

GOLDEN PLAINS SHIRE

MUNICIPAL PUBLIC HEALTH AND WELLBEING PLAN 2021-2025

MONITORING & EVALUATION REPORT

YEAR 1 2021-2022

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EXECUTIVE SUMMARY

We are working to achieve better health and wellbeing outcomes for the Golden Plains Shire community through the Municipal Public Health and Wellbeing Plan (MPHWP).

We are striving to work collectively with partners to enhance coordination in planning, monitoring and evaluation, as well as strengthen the delivery of activities.

In Year 1 (2021-22) we present our first collective evaluation report for the 2021-2025 planning period, reflecting internal and external partner assessment to measure the success of our work.

Context

Council is required to prepare a MPHWP every four years and review it annually (Public Health and Wellbeing Act 2008). Council's approach reflects that 'Health and wellbeing is everyone's responsibility' with the MPHWP incorporated into the Council Plan 2021-25.

- **Five health priority areas** (which align with the Council Plan priorities) are identified in the MPHWP:
 1. *Improving Mental Wellbeing*
 2. *Increasing Active Living*
 3. *Preventing Family Violence and Advancing Gender Equity*
 4. *Increasing Healthy Eating*
 5. *Tackling Climate Change and its Impacts on Health*
- **MPHWP Action Plan:** to plan and progress MPHWP priorities, Council has an Action Plan bringing together activities of around 33 partner organisations both external (Community Health organisations, Primary Care Partnerships, Sport Assembly agencies, non-for-profit health services) and internally throughout the whole of Council (17 internal Council Departments/Units).
- The Action Plan is an ambitious undertaking with around 400 identified activities developed with our partners (any one activity may have one or more partners working on it).
- Ongoing, 16 external and 17 internal organisations/units/departments have been 'active' partners in working with us towards our five health priority area goals.
- The **Monitoring and Evaluation Framework and Plan** (M&E Plan) was developed by Council with partner input, to measure the success of our Action Plan.

Evaluation methodology

- As part of the M&E Plan, partners contributed to developing a collective evaluation with a consensus on realistic data collection (i.e. time/resource appropriate). This process has been implemented since 2018/19.
- This included focusing on 'short term outcomes' only, two key approaches – 'Partner' and 'Deliver' and the use of guiding questions. The ongoing impact of COVID-19 resulted in the inclusion of some additional questions (guided by the Department of Health). We asked:

Step 1: 'What did we do?' Achievements, partners, reach

Step 2: 'How well did we do it?' What worked well and what would we do differently?

Step 3: 'COVID-19 impact July 2021-June 2022' Size of impact and changes

- Reporting templates and 'How to' tools were provided to partners
- One on one support was provided as requested by partners

Evaluation Findings Year 4

- Both the evaluation response rate and quality of data provided by partners was high. With the combined effort of 24 partners (73% of 'active' partners), around 320 activities (80% of planned activities) in the Action Plan were implemented and evaluated. This represents both self-reported quantitative and qualitative data.

What did we do?

- Asking ***"what did we do?"*** has provided a better understanding of the high volume of health and wellbeing promoting activities undertaken through our MPHWP Action Plan and has highlighted the breadth of work delivered, key achievements reached, number of partnerships formed and community members reached. It also documents many projects, programs, services and regional and local networks that work collaboratively to deliver a number of activities in each of the five health priority areas.
- A range of **additional partnerships** beyond our 'active' partners were recorded across community groups and clubs, management entities, education services, government, health services, sporting organisations and regional networks.
- **Community reach** for activities was considerable and reflected a range of approaches with the following estimations for 2021-22: Communications (106,678), social media (71,859), Programs/activities (9,870), Training/forums (3,784), Community engagement/consultation (24,474).

How well did we do it?

- Asking ***"How well did we do it?"*** saw emerging themes around 'collective action', 'strategic commitment', 'sustainability', 'empowerment', 'strategy', 'marketing and communications', 'data collation', 'COVID-19 adaption', 'continuous improvement' and 'community participation'. These themes strongly reflect the principles of health promotion and identify ways in which activities can be strengthened to deliver identified outcomes.
- **What worked well?** All priorities documented numerous examples of what worked well, revealing many strengths in activities. This included collaboration through regional and local networks and partnerships, shared common goals, leadership and guidance, effective place-based service models, well maintained accessible community spaces, high levels of volunteering and community participation, capacity building/training opportunities, strategy development and implementation, multimodal communications, increased data information sharing and a commitment to continuous improvement.
- **What could have been done differently?** The results also provided insight and learnings into what could have been done differently. This included strengthening and expanding on partnerships across the region, furthering collaborative action, more consistent monitoring, evaluation and data collection practices, more promotion of the available programs and services, and focusing on re-engaging the community post-COVID pandemic. Effort in these areas will help to refine and further improve activities so that we are better able to achieve the objectives of our MHPWP.

Impact of COVID-19

- With COVID-19 impacting significantly throughout the Year 1 period, the monitoring and evaluation data captured these impacts. 59% of the Action Plan's activities were impacted ranging from minor to major impacts, and of the activities impacted, time and resources were diverted away from around 22% of

activities. Overall, partners reported that COVID-19 impacted their activities less than the previous reporting period (July 2020 – Jun 2021).

- All partners worked hard to be flexible and adapt their activities to adhere to any new protocols and restrictions. Observed impacts included shifting activities online, new complexities/procedures for health service delivery, events/activities postponed or cancelled and facilities closed. Timing impacts on activities included putting projects on hold, delaying activities and extending timeframes due to higher priority COVID-19 activities. Some new activities also commenced to support community and respond to emerging needs.
- Year 1 reported few opportunistic activities emerging, compared to 20% of the activities evaluated last reporting period. This could in part be due to the anticipation of a 'return to normal' that was accompanied with the nation-wide vaccine roll-out, potentially causing partner organisations to favour delaying programs until restrictions eased, rather than completely cancelling them or diverting resources.
- The Health Priority Areas that were most impacted by COVID-19 were 'Improving Mental Wellbeing' and 'Increasing Active Living'.

Discussion

Year 1 of the Municipal Public Health and Wellbeing Plan evaluation has been effective in documenting short term outcomes and measuring the success of our work through a detailed health and wellbeing lens.

Strengths

- Collecting and collating the evaluation responses has allowed us to capture data from multiple partners and start thinking in more innovative and systems thinking ways.
- The data collected highlights the cross-sectoral collaboration and involvement of many partners.
- These results have helped to create a baseline of our collective work for the remaining 2021-2025 planning period.

Contributing to success

- Department of Health and Human Services (now the Department of Health) 'Community Health - Health Promotion Funds' providing additional support and resources to work with our regional health partners.
- The Municipal Public Health and Wellbeing Plan (MPHWP) being integrated into the Council Plan has resulted in greater synergies and alignment between council departments, priorities and activities.
- Commitment and integrity of our partners in working collaboratively has helped to develop a realistic data collection framework and provide quality data.

Challenges

- Year 1 posed some significant challenges. Most of the year was impacted by COVID-19 and associated restrictions and lockdowns. Across the state we saw issues including poor mental health, physical inactivity, family violence and social isolation continue to impact the population. In response, the health and wellbeing team and partners worked to address these issues including delivering opportunistic activities in the MPHWP Action Plan.
- 2022 saw a slow and staggered return to normal activities, with some precautions remaining to minimise COVID-19 transition as the state opened up again. As a result, community re-engagement was identified as a major challenge by most partners. Programs and events returning from virtual platforms to face-to-face reported lower participation numbers, and volunteers were in short supply.

- Staffing also impacted the delivery of planned activities with the Health and Wellbeing team facing the challenge of a significant period without a Social and Population Health Planner (approx. 6 months). Additionally, an ongoing challenge with external partners was staffing changes impacting on the continuity of activity implementation and evaluation capacity building.

Conclusion and next steps

Working with internal and external partners across the social, cultural, economic and environmental areas of preventative health, we were able to deliver more integrated, place-based and people centred services and activities for the Golden Plains Shire community. This approach is one that we would like to continue moving forward, to ensure we can deliver activities that are effective, sustainable and meet the needs of the community.

This report will be shared with our health and wellbeing partners for review and learnings, and inform the remaining years of the 2021-2025 planning cycle. The plan for Year 2 of the MPHWP 2021-2025 is continued implementation of our Monitoring and Evaluation Plan with partner capacity building, and finalisation of additional intermediate outcome measures.

Introduction

We are working to achieve better health and wellbeing outcomes for the Golden Plains Shire community through the Municipal Public Health and Wellbeing Plan (MPHWP), which is incorporated into the Council Plan 2021-25. In Year 1 we present our first collective evaluation report reflecting internal and external partner assessment of health and wellbeing activities in our Health and Wellbeing Action Plan 2021-25.

Background

Every four years, Council is required to prepare a MPHWP as required under the Public Health and Wellbeing Act 2008. A strategic decision was made to incorporate the MPHWP into the Council Plan and the Golden Plains Shire Council Plan 2021-2025 was adopted on 29 June 2021. Incorporating health and wellbeing matters as an integrated responsibility across all areas of Council reflects the view that 'Health and wellbeing is everyone's responsibility'. The purpose is to work in a coordinated, collaborative and integrated way to support, protect and improve the health and wellbeing of our community members and the places they live, learn, work and play.

Health Priority Areas

The MPHWP identifies five Health Priority Areas, with outcomes and strategies within each. These areas align with the Council Plan vision and community priorities of community, liveability, sustainability, and prosperity. The five Health Priority Areas are:



IMPROVING MENTAL WELLBEING



INCREASING ACTIVE LIVING



**PREVENTING FAMILY VIOLENCE
AND ADVANCING GENDER EQUITY**



INCREASING HEALTHY EATING



**TACKLING CLIMATE CHANGE
AND ITS IMPACT ON HEALTH**

Action Plan

To plan and progress MPHWP priorities, a whole of Council and external collaborative partnership approach was undertaken to develop the Health and Wellbeing Action Plan 2021-2025. This action plan included the collaboration and input of partner organisations including around **16 external organisations** (Community Health organisations, Primary Care Partnerships, Sport Assembly agencies, non-for-profit health services) and **17 internal Council**

Departments/Units. The Action Plan is an ambitious undertaking with around 400 identified activities (any one activity may have one or more partners working on it) contributing to the objectives and outcomes of our five Health Priority Areas. Each partner utilises their 'Partner Activity Snapshot', which is a personalised user-friendly summary of their activities within the Action Plan. See **Appendix 1** for original partners in the Action Plan.

Consistent with direction from state government and other funding agencies, we are striving to work collectively, with an emphasis on the importance of coordination in planning to strengthen the delivery of activities and achieve better health and wellbeing outcomes for community members across Golden Plains Shire Council.

Social model of health - the whole of Council approach and collaboration with external partners also reflects a social model of health which acknowledges that health and wellbeing is determined by a broad range of social, cultural, environmental and economic factors in addition to the health sector. To achieve this, we have integrated the MPHWP into the Council Plan, ensuring that health and wellbeing is reflected in all Council activities, and to facilitate collaboration with broader community partners working towards common goals in the MPHWP.

Community Health – Health Promotions Funding

Golden Plains Shire Council is uniquely positioned to receive Department of Health 'Community Health – Health Promotion Funds'. These funds provide valuable resourcing and support to assist Council in delivering the MPHWP Action Plan and in supporting regional health and wellbeing partners.

Evaluation Journey

An annual review of the Golden Plains Shire Municipal Public Health and Wellbeing Plan 2021-25 (MPHWP) is a requirement of the Public Health and Wellbeing Act 2008, Section 26 (4) stating "A Council must review its MPHWP annually, and if appropriate, amend the Plan". A review and evaluation process was therefore identified as a key component of the MPHWP to measure the success of our Action Plan and make any necessary adjustments. The Year 1 review was completed by Council's Health and Wellbeing team in collaboration with a number of key internal and external partners.

What is Monitoring and Evaluation?

Monitoring: *Monitoring is ongoing and involves the regular collection of information, helps identify whether things are going according to plan and detects and solves problems. The process of monitoring keeps track of project inputs and outputs such as activities, reporting and budgets.*

Evaluation: *Evaluation seeks to assess whether the activities have achieved what they set out to do, and whether they have resulted in any change. This practice allows us to reflect on the expected and achieved outcomes, to facilitate learning from experience, and encourage steps which result in improvements to our work.*

Developing the MPHWP Monitoring and Evaluation Framework

In April 2018, Council's Health and Wellbeing team developed a Monitoring and Evaluation Framework and Plan, to assist health and wellbeing partners capture learnings and progress of our collective health and wellbeing contributions.

The principles guiding the M & E framework development were:

1. Provide a consistent regional approach for monitoring and evaluating health promoting activities.
2. Adopt an approach which is feasible for Council and external partners to implement.

3. Provide accountability/transparency in monitoring progress of the Action Plan towards strategic objectives.
4. Measure the impact of our work and whether activities are contributing to change.
5. Streamline the process of monitoring and evaluating regional activities.
6. Support the delivery and reporting of activities within our Health and Wellbeing plan.
7. Provide opportunity to review what worked well, what could be improved, and make refinements.

The process involved: review of best practice models and benchmarking; stakeholder engagement; guidance and training from an evaluation consultant and consultation with representatives involved in the development of Council Action Plans. Three levels of evaluation were identified, allowing for short, intermediate and long-term approaches to evaluating Health and Wellbeing activities.

In early 2023, a partner forum will be held to review the current framework and explore the development of a further template to capture the medium- and long-term outcomes of the 2021-25 Action Plan activities.

Year 1 (2021-22) evaluation

Methodology

From June to August 2021, partners contributed to the collation of quantitative and qualitative data, evaluating the effectiveness of activities delivered over the previous 12-month period. The focus was on:

- Two key approaches – ‘Partner’ and ‘Deliver’
- Short term outcomes – ‘What went well?’ and ‘What could be improved?’
- COVID-19 impact – ‘Was this activity impacted by COVID?’ and ‘Was any time or resources diverted away from this activity?’

See **Appendix 2** for Pilot Evaluation Guide and full questions

Reporting template

A personalised Reporting Template, capturing individual partner activities was developed for each internal and external partner, incorporating each partner’s activities within the plan. See **Appendix 3** Evaluation Templates. Training and ‘How To’ guiding tools were provided and partners completed the templates in June/July 2022 reflecting on their activities in Year 1 of the MPHWP Action Plan July 2021-June 2022.

