

GOLDEN PLAINS SHIRE

MUNICIPAL PUBLIC HEALTH AND WELLBEING PLAN 2021-2025

MONITORING & EVALUATION REPORT

YEAR 2 2022-2023

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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 2 (2022-23) we present our second collective evaluation report for the 2021-2025 planning period, reflecting internal and external partner assessments to measure the success of our work.

EXECUTIVE SUMMARY

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 and include:

- Improving Mental Health
- Increasing Active Living
- Preventing Family Violence and Advancing Gender Equity
- Increasing Healthy Eating
- Tackling Climate Change and its Impact on Health

Council has an Action Plan bringing together the MPHWP activities of around 35 partner organisations both external (Community Health organisations, Primary Care providers, Sport Assembly agencies, not for profit (NFP) health services) and internally throughout the whole of council (13 internal council Departments/Units)¹. Golden Plains Shire Council is uniquely positioned to receive Department of Health 'Community Health – Health Promotion Funds' which provides essential resourcing and support to assist with the delivery of the MPHWP Action Plan and in providing support to our partners.

Partners completed customised reporting templates to evaluate their activities in the MPHWP Action Plan. These templates provided the data to evaluate, monitor and report on the MPHWP Action Plan. In conjunction with the reporting templates, the annual partner forum offered a platform for partners to discuss their activities to aid in the planning and improvement of activities for future years. The forum was an opportunity for reflection, knowledge sharing, networking and collective problem solving.

A reduced number of activities compared to year one- 69 per cent were evaluated by partners. Promisingly, 30 per cent of activities underwent medium term impact evaluation using new evaluation questions, demonstrating meaningful results. There was a high volume of health and wellbeing activities undertaken as part of the MPHWP Action Plan with a substantial range of additional contributors recorded.

Themes emerged around:

- | | |
|-----------------------------------|-------------------------------|
| • Collective action/collaboration | • Infrastructure |
| • Communication and promotion | • Location/facilities |
| • Engagement | • Program design and delivery |
| • Adaptation | • Accessibility and travel |

¹ See Appendix 1 Case studies.

- Training and capacity building
- Community/volunteer involvement

Year 2 has reported both similarities and differences to year 1. Collective action, collaboration and communication have been core elements across both years, and it was evident that numerous partners recognise the significance of capacity building and learning from leaders and industry experts to enhance activities. Both years 1 and 2 have acknowledged the importance of engaging the community in activities, recognising them as vital to what we do. Year 2 of the MPHWP Action Plan has seen widespread collaboration between internal council departments, external partner organisations and additional contributors throughout the shire. This evaluation has been effective in documenting short- and medium-term outcomes, measuring the collective success of our work across our five health priority areas.

The plan for year 3 of the MPHWP 2021-2025 is continued implementation of our Monitoring and Evaluation Plan with enhanced partner capacity building and engagement. The annual partner forum will continue, and the evaluation template will be reviewed and improved, to enhance efficiency and ease of use. This report will be shared with all partners to communicate our learnings and inform the remaining years of the 2021-2025 planning cycle.

INTRODUCTION

Every four years, Council is required to prepare a Municipal Public Health and Wellbeing Plan (MPHWP), as a requirement 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'.

In year 2 we present our second collective evaluation report reflecting internal and external partner assessments of the health and wellbeing activities listed in our Health and Wellbeing Action Plan 2021-25.

Health Priority Areas

The MPHWP identifies five Health Priority Areas. 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 involved the collaboration and input from partner organisations including around 16 external organisations and 17 internal Golden Plains Shire Council departments/units. The Action Plan is an ambitious undertaking with around 400 activities (any one activity may have more than one partner working on it). These activities contribute to achieving our five health priorities.

Evaluation methodology

An annual review of the Golden Plains Shire MPHWP 2021-25 is a requirement of the Public Health and Wellbeing Act 2008, Section 26 (4) states “A Council must review its MPHWP annually, and if appropriate, amend the Plan”. In April 2018, the 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 contributions². This year 2 review was completed by the Golden Plains Shire Council Health and Wellbeing team with thanks from our internal and external partners.

Reporting template

Partners have 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:

- What did we do?
- How well did we do it?
- COVID-19 impact
- What are the changes we are seeing?

A personalised reporting template was developed for each partner, listing their activities within the plan. The template asks evaluation questions which informs this evaluation and tracks the progress of activities within the MPHWP Action Plan. Partners completed the templates in June/July 2023 evaluating their activities for year 2 of the MPHWP Action Plan³.

Partner forum

All partners were invited to attend the forum hosted by the Health and Wellbeing team. This included a presentation on the background and context behind the MPHWP and a demonstration of how to complete the evaluation templates. Partners participated in facilitated discussions on the five MPHWP priorities, sharing insights, experiences and knowledge of their activities. The table discussions were designed to assist partners in planning their activities forward as well as reflecting on and sharing information about their activities. Topics for discussion included target groups, barriers, challenges, successes, and new ideas.

² See Appendix 2 Evaluation Guide and Questions.

³ See Appendix 3 Evaluation Templates.

RESULTS

Partners

This report captures the health and wellbeing activities of council and other organisations working within Golden Plains Shire. The following 26 organisations/internal departments have been ‘active’ partners in working towards our five Health Priority Areas for year 2.

External	Internal
Ballarat Community Health (Ballarat)	Golden Plains Shire, Active Ageing and Inclusion
Ballarat Community Health (Dereel)	Golden Plains Shire, Community Development
Bannockburn Surgery	Golden Plains Shire, Community Safety
Barwon Public Health Unit	Golden Plains Shire, Economic Development
Geelong Regional Library Corporation	Golden Plains Shire, Environment and Open Spaces
Geelong YMCA	Golden Plains Shire, Health and Wellbeing
Haddon Community Learning Centre	Golden Plains Shire, Kindergartens
Hesse Rural Health	Golden Plains Shire, Maternal and Child Health
Leisure Networks	Golden Plains Shire, People, Performance and Governance
MELI- Barwon Child Youth and Family	Golden Plains Shire, Recreation and Community Facilities
Meredith Community Centre	Golden Plains Shire, Strategic Planning
Sports Central	Golden Plains Shire, Youth
Women’s Health Grampians	
Western Victoria PHU	

Table 1: Partner list for all priority areas

There was a total of 281 activities evaluated representing 69 per cent of all activities listed on the MPWHP Action Plan. *Improving Mental Health* was the priority area with the highest number of activities evaluated.

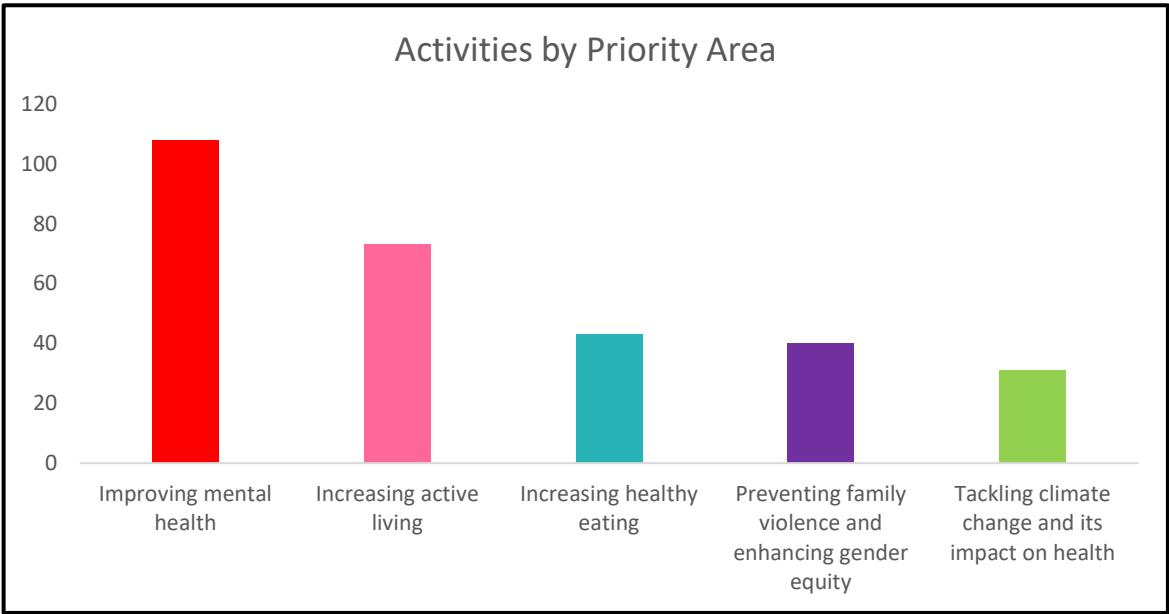


Figure 1: Number of activities by Priority Area

Step 1. What did we do?

Approach and partnerships

A substantial number of additional contributors were recorded, reflecting high levels of collaboration to deliver activities. These contributors spanned across all Health Priority Areas, ranging from community groups, education services, schools, government organisations, health services, sporting clubs, sporting organisations, service providers and regional networks. Of all 147 additional contributors, the majority were represented by local community groups.

