Final Evaluation Report

From the Program Evaluation Unit
School of Population Health
Department of Public Health
The University of Melbourne

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ABBREVIATIONS

ABS	Australian Bureau of Statistics
CCT	Compulsory Competitive Tendering
CEO	Chief Executive Officer
CHP	Community Health Plan
COTA	Council on the Aging
CPTT	Community Planning Think Tank
DHS	Department of Human Services, Victoria
EHO	Environmental Health Officer
G21	G21 Health Pillar Group: five local government areas looking at regional issues in the Barwon South West Region
KPIs	Key Performance Indicators
LAECG	Local Aboriginal Education Community Group
LGA	Local Government Authority
MPHP	Municipal Public Health Plan
MSS	Municipal Strategic Statement
PCP	Primary Care Partnership
PDPC	Premier's Drug Prevention Council
PHERP	Public Health Education and Research Program (Commonwealth funded)
SaH	Sustainability and Health
SCPI	Sustainable Community Progress Indicators
TBL	Triple Bottom Line
WHO	World Health Organisation

1. BACKGROUND

The purpose of this Final Evaluation Report is to document and share the outcomes and lessons learnt from the Good Practice projects, funded to stimulate new developments and creative approaches in Municipal Public Health Planning.

The Local Government Partnerships Team of the Department of Human Services (DHS) funded 16 projects in round one for 2002-2003; 10 projects in round two for 2003-2004; and an overall evaluation as part of the Good Practice Program to support local government in implementing and managing their Municipal Public Health Plans (MPHPs) in the context of the new *Environments for Health* framework. Over the two-year period, 39 (half) of Victoria's 79 Councils participated in Good Practice projects.

The purpose of this report is to document and share the outcomes and lessons learnt in the Good Practice projects, funded to support local government in implementing and managing MPHP in the context of the new Environments for Health framework.

The *Environments for Health* framework provides a resource to facilitate local government integration of all planning functions that impact on the social, economic, natural and built environments and consequently, community health and wellbeing. The *Environments for Health* framework was developed through a partnership between the Public Health Division of the Department of Human Services, the Municipal Association of Victoria, the Victorian Local Governance Association, VicHealth, local governments and a number of other stakeholders. Several hundred people participated in its development. Since the framework was launched in September 2001, several thousand copies have been distributed to all Councils and stakeholders.

Good Practice projects used the *Environments for Health* framework to develop initiatives on a range of themes including integrated planning, the development of indicators and health profiles, community engagement and community capacity building, responding to a health issue, and workforce development. Partnership development was also a strong feature of many projects, and involved partnerships with other Council departments, organisations within the municipality, and other Councils.

The aim of the Good Practice Evaluation was to capture and disseminate information about the projects. In particular it aimed to inform DHS, existing and future projects, and Municipal Public Health Planners about models and approaches that have worked and have not worked, and how they can be applied more broadly across other municipalities. Specifically, the evaluation attempted to identify:

- the nature of the strategies both planned and adopted to attain specific goals;
- the degree to which the goals were attained;
- whether the strategies were successful or not;
- factors that contributed to success;
- barriers to success;

- strategies introduced to overcome the barriers;
- key lessons, recommendations; and
- tools and resources as they were developed.

In addition, the evaluation was designed to:
- encourage evaluation planning from the beginning;
- demonstrate the benefit of early evaluation planning to project planning;
- promote 'sustainability' as a measure of success;
- identify the potential for 'transferability' of the initiatives to other municipalities by recognising those factors that contribute to its wider application;
- promote evaluation knowledge and skills during and beyond the term of the project;
- provide information to individual projects so they can act on that information (e.g. key lessons from other projects that might be relevant to their particular project); and importantly
- adopt a partnership model to evaluation by involving DHS and individual projects in the negotiation of the evaluation questions and design, and by providing active evaluation support throughout the term of the project.

The evaluation involved a number of data gathering and reporting steps: the use of three evaluation tools, a site visit and two workshops. (Only two evaluation tools were used in round two as additional data was gathered from the workshops.) All data was provided by the Good Practice project personnel and was based on evidence sought through their own evaluation activities and reflections on their experiences.

Three interim evaluation reports describe the project themes, objectives, mid-project progress and lessons. These are available on the DHS Good Practice website:
http://www.health.vic.gov.au/localgov/

In addition to this Final Evaluation Report, seven individual Appendices with more detailed information on each of the projects, themes, and issues can be downloaded from
http://www.health.vic.gov.au/localgov/. The Appendices include:
1. Organisational Environment;
2. Partnership Development;
3. Integrated Planning;
4. Indicator and Health Status Profile Development;
5. Community Engagement and Community Capacity Building;
6. Responding to a Health Issue;
7. Workforce Development;

This Final Evaluation Report is based on the information provided by each of the projects on their completion. Further information about the

Good Practice projects can be obtained by contacting the project person directly and/or by downloading presentations made at the 2003 and 2004 MPHP state conferences from: http://www.health.vic.gov.au/localgov/mphpconf.htm

A Note of Thanks from the Evaluators
The evaluators (Theonie Tacticos and Helen Jordan) would like to thank all project officers for contributing to this document.

Please forward any comments or questions to Theonie Tacticos (t.tacticos@unimelb.edu.au) or Helen Jordan (h.jordan@unimelb.edu.au), or to the Local Government Partnerships Team of the Department of Human Services.

2. ORGANISATIONAL ENVIRONMENT

The achievement of projects seemed to depend on the culture and pre-existing corporate understanding and commitment to the social model of health.

The organisational environment was the most important factor influencing the success of the Good Practice projects. Project success seemed to depend on the culture and pre-existing corporate understanding and commitment to the social model of health. Some Good Practice projects operated in a 'fertile' and very supportive environment. These environments often had one or a number of characteristics that include: a high level of understanding and commitment to integrated planning, cross-departmental communication, and senior management and/or Councillor involvement. Conversely, some projects operated in a less supportive environment and were much harder to progress. For example, some Councils were reportedly still experiencing negative impacts of Compulsory Competitive Tendering (CCT). CCT was perceived to promote the siloing of business units rather than a desired 'integrated organisation', creating a barrier to cross-departmental communication and collaboration.

2.1 Involvement of Senior Management and Councillors

Reports suggested that the higher the level of management involved, the higher the corporate understanding and acceptance of the social model of health, and the greater the extent of organisational support for the project.

The level of involvement by Councillors and management seemed to have significant influence on the ease of implementation and level of impact of the Good Practice projects. Reports seem to suggest that the higher the level of management involved in the project (e.g. a Councillor, the CEO, or a member of the senior management team), the higher the corporate understanding and acceptance of the social model of health, and the greater the extent of organisational support for the project. It seemed that the more successful projects had senior managers as well as operational level staff champion the project.