1. EVALUATION FINDINGS YEAR 1

Overview

The evaluation findings for Year 1 will be presented through this overview, followed by an analysis of each Health Priority Area and some case studies.

Step 1 What did we do?

Partners

This report captures the health and wellbeing activities of Council and other organisations working in Golden Plains Shire. The following 33 organisations/internal departments have been 'active' partners in working towards our five Health Priority Areas. 24 (73%) of these, comprising 12 external partners and 12 internal partners, contributed to the evaluation reporting, and completed tailored templates that captured the work they delivered and partnered on over the previous 12 months.

EXTERNAL	INTERNAL
1. Ballarat Community Health (BCH)	1. GPS, Health and Wellbeing (lead)
2. Bannockburn Surgery	2. GPS, Active Ageing and Inclusion (AA&I)
3. Barwon Child Youth and Family (BCYF)	3. GPS, Arts and Culture
4. Barwon Health (BH)	4. GPS, Children's services (Kindergartens)
5. Central Highlands Primary Care Partnership (CHPCP)*	5. GPS, Community Development**
6. Department of Education and Training (DET)	6. GPS, Community Safety (CS)
7. G21*	7. GPS, Community Facilities (CF)
8. Headspace	8. GPS, Environment and Sustainability (E&S)
9. Hesse Rural Health (HRH)	9. GPS, Economic Development (ED)
10. integratedliving Australia	10. GPS, OCP
11. Leisure Networks (LN)	11. GPS OHS
12. Meredith Community Learning Hub (MCLH)	12. GPS, Maternal and Child Health (MCH)
13. Sports Central	13. GPS, Recreation
14. Uniting	14. GPS, Recycling and Waste (R&W)
15. Women's Health Grampians (WHG)	15. GPS, Statutory Planning
16. WRISC	16. GPS, Strategic Planning
	17. GPS, Youth Development

*CHPCP and G21 underwent restructures and have transitioned to Public Health Units from July 2022. However, their activities were evaluated up to the end of the 21/22 financial year and as such will be referred to as CHPCP and G21 throughout this report.

**GPS, Community Development is a recent addition to the active partners as they are a new team. They have submitted an Action Plan, however were not included in this evaluation as they weren't operating for the entire duration of the 12 month period in question.

Partners were asked to 'provide details of any partners involved who aren't already listed in the activity description'. A significant number of additional partnerships were noted, reflecting high levels of collaboration and

organisations working together to deliver planned activities, as well as our 'active' partners working on additional activities. Across all five Health Priority Areas, there were a range of additional partnerships noted, ranging across community groups, education services, government organisations, health services, sporting clubs, sporting organisations and regional networks. Recognising these additional partnerships shows the value of regional collaboration, whole of systems approach to health and wellbeing and highlights the importance of cross-sectoral collaboration in health promotion with long term changes unable to be achieved by the health sector alone.

Achievements - Activities

The evaluation has provided details of partnership achievements and successful elements of delivered activities. These ranged from service delivery to program implementation, networking, education, advocacy, policy development, facility provision and regional prevention strategies. These are significant and are detailed by Health Priority Area in the following section of the report.

Reach

Overall, the evaluation has identified the following reach for activities.

PLATFORM	REACH
Communications	106678
Social media	71859
Programs/activities	9870
Training/forums	3784
Community engagement/consultation	24474

Step 2 How well did we do it?

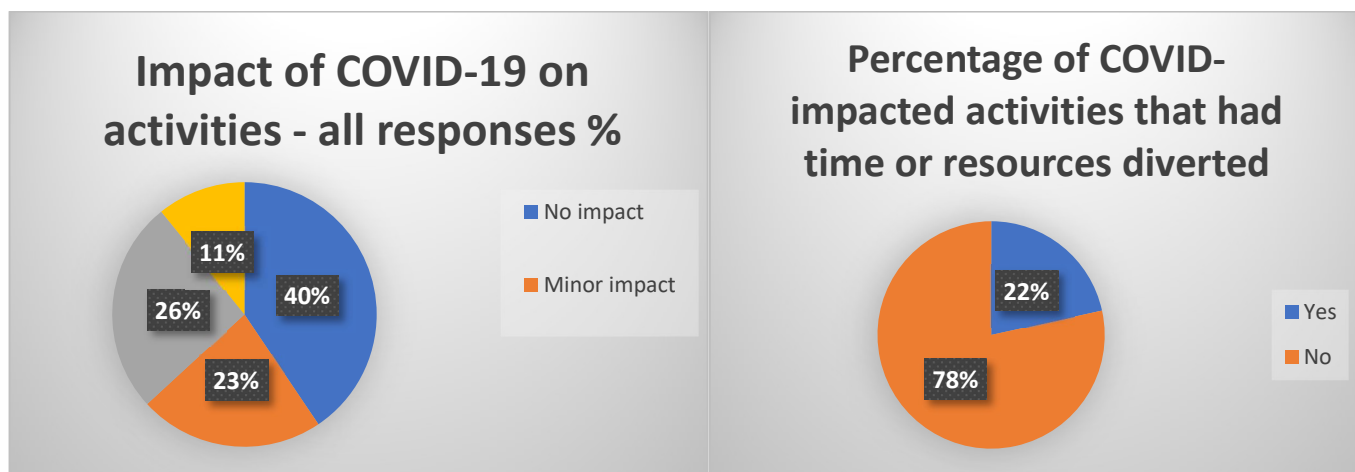
Emerging theme	What worked well?	What could have been done differently?
Collective action	Strong collaboration between regional networks, alliances and partners. Shared common goals, strategic priorities, pooled funding, forums and professional services/resources.	Increase opportunities to broaden partner scope. Invite new partners into existing networks and leverage off regional alliances. Improve collaboration between Council and community.
High level strategic commitment	Strong support from management and leadership resulted in less resistance and greater organisational commitment.	Seek support from 'expert' bodies in specific health promotion areas to lead by example, and support leadership commitment.
Innovation	Providing new and creative opportunities to engage community and participants.	Strengthen opportunities to be innovative in how we work collectively as a region (e.g. to be more resource efficient and avoid duplication)

Community facilities	Improved facilities that better cater for the needs of the wider community e.g. disability friendly.	Limited access during extended periods of COVID lockdowns, and some facilities require fee for use which decreases accessibility.
Community participation	Increasing levels of community participation in activities, programs, training and events despite COVID impact. Community at the core of all activities, with consultation, collaboration and capacity building embedded into activities.	Opportunities to find ways to encourage non-engaged community members to participate in community led and run events/activities/programs. Increase accessibility for all across community to participate, especially those living remotely.
Empowerment	Build the knowledge and skills of participants to feel confident and empowered to take the lead on their own health.	Opportunities for more capacity building to be embedded into activities to increase sustainability.
Sustainability	Activities and programs designed so that they can be long-standing and sustainable after activity ceases.	Need to consider how to strengthen one off events.
Marketing and communication	Use of social media was particularly strong and important during lockdowns, as online communications were a key method of reaching community.	Need to consider alternative platforms of communication to reach those that do not have access to IT or online material e.g. older adults or those living remotely without wifi access.
Collation of data	Quantitative and qualitative data collected and shared with partners and regional networks.	Undertake more participant feedback/surveys to collect more data and inform future practice.
COVID-19 adaption	Activities planned to be more flexible and adapt to changing restrictions.	Need to consider indirect and longer term impacts of COVID-19 pandemic and restrictions
Continuous improvement	Reflective practice allows for review, modification and better outcomes for participants.	Identify opportunities to strengthen activities during implementation.

Step 3 COVID-19 Impact

With COVID-19 impacting significantly for the majority of the year, the monitoring and evaluation data has captured the impacts of the pandemic over this time. 59% of the Action Plan's activities were impacted ranging from minor to major impacts. Where possible, programs were delayed or shifted to alternate delivery methods such as via online platforms. Of the activities impacted, time and resources were diverted away from nearly a quarter of activities.

Activities were adapted and there were different settings, methods, populations and timings identified in the evaluation responses. Many activities were shifted to online/electronic/social media with varying outcomes. Face to face community events and activities were delayed or cancelled and some community facilities closed. Health and community service delivery was adapted to adhere to COVID-19 protocols, with some reduced service levels. Grants programs have been impacted and a decrease in opportunities for volunteers noted. Some new initiatives commenced to support community during COVID-19 and the number of visitors to recreational reserves increased. In some instances it has provided time for strategic work, and there were both positive and negative impacts on partner relationships. Timing impacts on activities included putting projects on hold, delaying activities and extending timeframes due to higher priority COVID-19 activities. 64 evaluated activities (20% of all programs, and 22% of activities impacted by COVID-19) had time and/or resources diverted away due to COVID-19. Further analysis is provided by priority below.



"A large amount of time has been spent supporting clubs and volunteers to return to their normal club, recreation group or social activities"

"COVID disrupted the timing of community consultation processes"

"COVID has likely had the impact of lowering attendance at in-person sessions"

"Volunteering has been heavily impacted, both during and post-COVID lockdowns"

"Lockdown restrictions delayed, postponed and cancelled many face-to-face events"

5 Priorities - results

Priority 1: Improving Mental Wellbeing

The following outcomes outline what we want to achieve in the Improving Mental Wellbeing priority area and the strategies we plan to utilize to execute them:

Outcomes

1. Improved awareness and understanding of mental wellbeing and mental illness
2. Improved access to mental health support services
3. Increase opportunities for social connection and meaningful participation in the community

Strategies

- 1.1 Educate the community about mental wellbeing and mental illness
- 1.2 Lobby, advocate, collaborate and develop strategic relationships with community and partners to improve access to mental health support services
- 1.3 Provide local opportunities for community to build social connections
- 1.4 Support people of all ages and abilities to maximize their potential for meaningful participation in community life

What did we do?

Partners

In order to achieve these outcomes, we worked with internal and external partners to deliver a number of actions. 20 partners (10 external and 10 internal) worked on activities directly related to the Improving Mental Wellbeing Priority Area and collaborated with a number of additional partner organisations to support these activities. The 20 partners are detailed below:

EXTERNAL	INTERNAL
1. Ballarat Community Health	1. GPS, Health and Wellbeing (lead)
2. Barwon Child Youth & Family (BCYF)	2. GPS, Active Ageing and Inclusion
3. Barwon Health	3. GPS, Children's services (Kindergarten)
4. Bannockburn Surgery	4. GPS, Economic Development
5. Central Highlands Primary Care Partnership	5. GPS, Maternal and Child Health
6. Hesse Rural Health	6. GPS, Organisation Capability and Performance
7. integratedliving Australia	7. GPS, Occupational Health and Safety
8. Leisure Networks	8. GPS, Strategic Planning
9. Uniting Ballarat	9. GPS, Recreation and Community Facilities
10. WRISC	10. GPS, Youth Development

Five additional partnerships were identified throughout the 12-month period across health services, community groups, government departments and educational institutions:

Additional partners:

1. Department of Fairness, Families and Housing
2. Sarina Russo Entrepreneurship Facilitators Group
3. BreastScreen Victoria
4. Bannockburn P-12 College
5. Victoria University

Key Achievements – Activities

There were 112 activities evaluated for the Improving Mental Wellbeing Priority Area. Activities delivered and reported on included service provision, program delivery, education, strategic networking and shared prevention priorities.

Key activities included:

1. Wellness Calls were conducted during lockdown periods to check on older residents to check in and get an update of their levels of social contact with friends and family
2. GPSC partnered with BCYF, Uniting Ballarat, WRISC and Orange Door to provide further mental health support services within the Shire
3. Co-location of Orange door at Ballarat Family Services Centre (BFSC) began to improve access to required services including mental health and family violence
4. Co-location of BCYF at BFSC to assist with supporting families through collaboration
5. Assisted in the development of a sustainable Farmers' Market business model in conjunction with Community and Council Planning
6. Provided mental health first aid training and wellbeing support cards to support capacity building at local schools, sporting clubs and community groups
7. In partnership with Breast Screen Victoria, delivered an event in Geelong to raise awareness and provide a space for community engagement and social connection
8. Supported community groups through the CASI program including the delivery of the Community Open Day in Dereel and the Banno Bush Full Moon Family Fun Day
9. GPSC partnered with Leisure Networks to run the Tackle your Feelings Program at GPSC Sporting Clubs
10. Youth Support Cards were distributed at the Youth Hub with contact details of mental health providers across the region
11. BCH supported the delivery of school health programs that facilitate mental wellbeing e.g. mental health and body image presentations
12. Promotion and raising awareness of mental health initiatives through the #KeepGeelongStrong Barwon Health social media campaign, informing the community of key issues regarding mental health
13. ILA facilitated a range of community programs to promote social connectedness in Dereel e.g. Morning Tea & Cuppa programs
14. Outreach of BCYF's Brief Intervention services through Morning Tea sessions implemented across the Shire
15. Developed wellbeing support cards to provide information and contact details to local, state and federal support services
16. Opening of the Golden Plains Youth Hub in Bannockburn
17. A range of programs were delivered at Bannockburn college and the Youth Hub including FReeZa events, Engage and Hey program
18. Barwon Health provided speech pathology services in Bannockburn

19. GPSC delivered the Community Leadership Program to develop and strengthen the capacity of emerging leaders and increase their potential to actively participate and involve others in order to influence what happens in the local community
20. GPSC, in partnership with Hepburn Shire Council and Moorabool Shire Council, delivered Celebrating Capacity professional development training for participants of Local Support Networks (LSNs) to be able to more effectively recognise the capacity that clients have, and ways to harness this to increase competence and create beneficial outcomes for individuals, children, practitioners, and organisations.

Reach

Across the 112 activities that were evaluated, a number of platforms were used to reach the Golden Plains Shire community. These included strategies such as face to face program delivery, training, print and social media, community consultation and networking. The breakdown of this reach is detailed below:

PLATFORM	REACH
Communications	686
Social media	32000
Programs/activities	4087
Training/forums	3016
Community engagement/consultation	15746

How well did we do it?

