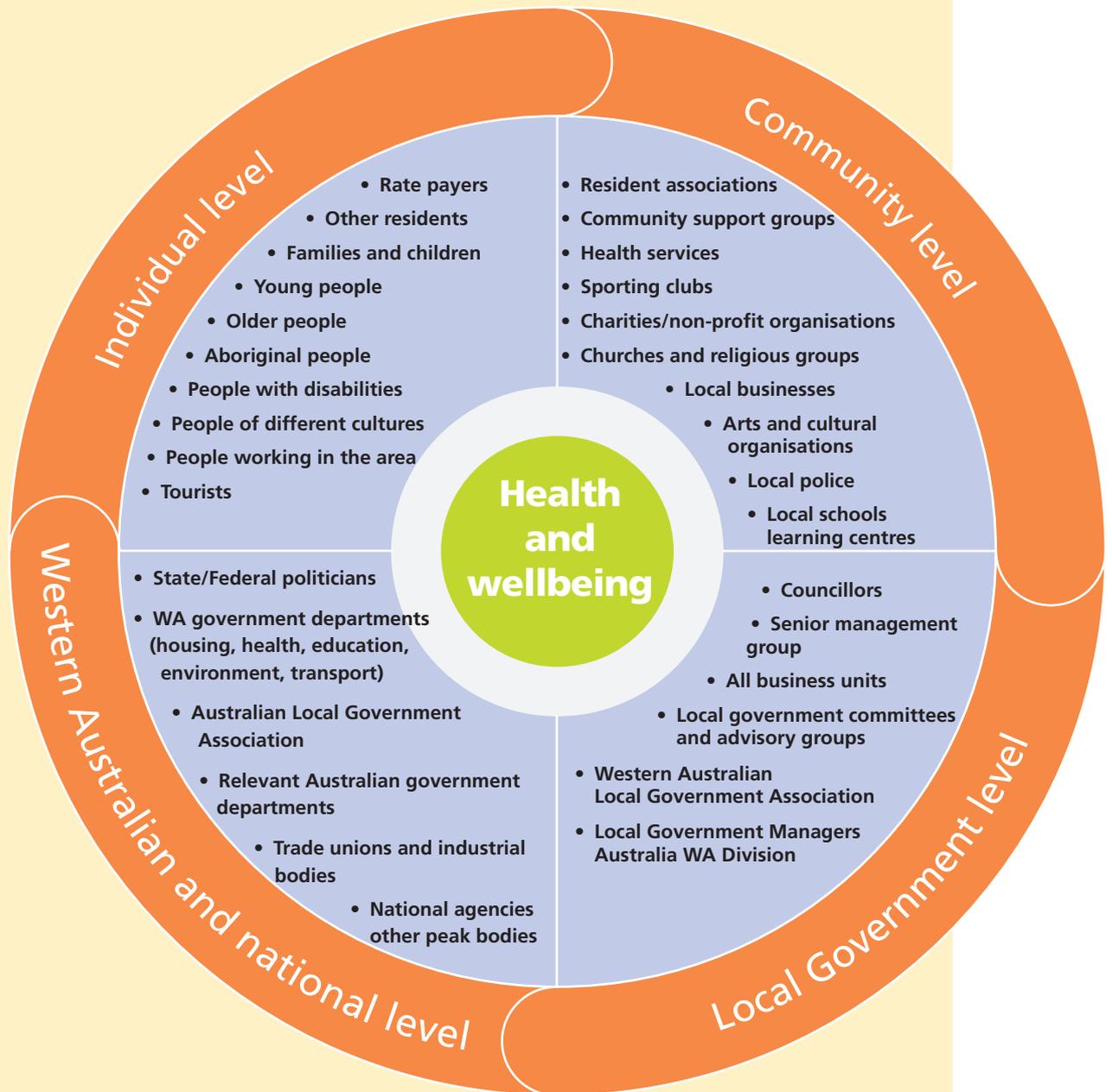
Listen to the community - engage communities and stakeholders in decisions affecting health and wellbeing

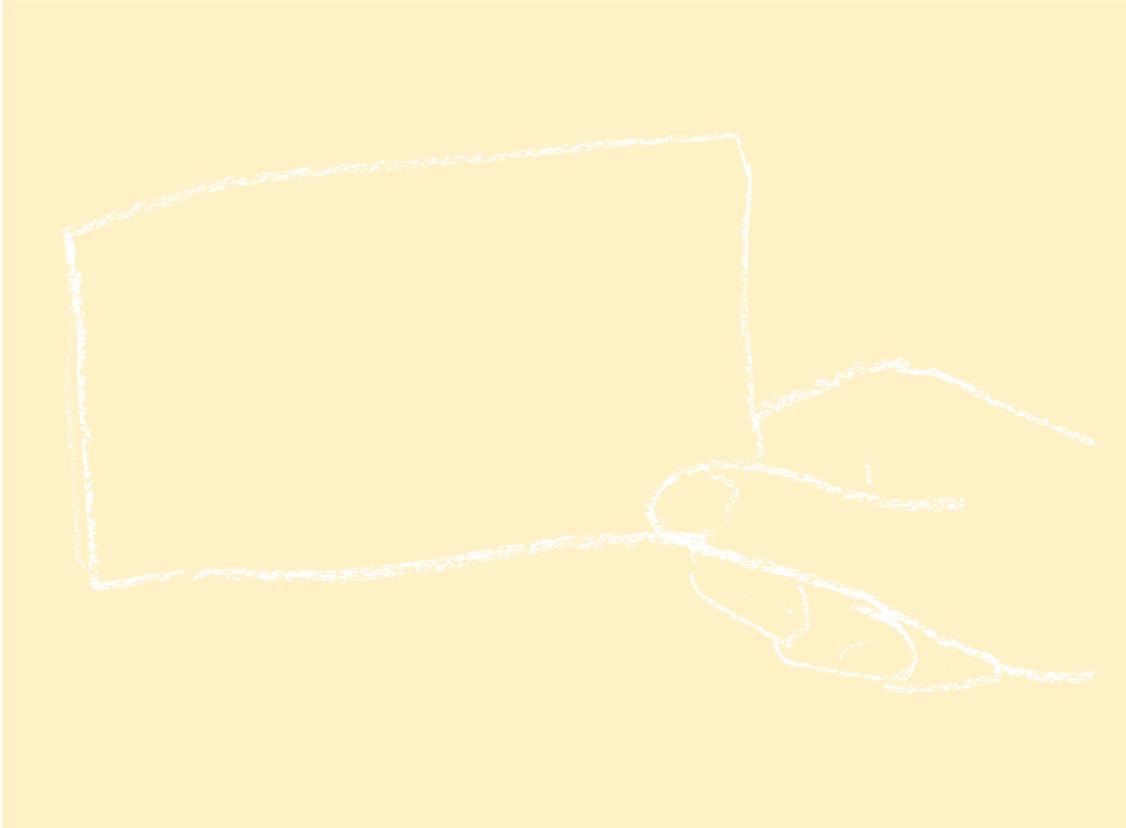
The 'health sector' alone cannot create healthier communities. Nor can a single organisation, profession or level of government. It must be a concerted effort in collaboration with the community. This planning phase therefore involves engagement both with the community and with other stakeholders who can influence health and wellbeing.

Figure 7 opposite describes the individuals and organisations that might have an interest in the health and wellbeing of the local community. These stakeholders will have important insights into the community's needs and assets.



Figure 7: Stakeholders with an interest in health and wellbeing





Participating in local government decision-making is itself a factor that influences health. This includes election processes, consultation and other public participation mechanisms.

The way in which local government engages with the community will vary from topic to topic. This will often be driven by competing priorities and timeframes. Nonetheless, local government can choose how strongly they encourage and support participation – from

little or no engagement to considerable participation. Figure 8 opposite describes how local government can move from simply informing their communities to encouraging a high level of involvement in decision-making.

Listening to locals

'Participating in a decision gives people a sense of ownership for that decision, and once that decision has been made, they want to see it work. Not only is there political support for implementation, but groups and individuals may even enthusiastically assist in the effort.'

Crieghton, J L 2005, *The Public Participation Handbook: Making Better Decisions Through Citizen Involvement*. Jossey-Bass, San Francisco



Figure 8: Model of participation

	Level 1 Informing	Level 2 Listening	Level 3 Facilitating	Level 4 Considering	Level 5 Involving
ATTITUDE Is your local government committed to ...	providing comprehensive information to community members?	listening to what community members have to say?	ensuring that all population groups are able to have their say?	seriously considering what community members have to say?	encouraging community members to have a real role in decision-making?
ACTION and does your local government have a range of strategies and processes that ...	make information readily accessible in a mix of formats?	enable it to listen to community members' views?	provide opportunities for discussion, and help all population groups to have their say?	ensure that community members' views are seriously considered?	provide community members with a real role in decision-making?
ACCOUNTABILITY and does your local government policy...	require that information is readily accessible in a mix of formats?	require processes for community members to be heard?	require that all population groups be given assistance so they can be heard?	require that community members' views are included in significant decisions?	require that community members have a role in decision-making, and receive feedback?

Derived and adapted from Shier, H 2001, *Pathways to participation: openings, opportunities and obligations*, *Children and Society*, 15(2), 107-117 in Dibley, G, Gordon, M 2006, *Talking Participation – taking action: A local government guide to youth participation*, Office of Children and Youth Affairs, Hobart,

Councillor and staff checklist for participation

- How will the planning process engage the community? Is there a policy that guides community engagement?
- Are specific key population groups getting involved?
- Are emerging health and wellbeing priorities consistent with the vision and aspirations of the Strategic Community Plan?
- How will we know whether the plan has been successful? What indicators will be used to measure the results of the plan?



City of Melville – Engaging the community on the secondary supply of alcohol

'The City of Melville in partnership with the South Metropolitan Health Promotion Service is looking for parents and carers of teenagers to join a discussion forum and online platform on young people and the secondary supply of alcohol.'

Secondary supply laws mean it is against the law to provide under 18s with alcohol, in private settings, without parental consent.

The purpose of involving parents and carers of teenagers in the City of Melville is to raise awareness of the secondary supply of alcohol laws and to talk about what they can do to help their children make smart choices.

Parents and carers will provide a community perspective, brainstorm ideas on how best to target messages to parents and provide feedback on proposed strategies.

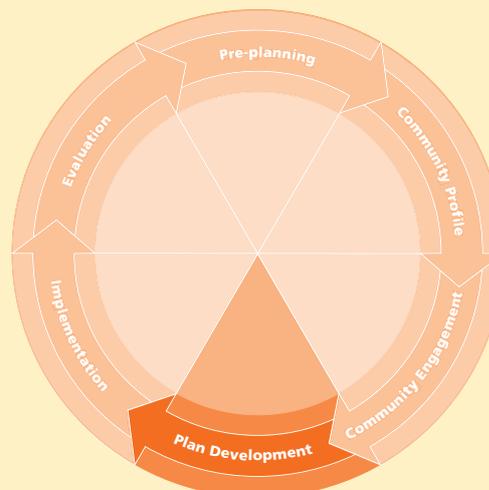
Community input gathered during the forum and from the online platform will guide the development of a project to support the reduction of alcohol related harm for young people.'



For more information please visit the City of Melville website:
<http://www.melvilletalks.com.au/teendrink>



4.5 PHASE 4: Plan Development



Clarify the direction – ensure that every local public health plan contributes to the vision of a healthy community

Plan development is concerned with clarifying direction and using the evidence of effective practice to choose actions that are most likely to work.

The primary task of the plan's development is to clarify a broad direction. It is this direction that will guide health planning goals, objectives and strategies.

Different terms might be used to describe these planning statements. The SMART technique is a good way to ensure that planning statements provide clear direction.

SMART planning statements have the following characteristics:

- S** – **specific:** it is about a particular health determinant, population group or setting, and describes the change to be achieved
- M** – **measurable:** it includes measures that indicate whether, or to what extent, it is achieved
- A** – **attainable:** it can be achieved within available resources – funds and people
- R** – **relevant:** it makes sense to the overall aspirations of the community and the vision of the local government
- T** – **time-framed:** it has a timeline that indicates when it will be achieved.

Adapted from Doran, G T 1981, *There's a S.M.A.R.T. way to write management goals and objectives*, in *Management Review* Nov 1981, 70.11



Choose the best options – learn from the evidence of good practice

Once goals and objectives have been clearly stated it is necessary to select strategies most likely to achieve these objectives.