Senior personnel across different Council departments often acted as advocates for the project, facilitating cross Council acceptance. This involvement and support strengthened the status and credibility of the project within Council, and with partner organisations.

Successful staffing of projects seemed dependent on ensuring the person undertaking the task had both the time and skills, to undertake the task in the required timeframe.

2.2 Program Design and Implementation Issues

There were a range of 'project design and implementation' factors which projects noted as impacting on their success. These separate but related issues include: the function and representation of the steering committees (or working parties); the staffing profile of those undertaking the project; the project management strategies designed to ensure the project timelines were being met; and that new lessons, resources and practices embedded in the organisation to foster sustainability.

The staffing of projects was critical to their success, and a range of different configurations were used. Some projects used consultants to undertake either a component or all of their project. Others used existing staff whose positions were backfilled during the project, or who undertook the project as a fraction of their existing workload. No one model stood out above the rest. The use of consultants seemed to work better in some projects than in others. Projects had to ensure that the person undertaking the work had the time and the skills to undertake the task in the required timeframe. Projects often underestimated the time and skills necessary to undertake the project.

Planning for sustainability needed to occur in the beginning rather than at the end of projects.

Involvement of partners increased relevance and ownership, increasing likelihood of sustainability.

Projects considered strategies for 'embedding' their practices, resources or learnings organisationally. This was most often done on completion of the project, though some projects recognised the need to plan for the sustainability of their project's achievements at the early phase of project planning. For example, the involvement of partners usually increased the relevance and ownership of the project, thereby increasing the likelihood of project sustainability.

2.3 Function of Steering Committees

With one exception, all of the Good Practice projects had steering committees. Representation on these committees depended on the focus of the project. Projects with an internal Council focus confined membership to Council staff representatives, while projects with an external focus included representatives from other agencies.

The purpose of the committees varied from having an operational, strategic, and/or advisory function. One important contributor to committee success reported by projects was the degree of alignment of committee representation to the purpose of the committee. While it was felt necessary to identify representatives with the right expertise,

commitment and involvement from the beginning; these characteristics could be developed through committee participation. This was reported to have occurred for a project steering committee working on indicator development.

For projects relying on external partners, it was often difficult to recruit partners with the appropriate roles, knowledge and skills. Similarly for joint Council projects, the level of commitment and participation in the project varied from project to project.

The most successful committees reported a good relationship between its members, and that representation on the project committee added value to participating organisations and Council departments.

Some Councils experienced considerable staff, management or Councillor change, which inevitably led to delays.

Shifting organisational structures and policies also impacted on the progression of projects

2.4 Other Internal Initiatives

A range of ‘other’ internal initiatives were reported to have had an impact on the Good Practice projects. Shifting organisational structures and policies, existing frameworks and planning processes, other related projects, funding sources, and new communication structures were reported by projects to have either complemented or hindered project progress.

Some Councils experienced considerable staff, management or Councillor change during their project, which inevitably led to delays. The new incumbents had to be brought up to speed with the project, and commitment to the projects had to be regained. In a number of Councils, changes at the CEO or senior management level resulted in organisational uncertainty until a replacement was appointed. Organisational restructures also occurred in some participating Councils, generally resulting in delays and a period of uncertainty for projects. For one Council these changes, brought on by a restructure, were beneficial because they led to a more fully integrated system.

Where there was not the culture of cross-Council departmental co-operation, significant resources were expended on promoting benefits of working collaboratively.

A number of Good Practice projects attempting to link their projects with other Council documents such as the corporate plan and the Municipal Strategic Statement (MSS) found this challenging.

Reports from many of the projects seem to suggest that for those Councils where there was a precedence and culture of integrated planning or cross-Council departmental co-operation, the projects were much easier to implement. Where this was missing, and the need identified, significant resources were directed towards the promotion of an integrated Council. A number of projects reported that vertical integration within a Council Division was much easier to achieve than horizontal integration across different Divisions. This was partly due to the culture of the ‘semi-autonomous Business Unit’ generated by Compulsory Competitive Tendering, creating a barrier to cross-departmental co-operation and hence integration.

Five projects reported greater linkages with Triple Bottom Line reporting as a result of the projects. As some Councils are now required to report against the Triple Bottom Line, links with the MPHP and the *Environments for Health* framework were seen to be needed.

The simultaneous development of the PCP Community Health Plan and the MPHP allowed for greater information sharing, clarification of similarities and differences, and a reduced potential for duplication.

2.4 External Initiatives

A number of external initiatives were reported to have influenced the progress of some projects. These initiatives depended on the focus of the Good Practice project. For example, external work on indicators greatly benefited those projects working on indicator development, while issues based projects such as the one focusing on waste water management found issue specific initiatives to be most of use.

A number of projects reported Primary Care Partnerships (PCPs) as an important external influence. The simultaneous development of the PCP's Community Health Plan and the MPHP allowed for greater information sharing, clarification of the similarities and differences, and a reduced potential for duplication, for four Good Practice projects.

In a number of cases, established links with local organisations, agencies and the community greatly assisted the projects' progression. External initiatives often complemented the projects, and in some cases they also compensated for deficiencies in available resources.

Leading the Way training seemed to have had the most impact where training was part of an overall agenda linked to the Good Practice project, rather than a separate, one off initiative.

2.5 Leading the Way

Seventeen of the twenty-six Good Practice projects used the VicHealth 'Leading the Way' training package. Specifically designed for Councillors, the Leading the Way training complemented the agenda of the Good Practice Program by providing information on the social model of health and its application across all of Council. A range of participants attended the Leading the Way presentations, with the audience size varying from twelve to fifty people. Twelve presentations involved Councillors, and three involved external partners (e.g. PCPs and Public Health Advisory Committee), with all presentations being attended by senior management.

Most projects felt that the training broadened the understanding of the social model of health, but that much more effort was needed to translate this understanding to change in practices. Councils where Leading the Way seemed to have had the most impact were those where the training was part of an overall agenda and strategy linked to the Good Practice project, rather than a separate, one off initiative.

2.6 Environments for Health

The *Environments for Health* framework is expected to be formally evaluated in 2005, but since the Good Practice initiative was framed around the implementation of the *Environments for Health* framework, the Good Practice projects were asked to reflect on the usefulness and application of the framework.

The Environments for Health framework provided a platform to consider Council activities within a broader social health model

Nearly all projects found the framework a useful tool for communicating and setting the context for their Good Practice project within their organisation, with partners, and for the MPHP in general. The framework provided a platform to consider Council activities within a social health model, and encouraged people to think more broadly about their role in health. The framework had also been used to identify stakeholders relevant for each of the environments for health for particular issues.