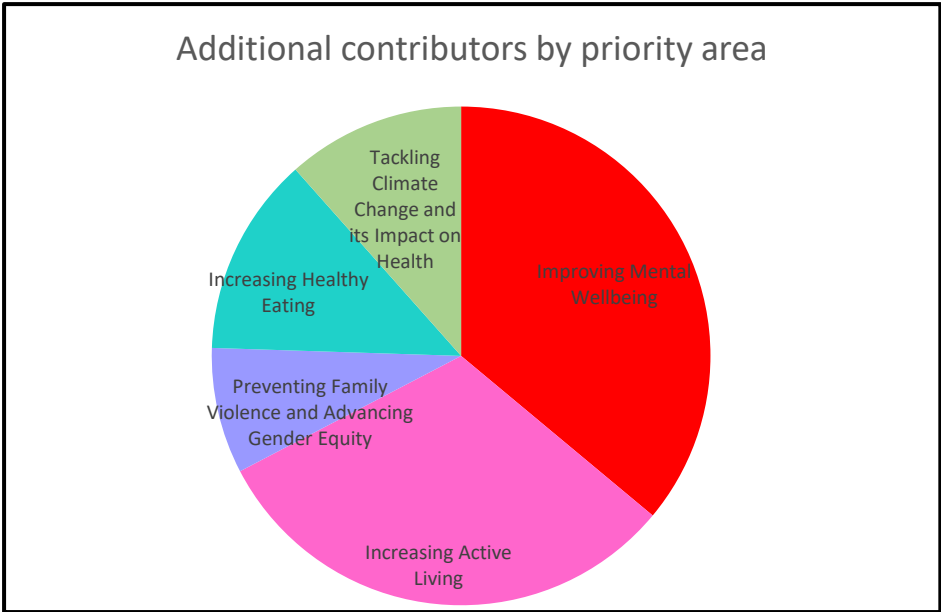


Figure 3: Number of additional contributors by priority area

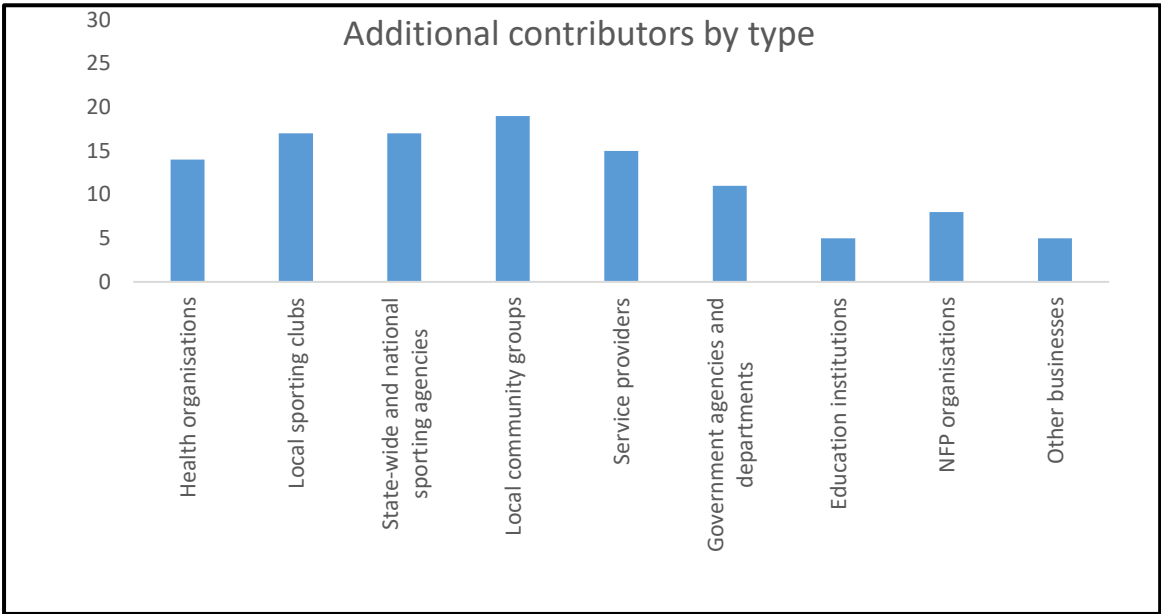


Figure 2: Additional contributors by type

Achievements

Achievements have been reported across the broad areas of:

- Service provision
- Program delivery
- Capacity building/education
- Infrastructure/planning
- Networking/partnership building
- Advertising/promotions

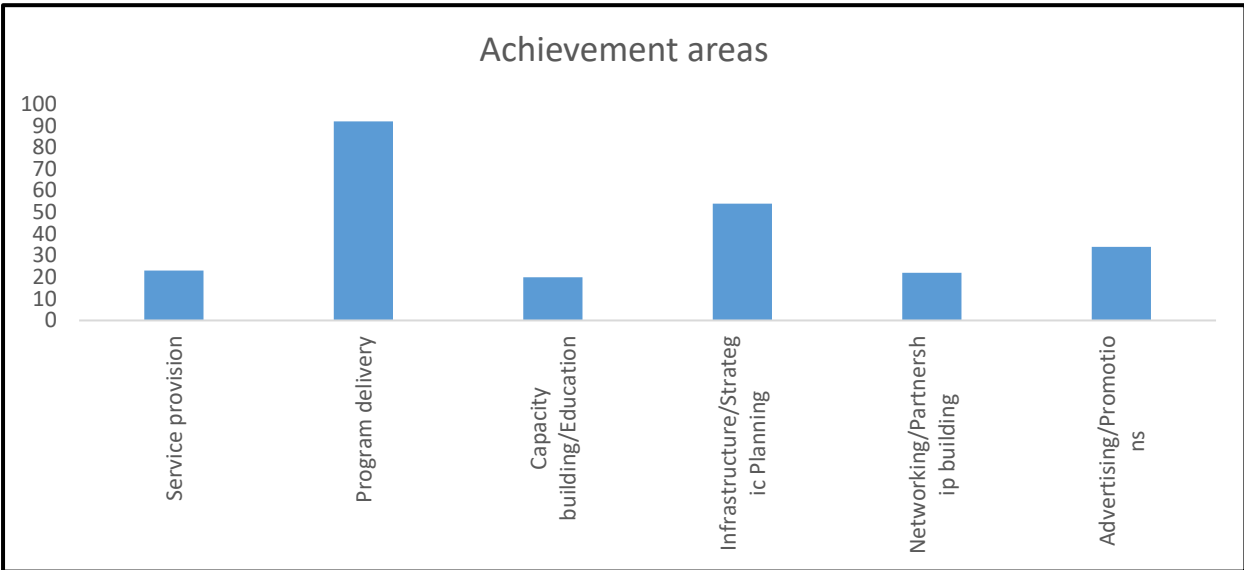


Figure 4: Achievement areas

Target population

Partners reported target populations spanning all population age groups from newborn babies to the elderly. Other target populations included specific vulnerable groups, employees, students, entire communities and hobbyists. Asking this question provided a basis for the identification of opportunistic or new populations who may also benefit from an activity.

Reach

The estimated reach for all activities spanning across the 5 priority areas was 72,623. This was further divided into the categories of participation, social media and advertising/promotions. A reach of almost 73,000 is a significant number, far exceeding that of the average attendees at a Taylor Swift concert. It is more than the capacities of the Adelaide oval, Marvel, Suncorp and Optus stadiums and is approximately the same number of people who attended the 2023 U.S NFL Superbowl. The reach for all activities for year 2 of the MPHWP Action Plan represents almost 3 times that of the total population of Golden Plains Shire.

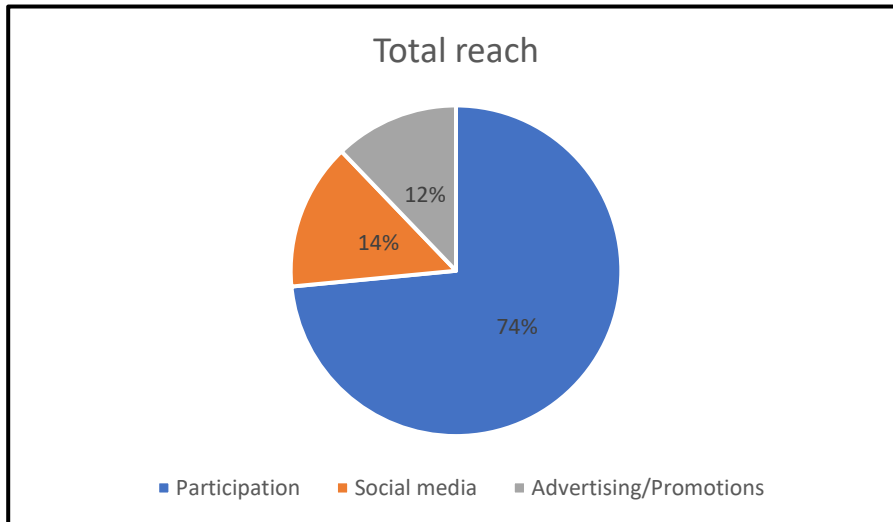


Figure 5: Total reach across all activities

Step 2. How well did we do it?

Theme	Worked well?	Could be done differently?
Collective action/Collaboration	<ul style="list-style-type: none"> Establishing a large number of additional partnerships. Leveraging off specialists, industry professionals and existing programs. Intersecting activities to cover an array of priorities and focus areas. 	<ul style="list-style-type: none"> Information sharing could be done better. Co-design takes time. Volunteers can be unreliable.
Communication and promotion	<ul style="list-style-type: none"> Communication and promotion were vital to successful activities. New communication channels through industry professionals. 	<ul style="list-style-type: none"> Advertising widely and early to attract participation. Improving the communication about the MPHWP to partners.
Engagement	<ul style="list-style-type: none"> Includes engagement from community members, partners, staff and leaders. Providing additional time for networking at activities to improve engagement. The dedication and engagement of staff, volunteers and community members has been instrumental to the success of programs. 	<ul style="list-style-type: none"> A lack of leadership engagement and support results in lost opportunities to leverage off knowledge and experience. Schools can be very difficult to engage. In some instances engaging community groups and partners could be improved.
Adaptation	<ul style="list-style-type: none"> Adapting and refining programs in the areas of access and key target groups. 	<ul style="list-style-type: none"> Adapting the locations of activities to outdoor environments made them susceptible to poor weather.
Budgets, funding and resources	<ul style="list-style-type: none"> When activities came under budget, there was opportunity to expand and improve the quality and breadth of programs. 	<ul style="list-style-type: none"> Significant resource limitations impede the progress of activities creating a heavy reliance on external funding streams, allocation of annual budgets and staffing resources. These limitations impact the ability to adapt and respond to unanticipated set backs.
Infrastructure, location and facilities	<ul style="list-style-type: none"> Venue and facility upgrades have provided more suitable locations for activities promoting diversity. 	<ul style="list-style-type: none"> Some facilities did not meet accessibility requirements, additionally some activities were impacted by severe weather events. Some activities were affected by inadequate equipment
Program design and delivery	<ul style="list-style-type: none"> Flexible delivery methods in terms of a broad array of times and locations. High quality activities that achieve the aims and objectives have been widely documented throughout the evaluation. 	<ul style="list-style-type: none"> Identifying any barriers for participants and rectifying these. Tight timelines and resource limitations place significant stress on partners. In some instances, the activities themselves could have been improved.
Accessibility and travel	<ul style="list-style-type: none"> Being adaptable and identifying transport and access barriers early. Changes to infrastructure and equipment has improved access. 	<ul style="list-style-type: none"> Accessibility issues impacted some activities and included both geographical and financial access.
Evaluation, impact measuring and reporting	<ul style="list-style-type: none"> Auditing, evaluation and attention to community feedback has ensured an open-minded approach to program and activity design. 	<ul style="list-style-type: none"> Methods for capturing data on participation and better evaluative systems would enhance activities.
Training and capacity building	<ul style="list-style-type: none"> Upskilling staff to improve the quality of activities. 	<ul style="list-style-type: none"> Opportunities for staff to upskill and build confidence in activity delivery. Upskilling volunteers.
Community involvement and volunteers	<ul style="list-style-type: none"> Community involvement emerged as an important element to successful activities. 	<ul style="list-style-type: none"> Volunteer fatigue is an emerging issue due to increased reliance on volunteers.

Table 2: Summary of themes and how well we did it

Step 3. COVID-19 Impact

Year 2 reported 12 per cent of total activities affected by COVID-19, a significant reduction from 59 per cent for year 1. Of those impacted activities *Tackling Climate Change and its Impacts on Health* and *Improving Mental Wellbeing* were the priorities most affected.

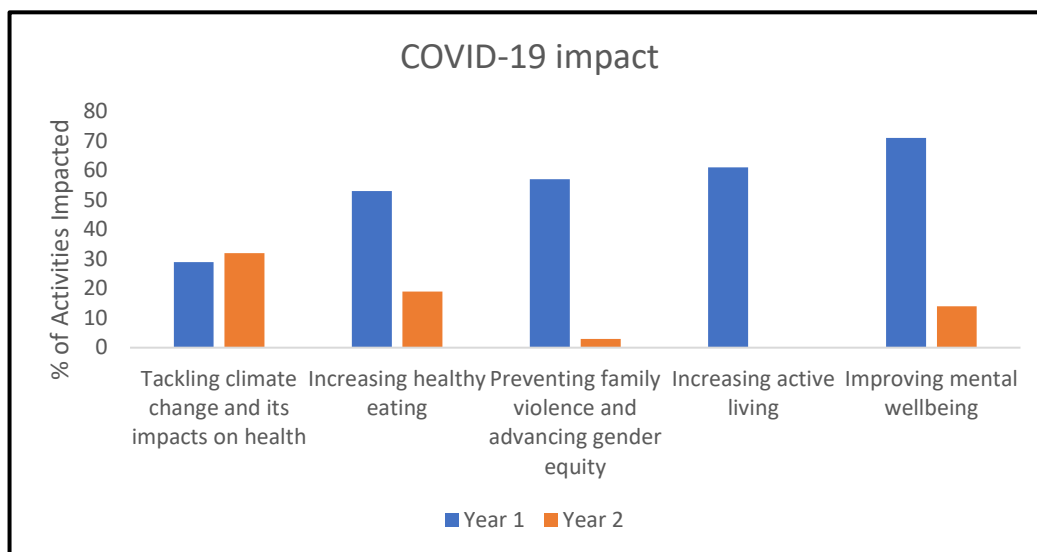


Figure 6: Comparison of COVID-19 impact for years 1 and 2

Step 4. What are the changes we are seeing?