Evidence-based decision making

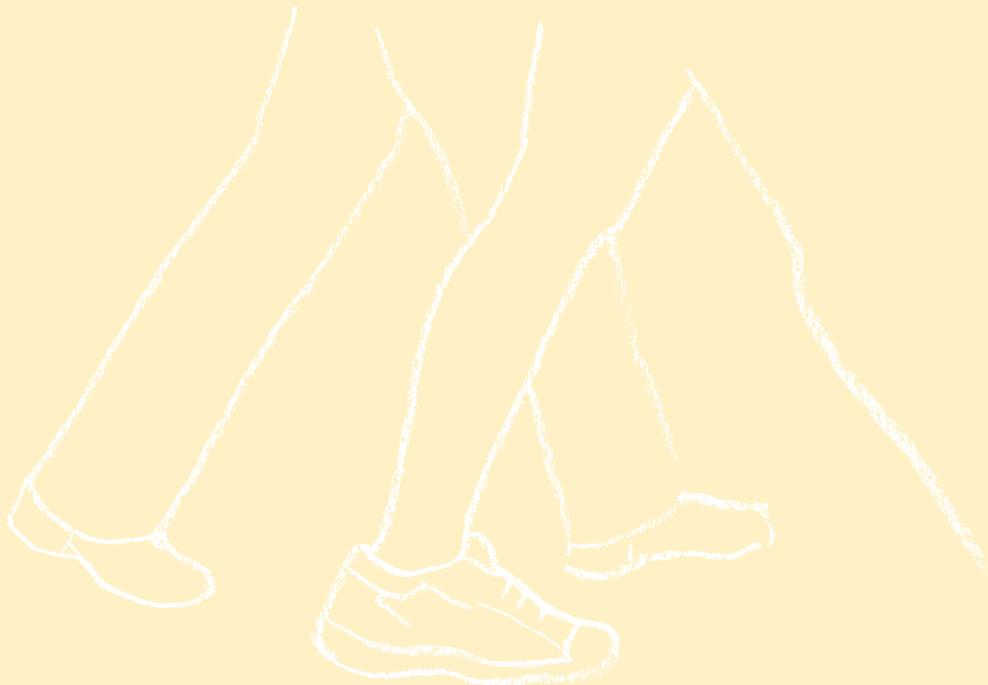
'...an approach to decision making which is transparent, accountable, and based on a consideration of current best evidence about the effects of particular interventions in the welfare of individuals, groups and communities.'

Blackwell Publishing 2000, *Blackwell Encyclopaedia of Social Work* Ed Davies M., Blackwell, UK

Before deciding on what strategies to use it is useful to examine what has worked in the past, or elsewhere. Strategies with strong evidence provide the greatest likelihood of success.

Given the shortage of research in some areas of health and wellbeing, it might be necessary to choose strategies that are promising but not fully tested. It is particularly important that such strategies are evaluated to check that they do work. This will also add to the future evidence base.

Strategies selected should always be those best suited to local circumstances - taking account of population characteristics; settings; needs; and the contribution of local partners. Using a variety of strategies to address a single issue has proved more successful than using single strategies.¹³ For example, promoting walking might involve: attracting developer contributions to improve the quality of pathways; designing routes that connect people to destinations; providing incentives to get people walking; and supporting walking groups and walking events.



¹³ Nutbeam, D 2000, *What makes an effective health promotion program?*, in *Oxford handbook of public health*, Oxford University Press, Sydney



Table 6 provides broad definitions for each health planning statement and provides examples of the SMART technique applied to each.

Table 6: Hierarchy of health planning statements

Health Planning statements	SMART example
<p>Goals</p> <p>Goal statements describe the improvements and long-term benefits sought for a given population.</p> <p>When it comes to health and wellbeing, they are statements about reducing a health risk or improving health and wellbeing status, quality of life and equity.</p>	<p>To increase the number of adults undertaking adequate physical activity by 2022.</p>
<p>Objectives</p> <p>Objective statements describe what will be done to achieve the goals. They are specific and concise and identify who will make what change, by how much, where and by when.</p> <p>Objectives achieving health and wellbeing goals are likely to address:</p> <ul style="list-style-type: none"> • specific risk or protective factors • policy development • infrastructure development • changes to surroundings • skill development • community participation • community action. 	<p>To increase the number of adults participating in walking groups in 2021.</p> <p>To increase access to information on the benefits of physical activity and opportunities for participation by 2021.</p> <p><i>Note: These are just two possible objectives designed to meet the above goal.</i></p>
<p>Strategies</p> <p>Strategy statements describe the shorter-term activities that are undertaken to meet the objectives</p>	<p>To train walk leaders to run walking groups by December 2019.</p> <p>To develop a flyer advertising walking groups for distribution in GP surgeries by December 2019.</p> <p>To develop a website promoting physical activity by June 2020.</p> <p>To design a competition on the website, to promote walking, by December 2020.</p> <p><i>Note: These are just a few strategies designed to meet the above goal</i></p>



City of Kwinana – Healthy Lifestyles Plan 2015-2018

‘The Healthy Lifestyles Plan aims to address the physical, social, cultural and economic factors impacting on people’s health and wellbeing, especially for those in the community at risk. It is designed to complement rather than duplicate Council’s existing planning frameworks and strategies. The Plan focuses on disease prevention by supporting and enhancing the community’s ability to adopt a healthy lifestyle.

The approach to public health adopted in the Plan recognises local government as the tier of government closest to the community in guiding and influencing health outcomes of local communities.

Vision: To have the healthiest community possible.

Mission: To create a community in which every resident and visitor has the opportunity to choose a healthy lifestyle.

Outcomes:

Short term - life of the plan

- Environments supportive of living health lifestyles
- A community with access to more opportunities locally
- Environments with less exposure to harm
- A local network formed and meeting regularly
- More people aware of the opportunities available locally.

Long Term - beyond the life

- All aspects of health at levels better than or the same as state average.

Themes:

- Healthy People
- Healthy Places
- Healthy Marketing and Promotions
- Healthy Partnerships.’

For more information please visit the City of Kwinana website: http://www.kwinana.wa.gov.au/our=services/healthy-lifestyles/Documents/Public-Health-Plan-2015-18_web.pdf

Councillor checklist for plan development



Are goals and objectives stated clearly? Is it clear what will be different as a result?

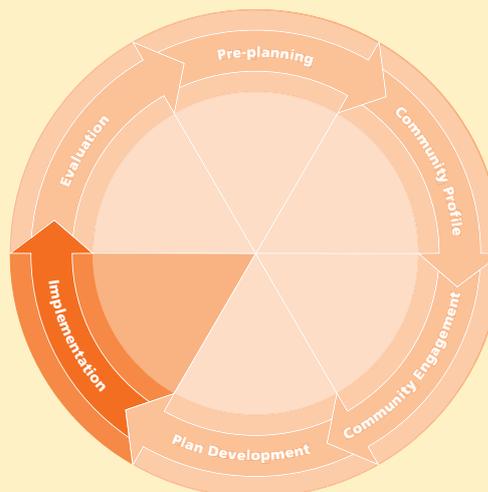
Are selected strategies based on evidence and good practice?

Have broader determinants of health and wellbeing been taken into account when considering objectives and selecting strategies?

Have opportunities for integrating activities and establishing partnerships been explored?



4.6 PHASE 5: *Implementation*



Make it happen – invest in capacity building

Successful implementation requires strong internal leadership and management; clear allocation of resources; and a commitment to workforce learning and development. It also means developing effective partnerships - working with others to achieve common goals.

This is often referred to as 'capacity building'.

Building capacity provides the means for local government to achieve its vision. Capacity building can be pursued in a number of areas as described in Table 7 page 40.

The importance of capacity building

Failure to give sufficient time and attention to this capacity building phase is the most frequent reason for the failure to achieve or maintain health and wellbeing improvements

Victorian Department of Human Services 2003, *The Integrated health promotion resource kit*, DHS, Melbourne.





Table 7: Capacity building action

Action	This means...
Provide and foster leadership	providing clear direction and supporting emerging leaders at all levels in the organisation
Provide workforce development in individual skills	ensuring that staff and councillors have key health and wellbeing project and planning skills. Workforce development includes: <ul style="list-style-type: none"> • training or mentoring programs • information-sharing • resources to support self-directed learning
Support systems improvement	ensuring that the organisation's systems and processes strengthen the focus on health and wellbeing – for example, by developing and using health impact assessments, performance reporting systems and continuous improvement methods
Undertake research and identify good practice	drawing on research to identify and apply evidence-based strategies and to contribute to expanding the knowledge base
Monitor activities	ensuring that what is agreed is being done, using routine performance reports and regular reviews
Evaluate results	periodically asking questions; reporting back about what is working or not working; and reviewing action
Resources	providing adequate human, financial and other resources to support strategies
Support partnership development	developing clear partnership arrangements and sharing access to health and wellbeing knowledge

Work in partnership - integrate activity with others who share goals

Building partnerships has become an imperative for local government, particularly in the face of scarce resources, overlapping interests and, at times, an uncertain future.

A partnership means sharing expertise and resources to achieve common goals. Partnerships with community organisations, local businesses and other government bodies offer many benefits. These are described in Table 8 opposite.



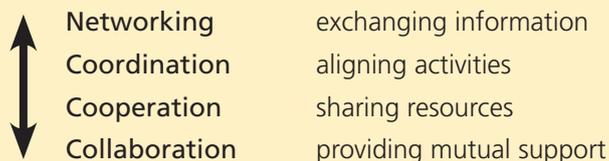
Table 8: Benefits of local partnerships

Benefit	Because...
Wider span of influence	local partnerships increase influence in the community – leading to greater ownership and support
Increased pool of expertise	different partners bring their own skills and experience. These enrich project planning and increase capacity
More efficient use of available resources	staff efforts can be coordinated and available funds from partners combined for more efficient activities
More appeal to prospective funders	local partnerships can increase the potential to attract grants, sponsorships or other sources of funding
Increased promotional opportunities	local partnerships provide positive media opportunities and more avenues for media attention

Partnerships can be approached in a number of ways depending on the size and scope of the task and the nature of existing relationships.

Stakeholders will have been identified in the early phases of health planning (see Figure 7 on page 31). Turning some of these stakeholders into partners means asking them to make a commitment of time and resources. It is important therefore to approach the right people (decision-makers or influencers) and put the case for change or action in terms that they will appreciate and support (see Table 9).

Working in partnership can occur at different levels. Partnership might cover¹⁴:



Collaboration

'...a process through which parties who see different aspects of a problem can constructively explore their differences and search for solutions that go beyond their own limited vision of what is possible.'

Walker, R 2000, *Collaboration and Alliances: A Review for VicHealth*

¹⁴ VicHealth 2003, *Partnerships Facts Sheet*, VicHealth, Carlton



Table 9: Turning stakeholders into partners

Step	Characteristics
Determining the need for the partnership	<ul style="list-style-type: none"> • There is a perceived need for the partnership in terms of areas of common interest and complementary capacity • There is a clear goal for the partnership • There is a shared understanding of, and commitment to, this goal among all potential partners • The partners are willing to share some of their ideas, resources, influence and power to fulfil the goal • The perceived benefits of the partnership outweigh the perceived costs
Choosing partners	<ul style="list-style-type: none"> • The partners share common ideologies, interests and approaches • The partners see their core business as partially interdependent • There is a history of good relations between the partners • The coalition brings added prestige to the partners individually as well as collectively • There is enough variety among members to have a comprehensive understanding of the issues being addressed
Making sure partnerships work	<ul style="list-style-type: none"> • The managers in each organisation support the partnership • Partners have the necessary skills for collaborative action • There are strategies to enhance the skills of the partnership through increasing the membership or workforce development • The roles, responsibilities and expectations of partners are clearly defined and understood by all other partners • The administrative, communication, and decision-making structure of the partnership is as simple as possible
Planning collaborative action	<ul style="list-style-type: none"> • All partners are involved in planning and setting priorities for collaborative action • Partners have the task of communicating and promoting the partnership in their own organisations • Some staff have roles that cross the traditional boundaries between agencies in the partnership • The lines of communication, roles and expectations of partners are clear • There is a participatory decision-making system that is accountable, responsive and inclusive
Implementing collaborative action	<ul style="list-style-type: none"> • Processes that are common across agencies such as referral protocols, service standards, data collection and reporting mechanisms have been standardised • There is an investment in the partnership of time, personnel, materials or facilities • Collaborative action by staff and reciprocity between agencies is rewarded by management • The action is adding value (rather than duplicating services) for the community, clients or the agencies involved in the partnership • There are regular opportunities for informal and voluntary contact between staff from the different agencies and other members of the partnership
Minimising the barriers to partnerships	<ul style="list-style-type: none"> • Differences in organisational priorities, goals and tasks have been addressed • There is a core group of skilled and committed (in terms of the partnership) staff that has continued over the life of the partnership • There are formal structures for sharing information and resolving demarcation disputes • There are informal ways of achieving this • There are strategies to ensure alternative views are expressed within this partnership
Reflecting on and continuing the partnership	<ul style="list-style-type: none"> • There are processes for recognising and celebrating collective achievements and/or individual contributions • The partnership can demonstrate or document the outcomes of its collective work • There is a clear need and commitment to continuing the collaboration in the medium term • There are resources available from either internal or external sources to continue the partnership • There is a way of reviewing the range of partners and bringing in new members or removing some



City of Mandurah – Taking a well-rounded approach to tackle alcohol related issues

'The City of Mandurah has added another line of defence in aiming to reduce alcohol related issues in the community and tackle underage drinking.