One project did not find the framework as useful. The framework was seen to be too restrictive because it compartmentalised the environments and the way that they inter-related. One of the outcomes of this project was to devise and offer another form of construction.

Another two projects suggested that the framework's usefulness would be increased if it also considered cultural environments (i.e. elements that give a community its distinctive character), rather than just social environments (i.e. relationships between people).

Suggestions for improvement were based on increasing the capacity of Councils to implement the framework, and included more local level data for each of th four environments.

Requests were also made for government t strengthen the linkages and positioning with other documents e.g. th MSS.

Many of the suggestions for improvement were based on the perceived need to increase the capacity of Councils to implement the framework. Suggestions for capacity building included the provision of an incentive for its local adoption, more examples of strategies that incorporate the four dimensions, and training for Councils in its use. In addition, a number of projects reported a need for more local level data for each of the four environment dimensions.

A request for State government assistance and direction was made to strengthen the linkage and positioning of the *Environments for Health* framework (and also MPHPs) with other guiding documents and frameworks, (e.g. the Municipal Strategic Statement (MSS), Triple Bottom Line, Melbourne 2030, sustainability frameworks).

More detailed information on the Organisational Environment is contained in Appendix 1, which can be downloaded from http://www.health.vic.gov.au/localgov/.

3. PROJECT THEMES

Good Practice projects were asked to report on the themes that were most relevant to their projects. The themes identified were: partnership development; integrated planning; indicator and health status profile development; community engagement and community capacity building; responding to a health issue; and workforce development. The following table provides an overview of the projects against each of these themes. This report only contains a selection of brief case studies on each of the project themes. A complete report of each of the Good Practice projects according to thematic areas is contained in the Appendices, which can be downloaded from http://www.health.vic.gov.au/localgov/.

TABLE OF GOOD PRACTICE PROJECT THEMES

The Good Practice projects reported on as many themes as they considered relevant. This table outlines the main and secondary focus as identified by each of the projects.

Council	Round	Partnership Development	Integrated Planning	Indicators & Health Profile	C'ty Engagement & Capacity Building	Responding to a Health Issue	Workforce Dev't
Ballarat	1		Main focus				
Banyule	1	Main focus				Physical activity but discussed in Partnership Development	
Baw Baw	1	Secondary			Secondary	Main focus: mental health of Kooris & young males	Secondary
Bendigo	1	Secondary	Secondary	Main focus	Secondary		
Brimbank (not included in this report as they did not have a person available at the time of data collection)	1				Main focus		
Campaspe & Murray Shires & Campaspe PCP	1		Secondary		Main focus		Secondary
Cardinia & Casey	1					Main focus: post natal depression	
Colac Otway	2	Secondary		Main focus	Secondary		
Dandenong	2				Main focus		Secondary
Darebin	2			Main focus			
Glenelg, Moyne, Warrnambool, Southern Grampians & Corangamite	1						Main focus
Manningham	1			Main focus			
Melbourne	1		Main focus				
Moonee Valley	1		Main focus				Secondary
Moreland	1	Secondary	Secondary	Main focus	Secondary		
Mount Alexander & Central Goldfields Shires & Central Victoria Health Alliance PCP	2	Secondary	Main focus				
Nillumbik	2				Main focus		
Port Phillip	2			Main focus	Secondary		
Pyrenees, Northern Grampians, & Ararat & Grampians Pyrenees PCP	2	Secondary	Main focus				
Shepparton	1	Secondary	Secondary		Main focus		
South Gippsland & Bass Coast Shires & PCP	2	Secondary	Main focus				
Stonnington	2		Main focus				
Swan Hill, Buloke & Gunnawarra Shires & Southern Malley PCP	1		Secondary		Main focus		
Whitehorse	2		Main focus		Secondary		Secondary
Wodonga, Indigo & Towong Shires	1		Main focus				Secondary
Yarra Ranges	1	Secondary	Main		Secondary	Waste water but discussed in Integrated Planning	

3.1 PARTNERSHIP DEVELOPMENT

All of the Good Practice projects involved partnerships. Partners included external organisations, other departments within Council, and other Councils. The nature of the partnerships depended on the focus and issues addressed by the project.

A range of challenges was faced in developing and working with partners. Developing partnerships took time and required a high level of commitment, reflection and resources. According to the projects, successful partnerships were more likely if partner organisations (or departments) were involved at the beginning of the project to set the agenda and direction, and if partners could see some benefit in their involvement to their own organisations. The challenges posed by differing partner service mandates, planning cycles, and changing representation were acknowledged and described.

Successful partnerships were more likely if partner organisations (or departments) were involved at the beginning of the project to set the agenda and direction, and if partners could see some benefit in their involvement to their own organisations. The challenges posed by differing partner service mandates, planning cycles, and changing representation were acknowledged.

Successful partnerships were not only based on a shared common purpose between different organisations and departments, but also on the relationships between the individuals participating. The steering committee (or reference group) was often the main vehicle through which partners participated. Strategies to maintain participation on committees included: using guest speakers from a range of sectors; ensuring new members were provided with an individual briefing; and that the agenda of the meetings reiterated the group's shared vision and actions.

In one externally focused project, a lack of resources was a significant barrier to the development of partnerships through joint project implementation. Consequently, actions refocused towards the reorientation of services rather than the building of new initiatives. For other projects, the external partners contributed resources to the project, either through a cash contribution or through the use of staff time. This extended the resources and the accomplishments of the projects.

Joint projects needed tc gain an understanding of differences in Counc structures, stages of planning, and the level of internal integration; and to then agree on ar appropriate process to accommodate these differences.

It was also important tc have key advocates in senior positions within each Council to drive and promote the projec

The issues raised and key lessons learnt by those undertaking joint Council projects were very similar to the issues faced by the single Council projects (e.g. the importance of clarity of purpose and function, shared vision etc.). Many of the Councils working on joint projects underestimated the differences between the partnering Councils. It was important for these projects to gain an understanding of the differences in Council structure, stages of planning, and the level of internal integration; and to then agree on an appropriate process to accommodate these differences. Another important factor in successful joint Council initiatives was the presence of key advocates in senior positions within each Council to drive and promote the project.

A complete report of each of the Good Practice projects primarily focused on partnership development is contained in Appendix 2, which can be downloaded from http://www.health.vic.gov.au/localgov/

Selected Case Studies in Partnership Development

Case Study #1: Engaging partners outside the health sector

Banyule – Partnerships in Health Planning - Evaluation

Banyule's Good Practice project involved forging partnerships with organisations that had an interest in physical activity. To broaden the membership of the Banyule Good Practice project, the *Environments for Health* framework was used to identify other potential stakeholders with an interest in increasing physical activity (e.g. private sector organisations, open space planners, parks staff, municipal safety officers etc.). A decision was also made to engage stakeholders from the non-profit sector in the project's first 12 months. People on low incomes, people with disabilities, older people and young people were identified as working group priorities.