What worked well:

- **Collective action** – Having multiple partners enabled a collegial approach with increased knowledge and expertise to drive action, and joint projects resulting in greater impact. Collaborating across the region and having a clear common goal and purpose strengthened partnership and success.
- **Reflective practice** - Embedding reflective practise techniques enables a flexible approach to stop, review and redirect efforts if necessary, whilst also allowing for continuous improvement.
- **Community engagement and outreach** – going into the community aided the inclusion of hard-to-reach cohorts and raised awareness of available programs and services
- **Program adaptation** – inclusion of a focus on mental wellbeing and social connectedness in programs and services being provided where appropriate e.g. MCH sleep and settling services, community events
- **Empowering community** – Provided ownership of activities/greater promotion e.g. Community Leadership Program

What could be done differently:

- **Broaden scope of partners** - Leverage off other networks/stakeholders to align efforts where possible.
- **Community consultation** – Increase community consultation to gather rich data and inform more place-based activities.
- **Early Intervention** – raise awareness around mental wellbeing and address risk factors and at-risk populations

- **Integrated and streamlined healthcare** – make referral pathways more streamlined and wholistic, including allowing entry points from a range of other services e.g. MCH presentations
- **Collaborative action** – look for opportunities to implement deliverables to a wider audience through joint effort
- **More promotion** – Greater promotion of place-based response is required to reach vulnerable families.

COVID-19 Impact

COVID-19 impacted a range of healthy eating and active living activities, particularly those that were initially intended to be delivered face to face. Of the 112 activities evaluated, 29.5% were not impacted, 24.1% had minor impact, 29.5% were moderately impacted and 17.0% were majorly impacted.

PRIORITY 1	IMPACT OF COVID-19
How has this activity/program been adapted (eg social media, local media, online group etc)?	<ul style="list-style-type: none"> • Moved from face to face to: <ul style="list-style-type: none"> - online platform for meetings/forums e.g. G21/CHPCP - Telehealth and phone contact for health services and community programs, MCH services, BCYF - Email/Electronic resources/print e.g. Community engagement - Facebook Groups and zoom e.g. First time parents groups/MCH - Electronic resources e.g. education, social support programs, DIY • Increase in social media/social networking opportunities • Increased competition on social media for programs
Are there different settings, methods and populations?	<ul style="list-style-type: none"> • Health service delivery new complexities/restrictions/procedures to adhere to strict safety protocols • Community centres closed – unable to run programs • Walking groups continued for a time with social distancing • Impacted roles/responsibilities/communications between partners both positively and negatively including more meetings due to zoom access, health service partners redeployed, time to reflect and plan for future • Constant changing of government rules regarding COVID-19 regulations • Funding uncertainty • Older community social support programs/planned activity groups service adapted to continue to provide social support & connection through calls, activities & DIY projects • Children entering kindergarten suffering from separation anxiety • Further support required for residents and cohorts that bore the brunt of pandemic-related stressors and anxieties e.g. carers and mothers • Focus efforts on re-engaging communities e.g. pop ups during men's health week
Any timing impacts e.g. breaks in delivery, activity on hold?	<ul style="list-style-type: none"> • Cancelled or postponed – community events and activities, meetings and forums, programs and services e.g. Central Highlands Primary Care Partnership (CHPCP) forums, Active Golden Plains, Seniors Events • Many groups that ceased meeting reported having difficulty returning to pre-pandemic engagement levels due to factors including fear, and contact / staff turnover

New activities included	<ul style="list-style-type: none"> • Shifted focus of existing programs to address social isolation e.g. mobile buses as outreach to older residents in independent living • Partners expressed that a lot of time and resources were used to support clubs and volunteers to return to and re-activate their normal clubs and social groups
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Priority 2: Increasing Active Living

The following outcomes outline what we want to achieve in the Increasing Active Living priority area and the strategies we plan to utilise to execute them:

Outcomes

1. Increased opportunities to be physically active
2. Accessible places and spaces that support physical activity for all

Strategies

- 1.1 Provide and support programs, activities and initiatives that facilitate increased participation in physical activity
- 1.2 Provide and maintain quality indoor and outdoor spaces for physical activity, organized sport and active recreation
- 1.3 Maintain and strengthen relationships with local sporting clubs, associations and regional sports assemblies to support collaboration
- 1.4 Support an inclusive environment that enables people to be active every day

What did we do?

Partners

In order to achieve these outcomes, we worked with internal and external partners to deliver a number of actions. 16 partners (9 external and 7 internal) delivered activities directly related to the Increasing Active Living Priority Area, and collaborated with a number of additional partner organisations to support these activities. The 16 partners are detailed below:

EXTERNAL	INTERNAL
1. Ballarat Community Health	1. GPS, Health and Wellbeing (lead)
2. Barwon Health	2. GPS, Active Ageing and Inclusion
3. Central Highlands Primary Care Partnership	3. GPS, Children's Services (Kindergarten)
4. G21	4. GPS, Community Facilities
5. Hesse Rural Health	5. GPS, Maternal and Child Health

6. integratedliving Australia	6. GPS, Recreation
7. Leisure Networks	7. GPS, Strategic Planning
8. Sports Central	
9. Women's Health Grampians	

Additional partnerships were identified throughout the 12-month period across community groups and associations:

1. Senior Citizens groups
2. Community Groups across GPS
3. Sporting Clubs
4. Victorian Planning Association

Key Achievements - Activities

There were 77 activities evaluated for the Increasing Active Living Priority Area. Activities delivered and reported on included strategic planning, service provision, program delivery, education and shared prevention priorities.

Key activities included:

1. Sports forum held with key stakeholders to develop partnerships and opportunities moving forward
2. GPSC supported local sporting clubs to apply for funding opportunities
3. Fitbit program was implemented to help older residents stay active during lockdowns
4. Move Your Way was delivered and provided physical activity opportunities for young women
5. A range of Community Strengthening Grants were awarded in September 2021 and March 2022
6. Early Childhood services across GPS were supported to compete and maintain the physical activity components of the Achievement Program
7. CHPCP workshops implemented, collaborating with a range of stakeholders and Councils, to develop outcome measures for health eating and active living in the region
8. Delivery of Active Golden Plains at Ross Creek, Dereel and Smythesdale
9. Supported community programs and activities for older adults that encouraged social connection and active participation in the community life including Dereel, Rokewood and Inverleigh walking group, community breakfast/morning tea program and strength and training exercise programs

Reach

Across the 77 activities that were evaluated, a number of platforms were used to reach the Golden Plains Shire community. These included strategies including face to face program delivery, training, and community consultation. The breakdown of this reach is detailed below:

PLATFORM	REACH
Communications	530
Social Media	32000
Programs/activities	1107
Training/forums	100
Community engagement/consultation	7730

How well did we do it?

What worked well:

- **Community facility improvements** – maintenance and improvement of equipment at GPSC facilities occurred during lockdowns to improve future activation of spaces
- **Investment in infrastructure** – development of all female spaces and change facilities at indoor and outdoor facilities e.g. Inverleigh and Rokewood
- **Program adaptation** – virtual activities and walking groups were successfully adapted to the changing environments and saw high engagement rates
- **Networking** – opportunities for information sharing and collaborative planning to continue online, in person and in hybrid models, e.g. Sports Forum
- **Community Grants Program** – GPSC support community clubs and organizations to successfully apply for a range of local initiatives
- **Restarting of activities** – despite delays and cancellations, many activities were successfully planned and implemented to encourage active living among GPS residents e.g. Move Your Way
- **Modelling for continuity** – ongoing COVID impacts have forced services and organisations to look at how to re-organised and re-adapt for sustainability

What could be done differently:

- **Encourage re-utilisation of facilities** – following easing of COVID-19 restrictions, many partners and local clubs are reporting lower rates of engagement e.g. underutilization of golf clubs. Promotion and come-and-try events would encourage community members to return to usual activities
- **Promotion** – encourage return to organized and incidental physical activity through raising awareness of available programs and services
- **Collaborative effort** – explore opportunities to collaborate and utilize joint resources to strengthen health promotion efforts
- **Develop partnerships** – explore opportunities to link in with community groups and spaces to implement active living into more aspects of GPS residents' everyday lives

COVID-19 Impact

COVID-19 impacted a range of Increasing Active Living activities. Of the 77 activities evaluated, 39.0% were not impacted, 16.9% had minor impact, 32.5% were moderately impacted and 11.7% were majorly impacted.

PRIORITY 2	IMPACT OF COVID-19
How has this activity/program been adapted (eg social media, local media, online group etc)?	<ul style="list-style-type: none"> • Moved from face to face to: <ul style="list-style-type: none"> - Online/Video conferencing e.g. Meetings/Networks/Committees, education, virtual wellness programs (ILA) - Virtual programs e.g. virtual yoga • Incidental activity gap identified during lockdowns • Program adaptation e.g Fitbit program implemented during lockdowns • Increased uptake of certain types of programs and activities, e.g. walking groups •
Are there different settings, methods and populations?	<ul style="list-style-type: none"> • Continued closure of community centres, sporting clubs and other key facilities and services • Programs and services lost a lot of resourcing • Outside meeting venues e.g. Playgroup, Walking Group • Challenges experienced engaging different population groups e.g. older residents, young people • Certain services and programs, such as Chair Yoga for older residents, did not adapt well to online platforms • Maintenance and improvement of facilities occurred during lockdowns to improve future activation of spaces • Post-lockdown attendance is still being heavily impacted by COVID e.g. Move your way, Get Active Victoria
Any timing impacts e.g. breaks in delivery, activity on hold?	<ul style="list-style-type: none"> • Longer timeframe due to staff redirected to other responsibilities • Cancelled or postponed: older residents' Social Support Group activities, Bush Kindergarten, Living Longer Living Stronger, Walk to School campaign, Active Golden Plains, construction delays • Loss of volunteers due to COVID-19 restrictions
New activities included	<ul style="list-style-type: none"> • Fitbit program • Uptake in walking groups across the Shire including Older Adults Exercise Groups • Yoga programs • Sound Healing program

Priority 3: Preventing Family Violence and Advancing Gender Equity

The following outcomes outline what we want to achieve in the Preventing Family Violence and Advancing Gender Equity priority area and the strategies we plan to utilize to execute them:

Outcomes

1. Improved access to safe and universally designed built environments including community facilities and spaces, open spaces and places for active recreation
2. The natural environment is preserved and our community is resilient and responsive to the challenges of climate change and emergency management

Strategies

- 3.1 Provide and support programs, activities and spaces that promote gender equity and respectful relationships
- 3.2 Demonstrate leadership on gender equity, social inclusion and respect for wellbeing for all groups in the community
- 3.3 Maintain and enhance community safety to enable people to feel safe in their local communities, with a focus on preventing family violence
- 3.4 Improve access to an integrated response to support those experiencing family violence

What did we do?

Partners

In order to achieve these outcomes, we worked with internal and external partners to deliver a number of actions. 19 partners (10 external and 9 internal) delivered activities directly related to Preventing Family Violence and Advancing Gender Equity Priority Area and collaborated with a number of additional partner organisations to support these activities. The 19 partners are detailed below:

EXTERNAL	INTERNAL
1. Ballarat Community Health	1. GPS, Health and Wellbeing (lead)
2. Barwon Child Youth and Family	2. GPS, Active Ageing and Inclusion
3. Barwon Health	3. GPS, Children's Services (Kindergarten)
4. Department of Education and Training	4. GPS, Community Safety
5. G21	5. GPS, Maternal and Child Health
6. Hesse Rural Health	6. GPS, Organization Capability and Performance
7. integratedliving Australia	7. GPS, Recreation
8. Leisure Networks	8. GPS, Strategic Planning
9. Sports Central	9. GPS, Youth Development
10. Women's Health Grampians	

Five additional partnerships were identified throughout the 12-month period across health services, community, and government:

1. HealthAbility
2. City of Greater Geelong
3. WRISC
4. Orange Door
5. Victorian Police

Key Achievements - Activities

There were 54 activities evaluated for the Preventing Family Violence and Advancing Gender Equity Priority Area. Activities delivered and reported on included service provision, program delivery, education, strategic networking and shared prevention priorities.

Key activities included:

1. CCTV Steering Group was established with local businesses, councillors and police to enhance community safety and enable people to feel safe in their local communities
2. Completion of MARAM training and DoH Aboriginal and Torres Street Islander Cultural Competence Course by GPSC's MCH staff
3. Safety plans were created and discussed as needed at MCH and neonatal appointments with local residents to combat and prevent family violence
4. Implementation of Baby Makes 3 in partnership with Health Ability to upskill GPSC staff as needed
5. Gender Equity Champions model established at GPSC to provide leadership and support within the Council to conduct comprehensive gender impact assessments
6. Internal Council audit of LGBTQ+ inclusive practices, services and spaces using VicHealth Local Government Partnership Program's Rainbow Ready Assessment
7. Condom dispensers offering free condoms and information leaflets are available at The Well, Smythesdale and the Youth Hub, Bannockburn
8. Volunteer training offered at sports clubs across GPS to promote gender equity
9. BCH supported Linton PS to maintain its Sexual Health & Wellbeing and Safe Environments Achievement Program benchmarks
10. In collaboration with Supported Playgroup, BCYF provided a community access point via the Place Based Drop-in initiative for families presenting with family violence-related concerns
11. WHG supported and helped build the capacity of GPSC's Gender Equity Champions to be leaders and advocates of gender equity
12. Co-location of Orange door at BFSC began to improve access to required services including mental health and family violence
13. Developed wellbeing support cards to provide information and contact details to local, state and federal support services including family violence support services
14. Promoted family violence services and gender equity programs to the community through maternal child health, PVAW posters and flyers displayed around community and booklets/information shared across social media and available at council facilities
15. Engaged organisations to undertake actions to address gender inequality and prevent violence against women including 16 Days of Activism social media campaign and assisting Women's Health Grampians with the development of their 'Gender & Policy' resource

16. Delivered and supported the delivery of Department of Education and Training Respectful relationships program in Council's early years settings and in schools for staff
17. Hosted/supported female empowerment events including 16 Days of Activism and International Women's Day

Reach

Across the 54 activities that were evaluated, a number of platforms were used to reach the Golden Plains Shire community. The breakdown of this reach is detailed below:

PLATFORM	REACH
Communications	2867
Social Media	7859
Programs/activities	367
Training/forums	185

How well did we do it?