In addition to many successful partnerships and programs in this space, the City is helping to deliver Communities That Care, a prevention-based program aimed at improving the wellbeing of children and young people. The City has partnered with the South Metropolitan Population Health Unit and the School Drug Education and Road Aware [SEDRA] to deliver this community owned and operated program.

The Communities That Care program aligns with the City's Our Mandurah Community Youth Alcohol Strategy, launched in April. Complementing this new approach, the Mandurah Liquor Accord continues to successfully deliver programs aimed at reducing alcohol-related crime, violence and anti-social behaviour to bolster the safety and security of the Mandurah community.

The Mandurah Liquor Accord comprises 37 "signed up" member organisations including the City of Mandurah, WA Police, Mandurah Taxis and local business operators.

Some of the Accord's major achievements include:

- **Pilot Radio Project**

A trial from January to October 2016 designed to improve communication between participating licenced venues within Mandurah's entertainment precinct. The radios provide instant communication between venues regarding problem clients.

- **Safer Mandurah Taxi Ranks**

Upgraded signage, lighting and additional CCTV cameras have been installed at the Mandurah Terrace and Ormsby Terrace night taxi ranks. Additional city centre lighting and 58 CCTV cameras have been installed within the city centre to deliver a CCTV system to provide a permanent connection to the Mandurah Police Station.

- **Family Friendly Foreshore Signage**

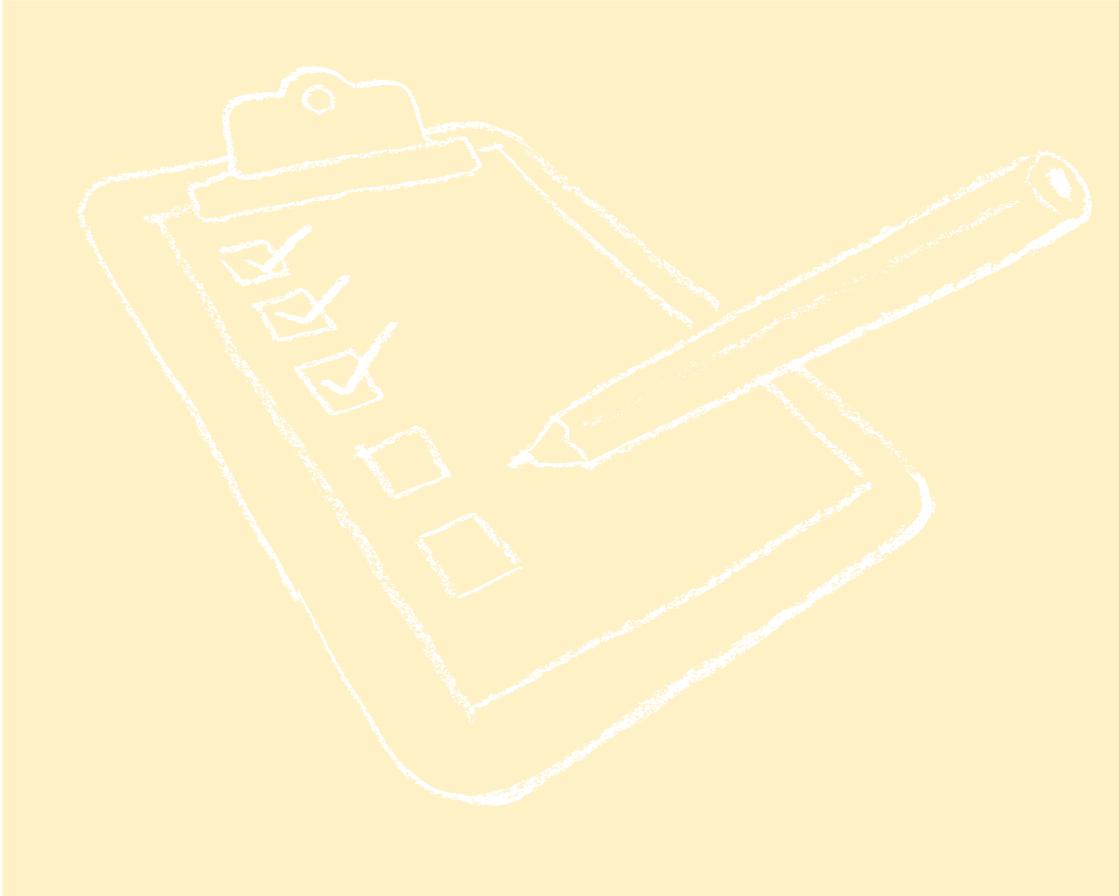
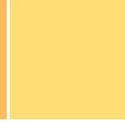
The City of Mandurah aims to create public areas where people feel safe and encourage a family friendly feel. Over key periods including Australia Day and the Crab Fest, the City has arranged for signage to be displayed at prominent locations along the foreshore reminding residents and visitors to consider others when using public spaces.

- **Hit the Gym not Jim campaign**

Designed to encourage young men aged 18-25 to channel their energy in a positive way and to think about the serious effects of alcohol related violence.'

For more information please visit the City of Mandurah website:

<http://www.mandurah.wa.gov.au/whats%20on/news/2016/07/27/07/02/mandurah%20liquor%20accord>



Councillor and staff checklist for implementation



What steps are in place to manage implementation – monitoring reference group or similar?

What role will councillors and staff play as the plan is implemented, for example:

- councillor and staff representation on the plan monitoring reference group or similar?
- councillor and staff participation in plan monitoring and reviews?

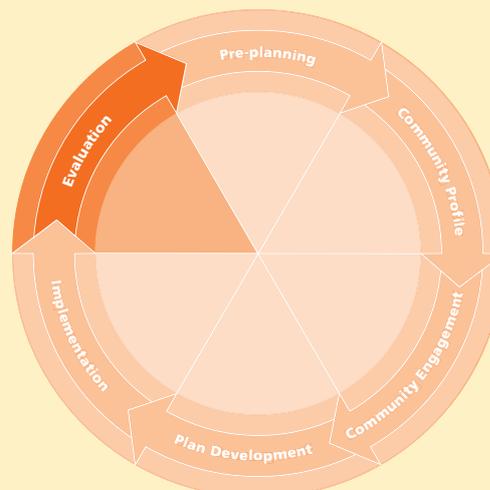
What are the key milestones during the life of the plan? How are we tracking the results of the plan? What reports are required?

How will the planning process engage partners? Is there a policy that guides partnership development?

Are key partners getting involved?



4.7 PHASE 6 Evaluation



Check results - learn what works and what doesn't

Evaluation checks whether the goals, objectives and strategies are achieved.

This has two prime purposes:

- **accountability** - to demonstrate returns for the investment of resources
- **learning** - to contribute to evidence about what works and what doesn't.

It is important to design evaluation early in the planning cycle – not once the cycle is coming to an end.

This makes it easier to develop measures and to set up any data collection processes. For example, it is difficult to use pre-project and post-project measures once the activity is concluded. Some forms of evaluation, such as action research, specifically require regular reflection on the experience of the program during implementation.

Measures or indicators provide a way of checking whether goals and objectives are being achieved. At the same time they can expose who is and who is not experiencing good health and wellbeing in the community; measures will inform the community health and wellbeing profile.

The use of measures provides a way to:

- engage stakeholders and communities in informed discussions about shared goals and priorities
- gather information and guide evidence-based planning
- report on progress towards agreed goals and objectives.



By deciding on measures in the early phases of health planning evaluation and future community profiling can become clearer. The information gathered in developing the community health and wellbeing profile will often provide the information needed to support measures.

There are many examples of the use of community wellbeing measures around Australia. They include a mix of subjective and objective measures, allowing community perceptions to be considered alongside objective information. Much of this will have been considered in the creation of the community health and wellbeing profile.

Learn for next time – decide what to continue, expand or reduce in the next plan

When it comes to evaluating specific strategies or programs, there are many different evaluation techniques that might be used. Choosing an approach to evaluation will depend on:

- the key stakeholders with an interest in the findings
- the timeframe for when the information is needed
- the resources available to conduct it.
- the use or uses for which it is intended. These might include:
 - improving and informing policy development
 - guiding financial management and resource allocation
 - assisting in organisational learning and skill development
 - pursuing service quality and delivery
 - demonstrating accountability and transparency

Regardless of approach, an evaluation should generate information that is credible and useful for decision-making and program improvement.

Social Indicators Report

'Illuminating, disturbing, instructive and motivating; this report card will inspire us to look strategically at the strengths and the challenges which face our region.'

Cr Knight, V 2006 in *Mildura Social Indicators 2006; Community Engagement Framework*. Rural City of Mildura



Program evaluation is widely applied in Australia and internationally and has a straightforward logic (see Figure 9)

Figure 9: Program evaluation



In local government, process evaluation is likely to occur as routine performance reporting.

Impact evaluation is often a challenge and might need to be dealt with at the program, service or project level.

Outcome evaluation is likely to align with longer term, strategic measures set by local government.

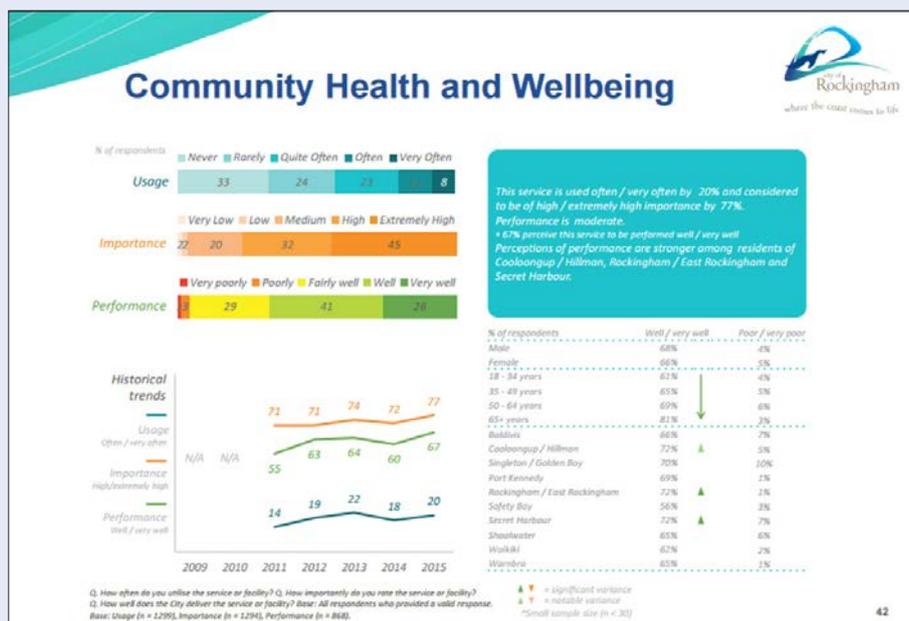


City of Rockingham – Measuring Our Performance

'The performance of our Strategic Community Plan 2015 -2025 will be measured in a variety of ways which include but are not limited to:

- Trends in the Annual Customer Satisfaction Survey
- Community Plan Strategies that are created and reviewed, and effectively meet 100% of Community Aspirations and Objectives
- The percentage of programs and projects identified in the Community Plan Strategies that are incorporated into Team Plans in the projected year and within cost estimate
- Community feedback from the two-year and four-year strategic reviews about the City's alignment with the Community's Vision and its performance in achieving the Community Aspirations and Objectives.'

The following provides an example of the community feedback report.



Extract: City of Rockingham Feedback on 2015 Customer Satisfaction Survey

For more information please visit the City of Rockingham website:

<http://www.rockingham.wa.gov.au/Our-city/Future-plans-and-strategies/Measuring-Our-Performance>

Councillor and staff checklist for evaluation



What worked for us? What continues to be a challenge? What lesson can we draw from this that can be applied to the next plan and/or other plans?

How well did the health planning processes used for this plan work? Do they need modification for the health planning next plan?



Contribute to health and wellbeing as an employer of choice

Research has highlighted the workplace as an important setting for health promotion¹⁵

By providing healthy workplaces, local government can contribute to the health and wellbeing of its officers and councillors. This also provides a role model for other organisations and workplaces in the community.

Occupational health and safety require minimum conditions for safe work practices and safe workplaces. A few additional ways local government might create healthy workplaces include:

- establishing a site-based health and wellbeing advisory committee
- a policy on serving healthy food options at local government facilities and events
- ensuring that all local government facilities and events are smoke-free
- encouraging active transport options and incentives, such as providing showers and other facilities to encourage walking and cycling to work, and operating bicycle pools to complement the car pool
- engaging health providers to conduct staff health assessments
- adding features that encourage people to take exercise before or during the working day – for example, a space for exercising and fitness equipment
- providing membership incentives to local government gymnasiums and leisure facilities
- entering teams in local cycling, running or walking events
- implementing an alcohol policy, including promoting alcohol-free events.

Healthier Workplace WA

This website provides information, training, tips and tools on all aspects of creating healthier workplaces

<http://healthierworkplacewa.com.au/>



¹⁵ World Health Organization 2008, *Preventing non-communicable diseases in the workplace through diet and physical activity*, WHO/World Economic Forum report of a joint event. WHO, Geneva.