Have you evaluated the impact of this activity? If so, what areas are you seeing changes/impacts?

Of the total listed activities, 30 per cent underwent some form of medium term impact evaluation with *Preventing family violence and enhancing gender equity* and *Improving mental wellbeing* representing the priority areas with the highest impact reporting.

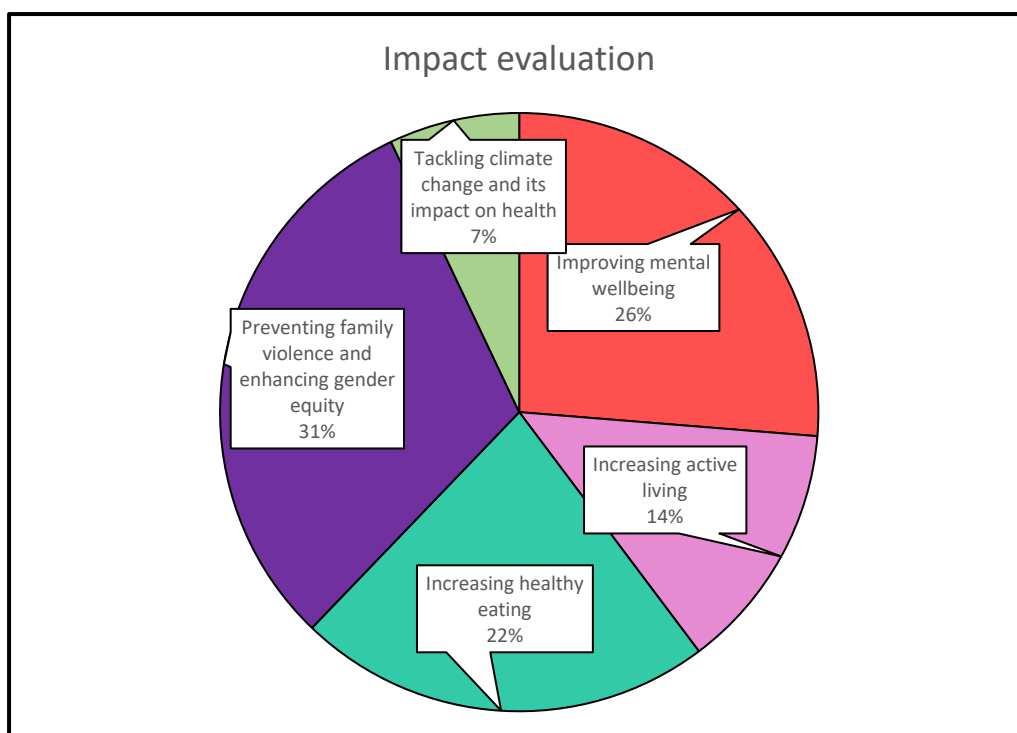


Figure 7: Impact evaluation across all priorities

Of those activities evaluated for their impact, the impact areas with the highest number of activities were knowledge and awareness and skills and confidence.

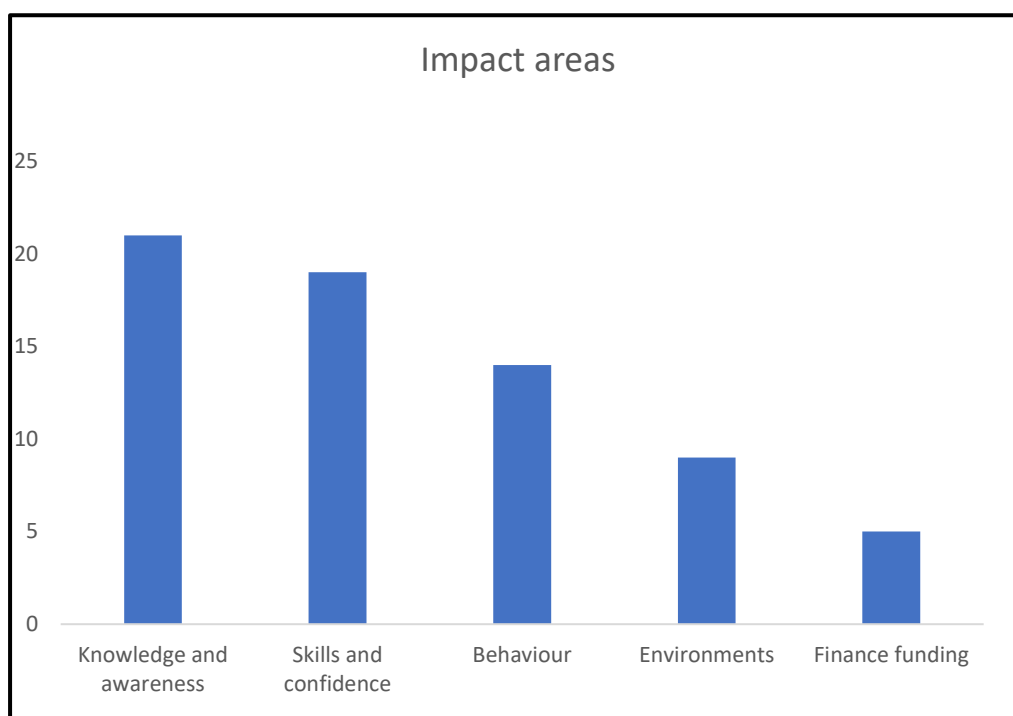


Figure 8: Impact areas across all priorities

What impacts have resulted from the activity? How are they measured?

Categorising these impacts into the areas below allowed partners to report the following:

Knowledge and awareness: Increased awareness and knowledge across areas such as service availability and provision, self-care, self-awareness, engaging and communicating with peers, improved knowledge about healthy food choices and connecting with nature. There was documented improvements in knowledge of the importance of cultural safety and a greater awareness of the availability of sports and active recreation activities.

Skills and confidence: Improvements to skills and confidence were noted across areas such as gardening and harvesting, making social connections, being prepared for high school, social confidence and confidence in delivering live performances. Other impacts included physical balance improvements and a reduction in falls as well as increased confidence to participate in physical activities. Some partners noted that the skills and confidence of staff, volunteers and facilitators had improved which in turn benefitted the community as the quality of activities was enhanced.

Behaviour: Numerous partners reported relationship strengthening between partners as well as positive changes in attitudes and behaviours regarding respectful and positive relationships. An increase in healthy eating behaviours was noted, with partners observing enthusiasm and increased participation in this area. Other impacts included improved help-seeking behaviours, the adoption and utilisation of incontinence bins across multiple locations in the shire, enhanced employment opportunities for young people and wide-spread community appreciation for local programs.

Environments: An environment of social inclusion and connection has been widely reported across activities. The widely dispersed range of locations from where participants reside, has demonstrated that a geographically inclusive environment has improved access. Auditing, evaluation and attention to community feedback has ensured an open-minded approach to program and activity design allowing for refinement and a better focus on the activities that the community wants and needs. Physical environmental impacts have been documented in areas such as improved garden health and a culture of gardening self-sufficiency. Partners have reported that fostering a learning and knowledge sharing environment has been beneficial to activities.

Finance/funding: In one example, over \$30,000 was invested in projects by council, with further dollars and in-kind investments made by community groups and members.

Have any unintended impacts/outcomes arisen from the activity?

Of the unintended impacts identified by partners, the overwhelming majority were deemed positive. Unintended impacts varied widely, from identifying new populations of people who benefit from activities to the unexpected continuation and expansion of existing activities. Partners reported that many activities generated increased participation in other programs and found that working collaboratively with new partners allowed them to expand their reach and promotion, improving awareness and engagement in the community. Successful activities and programs have boosted morale for staff which in turn improved enthusiasm and the quality of other activities.

Partner forum

Across all priority areas, partners reported barriers in evaluation and reporting, suggesting that a too heavy reliance on quantitative results does not always accurately represent the true quality of activities. To mitigate this, it was suggested that measures be taken to capture more qualitative type data for activities. Survey fatigue, high staff

turnover, funding and resource limitations and a lack of evaluation knowledge/expertise were all emphasised as barriers to delivering and evaluating the activities in the MPHWP.

Key target population gaps identified by partners included middle school aged children (ages 6-12 years) and financially vulnerable populations, particularly in relation to mental wellbeing. It was suggested that those middle school aged children have few activities and programs focused specifically to their needs and that this could impact their participation in future programs later on in life.

Many partners highlighted the important link between food and financial insecurity, predicting that as financial pressures increase, so too will food insecurity. The interconnectedness of these issues as they relate to health and in particular mental health was discussed at length. Additionally, the emerging impacts that climate and severe weather events has on people's health was emphasised with partners stressing the importance of taking steps to protect vulnerable groups from severe weather events.

Priority area results

Priority	Link
Improving Mental Wellbeing⁴	<u>Improving Mental Wellbeing Results</u>
Increasing Active Living⁵	<u>Increasing Active Living results</u>
Preventing Family Violence and Enhancing Gender Equity⁶	<u>Preventing Family Violence and Advancing Gender Equity results</u>
Increasing Healthy Eating⁷	<u>Increasing Healthy Eating results</u>
Tackling Climate Change and its Impacts on Health⁸	<u>Tackling Climate Change and its Impact on Health results</u>

Table 3: Results by priority area

Case studies

Project	Link
Mental health first aid training	<u>Case study 1: Mental Health First Aid Training</u>
Dereel Walking Group	<u>Case study 2: Dereel Walking Group</u>
Unpacking the Man Box	<u>Case study 3: Unpacking the Man Box</u>
Super veggie 4 challenge	<u>Case study 4: Super Veggie Four – 30 Day Challenge</u>
Edible gardens webinars	<u>Case study 5: Edible Gardens Webinars (extended version)</u>

Table 4: Case studies

⁴ See appendix 4 Improving Mental Wellbeing results

⁵ See appendix 5 Increasing Active Living results

⁶ See appendix 6 Preventing Family Violence and Advancing Gender Equity results

⁷ See appendix 7 Increasing Healthy Eating results

⁸ See appendix 8 Tackling Climate Change and its Impacts on Health results

DISCUSSION

Year two of the MPHWP evaluation has been effective in documenting short and medium-term outcomes, measuring the successes of our work across our five Health Priority Areas, and for future planning our 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, for now and into the remaining years of the planning cycle. Breaking this information down by Health Priority Areas provides more focused insights, allowing partners to deep dive into their focus areas, see their actions within the collective picture and draw their own learnings to inform the rest of the cycle 2021-2025.

The evaluation response rate from partners was lower compared to year one of the plan. With the combined effort of 25 partners, there were 410 activities listed with 281 of these evaluated. This represents a total of 69 per cent of planned activities evaluated, compared to 80 per cent for year one. Year 2 posed some challenges, while the MPHWP Action Plan was largely implemented as intended, staff turnover impacted some activity delivery. Staffing changes within organisations including the health and wellbeing team, created some gaps in data collection and program delivery.