What worked well:

- **Adapting quickly to changing COVID restrictions** – Moving between face to face, virtual and hybrid communication, collaborating with others online
- **Investment in infrastructure** – development of all female spaces and change facilities at indoor and outdoor facilities e.g. Inverleigh and Rokewood
- **Virtual training options** – online training options helped to overcome barriers relating to travel and distance
- **Capacity building** – upskilling of range of staff to respond to family violence and promote/advocate for gender equity e.g. Respectful relationships, Baby Makes 3, cultural competency training, MARAM
- **Advocacy and leadership** – establishment of GPSC Gender Equity Champions to be leaders in gender equity and advocates for cultural change throughout the Council
- **Collaboration with professional services** – Working in partnership with expert organisations including Women's Health Grampians helped to create well researched and evidence-based programs for staff.
- **Building strong relationships** – Working closely with maternal child health, early years services and local schools helped to build strong relationships and made uptake of programs and information sharing more effective.
- **Community involvement** – Involving community in projects including 16 Days of Activism helped localize the project, create visible community leaders and increase community connection to messages shared.
- **Government funding** – Funding to deliver 16 Days of Activism helped support the campaign and increase opportunities to share messages across the community.

What could be done differently:

- **Cultural shift** – through language e.g. 'C'mon boys', changed work conditions and non-traditional gender roles e.g. few female police officers
- **Specific target populations** – consider the establishment initiatives to target at-risk cohorts e.g. high suicide rates in males ages 20-55, Man Box programs

- **Continued stakeholders/relationship building** – nurturing current relationships and developing new partnerships e.g. LGBTIQ+ community groups, police, schools, Department of Education
- **Service mapping** – developing easily accessible resources identifying available services for family violence within and around the Shire
- **Sexual and reproductive health education** – advocate for mandated programs in schools and accessibility to contraceptives and information on consent
- **Alternate delivery platforms** – Some community members who don't use social media platforms may miss information shared across these platforms. There is a need for alternative platforms for information sharing, promotion and awareness raising.
- **Additional support** – Seek opportunities to offer community members additional support in accessing support services and referrals.
- **Engagement** – Investigate alternative methods of engaging men in programs and projects, as there is currently high female participation in comparison to lower male engagement.
- **More promotion** – Greater promotion of place-based response is required to reach vulnerable families.

COVID-19 Impact

COVID-19 impacted a range of Preventing Family Violence and Advancing Gender Equity activities. Of the 54 activities evaluated, 42.6% were not impacted, 31.5% had minor impact, 20.4% were moderately impacted and 5.6% were majorly impacted.

PRIORITY 3		IMPACT OF COVID-19
How have activities/programs been adapted (eg social media, local media, online group etc)?		<p>Moved from face to face to:</p> <ul style="list-style-type: none"> - Online remote consultations and workshops e.g. online training programs - Electronic resources for distribution e.g. education, social support programs, DIY - Telehealth consultations e.g. Maternal Child Health (MCH), BCYF - Facebook Groups and zoom e.g. First time parents groups/MCH - Electronic resources e.g. education, social support programs, DIY - Increased email/social media communications/online presence <p>Return to face to face:</p> <ul style="list-style-type: none"> - Training programs e.g. Baby Makes 3 - School-based programs
Are there different settings, methods and populations?		<ul style="list-style-type: none"> • Community centres closed and reopened but challenges with returning to pre-COVID attendance numbers • A large burden of pandemic-related stressors were carried by female family members • Pandemic-related stress was anticipated to have exacerbated family violence however there was a decrease in incidences being

	<p>reported. In response to this, a partnership with Orange Door was established to target at-risk community members</p> <ul style="list-style-type: none"> • Decreased opportunistic interactions and support at centres e.g. BYCF/MCH visits • Altered delivery model – MCH impacted families in self-isolation as no opportunity to discuss family violence in private
Any timing impacts e.g. breaks in delivery, activity on hold?	<ul style="list-style-type: none"> • Forums cancelled due to social distancing restrictions • Delays in activities due to higher priority projects • Attendance impacted for face-to-face events and training e.g. Baby Makes 3 • Cancelled events and programs e.g. Love Bites • Postponed or delayed the following: e.g. Baby makes 3, various programs until safe for face to face, continued development of services e.g. providing advice on gender equity policy work due to other COVID-19 priorities (WHG), training e.g. GE Champion training, DET Respectful Relationships and discussions, construction delays

Priority 4: Increasing Healthy Eating

The following outcomes outline what we want to achieve in the Increasing Healthy Eating priority area and the strategies we plan to utilize to execute them:

Outcomes

1. Increased understanding of healthy eating and associated health implications
2. Improved access to safe, affordable and nutritious food

Strategies

- 1.1 Provide and support programs, activities, and initiatives that encourage healthy eating and decrease consumption of discretionary foods
- 1.2 Support socio-cultural approaches to healthier eating and drinking
- 1.3 Support programs, activities and spaces that increase food security across the community
- 1.4 Lobby, advocate, collaborate and develop strategic relationships with community and partners to improve healthy eating and access to safe, affordable and nutritious food

What did we do?

Partners

In order to achieve these outcomes, we worked with internal and external partners to deliver a number of actions. 13 partners (8 external and 5 internal) delivered activities directly related to the Increasing Healthy Eating Priority Area and collaborated with a number of additional partner organisations to support these activities. The 13 partners are detailed below:

EXTERNAL	INTERNAL
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1. Ballarat Community Health	1. GPS, Health and Wellbeing (lead)
2. Barwon Child Youth and Family	2. GPS, Active Ageing and Inclusion
3. Barwon Health	3. GPS, Children's Services (Kindergarten)
4. Central Highlands Primary Care Partnership	4. GPS, Maternal and Child Health
5. G21	5. GPS, Youth Development
6. Hesse Rural Health	
7. integratedliving Australia	
8. Leisure Networks	

Additional partnerships were identified throughout the 12-month period across health services, community groups, local businesses, and government departments:

1. Craig Castree
2. Bannockburn Farmers Market
3. Barwon Water
4. Fed by Jed

Key Achievements - Activities

There were 49 activities evaluated for the Increasing Healthy Eating Priority Area. Activities included service provision, program delivery, education and shared prevention priorities.

Key activities included:

1. 'Menu checking' to meet health eating guidelines implemented at long day care
2. Haddon Community Centre providing healthy meal choices targeting male-dominant populations
3. Edible Gardens program increased knowledge and gardening skills of community members through online delivery platform
4. Choose Water campaign, in partnership with Bannockburn Farmer's Market, Barwon Water and G21
5. Linton Primary School canteen met Health Canteen Guidelines and received recognition from Cancer Council
6. Implemented Achievement Program 'Healthy Eating and Oral Health' component in kindergarten settings, including delivery of Smiles 4 Miles project
7. Six early childhood services participating in Smiles 4 Miles received awards in 2021/2022
8. Barwon Health have continued to support and facilitate Workplace Health Achievement programs in 100 organisations across the G21 region
9. CHPCP workshops implemented, collaborating with a range of stakeholders and Councils, to develop outcome measures for health eating and active living in the region
10. Integrated Living provided a number of community engagement programs with healthy eating options including a morning tea program and access to a dietician
11. 200 recipe books were distributed in the Dereel community to promote celebration of food and sharing of recipes
12. CHPCP established a Food Access Network to support regional food security
13. Delivered community meals programs (Menu@Home and Delivered Meals programs)

14. Assisted in the development of a sustainable Farmers' Market business model in conjunction with Community and Council Planning

Reach

Across the 49 activities that were evaluated, a number of platforms were used to reach the Golden Plains Shire community. The breakdown of this reach is detailed below:

PLATFORM	REACH
Communications	102595
Programs/activities	3726
Training/forums	483
Community engagement/consultation	596

How well did we do it?

What worked well:

- **Collaboration** – Working together to achieve shared goals and community events.
- **Positive participant impacts** – Increasing skills and knowledge e.g. Edible Gardens
- **Flexibility and adaptation** – Adapting quickly to COVID by shifting from face to face to online delivery platforms, e.g. Edible Gardens
- **Networks** – Strong support following COVID impact to keep connections e.g. Youth networks.
- **Space provision** – Facilitating community connection/skills growth e.g. Rokewood Community Health Centre, Meredith Community Learning Hub.
- **Local business engagement** – built on relationships with local food providers to support access to produce e.g. Rokewood General Store, Smythesdale IGA
- **Community engagement** – positive feedback and enthusiasm in response to initiatives including Edible Gardens and the Choose Water campaign
- **Building strong relationships** – Working closely with maternal child health, early years services and local schools helped to build strong relationships and made uptake of programs and information sharing more effective.

What could be done differently:

- **Increase communications/promotions** – E.g. around Grants, 'localised' business program, existent services
- **Reengagement** – explore strategies to bring back pre-pandemic levels of volunteer and community engagement
- **Volunteer recognition** – Find new ways to value/recognise volunteer contributions and increase re-engagement
- **Intersection** – further work is needed to integrate healthy eating initiatives into recreational facilities
- **Increase community engagement and local business support** – raise awareness and promote small and/or local businesses that can provide to the needs of their communities e.g. leveraging farmer's markets, encouraging food swaps
- **Needs assessment** – assess the level of food security and food literacy within GPSC region to determine how to best respond to challenges, as well as identifying at-risk populations

- **Build on and expand partnerships** – e.g. reach out to community groups and sporting clubs, establish relationship with new PHUs
- **Food Literacy** – provide educational events for community e.g. school events, expand on Edible Gardens program, educate on Health Star rating in supermarkets

COVID-19 Impact

COVID-19 impacted a range of Increasing Healthy Eating activities. Of the 49 activities evaluated, 46.9% were not impacted, 16.3% had minor impact, 30.6% were moderately impacted and 6.1% were majorly impacted.

PRIORITY 4 IMPACT OF COVID-19	
How has this activity/program been adapted (eg social media, local media, online group?)	Moved from face to face to: <ul style="list-style-type: none"> • Online including zoom, social media: for workshops, meetings, forums, training, community groups, youth programs • Phone communication e.g. Active Ageing & Disability services • Online networking e.g. mother support network for breastfeeding • Electronic resources e.g. education, social support programs, DIY •
Are there different settings, methods and populations?	<ul style="list-style-type: none"> • Closed community spaces e.g. Dereel , Bannockburn Community Centre, The Well, Rokewood Community Health Centre program space, Meredith Hub, markets and food pantries • Decreased volunteer opportunities and lower engagement rates post-lockdown, e.g. Dereel community garden project • COVID safe practices/risk assessments/OH&S e.g. children's services • Smiles 4 Miles and the Achievement program were impacted by COVID but continued operating in Early Childcare settings • Increase in attendance for some events that transitioned to online e.g. Edible Gardens
Any timing impacts e.g. breaks in delivery, activity on hold?	<ul style="list-style-type: none"> • Cancelled or postponed: Many programs/events/training e.g. Volunteer training, Rokewood Breakfast Club, Dereel Community Events, youth programs, recreational and community facilities • Stopping and starting of programs in response to lockdowns and changing regulations e.g. GPSC MCH breastfeeding program • Limited resources – constraints to services; unable to provide add-on support e.g. MCH staff did not have capacity to provide extra services to meet the community's needs
Any new activities	<ul style="list-style-type: none"> • Menu@ Home community meal program operated by Fed by Jed • Frozen Meals program provided by Ballarat Health Services • Food hampers provided to families as needed through GPSC MCH

Priority 5: Tackling Climate Change and its Impact on Health

The following outcomes outline what we want to achieve in the Tackling Climate Change and its Impacts on Health priority area and the strategies we plan to utilize to execute them:

Outcomes

1. Increased sustainable food production initiatives
2. Improved understanding of how to address the impact of climate change on health

Strategies

- 5.1 Increase community understanding of actions they can take to stay healthy in a changing climate
- 5.2 Support and encourage community to prevent, prepare, respond and recover from health impacts associated with emergencies and natural disasters
- 5.3 Provide and support mitigation and adaptation-focused activities that enable health co-benefits to be realized
- 5.4 Promote and support healthy and sustainable food systems

What did we do?

Partners

In order to achieve these outcomes, we worked with internal and external partners to deliver a number of actions. 12 partners (5 external and 7 internal) delivered activities directly related to Tackling Climate Change and its Impacts on Health Priority Area and collaborated with a number of additional partner organisations to support these activities. The 12 partners are detailed below:

EXTERNAL	INTERNAL
1. Ballarat Community Health	1. GPS, Health and Wellbeing (lead)
2. Barwon Health	2. GPS, Active Ageing and Inclusion
3. Central Highlands Primary Care Partnership	3. GPS, Children's Services
4. integratedliving Australia	4. GPS, Community Safety
5. Women's Health Grampians	5. GPS, Environment and Sustainability
	6. GPS, Recreation
	7. GPS, Recycling and Waste

Fifteen additional partnerships were identified throughout the 12-month period across health services, community groups, government departments and regional networks:

1. Evia Collective
2. Victoria Police
3. Red Cross
4. Victorian Council of Churches – Emergency Ministry
5. Bushfire Recovery Victoria
6. DFFH
7. Regional Climate Adaptation Groups
8. Moorabool Shire Council
9. Pyrenees Shire Council
10. Central Highlands Water
11. Barwon Water
12. Department of Environment, Land, Water and Planning
13. Southern Rural Water
14. Corangamite Catchment Management Authority

Key Achievements - Activities

There were 31 activities evaluated for the Tackling Climate Change and its Impacts on Health Priority Area. Activities delivered and reported on included strategic planning, program and service delivery, education and advocacy support. Responses were indicative of nearly all activities being planned rather than opportunistic.

Key activities included:

1. Operation of the Municipal Emergency Management Planning Committee to assist the community prepare for climate emergencies
2. GPSC is developing a Climate Emergency Plan with community consultation in response to declaration of a climate emergency
3. Produced the Regional Climate Adaptation Strategy for the Grampians Region and Green Blue Infrastructure guide for small towns as part of the Grampians Regional Climate Adaptation Group
4. Produce a GPS Community Emissions Inventory to consider mitigation activities and health
5. Received grant funding to develop an Integrated Water Management Plan for Bannockburn
6. Developed a Waste Communications Plan that includes ways to reduce food waste
7. Delivered workshops in partnership with Evia Collective on the benefits of using reusable nappies
8. Edible Gardens program supported and encouraged the consumption of locally produced fruit and vegetables, as well as providing education on food sustainability and reducing food wastage
9. Climate change mitigation activities delivered through GPSC Kinder services, including planting trees, recycling waste, growing vegetables
10. Development of Tracks and Trails Strategy, including upgrade of the walking trails including Ross Creek, Ballarat-Skipton Rail Trail, Rainbow Bird Trail
11. BCH helped promote Go 4 Green and assist with the Climate and Health component of Achievement Program within schools via newsletter communication
12. CHPCP established a Food Access Network to support regional food security

Reach

Programs, activities and community consultation were used to reach the Golden Plains Shire community. The breakdown of this reach is detailed below:

PLATFORM	REACH
Programs/activities	603
Community engagement/consultation	402

Note: As many climate change programs included in this evaluation are still in progress, their reach has not been obtained yet and were not able to be included in the above calculations.