The Banyule Good Practice project used the Banyule MPHP stakeholder identification and engagement process for all partnership actions. Partnership actions were based on an agreed definition and assessment of need, a commitment to working together, available resources and measurable outcomes. The convener of the working group met with management staff of all working group partners to discuss the proposed action and obtain a formal commitment by their service or agency. Meetings were held with each new partner and/or partner representative to brief them about the working group and Good Practice project. A number of new partners were recruited by asking a representative to be a guest speaker at working group meetings. Once a dialogue had been started, potential partnerships were explored.

The original working group member agencies continued as partners throughout the term of the project. However, representatives of these agencies changed due to staff resignations and lack of resources. Difficulties with maintaining continuity in partner roles, and knowledge and skills were experienced. At one point the working group discussed the idea of 'freezing' current membership but on further discussion, decided to keep it open. The working group set up a number of processes to offset this problem (e.g. provided individual briefings to new representatives and set agenda items on working group vision and goals).

An inhibiting factor for project progression was a lack of resources. Where partner resources were already fully committed, actions concentrated on the reorientation of services rather than new initiatives. According to the project report, agencies are often reluctant to apply for one off funding grants that are not sustainable and or narrowly targeted. The project owed its success to the committed resources of Council on the Aging (COTA), Ivanhoe Aquatic Centre and the Good Practice project funding.

One of the main achievements of the project was the demonstration of improved health outcomes for older people. The Ivanhoe Aquatic Centre in partnership with COTA established a strengthening program for older adults. COTA provided the program, staff training and referrals. The Aquatic Centre provided the venue, equipment and staff. Participants in the 'Strong People Stay Younger' program were physically and psycho-socially assessed with follow up surveys as part of the Good Practice project. Participant outcomes were positively compared to the experience of an older adults aqua aerobics class offered by the Ivanhoe Aquatic Centre.

Case Study #2: Engaging partners to promote wider relevance and sustainability

Colac Otway – Community Health, Wellbeing and Social Capital Indicators

The Colac Otway Good Practice project used a holistic approach to develop a suite of indicators appropriate for measuring and evaluating community health, wellbeing and social capital. Once the indicators were development, surveys were sent to residents to collect baseline data. The engagement of partners provided widespread support for the project.

The Colac Otway project reported a significant factor in its success was the high level of participation and contribution provided by all agency representatives. A number of common interests were identified through the process of collaboration. The steering group represented a number of agencies in the Colac Otway Shire. Not unexpectedly, the same organisations (and often the same people) had previously convened for a range of other projects. There was also a high level of commitment to the project as the indicators being developed, and the data being gathered, were considered valuable resources and a benchmark for a range of other organisations. Other agencies felt that the indicators would be useful towards their efforts in planning and seeking funding.

The main barrier experienced by the project was the underestimation of the time required to achieve the initial outcomes. Opportunities to share the health planning work with others in the local and regional environment were identified. To make the most of these opportunities, a decision was made to defer the project to bring these other potential collaborators on board. Trying to adhere to rigid timeframes would have seen many of these opportunities lost. By taking the time to ensure the relevance of the indicators to a range of local organisations, the project had wide support and relevance, which has meant that the work has continued beyond the project funding.

Case Study #3: Working with Primary Care Partnerships

Mount Alexander and Central Goldfields – The Future Together

This Good Practice project was a collaborative initiative between the Mount Alexander and Central Goldfields Shires and the Central Victorian Health Alliance PCP to establish a process for integrating planning between the Councils and the PCP. They developed separate MPHPs for each municipality but worked together on a number of joint projects and priorities.

The project reported a significant factor in its success was the strong relationships between the partners and between the members of the Reference Group. Approximately half of the Reference Group members had previously undertaken collaborative work together, and this was reflected in the openness and willingness to work together that was reportedly evident in the meetings. The collaborative work undertaken through the PCP over the previous two years also assisted the project. The relationship between the project and the PCP was found to be crucial as it linked Reference Group members, and supported the Councils in the knowledge and skills required to undertake the project.

Another important strategy was listing all Council departments and program areas alongside partner organisations at the front of the action plans, as this made it clear to all that the MPHP was a shared plan and that the load was shared.

The letter sent by the CEO of each Council requesting participation on their respective Reference Groups was important for two reasons. Firstly, it gave credibility to the process for Council staff. Secondly, the Reference Group invitation detailed the anticipated work schedule for the six month development process, thus the expectations of people’s participation and workloads were clear from the beginning.

3.2 INTEGRATED PLANNING

An objective of most Good Practice projects was to promote integrated planning. As previously outlined, an integrated planning approach can be facilitated if the Council has a previously established culture of cross-departmental communication. In Councils where this was lacking, cross-departmental communication had to be further developed before other specific strategies could be undertaken.

An integrated planning approach was easier to achieve if the Council had an established culture of cross-departmental communication. Where this was lacking, cross-departmental communication had to be developed before other specific strategies could be undertaken.

Good Practice projects adopted a range of different approaches and initiatives to achieve their objective of integrated planning which included:

- Increasing the understanding of staff, management and Councillors of the social model of health.
- Linking a wide range of Council activities and functions to the social model of health, or specifically to the four dimensions in the *Environments for Health* framework, thus demonstrating the wide application and relevance of the MPHP to Council activities and departments.
- Increasing the co-operation and communication between Council departments, or between Councils and external organisations.
- Working with staff in different Council departments to examine how their particular department objectives could be adjusted or re-conceptualised within a social model of health.
- Listing all Council departments and program areas alongside partner organisations at the front of the MPHP to demonstrate that the MPHP was a shared plan and that the load was shared.
- Increasing the profile of the MPHP. In addition to the typical communication approaches in the workplace (e.g. emails, signage on toilet doors, notices in staffrooms, and articles in the internal newsletter) an innovative approach involved conducting a staff competition to name the MPHP.

One strategy to promote integrated planning was to work with different departments to examine how their objectives could be adjusted or re-conceptualised within a social model of health.

Some Good Practice projects focused on integrated planning across all MPHP functions (Ballarat, Melbourne, Moonee Valley, Stonnington and Whitehorse), while others focused their efforts through a particular health issue, which served as the 'hook' to harness people's interest and participation (Banyule with a focus on physical activity, Yarra Ranges with a focus on waste water management in the Dandenongs, and Wodonga with a focus on young people). A number of projects, particularly in the second round aimed to promote integration across neighbouring Councils (Campaspe and Murray Shires; Mount Alexander and Central Goldfields Shires; Pyrenees Shire, the Northern Grampians, and the Ararat Rural City Council; and South Gippsland and Bass Coast Shires). These projects also tended to involve PCPs whose boundaries matched the configuration of the participating Councils.