Shire of Murray – Staff Health and Wellbeing Program

'The Shire of Murray has been recognised by Healthier Workplace WA as a healthy workplace achieving Gold Recognition.

'Our organisation's primary role is maintaining the health and wellbeing of our staff. It develops a positive culture and a happier and more productive workplace. Continual focus on health and wellbeing builds staff confidence in their employer.' Dean Unsworth, Chief Executive Officer.

'The Shire of Murray's Health and Wellbeing program was established in 2008 and aims to:

- Educate and encourage employees and their families to adopt healthy living practices, by raising awareness and promoting the benefits of a healthy and active lifestyle;
- Show commitment to improving the health and wellbeing, and safety of employees;
- Create a happy work environment; and
- Help promote the Shire of Murray as an employer of choice, focused on and interested in, the health and wellbeing of its staff.

Each year the Shire of Murray undertakes an internal staff survey which helps guide the future direction of their Health and Wellbeing program and the type of initiatives that are implemented. Such initiatives include:

- Interdepartmental challenges (scheduled every three months) including netball, badminton, basketball and volleyball
- Corporate Walking Challenge
- Flexible working hours
- Free Murray Leisure Centre membership, discounted rate to increase to Gold membership
- Discounted fitness classes
- Incentives that encourage healthy lifestyles, including prizes and awards
- Recognising staff for their commitment to health and safety
- End of journey facilities, including showers and change rooms
- Fresh fruit Tuesday
- Smoke free workplace policy
- Encouraging alcohol consumption in line with the Australian Alcohol Guidelines at work events and social functions, including providing non-alcoholic beverages, and ensuring social activities are not centred around alcohol
- Providing information on a range of health topics in the Shire's annual calendar
- Health and wellbeing topics in the staff newsletter
- Health risk assessments.'

For more information please visit the Workplace WA website:

<http://healthierworkplacewa.com.au/get-recognised/whos-recognised/shire-of-murray/>



6.1 *What questions should be asked?*

The questions contained in the following pages are designed to identify issues that might impact on the health and wellbeing of the community.

They are intended to help councillors and staff to gain an insight into the health and wellbeing issues and needs of their community, including specific population groups.

They are not intended to cover every possible question, but to suggest areas of inquiry and to promote the habit of questioning throughout the health planning decision-making processes.

Identifying an issue does not mean councillors and staff have to provide the 'missing pieces'. In some instances, councillors and staff might choose to respond by advocating for a service or changing a policy – but in others, a councillor or staff member might choose to encourage their local government to lobby other levels of government or to facilitate community action.

On first glance, these questions might appear daunting or overwhelming. However, it is not anticipated that councillors and staff will try to answer each question. The questions are simply prompts to the types of health and wellbeing information and enquiry that local government staff would be considering when preparing local government plans, policies and services.

It is also important to recognise that much of the information and data being suggested might already be available from previous health planning, community consultation and local government activities – so it is not starting from a zero base.

Prompting questions are provided for the broader community and specific population groups:

- whole of population
- older people
- young children
- young people
- Aboriginal people
- people from culturally and linguistically diverse backgrounds
- people with a disability
- people with mental illness
- economically disadvantaged people
- people from rural and remote areas.

Short examples used in this section illustrate how local government is responding to the challenges and opportunities in their communities. Some of these examples are complex projects while others are much simpler. It is important to remember that sometimes even small changes can have a considerable impact on health and wellbeing.

6.2 Health and wellbeing of the whole population

Population strategies are designed to create healthy environments: living and working conditions in which people can thrive.

When designing population strategies, it is important to identify resources that can be used to grow a stronger and healthier community. This includes organisations and leaders, volunteers, education providers and libraries, health and community services, recreational facilities and sporting clubs and local businesses.

It is also important to remember that most local government areas are made up of a number of different kinds of communities – some large, others small, some homogeneous and others diverse. The answers to the following questions might be quite different for the different areas within the local government boundaries.

P R O M P T I N G Q U E S T I O N S

Healthy food	Is there access to fresh, nutritious and affordable food? <input type="checkbox"/> Are agricultural lands preserved? <input type="checkbox"/> Is there support for local food production? <input type="checkbox"/> Are there people missing out on meals? <input type="checkbox"/>
Physical activity	Is incidental physical activity encouraged? <input type="checkbox"/> Are there opportunities for walking, cycling and other forms of active transport? <input type="checkbox"/> Is there access to usable and quality outdoor spaces and recreational facilities? <input type="checkbox"/>
Housing	Does available housing support human and environmental health? <input type="checkbox"/> Is there dwelling diversity? <input type="checkbox"/> Is housing affordable? <input type="checkbox"/> Are adaptable and accessible housing options available? <input type="checkbox"/>
Alcohol and other drugs	Is harm being caused to the community resulting from use of alcohol or other drugs? <input type="checkbox"/>
Transport and physical connectivity	How available are public transport services? <input type="checkbox"/> Is there a reduction of car dependency? <input type="checkbox"/> Is active transport encouraged? <input type="checkbox"/> Is infill development and/or integration of new development with existing development encouraged? <input type="checkbox"/>
Quality employment and education	Are jobs located near housing and commuting options? <input type="checkbox"/> Is there access to a range of quality employment opportunities? <input type="checkbox"/> Is there access to appropriate education and job training? <input type="checkbox"/>

P R O M P T I N G Q U E S T I O N S

Economic development	Are there opportunities for local economic development?	<input type="checkbox"/>
	Where are the jobs and how can jobseekers be matched with these opportunities?	<input type="checkbox"/>
	What trader organisations and Chambers of Commerce and Industry exist?	<input type="checkbox"/>
	How can trader networking and cooperation be stimulated?	<input type="checkbox"/>
	How are traders and local businesses engaged?	<input type="checkbox"/>
Community safety	Is there a focus on crime prevention and sense of security?	<input type="checkbox"/>
	Is the community perception of crime supported by the evidence	<input type="checkbox"/>
Public open space	Is there access to public open space and natural areas?	<input type="checkbox"/>
	Are public spaces safe, healthy, accessible, attractive and easy to maintain?	<input type="checkbox"/>
	Do streetscapes encourage activity?	<input type="checkbox"/>
	Is there a sense of place, cultural identity and public art?	<input type="checkbox"/>
	Are places of natural, historic and cultural significance preserved?	<input type="checkbox"/>
Social infrastructure	Is there access to a range of facilities to attract and support a diverse population?	<input type="checkbox"/>
	Are existing (as well as projected) community needs and current gaps in facilities and/or services responded to?	<input type="checkbox"/>
	Does early delivery of social infrastructure occur?	<input type="checkbox"/>
	Is there an integrated approach to social infrastructure planning?	<input type="checkbox"/>
	Are there efficiencies in social infrastructure planning and provision?	<input type="checkbox"/>
Social cohesion and social connectivity	Do local environments encourage social interaction and connection among people?	<input type="checkbox"/>
	Are a sense of community and attachment to place promoted?	<input type="checkbox"/>
	Is there local involvement in planning and community life?	<input type="checkbox"/>
	Is there equitable access to resources that overcomes social disadvantage?	<input type="checkbox"/>
	Is there community severance, division or dislocation?	<input type="checkbox"/>
Environment and health	Is there good air quality?	<input type="checkbox"/>
	Is there good water quality and safety?	<input type="checkbox"/>
	Are there disturbance and health effects associated with noise, odour and light pollution?	<input type="checkbox"/>
	Is there potential for hazards (both natural and man-made)?	<input type="checkbox"/>
	Are there places or conditions that encourage pests and the potential for pest-borne disease?	<input type="checkbox"/>

Adapted from *Quick Guide: NSW Health Healthy Urban Development Checklist*

CASE STUDY

City of Melville – Melville Talks

'At Melville Talks, you'll be able to stay up-to-date with projects and developments within the City of Melville that are relevant to you. It's an opportunity for you to join the conversation and get involved to ensure positive results on a range of initiatives relevant to our community.'

Projects posted on Melville Talks could include City of Melville concept plans, concept sketches, urban and development projects, improvements to public spaces, updates to community facilities, and more. Make sure to check back regularly to discover the latest updates and new works, proposals, projects, sketches and plans within the City that are open for community comment.'



For more information please visit the City of Melville website:

<http://www.melvilletalks.com.au/>



6.3 *Health and wellbeing of young children*

Childhood can be defined as the state of development between infancy and adolescence. Young children are generally described as ranging in age from birth to about 12 years of age.

This is a period of rapid growth and learning – there is dramatic brain development and physical, emotional and social development shaped by a barrage of new experiences. The opportunities and experiences of childhood, particularly early childhood (0 – 5 years), have long-lasting effects in adulthood. Early learning and development occurs predominantly through play and as children grow older, school becomes a key setting for learning.

It is also a time of dependency on adults, especially mothers, fathers, grandparents, guardians and carers. This dependency changes over time and as they get older, young children can play a greater role in decisions that affect them. It is important therefore to understand the similarities and differences between young children 0 – 5 years of age and those 6 – 12 years of age and to understand the role of families and parenting.



P R O M P T I N G Q U E S T I O N S

Geographic and demographic	How many and where are the young children in the local area, and what are their characteristics – such as age and gender? <input type="checkbox"/>
Community attitudes and participation	Are there opportunities for young children, where they are able, to participate in decisions that affect them or their communities? <input type="checkbox"/>
Consultation processes	<p>What networks exist to gain feedback from parents or carers about services for young children? <input type="checkbox"/></p> <p>Who else has an interest in young children, and what scope is there for local government to work together with them? How do local government programs and policies work with other local, state and federal initiatives for young children? <input type="checkbox"/></p>
Health and wellbeing needs and issues	<p>How child- and family-friendly is the local community? Is it safe and accessible? <input type="checkbox"/></p> <p>Are there appropriately equipped playgrounds in the municipality? <input type="checkbox"/></p> <p>How many, and where are they? <input type="checkbox"/></p> <p>What opportunities are there for young children to be involved in recreational and entertainment activities? <input type="checkbox"/></p> <p>Are there any barriers to young children having access to healthy and nutritious food? <input type="checkbox"/></p>
Services and support	<p>What services, support and facilities are available to promote education, learning and development of young children? <input type="checkbox"/></p> <p>What early childhood development assessment services are available, and how accessible are they? <input type="checkbox"/></p> <p>What child health services are available, and how accessible are they? <input type="checkbox"/></p> <p>Is there a need for services and support for young children in the local area who might be</p> <ul style="list-style-type: none"> – exposed to violence or abuse? <input type="checkbox"/> – accompanying parents who are homeless or needing accommodation? <input type="checkbox"/> – at risk as a result of inadequate parenting? <input type="checkbox"/> <p>What initiatives are in place for young children with disabilities or their carers? <input type="checkbox"/></p> <p>What initiatives are in place for young children from different cultural backgrounds or their carers? <input type="checkbox"/></p> <p>Is there a need for services and support for the parents or carers of young children, for example</p> <ul style="list-style-type: none"> – playgroups? <input type="checkbox"/> – child care, including after school and vacation care? <input type="checkbox"/> – safe spaces in the community for separated parents to access their children? <input type="checkbox"/> – community meeting places? <input type="checkbox"/>
Funding and resources	What are additional external funding sources that might be accessed for projects, activities and initiatives relating to young children and their families? <input type="checkbox"/>

CASE STUDY

City of Cockburn – Cockburn Early Years

'Cockburn Early Years is a City of Cockburn free service for families with young children 0 to 8 years and also for new parents and expectant parents living in the City of Cockburn.

The service provides practical help and information about parenting and children's early learning and encourage you to contact us for any help you require.

We offer a home visiting program for families with a focus on assisting parents develop a close, connected relationship with their children.

We can provide information and ideas to assist parents understand their children's emotional needs, how to set limits, and suggest ideas to encourage play and early learning. We run groups for parents as well as groups for parents and children together.

We can help with:

- Emotional support and information through pregnancy and early parenthood
- Managing the challenges of parenting
- Supporting your baby or child's development
- Your understanding of children's emotional needs and behaviour
- Ideas to strengthen your relationship with your baby or child
- Identifying local community supports'

For more information please visit the City of Cockburn website:

http://www.cockburn.wa.gov.au/Community_Services/Childrens_Services/Cockburn_Early_Years/





6.4 Health and wellbeing of young people

Young people are generally described as between the ages of 12 and 25.

This is a broad age group made up of those attending school, college, and university, those employed, jobseekers and under-employed, and those from differing family and relationship situations. Young people with varying incomes and, importantly, adolescents making the transition to adulthood are also included.

Support and opportunities need to focus on high achievers and mainstream young people as well as those who might be 'at risk'.

Some young people can be a particularly vulnerable group in the community, as they face various life changes, and have limited life experiences and varying degrees of maturity to deal with them. Some might also have limited resources.

Support for vulnerable young people is particularly important in areas such as family relationships, personal relationships with partners and friends, access to adequate food and shelter, and mental health including depression and anxiety.

Young people are a group with enormous potential, and hold the leadership and the future of the community in their hands.