How well did we do it?

What worked well:

- **Capacity building** – upskilling understanding of climate change in the community and within the GPSC workplace
- **Community gardens** – help spread knowledge and skills in the community regarding cooking, composting and recycling
- **Strategic Planning** – strategies were developed to combat the impacts climate change within GPSC and in the wider region
- **Intersection** – delivered community programs included a climate change and sustainability lens to demonstrate the importance and indirect impacts of climate change on health e.g. Edible Gardens, reusable nappies
- **Partnership** – partners worked on developing plans and delivering programs on the collective aim of sustainability and climate change
- **Community consultation** – In depth community consultation leads to people centered activities and place-based initiatives that better meet the needs of the community.

What could be done differently:

- **Early Childhood settings** – help ECS reach the Climate benchmark as part of the Achievement Program
- **Expand community engagement efforts** - explore initiatives such as tree planting, 'Adopt a tree', Clean up Australia Day, Landcare Kids, seed libraries, veggie patches and fruit tree on nature strips
- **Sustainability Initiatives** – explore incentivized and/or community engagement programs that will encourage reduction in waste and an increase in sustainable living e.g. reusable nappies, coffee cups, Active Transport, Second Bite
- **Purchasing policy** – encourage workplaces to develop sustainability policies that encourage sustainable purchasing from ethical companies
- **Sustainable gardening** – create creative events and competitions that encourage community members to get involved in gardening activities e.g. reusing old furniture for planting
- **Development regulations** – discuss restrictions on developments that encourage sustainable practices e.g. double glazing, LED lighting, low water gardens
- **Public transport options** – explore providing subsidized or free public transport options to community members to reduce fuel use
- **Build on and expand partnerships** – e.g. CFA, climate health alliance, Landcare, Vasilis Garden

COVID19 Impact

COVID-19 impacted a range of the Tackling Climate Change and its Impacts on Health activities. Of the 31 activities evaluated, 71.0% were not impacted, 25.8% had minor impact, and 3.2% were majorly impacted.

PRIORITY 5	IMPACT OF COVID-19
How have activities/programs been adapted (eg social media, local media, online group etc)?	<ul style="list-style-type: none"> • Moved from face to face to: • Online: training e.g. community consultation, workshops, trainings • Social media campaigns and newsletters • Electronic resources e.g. education, social support programs, DIY
Are there different settings, methods and populations?	<ul style="list-style-type: none"> • Community centres closed – need to find alternate opportunities e.g. posters outside centre • Decreased attendance numbers for post-pandemic training, workshops and events
Any timing impacts e.g. breaks in delivery, activity on hold?	<ul style="list-style-type: none"> • Postponed or cancelled e.g. management plan site visits, in-person workshops

Case Studies

Project	Case Study Link
Baby Makes 3	Refer to Appendix 6 Case Study
Community Leadership Program	Refer to Appendix 7 Case Study
Edible Gardens	Refer to Appendix 8 Case Study
Move Your Way	Refer to Appendix 9 Case Study
Reusable Cloth Nappy Workshops	Refer to Appendix 10 Case Study

2. DISCUSSION

The Health, Wellbeing and Youth team worked with a range of internal and external partners to assess Year 1 of the Municipal Public Health and Wellbeing Plan (MPHWP). The Department of Health's 'Community Health – Health Promotion Funds' were a key contributor to the work undertaken within the local government area, providing additional support and resources to work with our regional health partners.

The evaluation framework and templates that were provided to internal Council departments and external partners supported a consistent regional approach to monitoring and evaluating health and wellbeing promoting activities. With the combined effort of 24 partners (73% of 'active' partners), around 320 activities in the Action Plan (80%) were evaluated.

Collecting and collating evaluation data in this way has allowed us to think in innovative and systems thinking ways and has allowed us to put a detailed health and wellbeing lens on planning and delivery of activities in the Golden Plains Shire community. The evaluation highlights the cross-sectoral collaboration and involvement of many partners across the Shire and the places health and wellbeing activities occur from passive and active open spaces to community buildings, workplaces and private properties (particularly during COVID-19). With our diverse internal and external partners working across the social, cultural, economic and environmental areas of preventative health, we were able to deliver more integrated, place-based and people-centred services and activities for the Golden Plains Shire community. This approach is one that we would like to continue moving forward, to ensure we can deliver activities that are effective, sustainable and meet the evolving needs of the community.

Results reflection

Year 1 of the Municipal Public Health and Wellbeing Plan evaluation has been effective in documenting short-term outcomes, measuring the success of our work across our five Health Priority Areas, and for future reviewing of our planned activities. These results have helped to create an evidence base of our collective work as we progress and contribute to our five Health Priority Areas, and into the remaining years of the planning cycle.

Asking ***“what did we do?”*** has provided a better understanding of the high volume of health and wellbeing promoting activities undertaken through our MPHWP Action Plan, and has highlighted the breadth of work delivered, key achievements reached as well as the number of partnerships and community members being reached. It documents many projects, programs, services and regional and local networks that work collaboratively together to deliver a number of activities in each of the five Health Priority Areas. Additionally, it provides an insight into the partners involved beyond our 'active' partners and shows how greater collaboration leads to greater impact and outcomes. In 2021-22 we had new partners join our existing 'active' partners, highlighting that health and wellbeing is ever-changing, and indicating potential for additional partners to join and strengthen our MPHWP work. Community partners are also significant in contributing to the activities outlined in our MPHWP, particularly through management entities, sporting clubs and community groups.

Breaking this information down by Health Priority Areas reveals progress across all priorities and will provide opportunities for partners to deep dive into their focus areas, see their actions within the collective picture and draw their own insights to inform the rest of the cycle 2021-2025.

Partners revealed flexibility in Action Plan implementation by constantly adjusting and accommodating to the ever-changing COVID-19 government restrictions. We also observed how partners were able to be adaptable, flexible and responsive to emerging issues, and find ways of addressing these issues in systematic and appropriate manners.

Asking **“How well did we do it?”** saw emerging themes around ‘collective action’, ‘strategic commitment’, ‘sustainability’, ‘empowerment’, ‘strategy’, ‘marketing and communications’, ‘data collation’, ‘COVID-19 adaption’, ‘continuous improvement’ and ‘community participation’. These themes strongly reflect the principles of health promotion and identify ways in which activities can be strengthened to deliver identified outcomes.

All health priority areas documented numerous examples of **what worked well** and revealed many strengths in the current system that helped contribute to success. This included collaboration through regional and local networks and partnerships, shared common goals, leadership and guidance, effective place-based service models, well maintained accessible community spaces, high levels of volunteering and community participation, capacity building/training opportunities, strategy development and implementation, multimodal communications, increased data information sharing and a commitment to continuous improvement.

The results also provided insight and learnings into **what could have been done differently**. This included strengthening and expanding on partnerships across the region, furthering collaborative action, more consistent monitoring, evaluation and data collection practices, more promotion of the available programs and services, and focusing on re-engaging the community post-COVID pandemic. Effort in these areas will help to refine and further improve activities so that we are better able to achieve the objectives of our MHPWP.

The **impact of COVID-19** was also well documented with detailed responses and helpful insights going forward. All partners worked to be flexible and where possible adapt their activities to adhere to any new protocols and restrictions. This included shifting activities online, adapting to new complexities and procedures for health service delivery to adhere to COVID-19 protocols, events/activities postponed and community centres temporarily closed. New activities commenced to support community during COVID-19 and many partners were able to respond to the emerging issues of COVID-19 and deliver community support activities including food relief, online social connection initiatives and assistance in accessing support services. The Health Priority Areas that were most impacted by COVID-19 were ‘Improving Mental Wellbeing’ and ‘Increasing Active Living’. This reflects the closure of multiple community centres and social distancing requirements which limited opportunities for residents across the Shire to socialise and connect. These results will provide partners with an insight into what others have done in response to COVID-19, and in some instances have identified opportunities for future methods of activity delivery e.g online or hybrid.

The impact of COVID-19 in the 21/22 financial year was different compared to that of the 20/21 financial year, due the nature of the progression of the pandemic, Victoria’s lockdown regulations, vaccination rates, and the eventual ‘return to normal’. This was reflected in the partners’ activity evaluation reports. During the 20/21 financial year, partners reported 74% of planned activities were impacted by the COVID-19 pandemic, with time and resources diverted away from around a third of activities. This year, 59% of the Action Plan’s activities were impacted ranging from minor to major impacts, and 20% of programs have time and/or resources diverted away. Last financial year, 20% opportunistic activities were reported in response to the pandemic. In comparison, the 21/22 financial year reported nearly no opportunistic activities emerging. This could in part be due to the anticipation of a ‘return to normal’ that was accompanied with the nation-wide vaccine roll-out, potentially causing partner organisations to favour delaying programs until restrictions eased, rather than completely cancelling them or diverting resources.

Integrating the MPHWP into the Council Plan has also supported the achievement of many MPHWP activities, as there have been greater synergies and alignment between council departments, priorities and activities, and increased opportunities for cross-departmental collaboration. Each department has their own area of knowledge and expertise, which has led to more informed and sustainable activities that consider a broader range of community impacts.

The results, including the collation and analysis of evaluation data on a priority-by-priority basis, will be shared with partners and will assist Council and partners in reviewing what we should continue doing to build on the existing

strengths, and provide opportunities to reflect and work on some of the ideas of what we could do differently. The results assist in seeing the bigger picture and the role of any one organisation within it.

Challenges and Recommendations

Year 1 posed some significant challenges. While the MPHWP action plan was largely implemented as intended, many activities were impacted by the COVID-19 pandemic in some way. This had some major impacts on the MPHWP activities for internal and external partners, and lead to both positive and negative outcomes. Given the difficulties associated with lockdowns and COVID-19 restrictions, it was complex for many partners to navigate the uncertainty of the environment, with changing restrictions impacting the delivery of planned activities. Around one fifth of activities had time and/or resources directed away due to COVID-19, with many partners having to prioritise other organisational activities in response to emerging community issues. As indicated above, partners demonstrated flexibility in response, and activities were adapted reflecting this changing environment and addressing community needs in the most effective ways possible.

2022 saw a slow and staggered return to normal activities, with new precautions remaining to minimise COVID-19 transmission as the state opened up again. As a result, community re-engagement was identified as a major challenge by most partners. Programs and events returning from virtual platforms to face-to-face reported lower participation numbers, and volunteers were in short supply. Fear of COVID-19 transmission and complacency with the new virtual approach to program delivery were most often identified as possible reasons for these observations. Further flexibility and program adaptation, for example, providing shuttle bus services, or changing program delivery location, were identified as areas of improvement needed to tackle this challenge in coming years.

Staffing was another challenge that impacted both internal council departments and external community partners. Internally the health and wellbeing team faced the challenge of inconsistent staffing, with a period of time when the Social and Population Health Planner role was vacant (6 months), and some work was temporarily halted with planned activities such as partner networking activities delayed. This gap in staffing meant that some work had to be redirected to hiring and training new staff, and projects were put on hold until staff were able to pick up the work. Externally an ongoing challenge that is continually faced over the years is staffing changes. With staff leaving and new staff entering an organisation, the progress of evaluation capacity building for the MPHWP Action Plan is impacted. New staff may have a lack of knowledge around the MPHWP and their organisation's contributing activities, and this may result in periods of time where these activities are not prioritised. The health and wellbeing team is mindful of this in its approach to maintaining strong relationships with partners and in providing consistent communications.

Overall, the reporting process for Year 1 was successful, with 80% of planned activities being evaluated. COVID-19 restrictions, staffing challenges and planned changes impacted successful program delivery, as well as some activities initially planned for delivery Year 1 of the Plan. 73% of active partners participated in this year's evaluation process. Many of the active partners that did not participate were not in the position to provide evaluation report this year, including GPSC's Community Development, who are a new team and were thus unable to report on activities as they were not operating through the 12-month period. Staffing changes within organisations led to challenges including gaps in data collection and program information. To avoid reporting inconsistencies and maintain a high level of data integrity, it is important that internal reporting processes are maintained within all partner organisations.

As completion of partner evaluation reporting templates are completed by individuals from a variety of organisations, it is important that the templates provide clear and concise instructions, and that the indicators require simple and straightforward responses, to ensure a level of consistency in the reporting format across the board.

Measuring the reach of a program can be an effective measure of a program's success and range of influence. However, reach measurements vary depending on context and activity type, so clear definition is crucial. For example, social media campaign reach can be measured by the number of clicks obtained, the number of passive views, or by counting the number of account followers. Furthermore, the impact of the reach of one social media view and that of the capacity building effort of one health service providers are fundamentally different, and consideration needs to be given into formulating a reporting process that ensures this is not overlooked. Thus, it is important to develop a template that can capture this information appropriately or develop an alternative method of measuring a program's success. The inclusion of reach as an evaluation measure should thus be reviewed for future years.

A consultation with partner organisations is recommended to review and further improve the current evaluation reporting processes, and to explore the next steps of the process by addressing how to capture 'intermediate outcomes' as well as the current 'short term outcomes'.

Evaluation roundup

Year 1 of the Municipal Public Health and Wellbeing Plan evaluation has been effective in documenting short term measures around what we did, how well we did it and the impact of COVID-19. The success in collecting high quality evaluation data reflects:

- The commitment and integrity of our partners in doing what they said they would do – helping to develop a realistic data collection for the evaluation and filling out the reporting templates with quality data. This is particularly in view of the pressures of COVID-19.
- The success of capacity building activities with external and internal partners in the lead up to the evaluation, together with easy access to resources provided by health and wellbeing staff.
- The value in developing a template with 'how to' guides to assist in reporting template completion.