Asking “*What did we do?*” highlights the breadth of work delivered, documenting the many projects, programs, services and networks (both local and regional) that work collaboratively to deliver activities across the Priority Areas. It provides insight into additional contributors beyond our ‘active’ partners and shows the value of collaboration and a whole of systems approach to health and wellbeing. It also provides an opportunity to identify and invite additional partners to participate in the MPHWP, recognising their valuable work to improve health and wellbeing outcomes.

This evaluation has identified broad estimates for reach across the areas of participation, social media and advertising/promotion. Notably, there are many interpretations of what constitutes reach making it difficult and somewhat inconsistent to measure across partners.

Asking “*How well did we do it?*” saw themes around collective action/collaboration, communication and promotion, engagement, adaptation, budgets/funding/resources, infrastructure/location/facilities, program design and delivery, accessibility and travel, evaluation/impact measuring/ reporting, training and capacity building and community/volunteer involvement. These themes strongly reflect the principles of health promotion and help to highlight both strengths and weaknesses in activities for the purpose of improvement.

All health priority areas documented numerous examples of “*What worked well?*” and “*What could have been done differently?*”. Largely, the formation of additional partnerships, leveraging off existing activities and specialist experience of industry professionals was done well. Communication and high-level engagement from staff, volunteers and the community were key contributors to success.

Limitations in the areas of resources, facilities, funding and equipment were identified and a need to promote widely and early to improve participation numbers was recognised. Poor information sharing between partners and a lack of leadership engagement can impact learning opportunities and capacity building. Participant access limitations were both geographical and financial, and improvements in the collection of and evaluation of data could be improved. Identifying what could be done differently is a welcomed element to this evaluation as it provides the opportunity to refine and improve activities.

Overall, the *impact of COVID-19* was not deemed significant barrier or hinderance to activities. Only 12 per cent of activities were impacted by COVID-19 compared to 59 per cent in year one. It was evident that activities have mostly been adapted to accommodate COVID-19 prior to year two reporting, with alternative settings and methods already being utilised by partners.

Asking “*What are the changes we are seeing?*” has given more in-depth insights into the impacts of activities beyond short term measures. These questions established that partners are beginning to observe longer term impacts from their activities across all five categories. Of all activities, 30 per cent underwent some form of impact evaluation. Introducing medium term impact evaluation questions at year two of the MPHWP Action Plan was a bold move as many activities will not yet yield this level of outcomes. The percentage recorded is a good number for this stage in the plan with the expectation that it will increase throughout subsequent years.

Of the unintended impacts identified by partners, the overwhelming majority were deemed positive. Unintended impacts varied widely, from identifying new populations of people who benefit from activities to the unexpected continuation and expansion of existing activities. Partners reported that many activities generated increased participation in other programs and found that working collaboratively with new partners allowed them to expand their reach and promotion, improving awareness and engagement in the community. Successful activities and programs have boosted morale for staff which in turn improved enthusiasm and the quality of other activities.

Year two has reported both similarities and differences to year one in terms of emerging themes. Collective action, collaboration and communication have been core elements across both years, and it was evident that numerous partners recognise the significance of capacity building and learning from leaders and industry experts to enhance activities. From a community perspective, both years one and two have acknowledged the importance of engaging the community in activities, recognising them as vital to what we do. Year two reported less of a focus on innovation and continuous improvement however, enthusiastic participation by partners in this MPHWP evaluation would suggest a continued willingness to learn and improve activities.

Utilising the partner forum to discuss not only partner actions moving forward, but also reflecting on the year gone, identifying emerging themes and sharing new ideas, provides a valuable platform for partners to network, build partnerships, enhance collective work and improve activities.

Recommendations

To avoid reporting and delivery inconsistencies, and to maintain a high level of data integrity, it is important that internal reporting processes are maintained and prioritised within all partner organisations.

Measuring the reach of activities is subject to various interpretations and therefore presents inconsistently across partners. As a result, this question will be reviewed by the health and wellbeing team and refined for year 3.

The COVID-19 evaluation question has become obsolete. This question will be replaced with a broader one asking about all barriers to activities.

The partner forum is unique benefit to our small council and a priority for the health and wellbeing team. The forum will continue again in year 3.

To improve participation in the evaluation of the year 3 MPHWP Action Plan, the health and wellbeing team will work to enhance partner engagement and capacity building, via carefully considered partner mapping and an engagement plan.

CONCLUSION

Year 2 of the MPHWP Action Plan has seen widespread collaboration between internal council departments and external partner organisations across the shire. The evaluation has been effective in documenting short- and medium-term outcomes and measuring the collective success of our work across our five Health Priority Areas.

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. The design of our approach is one that we would like to continue moving forward, to ensure we can deliver and evaluate activities that are comprehensive, effective, sustainable and meet the evolving needs of the community.

Appendix 1 – Case studies

Case study 1: Mental Health First Aid Training

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

Project background

Health and Wellbeing priority area: Improving Mental Health

Organisation details: Golden Plains Shire Council

Snapshot activity: Council delivered online Mental Health First Aid training sessions as a blended course, facilitated by Mary Van Lambaart from Digging Deeper.

Target population:

Golden Plains Shire community members who want to gain their mental health first aid accreditation, as well as, learning how to assist people in the community who are developing a mental health problem or experiencing a mental health crisis.

Key stakeholders, partners and community groups partners

- Mary Van Lambaart from Digging Deeper (facilitator)
- Golden Plains Shire departments:
 - Communications, Engagement and Advocacy
- Local Support Network:
 - Hesse Rural Health
 - BCYF
 - Momentum Church
 - Wellways
 - Uniting
 - WRISC
- Community centres
- Community members

What did you do?

Golden Plains Shire Council delivered online Mental Health First Aid training sessions as a blended course, facilitated by Mary Van Lambaart from Digging Deeper.

The aim of this training was to continue to provide the community with free, online training opportunities for them to acquire the skills, knowledge and confidence to assist people who may be developing a mental health problem, experiencing the worsening of an existing mental health problem or who may be in a mental health crisis, until appropriate help is received, or the crisis resolves.

The blended training was focused on community and provided relevant information and tailored scenarios and exercises for the participants to provide initial mental health first aid to assist neighbours, friends, family and general community members who may be developing a mental health problem or experiencing a mental health crisis.

The training sessions were fully subsidised for participants and were held online via Zoom. The program was promoted through social media and by email through different networks and participants were asked to register through Council registration webforms. Initially, only one training session was available, however due to high volume of registrations a second training session was offered.

Council delivered a total of two online training sessions on the following dates, with the addition of an eLearning self-paced component of approximately five hours prior to each session:

Wednesday 26 October 2022 from 9.30pm to 3.00pm

Wednesday 9 November 2022 from 9.30pm to 3.00pm

How well did we do it?

The program received 32 registrations; of these, 21 participants were eligible and successfully attended and completed the training.

A post-training evaluation survey was completed by 7 participants. Based on positive feedback, Golden Plains Shire Council will continue to offer this training but will consider changing from online to a fully in person format. A small fee will be charged, moving forward, in order to secure commitment to participate.

Case study 2: Dereel Heart Foundation Walking Group

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

Project background

Health and Wellbeing priority area: Increasing Active Living

Organisation details: Ballarat Community Health,

Snapshot activity: Provide the Dereel community an opportunity to socialise and improve their health and wellbeing. The walking group meets weekly for a walk followed by a cuppa and chat.

Target population:

The community of Dereel and surrounding areas.

Key stakeholders, partners, and community groups partners

- Golden Plains Shire
- Heart Foundation Walking Program

What did you do?

The Dereel Walking Group started in June 2022. The walk originally started with three walkers and grew to eight within a few weeks. Our group have a steady number every week with an increase during school holidays. The group choose between four routes each week depending on weather and abilities of walkers. The walk is followed by a cuppa and a chat.

In November 2022 the group decided to combine the weekly walk with the Walk Against Family Violence. The Walk Against Family Violence (WAFV) takes place on Friday 25th November and is a chance for the community to step out in orange and unite with thousands of people across Victoria to raise awareness of family violence and violence against women. The chance to stand in solidarity and show your support for victim-survivors and to send the message that violence is never acceptable. The walk marks the beginning of the 16 days of Activism against Gender-Based Violence.

The walk was registered with Safe Steps and a resource pack and social media toolkit was received. A walk was chosen through the national park and the path was marked out. The resource pack included hats, pins, booklets, and bandanas for dogs. A morning tea was organised to follow the walk to give a chance to exchange information, stories, and resources.

How well did you do it?

The Dereel walking group has advertised on local noticeboards, social media and letterbox drops. The total walks achieved across all walkers is 175 walks. The feedback from walkers is very positive. Strong friendships have been created between members with members meeting up for additional walks, joining other activities at the community centre and becoming members of the Men's Shed.

The Walk Against Family Violence was advertised on the Golden Plains website, posters, flyers and on local Facebook pages. The walk had 10 registered walkers and two gorgeous puppies. The weather was stunning with blue sky and the sun peeking through the clouds. All involved in the walk commented on how lovely it was and they enjoyed showing their support for a very important cause. The morning tea following the walk was a great

chance to share the information WAFV provided and answer questions. The group all commented that they would love to do it again next year.



Walk Against Family Violence

Case study 3: Unpacking the Man Box

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

Snapshot activity: The 'Unpacking The Man Box': Community Program is a community based delivery of three workshops provided by The Men's Project. The program will engage 10-15 community members who have positions of engagement and influence with young people and wish to be ambassadors for safe, healthy and supported young boys and men in the Golden Plains Shire.

Target population:

Community members who work with young boys and men within Golden Plains Shire

Key stakeholders, partners and community groups partners:

The Men's Project provided the workshops in collaboration with the Health, Wellbeing and Youth team of Golden Plains Shire Council, as well as Jesuit Social Services and the Victorian Department of Justice and Community Safety (particularly delivered via the Crime Prevention Project grant from the Victorian Government's 'Building Safer Communities' program)

What did you do?

There were three workshops delivered throughout March-April of 2023, one was delivered in-person and the remaining two were online. These workshops engaged with community members from a variety of occupational backgrounds including council, health care and law enforcement. The topic of the workshops was based upon developing an understanding of the challenges and experiences for young boys and men and how to support healthy expectations of masculinity. This workshop series has been designed based on the findings from 'The Man Box' a first of its kind research project conducted by The Men's Project in 2018 and is tailored to fit the needs of the Golden Plains community. The series was developed in recognition of research that highlights the pressures boys and men feel to behave a certain way, and the impacts this has on behaviours, health and life outcomes.

How well did we do it?