A complete report on each of the Good Practice projects that focused on integrated planning is contained in Appendix 3, which can be downloaded from http://www.health.vic.gov.au/localgov/

Selected Case Studies in Integrated Planning

Case Study #4: Re-conceptualising priorities through a social model of health

Mount Alexander and Central Goldfields – The Future Together

This Good Practice project was a collaborative initiative between the Mount Alexander and Central Goldfields Shires and the Central Victorian Health Alliance PCP to establish a process for integrating planning between the Councils and the PCP. They developed separate MPHPs for each municipality but worked together on a number of joint projects and priorities.

One of the criteria set by the project for the development of the MPHPs was that there were to be no additional financial commitments on Council. The MPHP was predominantly developed by encouraging Council officers to examine their existing work and consider how what they do could be done differently to meet the identified health needs. Council officers became receptive to this once they realised that the staff developing the plans were not going to impose additional work on top of their existing heavy workloads. This approach also saved the MPHPs from being considered by Council officers as *'another one of those plans we pay consultants to do that sit on a shelf and we'll implement when we get some money to do so'*. In addition, this approach acknowledged the limited capacity of rural Councils and partner organisations to undertake more. A comprehensive range of Council Departments participated in each of the Shires, and the MPHPs contain actions for almost all Council departments.

Council staff and Councillors were presented with a range of training opportunities during the project, most of which were organised through the PCP, and at no cost to the Good Practice project. This demonstrated to Councillors and senior management, the benefits of collaboration (e.g. to allow for more to be achieved through the pooling of resources). Councillors who participated were reportedly more inclined to support Council staff to try new initiatives. The workshops provided staff with an opportunity to consider their work from a different perspective. The attendance of Councillors, who supported integrated planning and the social model of health at the forums, gave the process more credence with Council staff. The participation of staff from across a range of different Council departments also fostered cross-departmental networking.

The project reported that the broad nature of the MPHP had proven quite positive, as it enabled the maximum possible number of players both within and outside Council to be engaged in the process and to feel that they could make a contribution to the health and wellbeing of the community.

Case Study #5: Integration across Council Boundaries

Pyrenees, Northern Grampians and Ararat – Grampians Pyrenees Municipal Public Health Planning Project

This project was a collaborative initiative between the Pyrenees Shire, the Northern Grampians Shire, the Ararat Rural City Council and the Grampians Pyrenees PCP to develop a joint MPHP.

A template tool to facilitate planning was developed which combined elements of the *Environments for Health* framework and the health promotion template utilised by DHS. The project was consistently marketed as a collaborative initiative between local government, the PCP, and DHS. A conscious effort was reportedly made to use the term 'Healthy Communities Plan' rather than the commonly used terms 'Community Health Plan' or 'Municipal Public Health Plan'.

The Pyrenees Good Practice project developed a regional plan specifically targeting the theme of agency capacity building. In keeping with the regional focus, activities that only related to one municipality were badged as an 'Agency Action Plan' rather than a specific Council's Municipal Public Health Plan. The implementation and monitoring of the plan will be undertaken through the PCP structure.

Key performance indicators (KPIs) were established for each strategy as a way of reviewing performance. The project steering group, with representation from all partners, was established as an ongoing group focused on the Healthy Communities Plan.

Case Study #6: Promoting integrating planning through the use of specific case study examples

Greater Shepparton - An Effective Community Development Approach to Public Health Planning

One strategy adopted by the Shepparton Good Practice project to promote integrated planning was the identification of the following examples where problems were avoided, or could have potentially been avoided, through an integrated planning approach. These examples were circulated to Council staff and management as part of a larger agenda to support the adoption of integrated planning.

1. Development of a roundabout corner of Nixon and Marungi Streets

Given the proximity of this round-about to the Shepparton Art Gallery and Eastbank Performing Arts Centre, involvement of arts staff in the planning and design of the round-about could have led to this space being considered as either a community art display of the site or a significant piece of community art. In addition given the site's proximity to the river and its centrality, planning for such infrastructure could have provided an opportunity to involve the Koori community, and it becoming symbolic of this group's historical and current significance to the area.

2. Development of skate park in Mooroopna

There are a number of sectors within Council who may have an interest in, or would be able to contribute to, this initiative. It is a community resource that could impact on a number of interest groups such as: families of users, and the designers of the road/footpath network given safety issues in accessing its location. Hence, in addition to recreation services, interested groups within Council would include youth services, family and children's services, and urban design services. Young people as users of the skate park would also naturally be included in the planning process.

3. Dookie Community Plan

Whilst it may have been possible to address the varied projects of aged accommodation, redevelopment of the recreation reserve, drainage and water use and economic development via proposals for a rural transaction centre and food and wine centre all separately and individually - the decision to engage the community in a community planning process has enabled an integrated planning process to occur. This process has involved and used the knowledge and expertise of the following Council areas: planning, recreation, property, infrastructure planning and major projects, family and children's services, environmental development and economic development.

Case Study #7: Engaging staff through a MPHP naming competition

Whitehorse- Teaching an Old Dog New Tricks: Building the Capacity of Council Staff to adopt new Public Health Practices

Whitehorse used a range of strategies to raise awareness, interest and commitment to the MPHP, which included emails, the staff newsletter, notices in the staff rooms, and a competition to name the MPHP. In addition, as part of the wider consultation process for the development of the MPHP, three consultation sessions were held with Council staff, including a breakfast consultation with ParksWide, City Works and Commercial Operations staff located at the Depot.

In order to further engage Council staff, a competition to name the MPHP was undertaken in August 2003. The Community Development Department offered a $50 voucher to the author of the winning entry to either a DVD music store or a restaurant in the City of Whitehorse. While the form advertised the competition, it also included some questions designed to determine levels of staff awareness of the MPHP. A competition box was placed in the main Whitehorse Staff Room in Nunawading and staff located off-site were invited to phone or email with their ideas. The competition was advertised through the staff newsletter the 'Horse's Mouth', the email system, and information posted on the back of toilet doors. Sixty entries were received with almost every department across Council making a contribution. The competition was judged by the Community Development Department and the Municipal Public Health Planning Reference Group. The winning title was *Our well-being, Our Community*.

3.3 INDICATORS AND HEALTH STATUS PROFILE DEVELOPMENT

Two distinct approaches were taken by Good Practice projects in this area. The first approach, used by Bendigo, Colac-Otway, Darebin, Manningham, and Port Phillip, involved the collation of data to form a health profile which could then be used as the basis to identify priorities for action in the MPHP (and for other documents). The second approach, used by Moreland and Swan Hill, involved the development of indicators and data collection based on identified MPHP priorities.