Next steps in MPHWP 2021-2025 include:

- Seeking feedback from partners on the evaluation process and about the next step in collating intermediate-term outcomes.
- Opportunity to increase the proportion of partners completing the evaluation reporting templates response from 73%. Communication of this report to all partners may assist in building trust and value of participating in the process.
- Reviewing the reporting template/evaluation data process. The compilation and analysis of evaluation reports is resource and skill intensive. Consider any refinements, process documentation and succession training.
- Consider the ongoing direct and indirect impacts of COVID-19 around capacity of partners to participate in evaluation reporting.

[See appendix 5](#) for Pilot Evaluation SWOT

3. CONCLUSION AND NEXT STEPS

Year 1 of the Municipal Public Health and Wellbeing Action Plan has seen valuable and successful collaboration between internal Council departments and external partner organisations across the Shire. The evaluation has been effective in documenting short term outcomes, measuring the collective success of our work across our five Health Priority Areas and evaluating the impact of partnership work. The evaluation provides evidence of Council and partners working in a collaborative and integrated ways to achieve better health and wellbeing outcomes for the Golden Plains Shire' community and highlights the strengthened outcomes that can be achieved through collaboration, capacity building and empowerment. It also identifies opportunities for improvements where things could have been done differently. The impact of COVID-19 on our Action Plan's activities have been analysed, and it has highlighted issues that residents across the Shire community face, and may continue to face going forward, particularly in relation to mental health, social isolation and family violence.

This report will be shared with our health and wellbeing partners to communicate learnings and will inform the remaining years of the 2021-2025 planning cycle. The results will assist in reviewing current activities, and modifying or adjusting projects where necessary, with the opportunity to deliver new and innovative projects and activities. Proposed steps include seeking feedback from partners and gathering information on how we might go about collecting intermediate term outcome measures.

The plan for Year 2 of the MPHWP 2021-2025 is continued implementation of our Monitoring and Evaluation Plan with partner capacity building, and finalisation of additional measures intermediate outcomes, asking 'What changes are we seeing?' and 'Is anyone better off?' This will add further insight into measuring the success of our MPHWP and will lead into the ongoing monitoring and evaluation process.

APPENDICES

Appendix 1 Original Partners MPHWP Action Plan

	Acronym	Organisation
1	BCH	Ballarat Community Health
2	BCYF	Barwon Child Youth and Family (BCYF)
3	BH	Barwon Health
4	CHPCP	Central Highlands Primary Care Partnership
5	DET	Department of Education and Training
6	G21	G21 Geelong Region Alliance
7	GPS	Whole of Council
8	GPS/AA&I	Golden Plains Shire, Active Ageing and Inclusion
9	GPS/A&C	Golden Plains Shire, Arts & Culture
10	GPS/CD	Golden Plains Shire, Community Development
11	GPS/CS	Golden Plains Shire, Community Safety
12	GPS/CS	Golden Plains Shire, Children Services (Kindergartens)
13	GPS/Env	Golden Plains Shire, Environment & Sustainability
14	GPS/ED	Golden Plains Shire, Economic Development
15	GPS/H&WB	Golden Plains Shire, Health and Wellbeing
16	GPS/MCH	Golden Plains Shire, Maternal and Child Health
17	GPS/HR	Golden Plains Shire, Organisational Capability and Performance
18	GPS/OHS	Golden Plains Shire, Occupational Health & Safety
19	GPS/PI	Golden Plains Shire, Planning
20	GPS/R&W	Golden Plains Shire, Recycling and Waste
21	GPS/Rec	Golden Plains Shire, Recreation and Community Facilities
22	GPS/SPI	Golden Plains Shire, Strategic Planning
23	GPS/Y	Golden Plains Shire, Youth Development
24	HS	Headspace
25	Hesse	Hesse Rural Health
26	ILA	integratedliving Australia
27	LN	Leisure Networks
28	MCLH	Meredith Community Learning Hub
29	SC	Sports Central
30	UN	Uniting
31	Scope	Scope
32	WHG	Women's Health Grampians
33	WRISC	WRISC

Appendix 2 Pilot Evaluation Guide and Questions

Resource 3: Capturing Short term Outcomes

Moving forward for the next 12 months

This resource has been developed to support health and wellbeing partners in capturing the collective efforts of health and wellbeing activities across Golden Plains Shire with a focus on short term outcomes.

This resource relates to the first of three levels of evaluation:



Partners are reminded that short term outcomes are also referred to as process and performance measures across literature and have an emphasis on capturing progress from an 'early years' perspective.

- In 2018 five key approaches were developed with the intent of grouping together activities in a manner which reflects the diverse nature of work across our regional (**Partner, Deliver, Plan, Advocate, and Provide infrastructure**).
- In 2019 a consensus was formed by partners to focus on activities related to '**Partner and Deliver**' only.

Evaluation steps

There are two key steps designed to capture the short term outcomes of activities;

- Step 1: 'What did we do?'
- Step 2: 'How well did we do it?'

An additional step has been added to capture the impact of COVID-19

- Step 3: 'COVID-19 impact'

Use your updated 'partner activity snapshot' to answer questions 1-9.

Step 1: What did we do?

1. Using the drop down box record which of your snapshot activities relate to either 'Partner' or 'Deliver' interventions.

Approach	Example
Partner	Has ' partnership building, stakeholder coordination or networking ' been a key component of your intervention?
Deliver	Has delivery (services, programs, training, communication campaigns, strategy delivery) been a key component of your intervention?
Other	Any activities which don't have a specific partner or deliver component (for example planning, reviews, and audits). Note these will not be evaluated

2. Provide details of any partners involved who aren't already listed in the activity description.
3. Provide details of partnership achievements or delivery activities? (eg: written, submissions, consultations, programs, events, grants).
4. Reach: How many people did the delivery of this activity reach?

Step 2: How well did we do it?

- What worked well and what could be done differently? For example: to what extent was the activity delivered as intended?

Step 3: Covid-19 impact July 2021-June 2022

5. Impact of COVID-19 on this activity - no impact, minor, moderate, major?
6. If activity was impacted, provide comment on any change/adaption including (where applicable):
 - How has this activity/program been adapted (eg social media, local media, online group etc)?
 - Are there different settings, methods and populations?
 - Date changes above were implemented?
 - Any timing impacts e.g. breaks in delivery, activity on hold?
7. Was any time and/or resource diverted away from this activity due to COVID-19?
8. List any new COVID-19 activities (not mentioned elsewhere).

Appendix 3 Evaluation templates

Year 3 Reporting Template: Golden Plains Shire Municipal Board and Wollatunga Action Plan 2019-21					EVALUATION Yr 3 July 2019 - June 2020	
<p>21</p> <p>All partners (internal and external)</p>						
Order	Number	Org	Priority	Action	Activities	<p>Step 1: What did we do?</p> <p>Step 2: How well did we do?</p>
7	1	G21	1. Healthy Eating and Active Living	111	G21 Shared Prevention Priority – Healthier eating and active living (G21, GPSH+V, GPSR+H, BH, Hesse, LJ)	<p>1. Approach (Please select the most appropriate drop-down options)</p> <p>Partner</p> <p>2. Provide details of any partner involved who aren't already listed in the 'Activities' description</p> <p>Ballarat Community Health, GPSH+AD, COS, BOD, SCS, COSG, Ballarat Community Health, VWH+SV, Active (G21, GPSH+V, GPSR+H, BH, Hesse, LJ)</p> <p>3. Provide details of partnership achievements or delivery activities (eg: written, exhibition, conventions, programs, events, grants)</p> <p>Attend quarterly meetings for the AP network (planned) Contribute to promote the Healthy Children's Network e-newsletter (planned) Deliver pilot training program for Community Care Volunteer within 2 LGAs to encourage & support Indigenous Agency (planned) Develop key message toolkit promoting IA for people 55+ (planned) V+LGA's participated in a V+Health funded regional VTS 2018 campaign. Regional branding let's get active together developed & implemented. Regional surveys developed & distributed online. (Planned) V+V+Health funded LGA's plus non-funded partners participate in a regional This Girl Can campaign including social media, promotion of local activities & a planned regional event of G21+HSA. Status (planned) Campaign started prior to completion due to COVID-19 Implemented regional social media campaign to promote consumption of vegetables (planned) Submitted 2 regional advocacy responses (opportunities) 3 partners implemented either or both 'Choose Vain Every Day' or SSB reduced strategies (planned) 3 partners engaged with Ballarat Vain Food Festival installation program (planned).</p> <p>4. Record how many people did the delivery of this activity reach</p> <p>N/A (continues straight to Step 2-05)</p> <p>5. What worked well and what could be done differently?</p> <p>For example: to what extent was the activity delivered as intended?</p> <p>Having multiple partners enables a collegial approach with increased knowledge & expertise to drive Collaborative funding opportunities allow for greater scope to implement deliverables to a wider audience Having a clear common goal & purpose strengthens partnership & success Embedding reflective practice techniques enables a flexible approach to stop, review and redirect as needed Accessing to remote expertise to finesse messages & promote activities Goodwill from agencies to participate for the common good of the wider community Go differently Be patient – it takes time to build relationships Broaden scope of partners, leverage all other network stakeholders to align efforts where possible Simplify evaluation methods and processes during the planning phase Increase community engagement to identify priorities for place-based activities Strengthen administrative procedures around roles, responsibilities and comms</p>
7	1	Hesse	1. Healthy Eating and Active Living	111	G21 Shared Prevention Priority – Healthier eating and active living (G21, GPSH+V, GPSR+H, BH, Hesse, LJ)	<p>1. Approach (Please select the most appropriate drop-down options)</p> <p>Partner and deliver</p> <p>2. Provide details of any partner involved who aren't already listed in the 'Activities' description</p> <p>Attended G21 VEG Working Group (VWG) meetings. Key achievement: collective action (social marketing) utilising "Taste the Rainbow Plaques" to promote the consumption of vegetables (Planned) Attended 8 G21 GPSH+V VWG meetings. Key achievement: collective action (social marketing) of the Choose Vain Every Day (CVED) campaign (Planned). The social marketing campaign for both groups included information in Pockmarked Plaquettes, distribution of CVED vial bottles to Pockmarked Play Group and Occasional Care (Planned). Target group - Families on a low income and group geographically isolated residents (Planned)</p> <p>3. Provide details of partnership achievements or delivery activities (eg: written, exhibition, conventions, programs, events, grants)</p> <p>Attended G21 VEG Working Group (VWG) meetings. Key achievement: collective action (social marketing) utilising "Taste the Rainbow Plaques" to promote the consumption of vegetables (Planned) Attended 8 G21 GPSH+V VWG meetings. Key achievement: collective action (social marketing) of the Choose Vain Every Day (CVED) campaign (Planned). The social marketing campaign for both groups included information in Pockmarked Plaquettes, distribution of CVED vial bottles to Pockmarked Play Group and Occasional Care (Planned). Target group - Families on a low income and group geographically isolated residents (Planned)</p> <p>4. Record how many people did the delivery of this activity reach</p> <p>5000+ Social media messages</p> <p>5. What worked well and what could be done differently?</p> <p>Worked well relationship with VWG Local evidence based community consultation What intended implementation Capacity and resources</p>
7	1	LN	1. Healthy Eating and Active Living	111	G21 Shared Prevention Priority – Healthier eating and active living (G21, GPSH+V, GPSR+H, BH, Hesse, LJ)	<p>1. Approach (Please select the most appropriate drop-down options)</p> <p>Partner</p> <p>2. Provide details of any partner involved who aren't already listed in the 'Activities' description</p> <p>This Girl Can via Regional Event and localised grandfathering 4 LGAs</p> <p>3. Provide details of partnership achievements or delivery activities (eg: written, exhibition, conventions, programs, events, grants)</p> <p>Participation in regular CHPCP prevention forums</p> <p>4. Record how many people did the delivery of this activity reach</p> <p>5000+ Social media messages</p> <p>5. What worked well and what could be done differently?</p> <p>Joined up approach to review localised priorities worked well across G21</p>
2	2	GPSH+VB	1. Healthy Eating and Active Living	111	Central Highlands PCCP - Shared Prevention Priority – Healthier eating & active living (CHPCP, GPSH+VB, BOD, Hesse, LA, SC)	<p>1. Approach (Please select the most appropriate drop-down options)</p> <p>Partner and deliver</p> <p>2. Provide details of any partner involved who aren't already listed in the 'Activities' description</p> <p>Multiple other partners from across the Central Highlands local government areas (including Hepburn Shire, City of Ballarat and Moorabool Shire) including but not limited to Department of Health & Human Services, Sport & Recreation Victoria, Parks Victoria, Ballarat & Hepburn Shire, Central Highlands Rural Health, City of Ballarat, Hepburn Shire Council, Moorabool Shire Council, The V+ (Ballarat)</p> <p>3. Provide details of partnership achievements or delivery activities (eg: written, exhibition, conventions, programs, events, grants)</p> <p>Establishment of the Central Highlands Healthy Choices Alliance to enable more collaborative action around enabling and promoting environments that support healthier food and drink choices Activation of the Active April Regional Strategy to enable more collaborative campaign activities (opportunities) Systems Map - Central Highlands healthy food & drink in settings 2019 (planned) Active April Reactivesell campaign 2020 (planned) Central Highlands COVID-19 Emergency Food Relief Guide (opportunities)</p> <p>4. Record how many people did the delivery of this activity reach</p> <p>N/A</p> <p>5. What worked well and what could be done differently?</p> <p>Healthy Choices Alliance N/A (involved 8 organisations) Developing trust and establishing a greater understanding of the local activity and goals Active April Regional Strategy will take time to establish more trust and links across the region, to greater shared alignment in this space for the coming years. The strategy developed by SRV was helpful Simplify work on collaboratively. A great process was the collection of more than 100 local views then uploaded to the AA website, more than had been recorded before Systems Map gave the HC Alliance a great starting point to understand the current actions being implemented Active April campaign. This was the first attempt at shared campaign amongst Ballarat orgs only & successfully launched with limited resources, but lacked traction due to the COVID activity and people were shoofted out of social media as full of competing initiatives. Some great local campaigns: videos more engaging than static posts, need to engage ambassadors more, need to have a list of ambassadors EPPH+AD: distributed via multiple channels (website, newsletter, multiple email lists) that too hard to measure</p>
2	2	LA	1. Healthy Eating and Active Living	111	Central Highlands PCCP - Shared Prevention Priority – Healthier eating & active living (CHPCP, GPSH+VB, BOD, Hesse, LA, SC)	<p>1. Approach (Please select the most appropriate drop-down options)</p> <p>Partner</p> <p>2. Provide details of any partner involved who aren't already listed in the 'Activities' description</p> <p>planned - network and executive meetings attended by Sarah Fordham bi-monthly, Email updates and</p> <p>3. Provide details of partnership achievements or delivery activities (eg: written, exhibition, conventions, programs, events, grants)</p> <p>N/A</p> <p>4. Record how many people did the delivery of this activity reach</p> <p>N/A</p> <p>5. What worked well and what could be done differently?</p> <p>rather than a designed publication we could get the information out quickly.</p>