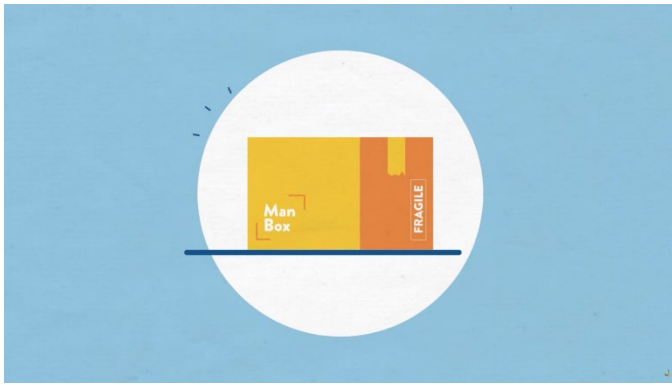
Overall, 18 participants were involved over the three workshops delivered, of these, a mix of them were paid, volunteering or both. Participants had identified a variety of motivations to attend including:

"to identify triggers and the following actions and support that could be put in place.. I would like to learn about building resilience... [and] incorporate this in my daily teaching as I value its impact"

"to provide a better service to the groups I am involved with... engaging men" and

"our organisation... would benefit from having a greater understanding of mental health, emotional development and issues relating to young people so that we can contribute to being [a] positive influence"

It was highlighted that additional work could be conducted to expand the initiative through future activities such as the 'Circle of Security' activity addressing emotional regulation and anxiety/worry planned for late 2023, and 'Bringing Up Great Kids' activity addressing communication needs and resolving conflict also planned for late 2023.



Source: The Men's Project <https://jss.org.au/what-we-do/gender-justice/the-mens-project/>

Case study 4: Super Veggie Four – 30 Day Challenge

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

Project background

Health and Wellbeing priority area: Increasing Healthy Eating

Organisation details: Golden Plains Shire Council

Snapshot activity: Council delivered the Super Veggie Four - 30 day challenge to increase understanding of healthy eating and associated health implications and to encourage children and families to increase their vegetable consumption by educating them on making healthy choices for a healthy life.

Target population:

Children from 2 years old and their parents who live, work and study in Golden Plains Shire Council.

Key stakeholders, partners and community groups partners:

- Community members
- Golden Plains Shire Council departments:
 - Communications, Engagement and Advocacy
 - Health Promotion Officer
 - HW&Y Coordinator
 - Children's Services Development Officer
 - Bannockburn Customer Service
 - Smythesdale Customer Service
- YMCA
- Meredith Community Centre
- Haddon Community Centre
- Dereel Community Hub
- Bannockburn Library
- Mobile Library

What did you do?

The relaunch of the program comprised the Super Veggie 4 30 Day Challenge to encourage participating children to eat 3 pieces of vegetables a day for 30 days, over a three month period.

Children registered at the Children's Week events (Saturday 22nd October at Bannockburn and Thursday 27th October at Smythesdale), as well as at the Bannockburn Farmer's Market (Saturday 5th November and Saturday 3rd December), at the 150th Birthday of Haddon event (Saturday 26th November), at the Lethbridge Christmas Party (Saturday 17th December), at Bannockburn and/or Smythesdale Customer Hub, at the Bannockburn Family Services Centre or by email.

Upon registration, participants received a *Taste the Rainbow* placemat, *I Tried it!* stickers, a Choose Water Everyday water bottle and a 30 Day Challenge sheet. Parents and children needed to mark each circle on the challenge sheet for every day they met the challenge of eating 3 serves of vegetables. During the Children's Week events, there were opportunities for 'veggie selfies' using veggie selfie cut-outs. Children received incentives along the way to keep them engaged in the program. The incentives were as follows:

- Day 10: parents/carers take the challenge sheet to participating partners to receive a bubble blowing set.
- Day 20: parents/carers take the challenge sheet to participating partners to receive colouring pack.

- Day 30: parents/carers take the challenge sheet to participating partners to receive a copy of the Super Veggie 4 picture book.

Once the participants collected the 30 day incentive, the challenge sheet was handed in to a participating partner who collected them for Council staff to then go into a draw for a box of fruit and veggies.

How well did we do it?

The program received 190 registrations with 20 children successfully completing the 30 day challenge. These families were entered into a draw to win a box of fruit and vegetables, to keep in with the theme of healthy eating. A post-training evaluation survey was completed by 5 participants. The program was very well received and some participants stated that the program made it easier for kids to eat veggies with much less fuss.



Case study 5: Edible Gardens Webinars (extended version)

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

Snapshot activity: Golden Plains Shire Council is delivering the Edible Gardens Webinars which comprises monthly sessions for a year where the facilitator has 15 minutes to discuss the correct vegetables to plant in that month, 30 minutes to talk about a specific topic and 15 minutes at the end for questions from the participants. The program is facilitated by Craig Castree.

Target population:

The program targets beginners, people wanting to improve their gardening skills and gardeners who want to become more environmentally friendly.

Key stakeholders, partners and community groups partners

- Craig Castree (facilitator)
- Golden Plains Shire departments:
 - Communications, Engagement and Advocacy
 - Health Promotion Officer
 - HW&Y Coordinator
 - Farmers Market Project Officer
- Community centres
 - Meredith Community Centre
 - Haddon Community Centre
 - Dereel Community Hubs
- Bannockburn Library
- Community members

What did you do?

The online series is featuring 12 free monthly online sessions with each session exploring new content on common challenges for gardeners, including constraints on time and space in difficult growing climates, and how to overcome these obstacles. Participants also have the opportunity to tackle gardening problems unique to rural areas. The program continues into 2024.

The online series also feature the return of qualified horticulturist Craig Castree, who has been crafting his own organic foods at home for the past 45 years. Craig presents practical, easy and affordable edible gardening solutions in the series. The program supports healthy and sustainable food systems, as well as increases understanding of the actions they can take to stay healthy in a changing climate.

Sessions were recorded and uploaded in Council's website monthly and participants were encouraged to take pictures of what they were planting through the program.

So far, 3 sessions have been delivered:

Session 1 – April 2023 - Pruning fruit trees and maintenance

Session 2 – May 2023 - Easy mistakes to make in soil and how to correct them

Session 3 – June 2023 - Managing pests and disease easily and organically

There are 9 sessions left:

Session 4 – July 2023 - Preparing the garden for Spring and starting seedlings and How to make ricotta

Session 5 – August 2023 - How to select and plant a new fruit tree including in containers

Session 6 – September 2023 - Feeding, mulching, soil conditioning

Session 7 – October 2023 - Weed proofing your garden

Session 8 – November 2023 - How to grow a summer salad

Session 9 – December 2023 - Netting fruit trees and Heat proofing your garden

Session 10 – January 2024 - Food swaps, sharing excess produce to get what you need

Session 11 – February 2024 - Where can I grow what? Making and finding space for your edible garden

Session 12 – March 2024 - Harvesting and Preserving

How well did we do it?

The program has received 179 registrations so far; of these, 51 participated in session 1, 45 in session 2 and 49 in session 3. An evaluation survey was delivered and completed by 32 participants. Based on the feedback received, the program is very well received and has been perceived as informative and interesting. The information given has been described as inspiring, educational, practical, and relevant. The recordings are very well received.

‘as you can see, I’ve planted vegetables, fruit trees & flowers interspersed to attract beneficial insects into the garden and to discourage unwanted white cabbage moths, slugs & snails.’ Jen Jones.



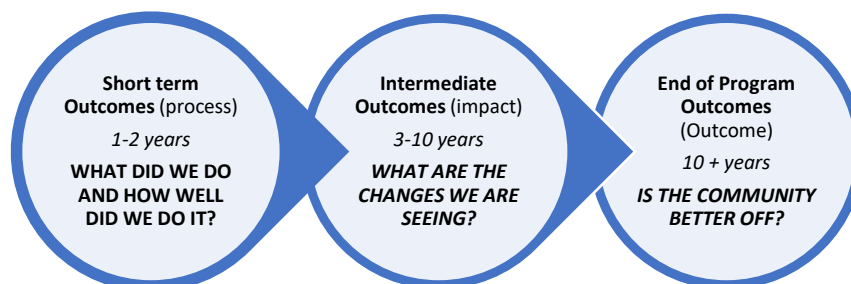
‘Here are some photos of the garden beds. I have started to plant like Craig suggested at school (red cabbage, swiss chard, broccoli, beans and alyssum)’ Stef Laghigna

Appendix 2 – Evaluation Guide and Questions

Capturing outcomes

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- and medium-term outcomes.

This resource relates to the three levels of evaluation:



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'

Intermediate outcomes

- Step 4: 'What are the changes we are seeing?'

Step 1: What did we do?

- 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).

- Provide details of any partners involved who aren't already listed in the activity description.
- Provide details of partnership achievements or delivery activities? (e.g. written, submissions, consultations, programs, events, grants).
- Who was the target population for this activity?
- 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?

Step 3: COVID-19 impact

- If activity was impacted by COVID-19, provide comment on how and any change/adaption including

Step 4: What are the changes we are seeing?

- Have you evaluated the impact of this activity?
- If yes to Q8, in what areas are you seeing changed/impacts? (can be multiple areas)

Five impact domains:

In line with literature we have identified five key impact domains:

	Domain	Example
INDIVIDUAL LEVEL	1. Knowledge and awareness	<ul style="list-style-type: none"> Changes in health literacy, increases in knowledge and understanding.
	2. Skills and confidence (attitudes and beliefs)	<ul style="list-style-type: none"> Changes in skills, competence, ability, interpersonal skills, practice, skill assessment as a result of practice. Changes in satisfaction with the program delivery, confidence, self-efficacy, perceived behavioural control, beliefs, self-esteem, and empowerment.
	3. Behaviour (actual & intent)	<ul style="list-style-type: none"> Changes in individual behaviour among members of the target population (eg: diet, work habits, exercise, attendance), behaviour intent and stages of change readiness.
SYSTEM LEVEL (Societal, organisation, community)	4. Supportive environments (built, social, natural, cultural norms, public policy, services)	<ul style="list-style-type: none"> Changes in professional practice (partnerships, individual practitioners, how key stakeholders approach their work). Changes in cultural norms (shifts in social patterns, organisational culture, community expectations of the way people behaviour). Changes in public policy, law, regulations, utilisation of infrastructure (paths/trails/recreation facilities).
	5. Finance, funding and resources	<ul style="list-style-type: none"> Changes in funding (improved alignment of existing resources and funding, shifting of funding flows). A cost analysis of an intervention. For example, expenditure against budget.

- What impacts have resulted from the program? How have these impacts been measured?
- Have any unintended impacts/outcomes arisen from the program?