The experiences of people during this stage of their lives will determine how they contribute to their communities in the future. These experiences might also determine if young people stay in the district or seek opportunities elsewhere.

P R O M P T I N G Q U E S T I O N S

Geographic and demographic	How many and where are the young people in the local area, and what are their characteristics – such as age and gender? <input type="checkbox"/>
Community attitudes and participation	<p>Are there opportunities for young children, where they are able, to participate in decisions that affect them or their communities? <input type="checkbox"/></p> <p>How are young people encouraged and supported to participate in the community, and provide input into decisions affecting the local area? <input type="checkbox"/></p> <p>Who else has an interest in young people, and what scope is there for local government to work together with them? How do local government programs and policies work with other local, state and federal initiatives for young people? <input type="checkbox"/></p>
Consultation processes	<p>How do young people actively participate in community planning and decision-making? What processes and procedures have been established to consult with young people? <input type="checkbox"/></p> <p>What training and support is provided to encourage this? <input type="checkbox"/></p> <p>How is meaningful participation in consultation processes by young people ensured? <input type="checkbox"/></p>

P R O M P T I N G Q U E S T I O N S

Consultation processes	<p>What are the existing links with youth advisory committees and other youth organisations? When and how are these groups invited to participate in community consultation processes? <input type="checkbox"/></p> <p>How do consultation processes with young people contribute to positive community perceptions about young people? <input type="checkbox"/></p> <p>How is the outcome of consultations with the community and young people reported back to young people? <input type="checkbox"/></p>
Sense of place	<p>What places do young people feel a sense of belonging? Where do they like to 'hang out'? Why are these places important to them <input type="checkbox"/></p> <p>What are the initiatives designed to encourage young people to stay in the district – or return later in life, if they move away? <input type="checkbox"/></p>
Health and wellbeing needs and issues	<p>Are there any barriers to young people having access to healthy and nutritious food? <input type="checkbox"/></p> <p>What opportunities are there for young people to be involved in recreational and entertainment activities? <input type="checkbox"/></p> <p>How do young people develop and maintain friendships and relationships? <input type="checkbox"/></p> <p>What are the aspirations of young people and how can these be supported and realised? <input type="checkbox"/></p> <p>What initiatives are in place for young people who would not be described as disadvantaged or vulnerable? <input type="checkbox"/></p>
Services and support	<p>What services and support are needed for young people in the local area who might:</p> <ul style="list-style-type: none"> • be homeless or needing accommodation? • be using or abusing drugs or alcohol? • be exposed to violence or abuse? • need information/support on sexuality, pregnancy or family planning? • need suicide or other counselling? <p><input type="checkbox"/></p> <p>Do young people actually use existing services? Are the services linked so that they can readily get the services they need? <input type="checkbox"/></p> <p>What action has been taken in relation to any gaps in services? <input type="checkbox"/></p> <p>What programs and policies are in place to help create a more supportive environment for young people at risk?</p> <ul style="list-style-type: none"> • social support programs • employment • volunteering • friendship networks • social skills • rental support <p><input type="checkbox"/></p> <p>What are the education/training, employment and income opportunities for young people in the area? <input type="checkbox"/></p>
Funding and resources	<p>What other external funding is available for initiatives involving young people? <input type="checkbox"/></p>

CASE STUDY

City of Kwinana - LyriK Educational Scholarship Program

'The City of Kwinana's LyriK – Leadership Youth, Respect in Kwinana Scholarship Program aims to recognise the educational achievements of local students and encourage the attainment of Entry Level Qualifications and further education.

The scholarships are awarded to students entering years 7 (\$300), 11 (\$375) and 12 (\$400) and to those students finishing year 12 and continuing with their education (\$800).

There will usually be four scholarships available to each of these categories, however this will be dependent on the number of suitable applications received.'



For more information please visit the City of Kwinana website:

<http://www.kwinana.wa.gov.au/our-services/youth-development/educational-scholarships/Pages/default.aspx>

CASE STUDY

City of Kwinana - Zone Youth Space

'The Zone Youth Space is a two storey facility catering for young people in Kwinana aged 12 to 24. The facility offers a large range of youth oriented programs, workshops, events and activities every week and throughout the year.

Featuring a multipurpose sports stadium, multimedia facilities, an art area and music rehearsal/performance spaces, the Zone is a youth friendly, safe place where young people can develop new skills, enhance existing abilities and socialise with peers.

The facility is home to a variety of practical and helpful information and support, a setting where young people can link in with positive services, as well as a social hub in which to relax or play games.'



For more information please visit the City of Kwinana website:

<http://www.kwinana.wa.gov.au/our-facilities/zone-youth-space/Pages/default.aspx>

6.5 *Health and wellbeing of older people*

In many people's minds, ageing implies illness, disability and a high need for services, especially hospitals and nursing homes. It is important to remember that the vast proportion of older people (65 years plus) are healthy and can stay that way if their physical, social and economic environments are suitable - that is, if shopping centres are accessible, footpaths are safe and appropriate transport and other services are available, and so on.

Older people represent a huge potential resource to the communities in which they live. They have knowledge, skills and experience to contribute to planning for the future, solving community problems and providing support for others.

For the minority of the population who are frail and suffering from chronic illness or disability, there are approaches to service delivery and care that can help them maintain their independence and remain in their community of choice.

In many areas the proportion of older people in the community is increasing and therefore the importance of planning for the health and wellbeing of this population group continues to grow.

The focus of health and wellbeing planning for older people is about positive ageing and ageing well.



P R O M P T I N G Q U E S T I O N S

Geographic and demographic	<p>What is the proportion of older people in the local community? What is their social and health profile?</p> <input type="checkbox"/>
Community attitudes and participation	<p>What local spaces, buildings and landmarks support older people's interests? Are there opportunities for older people to contribute their accumulated knowledge and experience to the community? Is their participation as volunteers and community leaders valued and acknowledged? What opportunities and supports exist for their participation in health planning and decision-making? Are public places accessible and safe for older people? Do they feel welcome and safe in public spaces? What linkages are made between generations? Are there intergenerational programs or activities in the community?</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Consultation processes	<p>Who are the people and organisations with useful information and data about older people (for example, Seniors Recreation Council, Nursing home operators, in-home care providers, University of the Third Age, Probus Clubs, and so on)?</p> <input type="checkbox"/>
Carers	<p>What support is available to the carers of frail elderly people to assist them in their caring role?</p> <input type="checkbox"/>
Services and support	<p>Are there appropriate health and community services for older people, given their social and health profile? Are there older people who are isolated from community life? Why? What is being done to link them to the rest of the community? What recreational and cultural activities are designed for older people? What support is available for frail elderly people to help them to keep living in the community? Are services linked so that people can readily get the services they need? What planning is in place for conditions where older people are particularly vulnerable – for example, extreme cold or hot weather?</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Funding and resources	<p>What additional external funding sources might be accessed for positive ageing projects, activities and initiatives?</p> <input type="checkbox"/>

CASE STUDY

City of Cockburn - Age Friendly Strategy 2016-2021

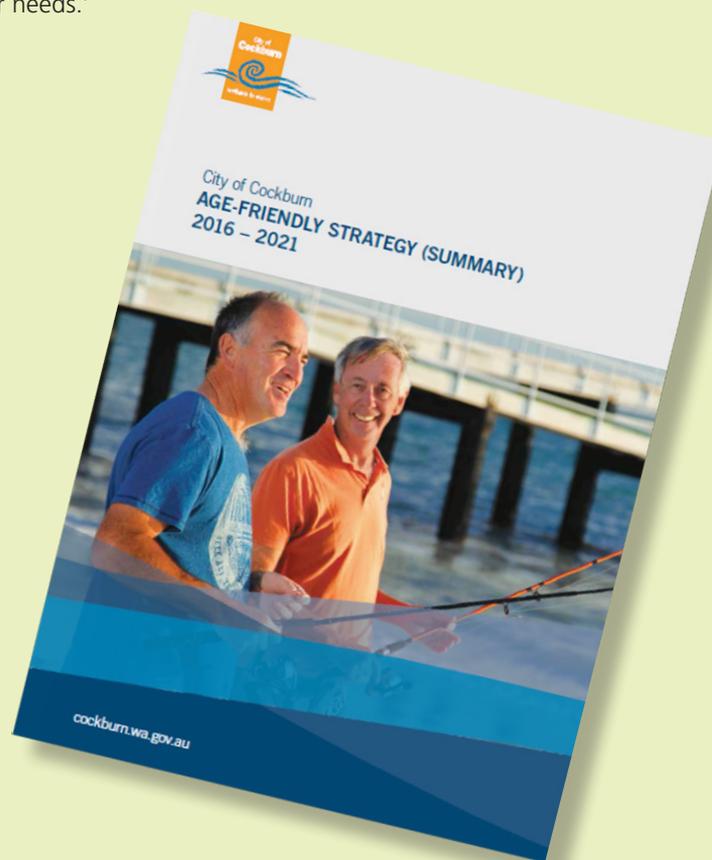
'The strategy was developed in line with the World Health Organisations Age Friendly Cities Framework which aims to promote active ageing and build communities which are adapted to and inclusive of peoples changing needs as they age.

To develop the strategy the city consulted with 706 people through surveys, focus groups and personal interviews asking them about what the city is doing well and what can they do to improve.

The age friendly strategy articulates the city's response to the consultation and sets out what strategies and actions the city has committed to over the next 5 years.

Vision:

Older people within the City of Cockburn are valued, have optimal opportunities for good health, active participation, a sense of security while enjoying facilities and services that are accessible and inclusive of their needs.'



For more information please visit the City of Cockburn website:

http://www.cockburn.wa.gov.au/Community_Services/Age_Friendly_Communities/



6.6 Health and wellbeing of Aboriginal people

Note: This guide uses the term 'Aboriginal people' to refer to both Aboriginal and Torres Strait Islander people living in Western Australia, whether they are local or from other parts of Australia. Aboriginal people might also refer to themselves according to the language clan group of their family's ancestral lands. The guide only uses the terms 'Indigenous' or 'Torres Strait Islander' when these terms are part of a report or program.

There is overwhelming evidence that the health and wellbeing of Aboriginal people does not compare favourably with the non-Aboriginal population. Aboriginal people, for example, suffer higher rates of diabetes and heart disease and have shorter life spans.

These conditions exist in the context of poor employment and education prospects and past and continuing racist and discriminatory practices.

Aboriginal people have a great deal to contribute to their own communities and to the broader communities they live in.

Planning for the health and wellbeing of Aboriginal people means addressing health inequalities; listening to needs and views; creating opportunities for self-determination and self-management; creating access to both Aboriginal and mainstream services; appreciating Aboriginal culture and building on the strengths of the Aboriginal community.

P R O M P T I N G Q U E S T I O N S

Geographic and demographic	What is the size, location and demographic profile of the Aboriginal population?	<input type="checkbox"/>
Community attitudes and participation	How is the Aboriginal community's development fostered in a way that builds on the strengths and assets of Aboriginal people, families and communities?	<input type="checkbox"/>
	How is Reconciliation reflected in local government policies and programs? What activities bring Aboriginal people and non-Aboriginal people together to demonstrate a commitment to Reconciliation?	<input type="checkbox"/>
	What opportunities and/or mechanisms exist for Aboriginal people to become involved in key policy initiatives?	<input type="checkbox"/>
	What mechanisms do Aboriginal people have to participate in local decision making at all levels? What opportunities exist for Aboriginal people to have a meaningful say in health planning?	<input type="checkbox"/>
	How are other stakeholders or sectors within the community encouraged to work effectively together to support initiatives that positively contribute to healthy Aboriginal families?	<input type="checkbox"/>
	How are barriers that prevent participation of Aboriginal people with a disability removed?	<input type="checkbox"/>

P R O M P T I N G Q U E S T I O N S

Consultation processes	<p>What culturally appropriate mechanisms have been established with Aboriginal communities? <input type="checkbox"/></p> <p>How are Aboriginal communities engaged to ensure that strategies and health planning processes relating to emerging health issues of national significance (e.g. pandemic illnesses) take account of Aboriginal people's needs? <input type="checkbox"/></p> <p>How is the outcome of consultations with the community and Aboriginal people reported back to them? <input type="checkbox"/></p>
Culture and tradition	<p>How are Aboriginal people supported to engage in traditional cultural practices? <input type="checkbox"/></p> <p>What Aboriginal languages are taught locally? <input type="checkbox"/></p> <p>What landmarks and places have cultural significance? To what extent do non-Aboriginal people understand and appreciate the significance of these places? <input type="checkbox"/></p> <p>How can Aboriginal models of health and traditional healing be recognised and valued? <input type="checkbox"/></p>
Health and wellbeing needs and issues	<p>What is their health and wellbeing status, in general? Are they suffering disproportionate burdens of specific diseases, injuries, disabilities and/or social issues/needs? <input type="checkbox"/></p> <p>What formal relationships exist with organisations run by Aboriginal people to ensure that health planning, funding and delivery of services improve Aboriginal people's health outcomes? <input type="checkbox"/></p> <p>How can mainstream services be improved for Aboriginal people? <input type="checkbox"/></p> <p>How are health inequalities for Aboriginal people being addressed? <input type="checkbox"/></p>
Services and support	<p>Are there specialised health and community services and programs designed with and for Aboriginal people? Are Aboriginal people encouraged and supported to develop and manage their own services? <input type="checkbox"/></p> <p>Do Aboriginal people have access to mainstream services? What are the barriers to accessing these services? <input type="checkbox"/></p> <p>What are the education and training programs designed to lead to employment for Aboriginal people? <input type="checkbox"/></p> <p>How many Aboriginal people do local government employ? <input type="checkbox"/></p> <p>Are there organisations run by Aboriginal people that can provide social support and networks? Do these organisations provide links to mainstream opportunities – education, jobs, recreational and social? <input type="checkbox"/></p> <p>Is there affordable housing that is designed with Aboriginal people's lifestyle and culture in mind? <input type="checkbox"/></p>
Funding and resources	<p>What are the additional external funding sources that might be accessed for projects, activities and initiatives for Aboriginal people? <input type="checkbox"/></p>

CASE STUDY

City of Cockburn – Aboriginal Reference Group

'The City of Cockburn's vision for reconciliation is to create an inclusive community with strong relationships across cultures based on mutual respect and understanding.