Year 3 Reporting Template - Golden Plains State Municipal Health and Wellbeing Action Plan 2021-2027					2020		
All partners (internal and external)					Step 2: How well did we do it?	Step 3: COVID-19 Impact March-June 2020	
Order	Number	Org	Priority	Action	Activities		
7	1	G21	1 Health Eating and Active Living	111	G21 Shared Prevention Priority - Healthier eating and active living (G21, GPSH&V, GPSR&C, BH, Hezsa, LM)	<p>5. How worked well and what could be done differently? For example: to what extent was the activity delivered as intended?</p> <p>* Having multiple partners enables a collegial approach with increased knowledge & expertise to drive action. * Collaborative funding opportunities allow for greater scope to implement deliverables to a wider audience on a bigger scale. * Having a clear common goal & purpose strengthens partnership & success. * Embedding reflective practice techniques enables a flexible approach to stop, review and redirect efforts if necessary. * Access to common expertise to liaise messages & promote activities. * Goodwill from agencies to participate for the common good of the wider community.</p> <p>Do differently: * Be patient - it takes time to build relationships. * Broaden scope of partners, leverage off other networks/stakeholders to align efforts where possible. * Strengthen evaluation methods and processes during the planning phase. * Increase community engagement to identify priorities for place-based activities. * Strengthen administrative procedures around roles, responsibilities and comms.</p>	<p>6. Impact of COVID-19 on this activity Efforts ceased * Most appropriate drop down options No impact, minor, moderate, major</p> <p>7. If activity was impacted, provide comment on any change/outcome including factors impacting * How has this intervention been adapted to local needs, local needs, make group etc? * Are there different cohorts, methods and populations? * Does change above were implemented? * How timely impact of break in delivery, activity on hold</p> <p>8. What was the impact on the activity? * Health Services' partners were redeployed. * Competing priorities within organisations. * Impaired roles and responsibilities and communications between partners. * Cancellation of all face to face activities. * Uncertainty with funding requirements and ability to deliver action.</p> <p>9. List any new COVID-19 activities (not awarded funding) in response to COVID-19 * ACHES last - once whole template is completed</p> <p>10. List any new COVID-19 activities (not awarded funding) in response to COVID-19 * Partnered with COGO to develop Healthy at Home toolkit. * Collaboration and promotion of any relevant resources developed by partnering agencies.</p>
7	1	Hezsa	1 Health Eating and Active Living	111	G21 Shared Prevention Priority - Healthier eating and active living (G21, GPSH&V, GPSR&C, BH, Hezsa, LM)	<p>What worked well</p> <p>* Collective community (sharing of resources) * Local evidence based community consultation * Trust & relationship within V&S approach to the social marketing message What hindered implementation</p> <p>* Capacity and resources * Cyber incident and COVID</p>	<p>Minor impact</p> <p>The COVID time has coincided with G21 V&S collating their evaluation data and preparing report. This has been completed via Zoom.</p>
7	1	LN	1 Health Eating and Active Living	111	G21 Shared Prevention Priority - Healthier eating and active living (G21, GPSH&V, GPSR&C, BH, Hezsa, LM)	<p>Joined up approach to event with localised priorities worked well across G21</p>	<p>Major impact</p> <p>Regional event cancelled, localised efforts by LGAs gives more time to implement (localised, control)</p>
2	2	GPSH&V	1 Health Eating and Active Living	111	Central Highlands PCP - Shared Prevention Priority - Healthier eating, active living (CHPCP, GPSH&V, GPSR&C, BH, Hezsa, LM, SC)	<p>GPSH&V VB had regular attendance at forums and presented on Vegetable work undertaken</p>	<p>Moderate impact</p> <p>May Forum was moved to online platform</p>
2	2	CHPCP	1 Health Eating and Active Living	111	Central Highlands PCP - Shared Prevention Priority - Healthier eating, active living (CHPCP, GPSH&V, GPSR&C, BH, Hezsa, LM, SC)	<p>* Healthy Choices Alliance - still establishing, once we have a Charter and more outputs we hope to attract more partners for more collaborative action to the region. No partners from the Moonah or Golden Plains shire at this stage. Great for sharing knowledge, developing trust and establishing a greater understanding of the local activity and gaps in this space. * Active April Regional Strategy: It will take time to establish more trust and link across the region, but this was a great step towards greater shared effort in this space for the coming years. The strategy developed by SPRF was helpful to outline what could be achieved if we worked more collaboratively. A great success was the collection of more than 100 local Active April activities which were then uploaded to the AA website, more than had ever been recorded before. * Systems Map: gave the HC Alliance a great starting point to understand the current actions being achieved and the scope for improvement. * Active April campaign: This was the first attempt at shared campaign amongst Ballarat only as a pilot, the campaign was successfully launched with limited response, but lacked action during the coinciding arrival of the pandemic which meant activities and people were shut down and social media was full of competing initiatives. Some great learnings about using social media campaigns: videos more engaging than static posts, need to engage ambassadors more, need to have T&Cs well drafted before setting up a competition. * EPF&Ude: established relationships enabled the quick gathering of local information and concentrating on simple documentation rather than a designed publication meant we could get the information out quickly.</p>	<p>Major impact</p> <p>* Healthy Choices Alliance pilot projects to promote vaccine in various settings have had to be postponed / put on hold, all meetings held via Zoom and with more frequency to increase connection between the orgs and people. * Active April Regional Strategy: AA state-wide campaign was overshadowed by the Pandemic lockdowns and emergency response. Health campaigns and activities did not go ahead as planned, missing the traction was weak and outcomes minimal. * Active rallies campaign as mentioned above the AA state-wide campaign was severely hampered by the pandemic lockdowns and emergency response and the unexpected, competing social media campaigns at the time. * EPF&Ude: a direct response to COVID-19</p>
2	2	BA	1 Health Eating and Active Living	111	Central Highlands PCP - Shared Prevention Priority - Healthier eating, active living (CHPCP, GPSH&V, GPSR&C, BH, Hezsa, LM, SC)	<p>Minor impact</p> <p>meetings held over zoom</p>	<p>No</p>

Appendix 4 Monitoring and Evaluation Plan Principles

The principles guiding the M & E framework/Plan	Evidence – how did it play out?	
Provide a consistent regional approach for monitoring and evaluating health promoting activities.	M and E Plan and Framework developed together with internal and external partners. Reporting template completed by 73% of active partners	✓
Adopt an approach which is feasible for Council and external partners to implement	Year 1 Evaluation resulted from a consensus with partners about what was feasible to collect. Feasibility confirmed through 73% response.	✓
Provide accountability/transparency in monitoring progress of the Action Plan towards strategic objectives.	Ongoing partner involvement in the process. Provision of this report analysing results to Council and external partners.	✓
Measure the impact of our work and whether activities are contributing to change.	First step completed – short term impacts. Later years in the MPHWP 2021-2025 will explore more detailed intermediate impact - did we make a difference?	✓
Streamline the process of monitoring and evaluating regional activities.	Demonstrated by an evaluation toolkit including 'How to Guides' together with reporting template. Provision of Health and wellbeing officer support throughout the reporting completion period.	✓
Support the delivery and reporting of activities within our Health and Wellbeing plan for the next three years.	Kept the work of the MPHWP Action Plan and partners' role in working towards the 5 priority areas visible through the partner snapshot reviews and reporting template.	✓
Provide and identify opportunities to review what has worked well, what could be improved, and to make any identified refinements.	The M and E Report will form the basis for reviewing activities for the next year and will assist in identifying any improvements through the evaluation questions 'what worked well' and 'what could have been done differently'	✓

Appendix 5 Pilot evaluation SWOT Analysis

Reflections on the Pilot evaluation (SWOT)	
Strengths <ul style="list-style-type: none"> • Collaborative internally and externally • Whole of Council got involved • Partner integrity – assisted in developing a realistic pilot evaluation and 73% completed it • Aligned with Council Plan priorities • Community Health – Health Promotion funding support • Regional capacity building including training • Aligned with guiding principles of our Monitoring and Evaluation Plan • Flexible enough to continue with adapted activities due to COVID-19 	Weaknesses <p>Process</p> <ul style="list-style-type: none"> • Partners busy/time poor for regional reporting • Resource/skill intense data process • Staff changes • Inconsistencies in reporting methods across partners • Reach measures require further specification to allow for effective comparison between programs and years
Opportunities <ul style="list-style-type: none"> • Partners feedback on the evaluation and this report – how did they find the timing /timeframe of the data collection, degree of difficulty, the how to guides etc., • Continue partner training • Finalise intermediate measures • Use this report to build trust in the process with existing and future partners to encourage ongoing support for MPHWP evaluation • Get more partners actively on board including internal Departments/Units who did not complete evaluation in Year 1 	Threats <ul style="list-style-type: none"> • The indirect and long-term impacts of the COVID-19 pandemic are still being felt and will continue to be felt for years e.g. inflation rates, permanent changes for some program delivery

Appendix 6 Baby Makes 3

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Case study: Baby Makes 3

Municipal Public Health and Wellbeing Plan 2021-2025: Monitoring and Evaluation

Project background

Health and Wellbeing priority area: Preventing Family Violence and Advancing Gender Equity

Organisation details: Golden Plains Shire Council in partnership with Health Ability (previously Carrington Health)

Snapshot activity: Council supported 7 staff members across multiple departments to attend Health Ability's Train the Trainer to enable Council to successfully deliver the Baby Makes 3 program to new parents. 3 sessions have been delivered in latter half of the 21-22 reporting period.

Target Population:

The program targets new parents in the Golden Plains Shire region. The program is currently offered in Bannockburn to service the southern residents and Smythesdale to service the northern residents.

Key Stakeholders, partners and community groups partners

- Council's Health, Wellbeing and Youth Team
- Health Ability (previously Carrington Health)
- Council's Maternal Child and Health Team
- Baby Makes 3 facilitators across the following Council departments: Health and Wellbeing, Community Development, Community Safety, Strategic Planning, Maternal Child Health and Asset Services.

What did you do?

In 2018, Council had delivered the Baby Makes 3 program to new parents which was well received by the community. The program was postponed due to staff turnover and limited facilitators which resulted in the unlikelihood that this program would remain sustainable.

In 2021 the program was able to be revived and re-formatted to become a sustainable model and meet the demand across the Shire. Previous sessions were only held in Bannockburn which did not provide equitable access for residents. The new module includes sessions in Smythesdale which have been welcomed and embraced by the Maternal Child Health team that work with families in that area as well new parents living in those northern suburbs. Council trained 7 staff across 6 teams, which brought the total of trained Council staff to 9. This has allowed for Baby Makes 3 'teams' to be formed which created a larger pool of facilitators, thus reducing the pressure on individual staff to be consistently available for evening sessions. Council have so far delivered 3 sessions, two in Bannockburn and one in Smythesdale to a total of 30 parents.

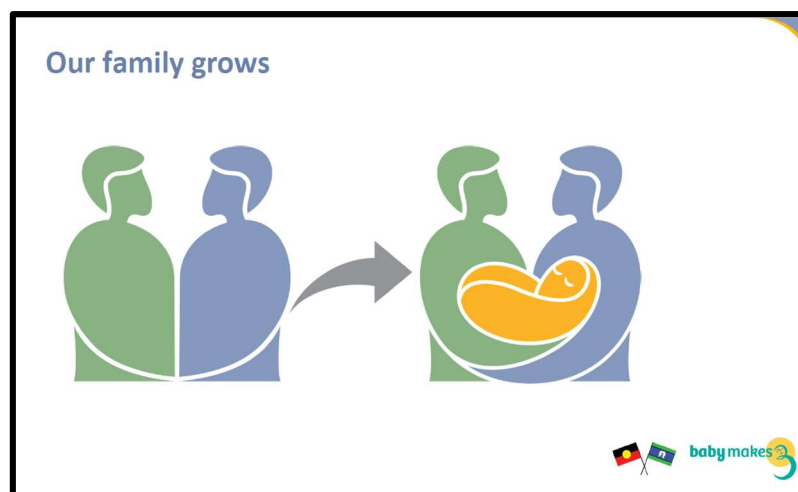
How well did we do it?

According to the evaluation survey:

- Over 90% said that the Baby Makes 3 program was enjoyable
- Over 90% said that the program was relevant to their situation
- Over 80% said that the program was helpful
- Over 70% said that the program made them more aware of the relationship changes that will occur after the baby's arrival
- Over 60% said they have a better understanding of the different societal pressures placed on new parents
- Over 90% said they are more likely to communicate with their partner about changes to the relationship after the baby arrives.
- Over 75% said they have a better awareness of the importance of sharing household chores and parenting tasks
- 100% of participants rated the Baby Makes 3 program positively, with approx. 30% reporting it was excellent and 65% reporting it was very good.

When asked about the most important take home messages from the program, most participants listed the importance of communication skills and building a positive, clear, and regular communication routine. Parents also noted that sharing the load can be difficult and is compounded by societal expectations being skewed against women taking on the mental and physical load of domestic chores. Other reflections including respecting each other and valuing contributions as well as trying to actively engage with each other and not aiming for a 50/50 split but negotiating what makes sense to the individual couple.

Due to the overwhelmingly positive response from parents, facilitators and key partners in this project, Baby Makes 3 will continue to be rolled out for the remainder of 2022.



Appendix 7 Community Leadership Program

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Case study: COVID-19 Community Leadership Program

Municipal Public Health and Wellbeing Plan 2021-2025: Monitoring and Evaluation

Project background

Health and Wellbeing priority area: Improving Mental Wellbeing

Organisation details: Golden Plains Shire Council

Snapshot activity: GPSC delivered the Community Leadership Program to develop and strengthen the capacity of emerging leaders and increase their potential to actively participate and involve others in order to influence what happens in the local community

Target Population:

- Community members who live, work, study or volunteer in Golden Plains Shire and are looking to improve their leadership skills, connect with other community leaders and gain experience working with local government.