Appendix 3 – Evaluation template

MHPWP Year 2 Evaluation <i>INSERT PARTNER HERE</i>															
Year 2 (July 2022-June 2023) Reporting Template Golden Plains Shire Municipal Health and Wellbeing Action Plan 2021-25					Step 1: What did we do?			Step 2: How well did we do it?	Step 3: COVID-19 impact	Step 4: What are the changes we are seeing?					
Order	Org	Priority	Strategy	Activities	1. Approach (Please select the most appropriate drop down option)	2. Provide details of any partners involved who aren't already listed in the 'Activities' description	3. Provide details of partnership achievements or delivery activities (eg: written, submissions, consultations, programs, events, grants) a) planned b) opportunistic	4. Who was the target population for this activity?	5. Reach: How many people did the delivery of this activity reach? N/A (continue straight to Step 2 Q5)	6. What worked well and what could be done differently? For example: to what extent was the activity delivered as intended?	7. If activity was impacted by COVID-19, provide comment on how and 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?	8. Have you evaluated the impact of this activity? (Please select most appropriate drop down option) Yes or No	9. If yes to Q8, in what areas are you seeing changes/impacts? (can be multiple areas, please list): Have you seen changes in the areas of: • Knowledge and awareness • Skills and confidence (attitudes and beliefs) • Behaviour • Environments (built, social, natural, cultural norms, policy, services) • Finance, funding and resources • Other	10. What impacts have resulted from the program? How have these impacts been measured? (please briefly describe impacts)	11. Have any unintended impacts/outcomes have arisen from the program? (these could include positive or negative changes)
1		1. Improving Mental Health	1.1 Educate the community about mental wellbeing and mental illness												
5		2. Increasing Active Living	2.1 Provide and support programs, activities and initiatives that facilitate increased participation in physical activity												
9		3. Preventing family violence and advancing	3.1 Provide and support programs, activities, and spaces that promote gender equity and respectful relationships												
13		4. Increasing healthy eating	4.1 Provide and support programs, activities, and initiatives that encourage healthy eating and decrease consumption of discretionary foods												
17		5. Tackling climate change and its impact on health	5.1 Increase community understanding of actions they can take to stay healthy in a changing climate												

Appendix 4 – Improving Mental Wellbeing Results

OUTCOMES	
<ul style="list-style-type: none"> Improved awareness and understanding of mental wellbeing and mental illness Improved access to mental health support services Increased opportunities for social connection and meaningful participation in the community 	
STRATEGIES What we are going to do	ACTIONS How we will go about it
1.1 Educate the community about mental wellbeing and mental illness	<ul style="list-style-type: none"> Support capacity building at local schools, sporting clubs and community groups Increase knowledge and skills in community around mental wellbeing Deliver activities and programs that engage youth Promote and raise awareness of mental health initiatives e.g. R U OK? Day
1.2 Lobby, advocate, collaborate and develop strategic relationships with community and partners to improve access to mental health support services	<ul style="list-style-type: none"> Explore opportunities to build new partnerships with service providers Advocate for more mental health support services including outreach Advocate for more public and community transport Seek funding opportunities for mental health projects, initiatives and services
1.3 Provide local opportunities for community to build social connections	<ul style="list-style-type: none"> Support local sporting and community groups to provide participation and engagement opportunities Provide programs, activities and spaces for people of all ages and abilities to build social connections Support local community events e.g. Farmer's markets, festivals, community gardens Explore avenues to enhance existing and establish new partnerships with organisations to increase opportunities to engage, participate and connect
1.4 Support people of all ages and abilities to maximise their potential for meaningful participation in community life	<ul style="list-style-type: none"> Provide opportunities for capacity building and leadership in community groups Connect community groups with funding opportunities e.g. Community Strengthening Grants Encourage and support volunteering

Figure 9: Improving Mental Wellbeing from the MPHWP Action Plan document

What did we do?

Partners

18 partners (nine external and nine internal) evaluated 108 activities directly related to the *Improving Mental Wellbeing* Priority Area:

EXTERNAL	INTERNAL
1. Ballarat Community Health (Ballarat)	1. GPS, Active Ageing and Inclusion
2. Ballarat Community Health (Dereel)	2. GPS, Community Development
3. Bannockburn Surgery	3. GPS, Health and Wellbeing
4. Geelong Regional Library Corporation	4. GPS, Kindergartens
5. Geelong YMCA	5. GPS, Maternal Child Health
6. Haddon Community Learning Centre	6. GPS, People and Safety
7. Hesse Rural Health	7. GPS, Recreation and Community Facilities
8. MELI	8. GPS, Strategic Planning
9. Meredith Community Centre	9. GPS, Youth

Table 5: Partners involved in Improving Mental Wellbeing

A staggering 53 additional contributors were identified throughout the 12-month period.

Health organisations	
<ul style="list-style-type: none"> • Bellarine Community Health • National Disability Insurance Agency • Central Highlands Public Health Unit • Mental Health First Aid Australia 	<ul style="list-style-type: none"> • Grampians Health • Australian Drug Foundation • G21 Alliance • Breast Screen Victoria
Local sporting clubs	
<ul style="list-style-type: none"> • Football • Netball • Cricket 	<ul style="list-style-type: none"> • Golf • Angling • Lawn bowls
State-wide and national sporting agencies	
<ul style="list-style-type: none"> • Good Sports Program • Regional Sports Assembly • Tennis/AFL/Golf/Cricket/Netball/Cycling/Gymnastics Victoria • Victorian Fishing Authority 	<ul style="list-style-type: none"> • Park Run • Genki FIT • Sport and Recreation Victoria • Treadwell Management sServices
Local community groups	
<ul style="list-style-type: none"> • Men's Shed • Community Gardens • Local artists • Ballarat Fire Brigade • Community Advisory Members 	<ul style="list-style-type: none"> • Playgroups • Senior Citizens Groups • Community Houses (Hawthorn, Haddon, Meredith) • Social clubs
Service providers	
<ul style="list-style-type: none"> • General Practitioners • Orange Door • MELI • Headspace 	<ul style="list-style-type: none"> • NEAMI • Converge International • LivingWorks Education Australia
Government agencies and departments	
<ul style="list-style-type: none"> • Department of Families Fairness and Housing • Department of Education and Training • Department of Energy, Environment and Climate Action 	<ul style="list-style-type: none"> • Federal Government • VicRoads
Education institutions	
<ul style="list-style-type: none"> • Primary schools • Secondary schools • Universities 	<ul style="list-style-type: none"> • NFP training organisations • Mentor HR
NFP organisations	
<ul style="list-style-type: none"> • Geelong Mums • The Nappy Collective 	<ul style="list-style-type: none"> • FreeZa • Engage
Other businesses	
<ul style="list-style-type: none"> • Cotton On 	

Table 6: Additional partners for Improving Mental Wellbeing activities

Key achievements – Activities

108 activities were evaluated under the Improving Mental Wellbeing Priority Area. Representing the areas of service provision, program delivery, education/training/capacity building, strategic planning/infrastructure, networking/partnership building and advertising/promotion. Of these key areas, program delivery represented the majority of activities.

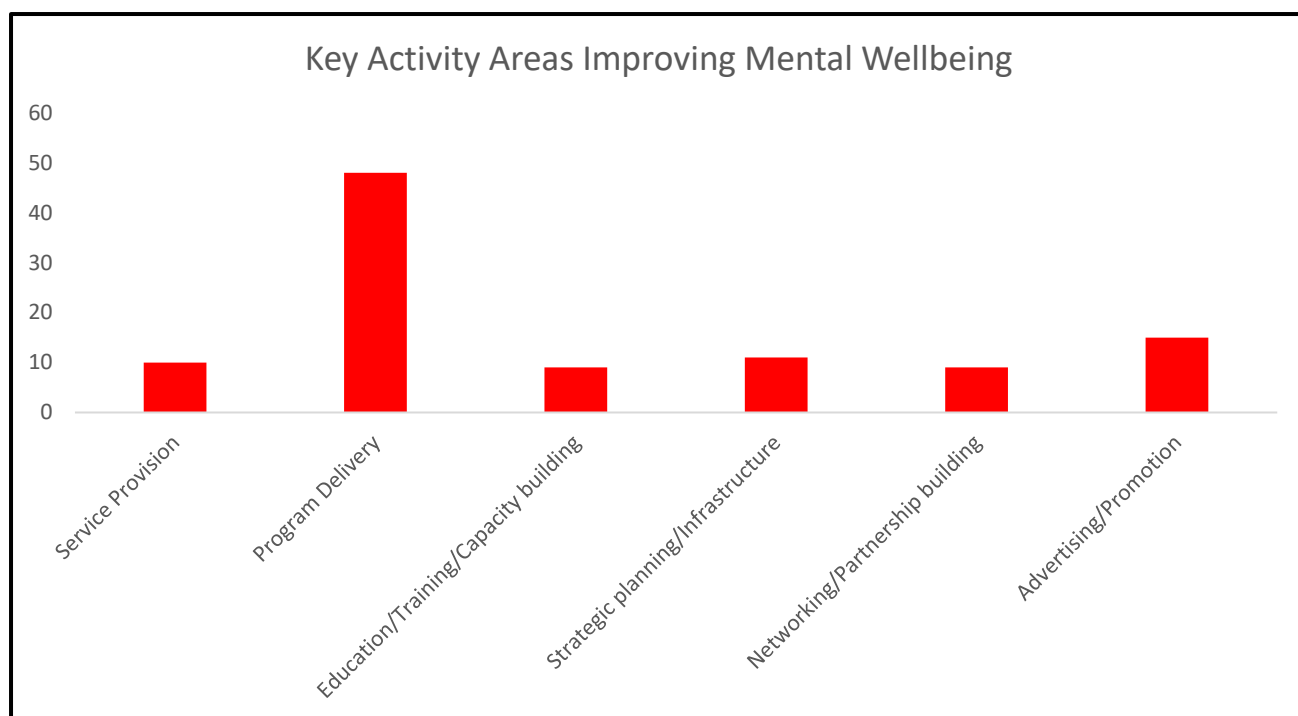


Figure 10: Key Activity Areas for Improving Mental Wellbeing

Examples of key activities included:

- Community based group activities such as gardening, meditation, flower pressing, smoking cessation clinics and arts and craft groups.
- Facilitation of suicide intervention forums for the community via partnerships with LivingWorks Education Australia.
- Promotion of Men's Health Week within Health services.
- Supporting programs such as Men's Shed, School Brekkie Program and Creative Therapy to increase opportunities for social connection.
- Consideration of open spaces and new community facilities in the Bannockburn SE Precinct Structure Plan as well as the north west development plan area. The PSP will include a community garden and dog parks.
- Delivery of incontinence bins for men across 16 locations in Golden Plains Shire as part of the 'bins for blokes' program.
- The delivery of the digital literacy workshops educating on how to identify common scams, what to do if you felt you were scammed and how to prevent your details being stolen.
- Environmental audit done by Dementia Australia on the Golden Plains Shire mobile library and Bannockburn Library with low-cost recommendations made and implemented at Bannockburn Library.
- Accreditation of Mental Health First Aid Officer trainers and the delivery of Mental Health First Aid Training.
- The widespread distribution of Wellbeing Support Cards providing quick references to health service and emergency contact information.
- Completion of an audit of mental wellbeing initiatives within Golden Plains Shire council, with recommendations made.

Target population

Partners identified their key target populations for activities which included:

- Families
- Adults
- Males of all ages and anyone identifying as male
- People at risk of and living with dementia, including older adults and carers
- People with lived experience of disability
- Older adults
- Young people
- Children and parents
- Community volunteers
- Staff from council, education institutions and health service providers
- Local women aged between 50-75 years
- Any family experiencing or at risk of family violence
- Vulnerable and geographically isolated families and individuals
- Students (primary, secondary and tertiary)
- Multi-generation families

How well did we do it?

What worked well?

Key themes in the success of activities included:

Collective action: The large number of additional contributors highlights the importance of collaborating to deliver successful activities. Working together across the region and having common goals and purpose has strengthened activities. Leveraging off specialists and industry professionals also improved the quality of activities. An example of this is utilising a community health nurse at playgroup sessions- the presence of a health care professional generated increased attendance at the playgroup.

Communication and promotion: Partners emphasised that their activities were enhanced when communication reached a broad array of population groups noting that this was vital to their success.

Engagement: Some activities adopted a co-design approach which strengthened community engagement. Involving the community, volunteers and those with lived experience also improved engagement. Providing additional time during activities for networking and socializing enhanced connection and engagement.

Flexible delivery methods: Utilising a broad array of times and locations for activities as well as flexible service provision and the delivery of programs across a wide variety of platforms including face to face, home visits, telehealth and online has worked well for partners.

Adaptation: With transport identified as a barrier to accessing activities and services within the shire, partners have worked to improve access offering some transport to events and programs. Partners have also recognized that identifying gaps in population groups and adapting activities to fill these gaps was important to success.

What could be done differently?

Budgets, funding and resources: Limitations in these areas has hindered some activities and included financial, staffing and material resources. It was also noted that the short-lived nature of some activities and programs impeded engagement and participation.