The use of the Environments for Health framework prompted the consideration of a broader range of stakeholders, strategies, and data sources.

All of the Good Practice indicator and health profile projects used the *Environments for Health* framework as part of their agenda for promoting the social model of health. The use of this framework prompted the consideration of a broader range of both stakeholders and data for utilisation during the projects.

Most of the projects found they had to put more work into clarifying the purpose and scope of the indicators than anticipated. Many of the people involved in the projects had little experience in indicator development. Participants in the process required and obtained useful information on the process of indicator development over time. Participants often engaged in extremely valuable discussions that extended to discussions about the purpose and nature of the MPHP itself. One project found the first hurdle of the scoping process was to make the distinction between key performance indicators for monitoring the implementation of the MPHP, and indicators to determine the achievement of the broader goals. Three of the projects conducted a literature review of health and wellbeing indicators.

It was much harder to access information outside of the traditional burden of disease framework and difficulties were reported in accessing information at the postcode level for most data.

Access to information was an issue for many of the projects. It was much harder to access information outside of the traditional burden of disease framework (e.g. on the social determinants of health or social connectedness). Ongoing or repeat local level data was reported to be needed to update the set of core indicators. Difficulties were reported in accessing information at the postcode level for most data.

However, over the last two years since the commencement of the Good Practice program, there has been considerable activity in community health indicators being undertaken in Victoria by other organisations which include: the Department of Victorian Communities, VicHealth, and DHS.

A complete report of each of the Good Practice projects that involved indicator and health status profile development is contained in Appendix 5, which can be downloaded from http://www.health.vic.gov.au/localgov/.

Selected Case Studies in Indicators and Health Status Profile Development

Case Study #8: Use of art, local data and existing notions of health and wellbeing

Darebin – DAREBIN*health* Stories

The first stage of DAREBIN*health* Stories recognised that there were existing notions regarding what was important about Darebin's health and wellbeing. Stage one of the project collected a wide range of available data that service providers, local planners and community representatives use to understand Darebin's health needs. Darebin City Council took a leadership role in facilitating local conversations about the health of the local community. The aim was to bring key stakeholders together to encourage a shared understanding of Darebin's health and wellbeing. Facilitated by a consultant, these focus groups provided an opportunity to discuss the data collected by the project and to agree on key aspects of Darebin's health and wellbeing.

After agreement on the key aspects of Darebin's health and wellbeing were reached, DAREBIN*health* Stories, in conjunction with artists from Neami Splash Arts Studio and designers Origin of Image, produced a poster summarising key information to reflect this shared understanding. This poster visually summarised the seven key aspects outlined in the profile's Executive Summary, which were agreed as fundamental aspects to ensuring the health and wellbeing of the Darebin community.

The DAREBIN*health* Stories project produced an information summary report and a health profile so that the shared understanding of Darebin's health and wellbeing could be translated into action. While the poster provides a summary of the key aspects of health and wellbeing, the health profile report provides a detailed guide for local planners, agencies and community advocates. The health profile developed by the project includes three separate but related documents:

- DAREBINhealth Stories – which includes a report, poster and postcards;
- DAREBINsafe Profile;
- DAREBINsubstance Profile.

Case Study #9: Using indicators to monitor MPHP progress

Moreland - Health Planning for Sustainable Progress: Population Health and Wellbeing Indicators

The indicators developed by the Moreland Good Practice project were used to measure, analyse and report on progress against the MPHP goals over time and to complement the more specific 'Key Performance Indicators' (KPIs) for monitoring actions outlined in the MPHP. The indicators were also to be used as a tool for engaging and informing the community about what is occurring in Moreland, and identifying strategies that address the determinants and risk factors to community health and wellbeing.

A consultant was employed to develop a background and framework document, which comprised a literature review, identification of key issues to inform the development of health and wellbeing indicators, an update on work underway within Council, and a proposed model and checklists. A Council Working Group representing all Departments was established. This group worked together to compile a set of 30-40 draft indicators for review by other partners. There was a great deal of enthusiasm and considered, thorough input to the draft indicators by the cross functional team. Sub-groups were set up to further develop indicators for the elements for which they had most expertise. These groups, usually comprised of two or three people, selected the indicators they thought best suited the criteria. These subgroups followed up on other sources of advice/expertise as needed to further inform the recommendations. These were then reviewed and evaluated by the whole group together. One of the criteria for indicator selection included the capacity of the indicators to complement existing related planning and indicator work. As such, participants found the work to be very applicable to their own area (e.g. MSS, environmental reporting) as well as the MPHP project.

The following 14 priority areas and goals, each with two to five indicators, were selected to provide a picture of how Moreland was progressing with regards to key health, safety and wellbeing issues:

- Social and Economic Circumstances - a fair and accessible city;
- Employment - a fair & prosperous local economy with individuals experiencing full, productive, stable employment;

- Education - all can access a good quality education, finish secondary school level locally & can access lifelong learning options easily;
- Housing - all can access suitable, well-located, secure & affordable housing;
- Built & Natural Environment - an environmentally sustainable, viable, safe & liveable city, that promotes physical activity & social connection;
- Early Years: Birth to Adolescence - Safe births, healthy & happy early years, & minimal stress on family/home life;
- Personal Well-being & Safety - long, healthy lives, & universal mental health & well-being;
- Access & Availability of Services - equitable access to services;
- Social Inclusion & Social Support - respect for diversity in the community & engagement in community life;
- Social Participation - people living well together;
- Political Participation - more active participation in decision-making processes;
- Recreation, Arts & Leisure - people having access to a wide range of quality leisure & arts;
- Transport - improved transport access;
- Information - people knowing what affects their health & where to get help when they need it.

Case Study #10: Engaging the community to gather information on health, wellbeing and community issues

Port Phillip – Healthy Environments to Look Forward to

The Port Phillip Good Practice project engaged community members to monitor and evaluate the health and sustainability of their social, built, natural, economic and cultural environments. This project built upon an existing Port Phillip initiative involving community visioning, action and reflection to track signs of the community's sustainability for at least 10 years in a way that aims to inspire large scale preventive and remedial action.

The project reported that the indicators were distilled by a working party of residents and Council staff to reflect the main themes that were presented in a collection of 240 indicators generated by the broader community in 2001. They include:

- Maintain/increase availability of affordable housing;
- Maintain the role of neighbourhood shopping centres in meeting all local convenience needs;
- Maintain diversity of local industries and employment and volunteer opportunities;
- Improve cost of living in the City of Port Phillip;
- Conserve local native plants and animals;
- Increase non-car based transport usage;
- Reduce pollution - air, water, noise and waste;
- Increase environmentally friendly development and buildings;
- Value diversity;
- Retain local icons and character;
- Improve community participation.