Our actions will contribute to the goal of closing the gap between Aboriginal and Torres Strait Islander peoples and other Australians so that all people can be valued and participate fully in the Cockburn community.

The Aboriginal Reference Group meets monthly to:

- Provide a point of contact and liaison between the Aboriginal and Torres Strait Islander community and the City of Cockburn.
- Encourage communication, participation and sharing of information and knowledge.
- Provide a leadership, advocacy and advisory role.
- Strengthen understanding and respect for Aboriginal and Torres Strait Islander culture and achievements.'



For more information please visit the City of Cockburn website:

http://www.cockburn.wa.gov.au/Community_Services/Aboriginal_Services/default.asp#documents

CASE STUDY

City of Fremantle - Walyalup Aboriginal Cultural Centre

'The Walyalup Aboriginal Cultural Centre (WACC) is located at 12 Captains Lane, Bathers Beach Art Precinct, Fremantle. The centre is part of the City of Fremantle's Arthur Head activation project.

Throughout the year, a community program of courses and workshops are held at the Walyalup Aboriginal Cultural Centre coinciding with the Nyoongar seasons. 2016/17:

1. June/July - Makuru (Noongars inland, fertility season and swans moulting)
2. August/September Djilba (Grass season and time to harvest root vegetables)
3. October/November - Kambarang (Wildflower season and birth of many birds)
4. December/January - Birak (Noongar family groups moving together on the coast)
5. February/March - Bunuru (Hot season, camped on the coast, fishing and gathering coastal delicacies)
6. April/May - Djeran (The fat season, salmon schooling and couples paired up)

NAIDOC Week celebrations are held at the Walyalup Aboriginal Cultural Centre each year in July. Events included workshops, bushfoods, movie screening, live dancing, Aboriginal art, cultural mini-market and acoustic performances.

The Walyalup Aboriginal Cultural Centre offers a comfortable room for hire, ideal for community and local interest groups. The room is available for workshops, meetings, courses or seminars.'



For more information please visit the City of Fremantle website:
<http://www.fremantle.wa.gov.au/wacc>

6.7 Health and wellbeing of people with a disability

In Western Australia, people with disabilities make up approximately 20% of the population; 13% of Western Australians care for someone with a disability. They are from all age groups, ethnic backgrounds and socio-economic groups, and live in all areas.

Types of disability include physical, intellectual, psychiatric, sensory and acquired brain injury. Some people are born with a disability and others acquire them through accidents, chronic illnesses, age-related health issues and other factors.

Barriers might exist in employment, education, accommodation, support services, mainstream services, recreation, access to information and access to the built environment. Disabling environments and attitudes often impact more on a person than a specific impairment does.

Providing good accessible services and facilities for people with disabilities often means better access for others too – for example, parents with prams, people coping with temporary injuries, people with limited literacy in English, older people and so on.

People with disabilities have the right to participate in everything on offer to everyone else. To achieve a truly inclusive community, disability-related barriers must be overcome.

It is important for health and wellbeing planning processes to recognise the potential of people with disabilities and the opportunities for them to contribute to the community.

P R O M P T I N G Q U E S T I O N S

Geographic and demographic	How many people with a disability live in the community and in what areas? What are their characteristics – such as age and gender? <input type="checkbox"/>
Community attitudes and participation	What are the local community's attitudes towards disability? <input type="checkbox"/> How is the local community (including but not limited to local businesses, shops, volunteer organisations, sport and recreation facilities, playgroups and crèches, civic centres, libraries and schools) encouraged to welcome people with disabilities and support them to be active participants? <input type="checkbox"/> What opportunities exist for people with disabilities to develop networks, friendships and a social life with the rest of the community? <input type="checkbox"/> How are mainstream committees, focus groups and advisory groups inclusive of people with disabilities? <input type="checkbox"/> How well does the built environment present opportunities for people with disabilities to participate in the full range of economic, social, cultural and recreational activities in the community? <input type="checkbox"/> Do local media feature positive stories about people with disabilities or do they tend to perpetuate negative or outdated stereotypes? <input type="checkbox"/>

P R O M P T I N G Q U E S T I O N S

<p>Consultation processes</p>	<p>How do people with disabilities participate actively in community planning and decision-making? What processes and procedures have been established to consult with people with disabilities? What training and support is provided to encourage this? <input type="checkbox"/></p> <p>How is meaningful participation in consultation processes by people with disabilities ensured? <input type="checkbox"/></p> <p>What are the existing links with disability advisory committees or advocacy organisations? When and how are these groups invited to participate in community consultation processes? <input type="checkbox"/></p> <p>How do consultation processes with people with disabilities promote community integration and remove stigma or isolation? <input type="checkbox"/></p> <p>How are disability-related barriers identified and addressed in the design of all consultation processes? <input type="checkbox"/></p> <p>How are community consultation processes able to meet the needs of people with disabilities and people with mobility difficulties - physical access to buildings, attendant care support, AUSLAN interpreters, transport, written material, and so on? <input type="checkbox"/></p> <p>How is the outcome of consultations with the community and people with disabilities reported back to people with disabilities? <input type="checkbox"/></p>
<p>Carers</p>	<p>Does the community have adequate supports for carers of children and adults with a disability? This might include funded services such as formal respite options, as well as more informal supports within the community. <input type="checkbox"/></p>
<p>Services and support</p>	<p>What housing and support alternatives are available to accommodate people with disabilities? <input type="checkbox"/></p> <p>Do local government planning processes support and encourage sustainable, innovative and affordable housing options for people with disabilities? <input type="checkbox"/></p> <p>Does the community have a range of attractive, affordable and age-appropriate recreation and leisure options that are accessible to people of all abilities? If not, what changes could be made for this to happen (e.g. improving physical access, or purchase and installation of equipment)? <input type="checkbox"/></p> <p>What services, transport and supports allow adults with disabilities to live independently in the community and allow choice in meeting their needs? <input type="checkbox"/></p> <p>What services or supports are available to make the community as safe as possible for everyone, but particularly for those who might have some specific vulnerability? This might include funded services and supports such as maintenance of lighting, footpaths, security patrols and the Eyes on the Street program, as well as strategies for encouraging informal safeguards – for example, encouraging neighbours to meet and look out for each other. <input type="checkbox"/></p>
<p>Funding and resources</p>	<p>What are the additional external funding sources that might be accessed for projects, activities and initiatives for people with disabilities? <input type="checkbox"/></p>

CASE STUDY

City of Fremantle - 2016-2020 Access and Inclusion Plan

'The City of Fremantle encourages diversity and is committed to creating an accessible, inclusive and welcoming community for people of all ages and abilities.

We are committed to making continual improvements to ensure that buildings, facilities, services, events, information and employment opportunities are available to all community members – including those who have a disability.

The plan outlines a strategic approach to improve access and inclusion for people with disability over the next five years. The actions of this plan will also benefit seniors, people with temporary injuries and parents with young children in prams.

Outcome 1: People with disability have the same opportunities as other people to access the services of, and any events organised by, the City of Fremantle.

Outcome 2: People with disability have the same opportunities as other people to access the buildings and other facilities of the City of Fremantle.

Outcome 3: People with disability receive information from the City of Fremantle in a format that will enable them to access the information as readily as other people are able to access it.

Outcome 4: People with disability receive the same level and quality of service from the staff of the City of Fremantle as other people receive from the staff.

Outcome 5: People with disability have the same opportunities as other people to make complaints to the City of Fremantle.

Outcome 6: People with disability have the same opportunities as other people to participate in any public consultation by the City of Fremantle.'

For more information please visit the City of Fremantle website:

<http://www.fremantle.wa.gov.au/access-inclusion>



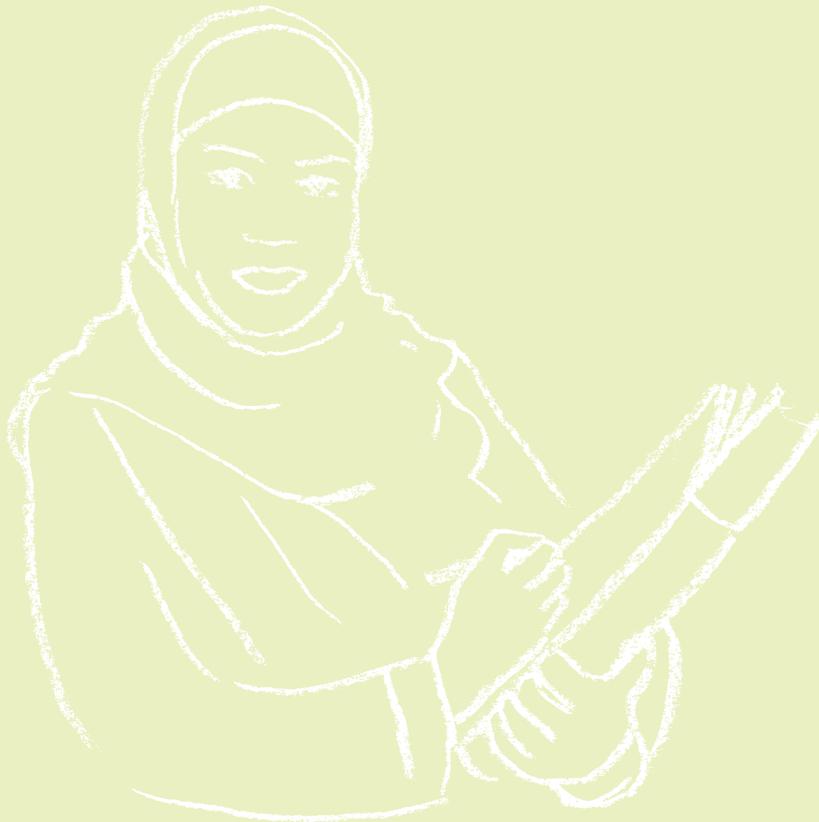
6.8 *Health and wellbeing of people from culturally and linguistically diverse backgrounds*

Australia is a culturally and ethnically diverse nation. Migration from all over the world has added to an already diverse Aboriginal population. For the purpose of this work, diversity is understood to describe the fact that Australians have different cultural, religious and language backgrounds, and they naturally differ in age, gender, race, colour and ability. This diverse population presents huge challenges and opportunities.

Recent intakes of refugees and asylum seekers from Africa and many other countries have further changed the cultural, language and ethnic profile of many communities.

It is important to ensure that services are accessible and appropriate for a diverse range of people. Sometimes this requires special programs (e.g. counselling for victims of torture and trauma) and significant outreach efforts (e.g. supporting non-English-speaking women to have regular pap smears and breast checks). In all instances, it means training staff in mainstream services to understand the special needs of Australia's diverse communities.

In order to develop appropriate and accessible services, representatives of culturally and linguistically diverse groups must be engaged in service planning, development and evaluation.