Communication and promotion: A need to advertise early and broadly to maximise participation was identified.

Leadership engagement and support: A theme for partners was a lack of support from leaders in the delivery of activities, noting that without engagement from leaders the opportunity of learning from and leveraging off their knowledge and experience is missed.

Infrastructure, location and facilities: Some facilities did not meet accessibility needs. Additionally, the location of some activities was impacted by severe weather events.

Collective action: Information sharing between partners was identified as an issue. It was also noted that co-design takes time. Additionally, some partners reported that volunteers can be unreliable and identified schools as difficult to engage and partner with.

Program design: Using the term ‘mental illness’ in programs carries a high level of stigma with alternative wording suggested. There appeared to be some reluctance by participants to attend face to face activities reinforcing the need to offer alternative delivery platforms. Aligned with this was the issue of activities and sessions getting fully booked but not fully attended as well as the geographical access barriers for some community members.

COVID-19 impact

COVID-19 impacted approximately 14 per cent of *Improving mental wellbeing* activities representing a significant decrease since last year (71 per cent). These impacts included changing capacity numbers to comply with COVID-19 distancing guidelines, changing the dates of activities due to staff/facilitator illness and a reduction in participation because of illness. It was noted that some activities were held outdoors to mitigate COVID-19 distancing guidelines, however this did result in activities becoming subject to the weather.

What are the changes we are seeing?

Have you evaluated the impacts of the activity? If so, what areas are you seeing changes?

Of the activities listed for *Improving mental wellbeing*, 41 per cent underwent impact evaluation. The following areas of impacts were identified:

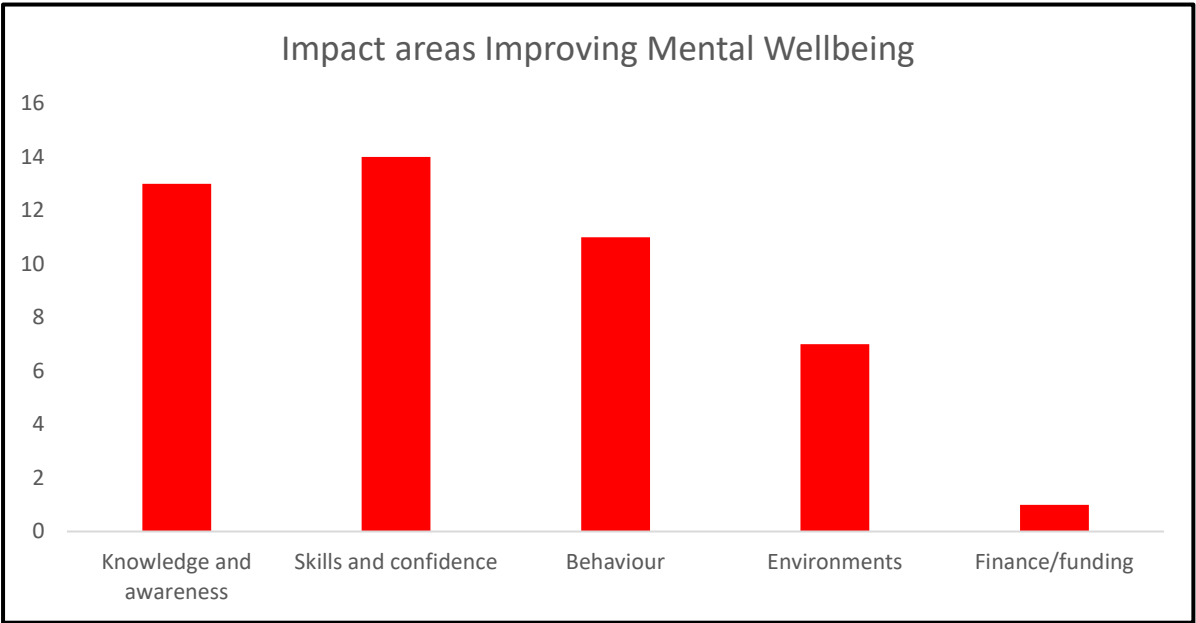


Figure 11: Impact areas for Improving Mental Wellbeing

What impacts have resulted from the program/activity?

Partners highlighted key impacts resulting from their activities which included:

- Increased awareness and knowledge of the available services and improved strategies in self-awareness and stress management.
 - The adoption and utilisation of incontinence bins across multiple locations.
 - People were better able to look after themselves during winter periods and cold weather, they also had a better understanding of how to access services and how to assist in maintaining independence within their homes.
 - Increased social connection and connection to community.
 - The establishment of stronger connections with primary schools (staff and students)
- which has improved students knowledge and skills around making new friends, being prepared for high school, reading timetables and confidence building.
- Improvements in social confidence for crew members and young performers as well as improved knowledge and experience in delivering live performances.
 - The wide range of participant place of residences demonstrated that we had improved their access enhancing geographical inclusion for young people in the shire.

Have any unintended impacts/outcomes arisen from the program/activity?

Multiple unintended impacts have arisen through programs and activities that *improve mental wellbeing*, all were deemed positive by partners.

- Not only have the incontinence bins provided support to men experiencing incontinence, but also to men who may be menstruating which supports a more gender inclusive environment. Additionally, the bins provide options for male carers.
 - Latrobe Community Health/NDIS are now promoting dementia inclusive spaces as a result of our partnership.
 - In addition to re-registering for the same event next time, participants have also registered for other programs delivered by council so this event has improved participation in other programs.
 - One the participants now has the knowledge and expertise to teach and support others in the area of digital literacy. He now helps members of the Mens Shed in this area.
 - A home school group that meet at the community centre on a Friday have attended both school holiday events and are now better connected to the community as a result.
- A strengthened relationship between Golden Plains Shire and Geelong Regional Library Corporation.
 - A surplus in funds due to the audits coming in under budget allowed us to run two additional programs, plan an additional training session for staff, make physical changes to the environment and engaged a local craft group to make 'fiddle mits' - a sensory resource that participants can keep.
 - The success of this program so far has been a big morale boost for staff. We have made new network connections and strengthened existing ones further than anticipated. This increased confidence will enhance the quality of future program delivery.
 - The program has increased connectivity between geographically dispersed populations.

Partner forum

The table discussions surrounding *Improving Mental Wellbeing* identified:

- Current target population groups covered most age groups with other priority groups being financially vulnerable and Culturally and Linguistically Diverse (CALD) people.
- Financial and food insecurity are emerging threats with the potential to impact mental health and wellbeing.
- A high level of stigma associated with the term 'Mental illness' is a barrier to participation.
- Limited access to time and resources impacting the quantity and quality of programs and activities that can be delivered.
- Reporting measures that rely too heavily on quantitative data in the form of participation numbers, which doesn't reflect the true quality of activities and their impacts.
- A need to keep flexible delivery methods to mitigate potential social anxieties in participants particularly for face-to-face activities.
- Intergenerational programming was suggested as a way forward to improve efficiencies and enhance the reach and quality of activities.

Appendix 5 – Increasing Active Living results

OUTCOMES	
<ul style="list-style-type: none"> Increased opportunities to be physically active Accessible places and spaces that support physical activity for all 	
STRATEGIES What we are going to do	ACTIONS How we will go about it
2.1 Provide and support programs, activities and initiatives that facilitate increased participation in physical activity	<ul style="list-style-type: none"> Deliver physical activity programs across the Shire Seek opportunities to apply for funding to deliver innovative physical activity initiatives Participate in regional networks and alliances to collaborate on joint initiatives e.g. TGC Apply a gender lens to planning physical activity initiatives that support women and girls to be active Support community led physical activity initiatives through Council grants
2.2 Provide and maintain quality indoor and outdoor spaces for physical activity, organised sport and active recreation	<ul style="list-style-type: none"> Ensure Council facilities are welcoming and inclusive for all Maintain parks, ovals, trails, paths and open spaces to provide quality places to be active Support and promote active travel in the Shire
2.3 Maintain and strengthen relationships with local sporting clubs, associations and regional sports assemblies to support collaboration	<ul style="list-style-type: none"> Maintain existing, and build new relationships with sporting clubs across the Shire Support and actively participate in regional/state recreation and sporting partnerships Support local clubs to apply for funding to improve and expand participation Engage and support local clubs to develop inclusive policies and practices
2.4 Support an inclusive environment that enables people to be active every day	<ul style="list-style-type: none"> Promote, encourage and provide opportunities for women and girls to participate in physical activity Support people of all ages to be active Raise awareness of socio-cultural practices in active living Provide opportunities for people of all abilities to participate in physical activity Support inclusive environments for LGBTQIA+ communities to be active

Figure 12: Increasing Active Living in the MPHWP Action Plan document

What did we do?

Partners

17 partners (nine external and eight internal) delivered activities directly related to the *Increasing Active Living* Priority Area:

EXTERNAL	INTERNAL
1. Ballarat Community Health (Ballarat)	1. GPS, Active Ageing and Inclusion
2. Ballarat Community Health (Dereel)	2. GPS, Community Development
3. Bannockburn Surgery	3. GPS, Health and Wellbeing
4. Geelong Regional Library Corporation	4. GPS, Kindergartens
5. Geelong YMCA	5. GPS, Maternal and Child Health
6. Haddon Community Learning Centre	6. GPS, People and Safety
7. Hesse Rural Health	7. GPS, Recreation and Community Facilities
8. Meredith Community Centre	8. GPS, Strategic Planning
9. Sports Central	

Table 7: Partners involved in Increasing Active Living priority area

At least 46 additional contributors were identified throughout the 12-month period.

Health organisations	
<ul style="list-style-type: none"> Western Victoria Primary Health Network Heart Foundation 	<ul style="list-style-type: none"> Estia Health
Local sporting clubs	
<ul style="list-style-type: none"> AFL Barwon Park Run YMCA Tennis clubs Cricket clubs Meredith Angling Club Bowls club Leisure Networks Golf clubs 	<ul style="list-style-type: none"> Victorian Fishing Authority Tennis Victoria Netball Victoria Hockey Victoria Gymnastics Victoria Golf Victoria Football Victoria Cycling Victoria Cricket Victoria
State-wide and national sporting agencies	
<ul style="list-style-type: none"> AFL Victoria Victorian Fishing Authority Tennis Victoria Netball Victoria Hockey Victoria 	<ul style="list-style-type: none"> Gymnastics Victoria Golf Victoria Football Victoria Cycling Victoria Cricket Victoria
Local community groups	
<ul style="list-style-type: none"> Local walking groups Meredith Community Centre Local Lions Club 	<ul style="list-style-type: none"> Senior Citizens Active Group Ballarat Fire Brigade
Service providers	
<ul style="list-style-type: none"> Local Osteopath Local yoga teachers 	<ul style="list-style-type: none"> Genki FIT Converge International
Government agencies and departments	
<ul style="list-style-type: none"> Department of Transport and Planning 	<ul style="list-style-type: none"> Department of Education and Training
NFP organisations	
<ul style="list-style-type: none"> Dementia Australia Jumpleads 	<ul style="list-style-type: none"> Enable Access
Other	
<ul style="list-style-type: none"> Berrybank Windfarm 	

Table 8: Additional contributors involved in Increasing Active Living activities

Key Achievements - Activities

73 activities were evaluated for the *Increasing Active Living* Priority Area.