Each indicator is comprised of a series of measures that aim to be reliable, replicable and inspirational. The project uses a mix of data that includes the use of official statistical data as well as community collected information. The means of collecting the information was considered equally important as the results of the data in terms of engaging people into action. For example, it was considered that measuring air quality using 'empirically-sound, scientific methods', such as non-dispersive infra-red spectrophotometry, would only grab a small number of people's attention when a report was made once a year. However, it was considered that to transform the work from a 'project' into a 'social movement', people must be engaged with measures that may be scientifically impure, but personally relevant, such as 'Can you see the mountains from your window today?' The project believed that these questions would have people thinking about the cumulative, long-term health consequences of their everyday activities and lead to actions that, to a large extent, generate the collective quality of our lives.

The intention of the project was to provide a mix of information to appeal to a wide audience. For example, the project assesses the cost of living in the City of Port Phillip by measuring the number of local residents who access emergency relief per year, and the cost of a salad roll and soft drink in local shopping centres. The project reported that having local people collect the information spread the interest and ownership in the project and 'gets people talking about these issues in their kitchens and on trams'. It was considered that this type of data collection directly involves people in the project and helps to ultimately improve their quality of life by putting resources back into the community and providing people with opportunities to contribute, make new contacts and build new skills.

3.4. COMMUNITY ENGAGEMENT AND COMMUNITY CAPACITY BUILDING

The processes and practices used to engage the community varied considerably between the Good Practice projects. The nature of the processes adopted depended on the purpose of the community engagement. The purposes of the community engagement included: to develop, confirm and amend MPHP priorities (Bendigo, Brimbank, Campaspe, Moreland, Nillumbik, Shepparton, and Whitehorse); to confirm and gather information for indicator and health profile development (Colac Otway and Port Phillip); to match the project to community needs (Baw Baw); to gain support for an issue (Yarra Ranges); and to conduct action research (Cardinia/Casey). One project (Dandenong) focused on community capacity building through the use of the Council's community grants program.

*Ensure community and volunteer input is valued, acted upon and **seen** to be acted on.*

Reflections from these projects include:

- The need to put more effort into finding a person/group who might have access to hard to reach community groups.
- The importance of working with the community to build linkages, and help the communities feel that they have an important part to play in the decision-making within the municipality.
- Ensure community and volunteer input is valued, acted upon and ***seen*** to be acted on.
- Engaging community members in creative and meaningful ways almost always pays big dividends. Consultation with more depth and purpose is generally worth the extra effort, as it involves more people in the project's implementation and improves the prospects for sustainability.
- An action research model helps to create an environment where stakeholders get value out of the experience, rather than just being consulted.
- A community capacity building approach helps create a perception of Council as a partner that provides support to the community rather than just an organisation that distributes grants.

An action research model helps to create an environment where stakeholders get value out of the experience rather than just being consulted.

A complete report of each of the Good Practice projects that involved on community engagement and community capacity building is contained in Appendix 4, which can be downloaded from http://www.health.vic.gov.au/localgov/

Selected Case Studies in Community Engagement and Community Capacity Building

Case Study #11: Using the Council community grants scheme to build community capacity

Greater Dandenong – Case Studies for Capacity Building in Health

The Greater Dandenong Good Practice project aimed to build community capacity by reviewing the process and outcomes associated with the Council's Community Strengthening Grants Scheme in such a way as to contribute to the ongoing development of the grants scheme process. This involved facilitation of a mentor process to support projects funded through the Council's grants scheme.

The Good Practice project involved and supported 13 of the 16 community projects funded under the 2002/2003 Community Strengthening Grants Scheme. Representatives from the community projects attended focus groups, and workshops which provided support and network opportunities. The Good Practice project officer acted as a mentor and sounding board for the community projects and referred them on to other Council personnel for support and advice regarding their projects.

Case studies were also developed for six of the projects. The case studies were three pages in length and included information on what the project was about, getting it up and running, achievements, challenges, sustainability, accountability and key lessons learnt. The case studies have been used to promote the community strengthening projects and to demonstrate outcomes to staff, Councillors, and the local community.

The timing of the community grants did not align with the timeline of the Good Practice project. Whilst this had some restrictions on what could be achieved within the project timeframe, the process generated by the project has continued in the next round of the community grants. Working closely with the grants program staff, planning is already underway to incorporate the recommendations and learnings of the project to enhance the next rollout of the community grant program. Specific recommendations include: targeted workshops on the submission writing; supporting getting projects up and running; and evaluation/where to next. Additional feedback will also be provided to unsuccessful applicants to identify where their applications require further development and link them into other funding opportunities.

Extract adapted from one of the six the City of Greater Dandenong Community Strengthening project case studies 'Weeding out the Generation Gap':

One of the greatest challenges in our modern Australian society is how to keep the generations coming together, particularly with many elderly people living in residential care. For some, contact with the 'outside' world is limited and yet it is important for maintaining their health and wellbeing. It is also vital for the rest of the community to have strong links with older people as they have a lot to offer.

The project involved a partnership between a local nursery, schools, and a nursing home. Students, under the supervision of nursery staff, came to the nursing home and undertook monthly gardening sessions for the residents.

A key lesson learnt was the importance of the process as well as the tangible outcome in terms of the benefits gained. While it took a long time for the hydroponics system to get up and running, it was clear that the monthly sessions (interacting with students, participating in the garden) were just as important for residents, as was the actual outcome of a functioning hydroponics system.

Case Study #12: Utilising an existing community group to conduct local area community consultations

Nillumbik - Community Planning Think Tank – community consultation and capacity building

The project outlined the four overall strategies used to conduct community consultation and the process adopted to act on the findings.

Strategy 1 Nillumbik's Community Planning Think Tank (CPTT)
The Community Planning Think Tank (which commenced in 2000 with the assistance of Council) was supported in this project to assist Council 'Undertake public consultation on health and well-being issues of significance in local communities, and to examine the feasibility of developing strategies which focus on the needs of separate townships within the Shire' (MPHP Action 1.1.7). This involved regular CPTT meetings plus extraordinary meetings to plan specific aspects and stages of the project, such as venues, themes, guest speakers, publicity etc.

Members of the Think Tank act as a 'sounding board' for Council and disseminate relevant Council information back into the community via their networks. The Think Tank is officially represented on the MPHP Advisory Committee, to enhance communication and ensure participation at all levels of the MPHP's implementation.