Key Stakeholders, partners and community groups partners

- Hot House Community Projects (facilitator)
- Golden Plains Shire departments:
 - Communications, Engagement and Advocacy
 - Recreation and Community Facilities
 - Maternal and Child Health
 - Youth Development
 - Active Ageing and Inclusion
 - Child and Family Services
 - Customer Service
- Local Support Network:
 - Hesse Rural Health
 - BCYF

- Momentum Church
- Wellways
- Uniting
- WRISC
- Community coordinators
- Community centres

What did we do?

In March 2022, Golden Plains Shire Council designed the inaugural Community Leadership Program. The program aimed to develop emerging and aspiring leaders within the Golden Plains community, supporting participants to improve their leadership skills, build their knowledge, skills and confidence and develop community-led initiatives and events to build on identified gaps in their local communities. Participants gained a stronger understanding of civic participation and government and learned how to progress change they wanted to create in their community.

Hot House Community Projects facilitated the program and is an emerging social enterprise, based in the west of Melbourne, with a focus on learning and development and specialising in community leadership, community governance and community research for the community sector workforce and for active community members. Furthermore, Helen has over 30 years' experience working at the intersections of the community, education and youth.

The program included 12 online sessions with guest speakers from Council participating each week (refer program outline below). All participants were required to attend all sessions over 12 weeks and were expected to deliver a group community project. All projects were required to link to at least one priority area from Council's Municipal Public Health and Wellbeing Plan and all need to show how they were addressing the priority area of 'Tackling Climate Change and its Impact on Health'. Having various Council portfolios represented each week led to a greater understanding of Council's legislative, risk and insurance requirements which community members are frequently unaware of.

How well did we do it?

The Community Leadership Program had a maximum capacity of 18 people and received 13 registrations in total with 4 withdrawing from the program. Three groups presented their projects at the last program session and have received funding from Council to deliver. The follow is a brief description of the submitted projects:

1. **Bunjil Lookout Creative Gathering:** A local community creative gathering event for residents of Maude, She Oaks and Steiglitz at Bunjil's Lookout. The project will use art as a way of connecting to place, connecting to each other, connecting with First Nations culture and philosophy of care for Country and, through this experience, improve mental health and wellbeing. The project lays the ground for more possibilities for community building and strengthening social capital.
2. **Lethbridge Primary School Breakfast Club:** The project is about delivering a healthy breakfast to the students of Lethbridge Primary School. This is a pilot project in collaboration with the school.
3. **Intergenerational Woodworking:** This project is about creating a safe space for younger people to build race car simulator stands with the Men's Shed of Dereel. It aims to empower the older generation to pass on woodworking skills to the younger generation.

They will have until the 31st of December 2022 to complete their projects.



Appendix 8 Edible Gardens

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Case study: Edible Gardens

Municipal Public Health and Wellbeing Plan 2021-2025: Monitoring and Evaluation

Project background

Health and Wellbeing priority area: Increasing Healthy Eating, Tackling Climate Change and its Impact on Health

Organisation details: Golden Plains Shire Council

Snapshot activity: Webinar Series facilitated by Craig Castree, providing knowledge and sustainable gardening skills to community members

Target population:

- Golden Plains Shire community members who want to learn easy gardening skills to start their healthy eating journey.

Key Stakeholders, partners and community groups partners

- Craig Castree (facilitator)
- Golden Plains Shire departments:
 - o Communications, Engagement and Advocacy
 - o Recreation and Community Facilities
 - o Maternal and Child Health
 - o Youth Development
 - o Active Ageing and Inclusion
 - o Child and Family Services
 - o Customer Service
- Local Support Network:
 - o Hesse Rural Health
 - o BCYF
 - o Momentum Church

- Wellways
- Uniting
- WRISC
- Community coordinators
- Community centres

What did we do?

In August 2021, Edible Gardens 1.0 was successfully delivered as part of the Health and Wellbeing action plan. Due to popular demand from post-program evaluation in addition to identified local needs, Golden Plains Shire Council, in partnership with the Victorian Government through the Community Activation and Social Isolation (CASI) initiative, delivered the Edible Gardens 2.0 webinar series, facilitated by Edible Gardens by Craig Castree.

These workshops aimed to offer the community with free, online training opportunities for them to learn how to turn an existing garden into an edible and attractive space delivering fresh home grown produce without chemicals in a few short weeks. The webinars explored common challenges for gardeners, including constraints on time and space in difficult growing climates, and how to overcome the obstacles.

Craig Castree who facilitated the sessions is a qualified horticulturist with over 45 years of experience in creating edible gardens and growing his own food organically. Craig is passionate about finding practical, easy and affordable solutions to help people start on their gardening journey.

The webinar series were divided into two parts based on the recommendation from the Edible Gardens 1.0 evaluation form. Part I was called the Online Workshops 2.0 which included the following sessions:

- Session 1: Seed saving
- Session 3: Composting Worm Farming
- Session 5: Planting out the garden

Part II was called the Online Masterclass: Growing Tomatoes which included the following sessions:

- Session 2: Growing Tomatoes Introduction
- Session 4: Care for tomato seedlings
- Session 6: Planting out tomatoes in the garden

How well did we do it?

The Edible Gardens 2.0 webinar series were very well received and overall, it achieved the aim to provide free, online training opportunities for them to learn how to grow their own vegetables turning an existing garden into an edible one and to implement the given strategies into their own garden. It was considered useful and expectations were met by participants that completed the post-training survey.

Participants enjoyed the most how knowledgeable and informative Craig was, the timeslot the series were delivered at, the reminders sent before every session, sessions were time-length appropriate, sessions recordings were available online for participants to catch up, and how practical and applicable the learnings were to their individual current garden situation.

Most participants were from the age group of 51-70 and 81% of participants were women.

The following are the suggestions participants have given for improvement of the program:

- Dates – it was close to Christmas and just after eased of restrictions and lockdowns
- Less sessions to avoid content repetition
- Content breakdown of what will be covered in every session
- The main 3 topics participants would like to learn about:
 - Propagation, seed sowing, taking cuttings and layering
 - Growing citrus trees
 - Pruning fruit trees / Making a raised garden bed

Evaluation Recommendations

Based on the gathered information from this evaluation survey, it would be recommended to continue providing this training opportunity to the broader community and should there be an opportunity to deliver this training in the future, it's suggested to avoid the delivery of the sessions close to the Christmas period.



Appendix 9 Move Your way

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Case study: Move Your Way

Municipal Public Health and Wellbeing Plan 2021-2025: Monitoring and Evaluation

Project background

Health and Wellbeing priority area: Improving Active Living Preventing Family Violence and Advancing Gender Equity

Organisation details: Golden Plains Shire Council in partnership with physical activity providers in and surrounding the Shire.

Snapshot activity: The Move Your Way program is a co-design physical activity initiative that targeted girls aged 12-15 and aimed to provide more opportunities for them to get active locally and in a variety of ways.

Target Population:

12-15 year old girls in the Shire who want new ways to engage in physical activity. This cohort was chosen due to research conducted by Vic Health that highlighted that there is a significant drop off in physical activity for this gender and age demographic.

Key Stakeholders, partners and community groups partners

- Council's Health, Wellbeing and Youth Team
- Good Folk Yoga
- Netball Victoria
- Surf Coast Roller Skaters
- GBOT Fitness (Ninja Warrior)
- Player Coach (AFL)
- CircArts (Circus skills)
- YMCA
- Bannockburn P-12 College

What did we do?

Council delivered 14 physical activity classes in partnership with local providers over a seven-week period (Feb-April). The classes were selected based on feedback via an online consultation survey completed by girls of this age group within the shire. The activities included ninja warrior, AFL, roller skating, yoga, circus

skills and netball. A total of 18 young women participated in the program and exhibited great enthusiasm in trying the new activities. As part of signing up to the program, the young women each received a 'goody bag' of health and wellbeing information as well as a 'Choose Water' reusable drink bottle and some healthy snacks. Council also provided a prize for participants at each session who demonstrated good team spirit, resilience and a 'have a go' attitude. Some of the facilitators kindly donated prizes for the participants, including one term pass at the ninja warrior gym, a free class pass at the ninja warrior gym for all participants, tote bags from Surf Coast Rollerskaters, a netball from Netball Victoria, a football from Player Coach, juggling balls from CircArts and affirmation cards from Good Folk Yoga.

How well did we do it?

We received a glowing 2-page review from one of the participants who lives 30mins out of Bannockburn (where most activities were held) and experiences significant social anxiety which has prevented her from engaging in community programs in the past. Below is a snippet of her reflections on the Move Your Way program

*"An absolutely amazing experience. They (*Council) have really taken to mind all the feedback given and made Move Your Way an even better place.*

I wouldn't change a thing, so here's some things they improved along the way from feedback given after each session.

-Transport, I was picked from my home.

-More variety of food for allergies.

-Extra support people.

I learnt so many new skills and positive mind sets.

-How to keep going even when it's hard -footy

-How to stop and relax -yoga

-Even when you thought you couldn't push yourself further you can -ninja warrior

-To be proud to be you - Roller skating

Thank you Move your way for the help with growing friendships, being a community and making you feel wanted. Having it available to all kinds of people in all kinds of situations was a big help."

Of those who completed the survey (38% of participants):

100% said they had fun and enjoyed being active

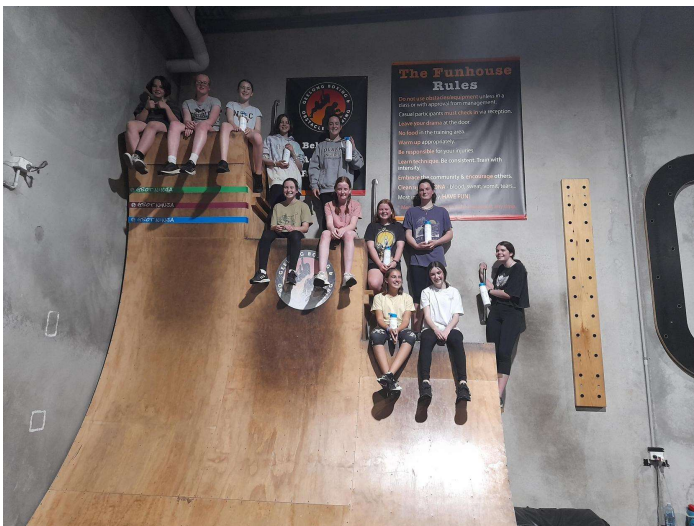
100% said they learnt new skills

85% said it improved their confidence to try new things

85% said they felt supported being active in a group setting

71% said they felt like they had activities to look forward to each week
 57% said they felt fitter and stronger after completing the program
 57% said they made new friends by participating in the program.

Participants indicated (both verbally during the sessions and through evaluation) that the program has increased their confidence to continue with some of the activities after the completion of the project. Unfortunately, not all activities are delivered locally in Golden Plains Shire (such as ninja warrior, which was delivered as an excursion to the neighbouring town) however participants voiced they were keen to explore holiday programs when travel (via parents) might make these activities more accessible.





Appendix 10 Reusable Cloth Nappy Workshops

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Case study: Reusable Cloth Nappy Workshops

Municipal Public Health and Wellbeing Plan 2021-2025: Monitoring and Evaluation

Project background

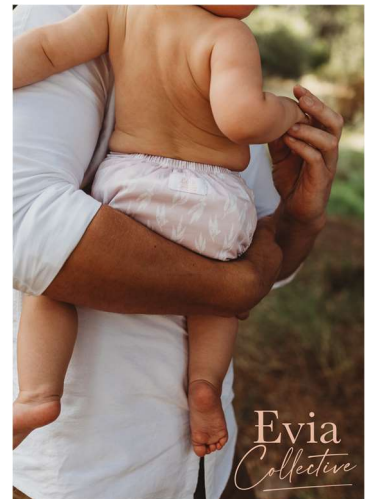
Health and Wellbeing priority area: Tackling climate change and its impact on Health

Organisation details: Golden Plains Shire Council in partnership with Evia Collective

Snapshot activity: In partnership with Evia Collective, Council hosted two online workshops to educate and promote the use of reusable cloth nappies for Shire residents.

Target Population:

Parents in the Shire who are either expecting a baby or who currently have children in nappies.



Key Stakeholders, partners and community groups partners

- Council's Health, Wellbeing and Youth Team
- Council's Community Places and Environment team
- Council's Maternal Child Health team
- Evia Collective

What did you do?

Golden Plains Shire Council partnered with Evia Collective to deliver two online workshops to educate expecting parents and parents with young children in nappies on the benefits of using reusable cloth nappies.

The free workshops were held online via Zoom and included a daytime session for at home parents and an evening session to cater for working parents.

Attendees each received a complimentary Evia Collective cloth nappy pack to kickstart their reusable nappy collection. The packs included 5 reusable cloth nappies, an explanation guide including washing and care instructions and a wellbeing support card that listed various national, state-wide and local support services.

How well did we do it?

We reached approx. 45 community members via the online workshops with many commenting in the zoom chat on the relevance and helpfulness of the content provided. Evaluation results collected via an Microsoft Forms indicated an overwhelmingly positive response from participants. Highlighted results below:

- 100% of participants would recommend the workshop to a friend
- 4.8/5 was the average rating on how confident participants are in using cloth nappies after attending the workshop

Some participant comments included:

- Thank you! Excellent information and initiative.
- Giving attendees 5 cloth nappies was so lovely and generous. I like that Clean Cloth Nappies was recommended to everyone as their website and Facebook group have been so helpful since starting. Felicity (GPS) and Stacey (Evia Collective) were great
- Timing of the workshop was good – kids in bed!
- It would be great to do an in person workshop next time for visual people but also being able to feel the product and show/try fitting to a dummy could help a lot of people
- I liked that the message was that you don't have to use cloth nappies full time to make a difference. Every little bit counts (both for the environment and financially)
- The wash and fit guide tutorial was really helpful! Reduced some of my fear to using cloth nappies.

Due to the success of the first two workshops, an additional workshop (potentially two) is planned to be delivered at the end of 2022. The aim will be to offer this in person in response to some of the feedback from participants, however this will depend on if COVID19 restrictions are in place.