P R O M P T I N G Q U E S T I O N S

Geographic and demographic	<p>What is the ethnic, linguistic and cultural make-up of the community? Is there a dominant culture, language or ethnicity?</p>	<input type="checkbox"/>
Community attitudes and participation	<p>To what extent does the community promote itself as a diverse community? In what ways is its diversity expressed?</p> <p>How well does the built environment present opportunities for members of ethnic and cultural groups to participate in the full range of economic, social, cultural and recreational activities in the community?</p> <p>Who is delivering services, planning services and forming policy? To what extent can multicultural groups impact on service planning and delivery and policies?</p> <p>How are groups assisted to do this? For example, are interpreters freely available? Are consultations undertaken in languages other than English? Are reference groups composed of diverse stakeholders?</p> <p>To what extent do people of different ethnic, linguistic and cultural backgrounds participate in the significant activities of the community? For example, who attends local Australia Day Celebrations? What is the ethnic background of people attending local football matches, maternal child health centres and public meetings to discuss traffic management or community safety initiatives?</p> <p>Is there widespread participation in (and celebration of) ethnic cultural activities?</p> <p>How are people from different cultures engaged, supported and included in the community?</p> <p>Are there strong ethnic community organisations in which people can participate?</p>	<input type="checkbox"/>
Consultation processes	<p>What are the formalised procedures that have been established to consult with people from culturally and linguistically diverse backgrounds?</p> <p>To what extent are members of ethnic and cultural groups in the community consulted and involved in community planning and decision-making? How do they participate?</p> <p>Has there been an attempt to identify the specific priorities and needs of the ethnic populations in the community? What are the strengths and resources they have to offer?</p>	<input type="checkbox"/>
Services and support	<p>Are services responsive to the unique needs of specific ethnic and cultural groups? Are services culturally appropriate? Are there special services to meet unique needs?</p> <p>Are staff encouraged to participate in cultural awareness and communication training? Is this training regularly available?</p>	<input type="checkbox"/>
Funding and resources	<p>What are the additional external funding sources that might be accessed for projects, activities and initiatives for people from culturally and linguistically diverse backgrounds?</p>	<input type="checkbox"/>

CASE STUDY

City of Fremantle - The Blessing of the Fleet

'The Blessing of the Fleet was first introduced to Fremantle by Italian migrant fishermen in 1948, it's become an important annual event for the port, combining culture and history in a day of fun including fireworks.'

The annual procession leaves from St Patrick's Basilica to the Fremantle Fishing Boat Harbour for the Blessing. The procession is followed by a celebration on the Esplanade Reserve.'



For more information please visit the City of Fremantle website:
<http://www.fremantle.wa.gov.au/whats-on/blessing-fleet>



6.9 *Health and wellbeing of people with mental illness*

The prevalence of mental illness, especially depression, is increasing in communities in Australia and around the world. While health systems struggle to deal with people who experience severe mental illness such as schizophrenia, bipolar illness and personality disorders, many mild or moderate conditions go undetected. However, mild issues can easily escalate into major mental illnesses, which are debilitating for individuals and families.

There is still a stigma attached to mental illness. This is a barrier to some people seeking appropriate help, and it discriminates against those who display challenging mental, social and emotional behaviours associated with their illness.

Additional difficulties are posed by the frequency of people with mental illness also having drug and alcohol issues. This complexity requires multidisciplinary and well-coordinated approaches to service delivery, care and support.

Appropriate treatment, and community and service provider understanding and support, can create mental wellness, which enables this population group to be active and valued contributors in the community.

P R O M P T I N G Q U E S T I O N S

Community attitudes and participation	<p>Does the built environment promote a sense of place, of safety, of belonging, of aesthetics, participation and community pride for people with a mental illness? <input type="checkbox"/></p> <p>Are there efforts to improve the community's understanding and acceptance of people with mental health issues? How is this reflected in local government policy? <input type="checkbox"/></p> <p>Is information about mental health, mental illness, prevention and treatment options readily available in the community? <input type="checkbox"/></p>
Consultation processes	<p>What are the formalised procedures that have been established to consult with people with mental illness? <input type="checkbox"/></p>
Services and support	<p>What is the community doing to promote mental wellbeing? Where are there 'early warning systems' in schools and workplaces, for example? Are 'high risk' populations targeted for interventions (e.g. teenage single mothers, who are highly susceptible to post-natal depression)? <input type="checkbox"/></p> <p>Does the community encourage and facilitate support groups for people with mental illness? <input type="checkbox"/></p> <p>Are there adequate services for people with acute needs? Are these services easily accessible? Are they integrated with other services to reduce stigmatisation? <input type="checkbox"/></p> <p>Are there multidisciplinary approaches for people with multiple needs, such as mental illness, alcohol abuse and drug addiction? Is there collaborative support between services and programs? <input type="checkbox"/></p> <p>What support is available for children whose parents suffer from mental illness? <input type="checkbox"/></p> <p>What support is available for families who have a mentally ill family member? <input type="checkbox"/></p>
Funding and resources	<p>What are the additional external funding sources that might be accessed for projects, activities and initiatives for people with mental illness? <input type="checkbox"/></p>

CASE STUDY

City of Rockingham – Act Belong Commit

'The City of Rockingham is leading the way by launching a world-first mental health promotion campaign aimed at preventing the onset of mental health problems, by encouraging everyone to do things to look after their mental wellbeing.

Mental health conditions are increasing around the world and are currently responsible for approximately one third of the total 'burden of disease', indicating the increasing importance of mental health promotion/prevention and early detection/intervention activities. This is why the Act-Belong-Commit campaign aims to increase individual resilience and build community cohesion to prevent the onset of mental health problems.

The campaign targets the general population and encourages everyone to do things to keep mentally healthy, just like we do things to stay physically healthy.

The positive mental health message is based around the ABC guidelines for positive mental health:

- **Act** - keep mentally, physically and socially active
- **Belong** - maintain and create new social connections, become involved in local groups, attend community events
- **Commit** - take up a cause, volunteer, commit to something that brings meaning and purpose to your life.

The campaign works by promoting events and activities based in Rockingham as great ways for people to look after their mental health, from sporting activities, to volunteer opportunities and community events.'

For more information please visit the City of Rockingham website:

<http://www.rockingham.wa.gov.au/Community/Get-involved/Act-Belong-Commit>



5.10 Health and wellbeing of people living in rural and remote areas

'People living in rural and remote areas' refers to people living in non-metropolitan areas - that is, population centres of less than 100,000 people.

There is wide diversity between rural and remote areas. Demographic, socio-economic and many other factors mean that general statements about rural or remote areas and people should be treated with caution.

Declining population can be an issue for many small communities; for example, many young people need to leave the area to gain employment, training or higher education. This can also lead to an increasing percentage of older people in rural areas.

People in rural areas can be more exposed to the extreme impacts of environmental factors such as drought, flood and bushfire on their livelihoods and personal lives. The distance from metropolitan centres can also affect access to healthy and nutritious food and other goods and services that are time-critical.

Distribution of information and access to services can often be more difficult due to geographical coverage. The arrival of low-cost technology and access to the internet might improve this; however, word of mouth or the 'bush telegraph' remains a very important communication process in rural areas.

Relative isolation can also create strengths in rural and remote communities, which is difficult to replicate in metropolitan and urban environments. This strength of community and the resilience of people in more remote and extreme environments is a unique characteristic, which might be factored in when planning for community health and wellbeing.

Questions about the health and wellbeing of rural communities are additional to the 'Questions about population health and wellbeing'. Local action should be underpinned with local analysis and consultation.

P R O M P T I N G Q U E S T I O N S

Community attitudes and participation	<p>What are the unique challenges facing people living in the remote and rural area? <input type="checkbox"/></p> <p>Are there efforts to improve the community's understanding and acceptance of people? <input type="checkbox"/></p> <p>What are the opportunities available to people living in the remote and rural area? <input type="checkbox"/></p> <p>How can social activity and engagement in the community be encouraged and supported? <input type="checkbox"/></p> <p>Where are the community activity centres and facilities? <input type="checkbox"/></p>
Consultation processes	<p>Who else has an interest in the health and wellbeing of people living in the remote and rural area or areas – taking into account social, economic and environmental perspectives? <input type="checkbox"/></p> <p>What scope is there for local government to work together with them? How do local government programs and policies work with other local, state and federal initiatives in the area? <input type="checkbox"/></p>
Services and support	<p>What does the service system look like? What is available locally and what requires a visit to a major service centre? <input type="checkbox"/></p> <p>How can services be modified to promote accessibility for people living in rural and remote areas? <input type="checkbox"/></p> <p>How can technology be used to bridge geographical challenges to communication and service needs? Is there adequate communications infrastructure? Do residents have adequate skills? <input type="checkbox"/></p> <p>How can transport challenges be overcome? <input type="checkbox"/></p> <p>What can be done to prepare for and respond to crises that affect the whole community, such as drought, fire, flood, major road fatalities, poor harvest, and school closures? <input type="checkbox"/></p> <p>How can the capacity and the resilience of communities be increased? <input type="checkbox"/></p> <p>What seasonal issues need to be considered in providing services to support individuals, families and communities? <input type="checkbox"/></p>
Funding and resources	<p>What are the additional external funding sources that might be accessed for projects, activities and initiatives for people living in rural and remote areas? <input type="checkbox"/></p>

CASE STUDY

Shire of Murray - Age Friendly Communities Plan 2016

'The Shire of Murray has recently released its Age Friendly Communities Plan 2016.

An age-friendly community is one which:

- Recognises the great diversity among older people
- Promotes their inclusion and contribution in all areas of community life
- Respects their decisions and lifestyle choices, and
- Anticipates and responds flexibly to ageing-related needs and preferences.

The Shires of Murray and Waroona chose to collaborate on the development of our Age-Friendly Community Plans given our neighbouring positions in the Peel region.

There are similarities in the demographics as well as the challenges facing some of our communities including outlying towns, rural landholdings and proximity to regional centres.

Working together on this project, the Shires have been able to share some resources and learn from each other about programs, services and infrastructure solutions that assist in making our communities more age-friendly.'

For more information please visit the Shire of Murray website:

<http://www.murray.wa.gov.au/single-download/draft-age-friendly-communities-plan/>



6.11 *Health and wellbeing of economically disadvantaged people*

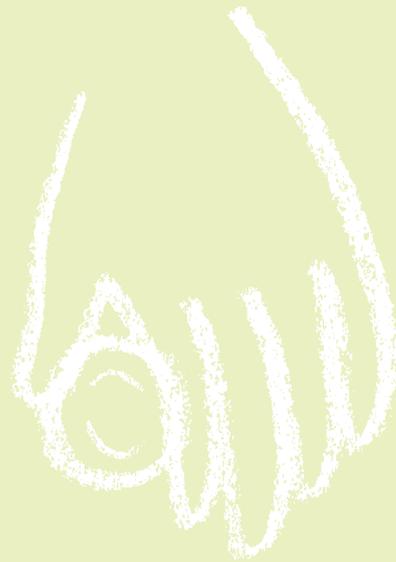
The impact of poverty on health is inescapable. Those people and families on a low income are more likely to experience illness, disability and premature death than those with greater economic means. There is also ample evidence that large gaps between the 'haves' and the 'have-nots' increases the vulnerability of those on the lower end of the socio-economic scale.

Specifically, economic disadvantage can directly impact health and wellbeing by increasing the risk of irregular meals and poor nutrition and by increasing the risk of homelessness. Homelessness in turn, can severely disrupt connections with family, friends and the wider community, and seriously interfere with options for employment, education and training. This can lead to a vicious cycle of poor health and wellbeing and reduced capacity to break the cycle.

Therefore, the challenge is to provide both a safety net for individuals and families in crisis, and springboards that allow them to establish and maintain economic stability and security. Together, these will increase the opportunities for people to maximise their potential.

Attracting new businesses and supporting existing ones to grow can also increase opportunities for people on low incomes.

People and families on low incomes have strengths, life experiences and skills from which the broader community might benefit. Planning processes need to remove barriers to people on low incomes participating in the community and community decision-making processes, to ensure that opportunities for their ideas and contributions are included.



P R O M P T I N G Q U E S T I O N S

Geographic and demographic	What is the socio-economic profile of the community? <input type="checkbox"/>
Consultation processes	What are the formalised procedures that have been established to consult with economically disadvantaged people? <input type="checkbox"/>
Services and support	<p>What support do 'high risk' populations (for example, long-term unemployed and young single parents) receive? <input type="checkbox"/></p> <p>Are there financial barriers to using local government services? Do customer service approaches support people to negotiate the payment of debts to local government? <input type="checkbox"/></p> <p>Does local government support initiatives to improve the economic sustainability of households, such as food cooperatives, bartering and community gardens? <input type="checkbox"/></p> <p>Does local government use its own purchasing power to provide jobs and income for the most economically disadvantaged in the community? <input type="checkbox"/></p> <p>Are there programs that provide access to flexible and affordable education opportunities? <input type="checkbox"/></p> <p>How are businesses being attracted and maintained to provide good, well-paid jobs? <input type="checkbox"/></p> <p>Does local government support low-interest loan programs to enable low-income residents to start their own businesses? <input type="checkbox"/></p> <p>Is there affordable and secure accommodation for low-income families? <input type="checkbox"/></p> <p>Has local government worked with the community to map its assets and resources that could be used to generate economic activity? <input type="checkbox"/></p> <p>Does local government have a firm commitment to reducing economic inequalities? How is this reflected in policies and plans? <input type="checkbox"/></p> <p>Are there opportunities to encourage and facilitate the establishment of enterprise activities or co-operatives - for example, a market or gallery for emerging artists? <input type="checkbox"/></p> <p>How can economic activities be stimulated in areas such as arts and cultural development? <input type="checkbox"/></p> <p>Are there specific areas that require increased effort to improve economic opportunities for people and families on low incomes? <input type="checkbox"/></p> <p>How can resources and/or funding be sourced to provide subsidies and support for people on low incomes to meet their basic needs? <input type="checkbox"/></p>
Funding and resources	What are the additional external funding sources that might be accessed for projects, activities and initiatives for economically disadvantaged people? <input type="checkbox"/>

CASE STUDY

City of Fremantle – Equity and Local Economy

'The City supports local businesses in a wide variety of ways - through its new place marketing strategy that includes Fremantle's consumer website Fremantle Story, its continuous support of the tourism industry through the Fremantle Tourism Association, the establishment of the Fremantle Business Improvement District, the ongoing support of our local business development organisation Business Foundations and the Fremantle Chamber of Commerce, and a refreshing approach to business innovation and space activation.