Strategy 2 Community Forums
The Think Tank, in conjunction with Council officers from the Social Planning and Health Promotion Units, jointly hosted Community Forums in three key locations across the Shire. The Forums had two main aims: to promote community connectedness (MPHP, Goal 1) and gather input on key health issues. The Forums included a number of strategies to increase participation by under-represented groups.

Extract From Forum Findings:

> *Responses from all three Forums showed participants valued the beauty of their natural environment and a strong sense of community above all. Minor differences indicated that Hurstbridge people enjoy a 'friendly', rural 'village atmosphere'. Diamond Creek residents value having 'the best of both worlds' with proximity to the city and the 'relaxed atmosphere' of a country town, and Eltham participants recognise and value the diversity of their community with 'artistic', 'eccentric' and 'tenacious' residents.*
>
> *When asked what could make their communities better, Hurstbridge people wanted basic services and facilities: a petrol station, safer footpaths and public transport. Diamond Creek people were keen to have more opportunities for social activities, sporting facilities and events, whereas Eltham residents were concerned about restricting further housing development and preserving current levels of open space. All areas wanted better facilities for young people.*

Strategy 3: Data Analysis and Follow-up Consultation
Collected data was collated, analysed and compared with previous consultation data, particularly qualitative information gathered earlier for the purposes of health planning in the Shire. Follow-up consultations were conducted using a variety of methods to check the accuracy of findings from the community forums. Face-to-face street surveys (111 in total) were conducted in various locations in the three townships throughout April 2004. A representative spread of interviewees was targeted on the basis of gender and estimated age. In June 2004 all community forum participants who provided contact details were sent a copy of the Forums Report for further comment. In addition, a simple questionnaire detailing identified local community aspirations and suggested actions was mailed out to a random sample of households in each township (650 in total).

Strategy 4: Local Area Action Plans
The Forums Report included the development of proposed 'local area community action/activity plans' to address key themes from the Forums. Current and planned activities were identified, specific to each of the three local areas/townships involved in the pilot consultation. Key actions have been included in the MPHP's current annual Action Plan 2004-2005. It is intended that this type of local area consultation and the development of local action plans will form the basis of the new MPHP to be developed in 2005.

3.5 RESPONDING TO A HEALTH ISSUE

Four projects adopted a coordinated response to a particular health issue using the *Environments for Health* framework. Each of these projects involved a partnership approach and used a range of strategies including action research, advocacy, and community consultation. Using the *Environments for Health* framework was reported to result in a broader framing of questions and strategies, and consultation with a wider range of stakeholders than would have otherwise occurred. The health issues addressed were: mental health of young males and Kooris (Baw Baw); and post natal depression (Cardinia/Casey). Although the Banyule project focused on physical activity, this is reported in the partnership development section, as the project considered partnership development to be the primary characteristic of their work. Similarly, although Yarra Ranges focused on waste water management, their project is reported in integrated planning.

Using the Environments for Health framework resulted i a broader framing of questions and strategies, anc consultation with a wider range of stakeholders than would have otherwise occurred.

A complete report of each of the Good Practice projects that responded to a health issue is contained in Appendix 6, which can be downloaded from http://www.health.vic.gov.au/localgov/

Selected Case Study in Responding to a Health Issue

Case Study #13: Addressing a health issue using the social model of health

Cardinia/Casey - Post Natal Depression in the urban growth corridor – better targeting our responses (Research with women themselves)

This joint initiative between the City of Cardinia and the City of Casey was an action research project investigating the impact of, and responses to, post natal depression (PND). Together these two Councils cover the southeastern urban growth corridor of Melbourne, which has a large population of families with young children.

The research aimed to increase awareness of holistic best responses:

1. to PND/mothers/families with young children;
2. to mental illness.

This project based its investigations on the direct consultation of women who have been affected by PND on the social model of health. The consultation considered the four dimensions of the *Environments for Health* framework (the economic, social, built and natural environments) in framing questions and strategic responses.

According to the project, an unexpected benefit was that many of the women who participated in the research forged spontaneous (unsolicited) social connections and have met up informally since, for socialisation and personal support.

As reported by the project, staff in Planning, Landscaping, and Engineering Units now think more about the mental health of families in new urban areas and what features impact on mental health. This is a critical issue given the speed and scale of the new housing developments being built in the two municipalities that are largely catering to families with young children.

It was suggested that more dollars needed to be committed to these issues at the local level. Unfortunately competition for resources in a growth area is extremely high, with the two key competitors being:

- Capital Budget;
- Staff/personnel keeping up with growth in demand for service provision to a rapidly expanding population.

3.6 WORKFORCE DEVELOPMENT

Workforce development formed a secondary objective for seven Good Practice projects to fulfil the knowledge and skill requirements of a larger agenda. These projects were: Baw Baw, Campaspe, Dandenong, Moonee Valley, Mount Alexander and Central Goldfields, Whitehorse, and Wodonga. The recruitment of students to undertake placements in south western rural Victoria was the main objective of the Glenelg Good Practice project.

The success of the training depended upon the support of senior management and the relevance of the training.

When the training related to changing work practices participants needed to put some thought into how they would incorporate these changes into their work practices.

Two factors seemed to be critical to the success of the training initiatives: the support of senior management; and the relevance of the training to the trainees' work. In cases where the training related to a new skill, participants needed to be able to utilise or practice this skill shortly after the training (e.g. by conducting focus groups or using the 'Story Board' technique for consultations). When the training related to changing work practices (e.g. social model of health), participants needed to put some thought into how they would incorporate these changes into their work practices. The need to identify and use a common language was also raised (e.g. using the term 'health and well being' rather than 'health promotion' or 'social model of health').

A complete report of each of the Good Practice projects that involved workforce development is contained in Appendix 7, which can be downloaded from http://www.health.vic.gov.au/localgov/

Selected Case Study in Workforce Development

Case Study #14: Promoting the use and understanding of the social model of health at the unit and departmental level

Moonee Valley - Health Incorporated

A variety of workshops were conducted which targeted different elements of the Health Incorporated project, and were designed according to the level of understanding of the participants. Workshops were tailored for each department and at the CEO, senior officer and manager level. Approximately 300 people from across a range of Council departments and staff levels attended the training.

Prior to the workshops, pre-test questionnaires were distributed to staff. These questionnaires provided insight into the level of understanding of health promotion, whether staff saw they had a role in health promotion, and the departments with whom they work most closely. Meetings were also held with department managers to gather examples of work, and develop a workshop that best suited their department's style of learning. A post-test was conducted at the end of phase one to measure changes to practice and knowledge. The results will be incorporated into phase two of the project, which involves the development of specific tools to assist with integrated planning.

Health and wellbeing, and health promotion principles are now included as part of the standard Council staff induction training, and the *Environments for Health* framework is now referred to in several department plans.