City of Fremantle staff, as part of the broader Fremantle workforce, are encouraged to support local business by shopping, dining and generally using the products and services available in and around the City of Fremantle. We also ensure that, where possible, we use local suppliers for sustainable products and services to the City.

The City supports local sustainable businesses and has worked alongside The Good Map to create a walking map of sustainable traders around Fremantle and Waste Not to develop an organic waste solution for the City and its facilities.'

For more information please visit the City of Fremantle website:

<http://www.fremantle.wa.gov.au/one-planet/equity-and-local-economy>



SECTION SEVEN: KEEP PLANNING FOR THE FUTURE



This guide recognises that local government's influence on health and wellbeing has grown well beyond the traditional public health functions, to encompass most facets of local government core business.

Today, key public health roles and responsibilities of local government include:

- identifying and responding to the health and wellbeing issues
- documenting a public commitment to the management of these health and wellbeing issues
- showing local leadership by developing local solutions to local problems
- building an ongoing dialogue on health and wellbeing issues with the community, community groups and community leaders
- setting organisational priorities based on the evidence of health data and national, state or local priorities
- benchmarking services across local government

Figure 9 illustrates the features of a healthy council that lead to a healthy community.

Figure 9:

A healthy council demonstrates...



Adapted from Dibley, G, Gordon, M, and Rubenstein, L 2002, *Leading the Way – Councils creating healthier communities: A Resource Guide for Councillors*, VicHealth, Carlton



Planning for a healthy future, however, is not just about completing planning documents and reports. It is an ongoing process that involves understanding the influences on health and wellbeing and making decisions that result in more liveable, healthier communities.

The guide describes a pathway that can lead to the creation of healthier communities. This pathway relies on health and wellbeing becoming a priority and being at the centre of a clear local government vision for the future.

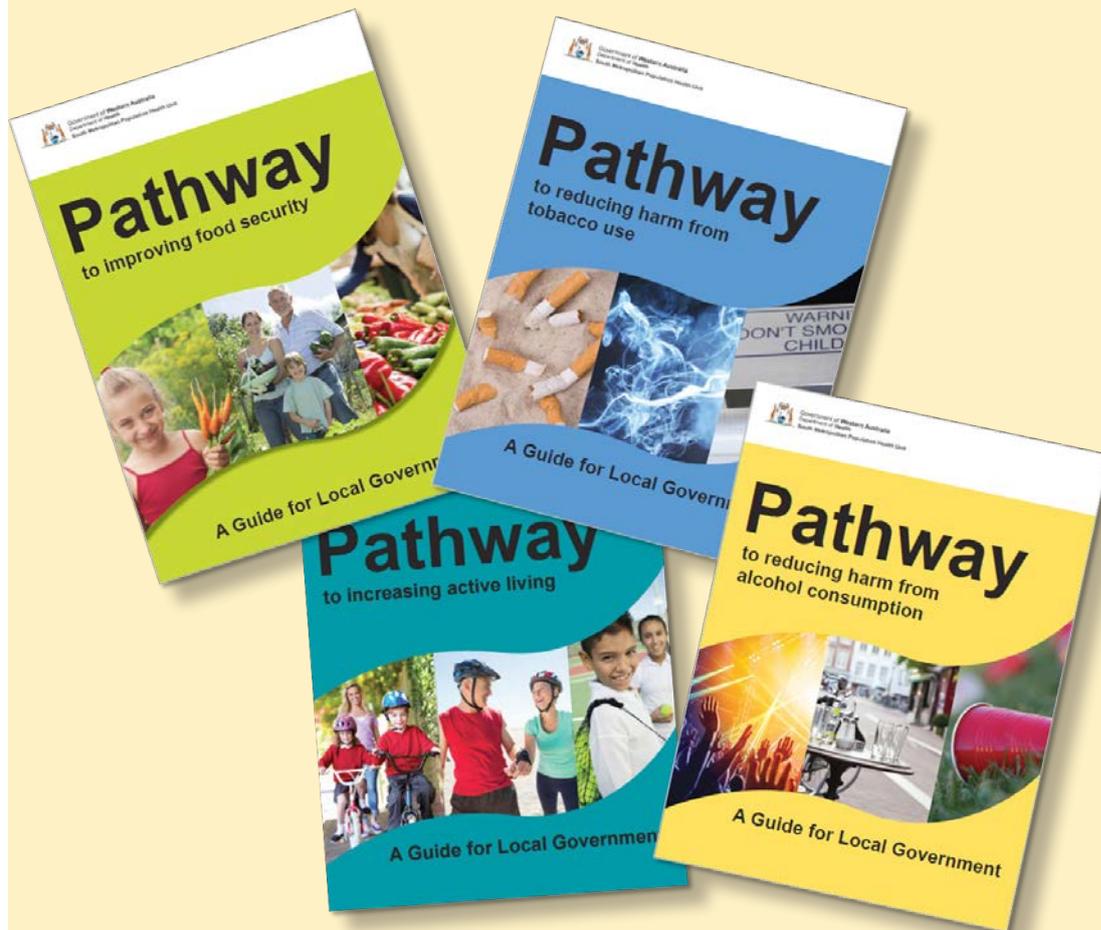
Councillors and staff can take a leadership role in bringing this vision about by giving health and wellbeing the priority it deserves.

Whether it is advocating for change, improved services or stronger partnerships, there are many ways to create healthier communities. Each local government will need to find out what works locally.



FURTHER HEALTH PLANNING RESOURCES

The South Metropolitan Health Promotion Service has developed additional health planning resources applying the principles and processes described in this guide. They deal with planning responses to specific issues, namely, to improve food security, to reduce harm from alcohol consumption, to increase active living and to reduce harm from tobacco use at a local level.



These resources and Local government health and wellbeing profiles are available at:

<http://ww2.health.wa.gov.au/About-us/South-Metropolitan-Health-Service/Reports-and-publications/Publications> - click on Population Health

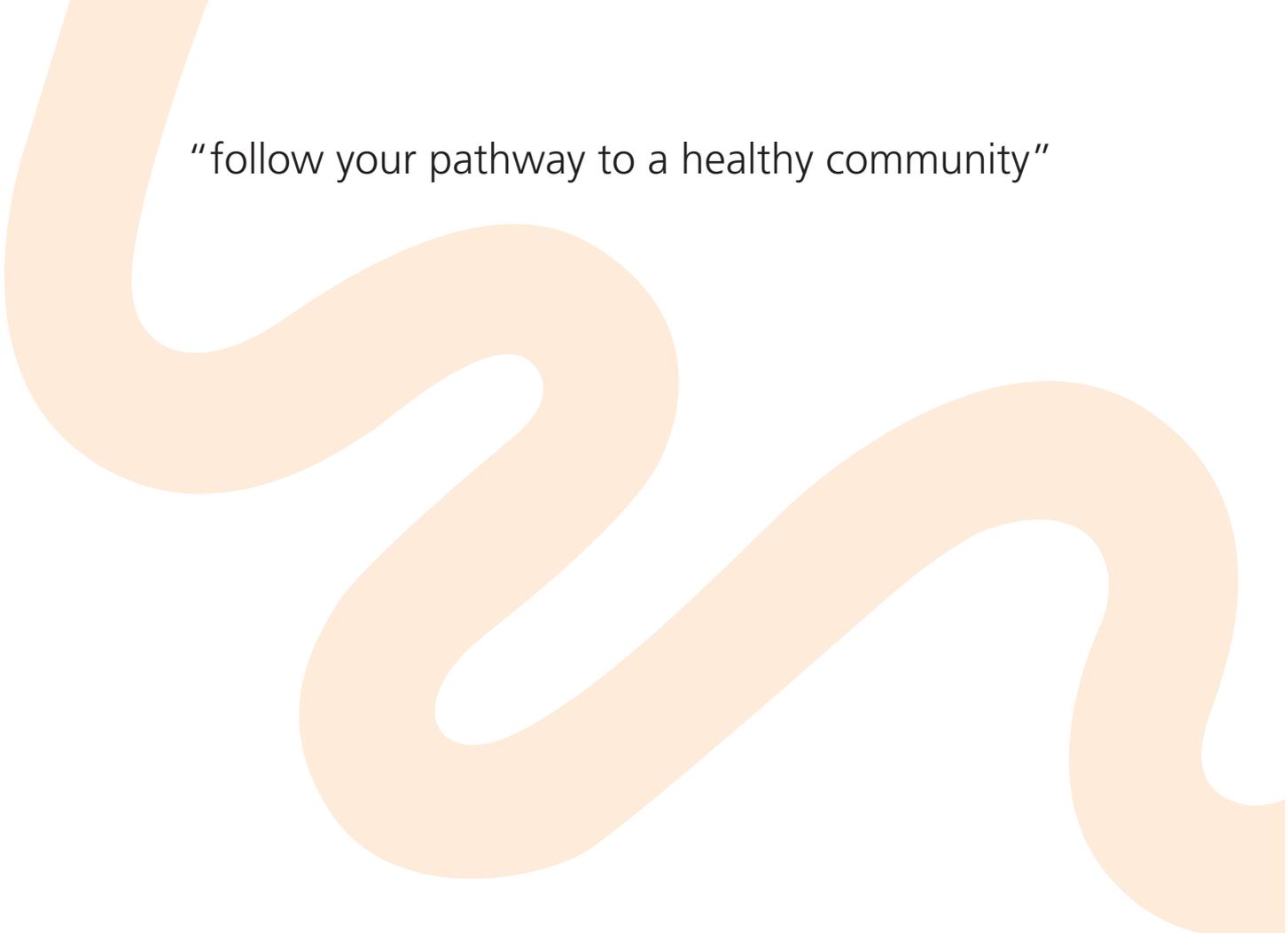
Action Checklist for councillors and local government staff

Purpose

The purpose of this checklist is to prompt reflection on each phase of planning. The questions might be used by a planning group to work through their planning project or to prepare a brief for councillors. They might also be used by individual councillors or staff to think about whether key aspects of each phase are adequately covered and to seek further information if necessary.

PHASE 1 <i>Pre-planning</i>	Questions	Comments
	How does the local public health plan under consideration reflect and reinforce the local government's strategic intention for health and wellbeing? Does it align with the plan for the Strategic Community Plan? How will it align with other policies or plans?	
	Who will 'own' the plan? Will local government be responsible for all the strategies, or will external agencies take on agreed actions?	
	Is there a clear process laid out for all phases of the health planning process? Is there sufficient time allocated to each phase? Is the health planning process adequately resourced? How will councillors and staff be briefed as the plan progresses?	
	What role will councillors and staff play in the health planning process – for example: <ul style="list-style-type: none"> • councillor and staff representation on the plan reference group or similar? • councillor and staff attendance at consultation forums or public meetings? 	
PHASE 2 <i>Community health and wellbeing profile</i>	Questions	Comments
	Is the information for the community health profile in plain language?	
	Do the conclusions drawn from it make sense?	
	Is it clear what opportunities exist to improve health and wellbeing in the community?	
	Is it clear who in the community might be at risk of poor health and wellbeing?	
PHASE 3 <i>Community engagement/ Participation</i>	Questions	Comments
	How will the planning process engage the community? Is there a policy that guides community engagement?	
	Are specific key population groups getting involved?	
	Are emerging health and wellbeing priorities consistent with the vision and aspirations of the Strategic Community Plan?	
	How will we know whether the plan has been successful? What indicators will be used to measure the results of the plan?	

PHASE 4 <i>Plan Development</i>	Questions	Comments
	Are goals and objectives stated clearly? Is it clear what will be different as a result?	
	Are selected strategies based on evidence and good practice?	
	Have broader determinants of health and wellbeing been taken into account when considering objectives and selecting strategies?	
	How will we know whether the plan has been successful? What indicators will be used to measure the results of the plan?	
PHASE 5 <i>Implementation</i>	Questions	Comments
	What steps are in place to manage implementation – monitoring reference group or similar?	
	What role will councillors and staff play as the plan is implemented, for example: <ul style="list-style-type: none"> • councillor and staff representation on the plan monitoring reference group or similar? • councillor and staff participation in plan monitoring and reviews? 	
	What are the key milestones during the life of the plan? How are we tracking the results of the plan? What reports are required?	
	How will the planning process engage partners? Is there a policy that guides partnership development?	
	Are key partners getting involved?	
PHASE 6 <i>Evaluation</i>	Questions	Comments
	What worked for us? What continues to be a challenge? What lesson can we draw from this that can be applied to the next plan and/or other plans?	
	How well did the health planning processes used for this plan work? Do they need modification for the health planning next plan?	



“follow your pathway to a healthy community”

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