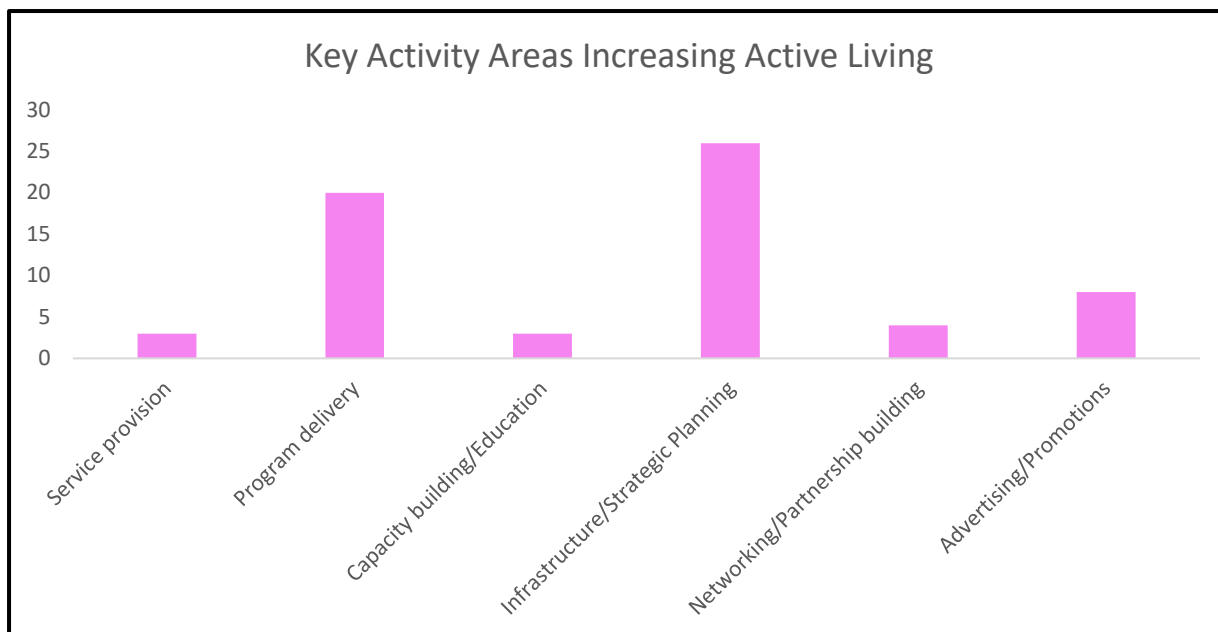


Figure 13: Key Activity Areas for Increasing Active Living

Infrastructure/Strategic planning and program delivery represented the areas with the highest number of activities.

Examples of key activities included:

- Advertising exercise and walking groups by displaying flyers and information at key community locations to expand uptake and participation.
- Strategic Planning Officers worked on the delivery of the South East Precinct Structure Plan which includes passive and active open spaces.
- Community Strengthening Grants were provided by the Golden Plains Shire Council to improve sporting and recreation infrastructure and facilities.
- The delivery of over 150 activities across Golden Plains Shire as part of the *Spring into Summer campaign*.
- Council awarded a combined \$66,903 to successful community groups to deliver 17 projects across four categories one of which was active living.
- An upgrade of the Rokewood netball/tennis courts commenced.
- The walking group walked 47 times over the last 12 months with 197 total participants.
- Delivering the *Walk and Talk: Foraging for Edible Weeds* program.

Target population

- Adults
- Geographically isolated individuals
- Children
- Sporting club volunteers
- Sporting club members
- Estia patients and staff
- All females
- Kinder children and families
- Male population/Lions Club members
- Parents with babies
- Patients with chronic diseases/illnesses
- People with a disability and their carers
- Older adults
- School aged children
- All community members
- Sporting club members
- Staff
- Young women and girls
- Women, LGBTQI+ people, gender diverse people, CALD people accessing public and active transport amenities in GPS
- Young families

How well did we do it?

What worked well?

Collective action: Partners recognised that collaborating across the region and having a clear common goal and purpose has strengthened partnerships and successes. Partners also noted that leveraging off industry professionals improves activities, reporting that programs have been enhanced when partnering with organisations such as the Heart foundation.

Communication and promotion: Emerged as a core theme. Increases in attendance across a number of programs has been attributed to better and more widespread advertising and promotion by key staff such as physiotherapists and exercise instructors.

Engagement: Engaged high performing staff have been recognized by many partners as playing an important role in service delivery and the quality of programs. It was also noted that providing time for participants to network and socialize at events and programs improved connection and engagement.

Flexible delivery methods: Contributing to the success of activities has been the use of a broad array of times and locations for the delivery of activities.

Adaptation: Venue and facility upgrades have provided better locations and more diverse participation in sport throughout Golden Plains Shire.

What could be done differently?

Promotion: Expanding the distribution lists for the promotion of activities has been suggested. Additionally, a need to promote and educate the community on incidental activity and other easy ways to stay active apart from sport was identified.

Accessibility and travel: Both geographical and financial accessibility was an issue, with the high financial cost of attending sport and active living activities presenting a barrier for some groups.

Evaluation: Better evaluation of activities and programs was identified, with partners offering this as a way to improve the quality of the activities.

COVID-19 Impact

COVID-19 was reported to have impacted no active living activities. Last year, 61 per cent of activities were impacted.

What are the changes we are seeing?

Have you evaluated the impacts of the activity? If so, what areas are you seeing changes?

Of the activities listed for active living, 21 per cent underwent impact evaluation:

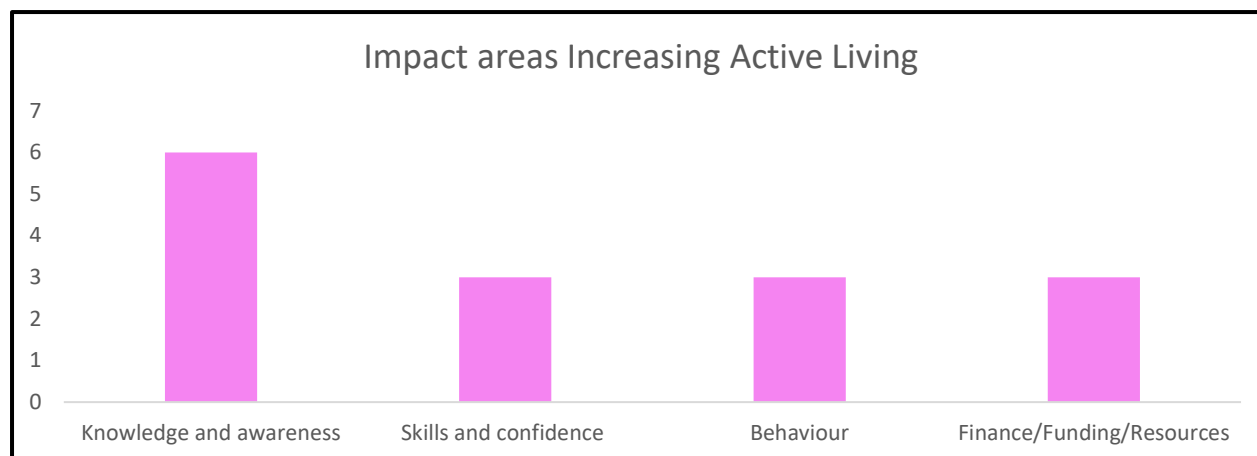


Figure 14: Impact areas for Increasing Active Living

What impacts have resulted from the program/activity?

Partners highlighted key impacts of their activities which included:

- Improved engagement in class activities and evidence of better self-management at home.
- An overall improvement in balance and a reduction in falls.
- Increased knowledge and confidence as well as a willingness to engage in discussions about help-seeking behaviours and conversations around puberty.
- Participants have improved their skills and knowledge about fitness through participating in this program. This knowledge has allowed them to gain increased physical fitness.
- Greater awareness of the availability of sports and active recreation activities has been recorded.
- Community coordinators have upskilled and now are using their new skills to deliver training in their own communities.

Have any unintended impacts/outcomes arisen from the program/activity?

The unintended impacts which arose through the activities which improve *active living*, were deemed positive by partners:

- Extension of a yoga program beyond the planned time at the request of participants who asked if the classes could be continued past four sessions. This class has continued to meet and paid classes are now being offered every ongoing now.
- Participants and volunteers now see the library as a place that provides non-traditional resources to support healthy living, resource sharing, and the fostering of shared information and knowledge and are using it for these purposes.

Partner forum

The table discussions surrounding *Increasing Active Living* identified the following key points:

- Important target groups include carers and volunteers.
- Natural disasters-particularly severe weather events such as flooding, are increasingly becoming an emerging threat to program and activity delivery.
- New Ideas included integrating active living programs into other areas such as arts and

culture to attract new population groups, diversify existing programs and activities and establish and enhance partnerships.

- Making active living activities less sports focused and more based around general active living in day to day life could be an effective way to engage new population groups.
- A need to improve reporting methods for activities and programs to provide consistency in data collection.
- It was widely agreed that schools are a key target partner however are notoriously difficult to engage due to their own resource limitations and reporting requirements.

Appendix 6 – Preventing Family Violence and Advancing Gender Equity results

OUTCOMES	
<ul style="list-style-type: none"> Increased education and awareness around gender equity and respectful relationships Increased initiatives addressing gender equity Improved access to an integrated response system to support those experiencing family violence 	
STRATEGIES What we are going to do	ACTIONS How we will go about it
3.1 Provide and support programs, activities, and spaces that promote gender equity and respectful relationships	<ul style="list-style-type: none"> Participate in regional networks and alliances to collaborate on regional initiatives Partner with specialist organisations and service providers to develop resources, educate community and deliver programs Advocate and support the delivery of gender equity training to schools, sporting clubs and community groups Support schools to participate in Respectful Relationship training as part of curriculum
3.2 Demonstrate leadership on gender equity, social inclusion and respect for wellbeing for all groups in the community	<ul style="list-style-type: none"> Support Council to adopt and implement recommendations of Gender Equality Act Lobby and advocate for funding to support gender equity and social inclusion programs Lead events and activities that support gender equity and social inclusion e.g. 16 Days of Activism, International Women's Day
3.3 Maintain and enhance community safety to enable people to feel safe in their local communities, with a focus on preventing family violence	<ul style="list-style-type: none"> Support community led safety initiatives Provide safe and accessible community spaces Work collaboratively with internal and external partners to apply a prevention lens to safety plans
3.4 Improve access to an integrated response to support those experiencing family violence	<ul style="list-style-type: none"> Build partnerships with family violence prevention services to enhance integration Advocate and provide more services including outreach Promote family violence support services and raise awareness of services they offer Support community to access support services and streamline referral pathways

Figure 15: Preventing Family Violence and Advancing Gender Equity from the MPHWP Action Plan document

What did we do?

Partners

14 partners (six external and eight internal) delivered activities directly related to Preventing Family Violence and Advancing Gender Equity Priority Area:

EXTERNAL	INTERNAL
1. Ballarat Community Health (Ballarat)	1. GPS, Community Safety
2. Ballarat Community Health (Dereel)	2. GPS, Health and Wellbeing
3. Geelong YMCA	3. GPS, Kindergartens
4. Haddon Community Learning Centre	4. GPS, Maternal and Child Health
5. Hesse Rural Health	5. GPS, People and Safety
6. Women's Health Grampians	6. GPS, Recreation and community Facilities
	7. GPS, Strategic Planning
	8. GPS, Youth

Table 9: Partners involved in Preventing Family Violence and Advancing Gender Equity

At least 12 additional contributors were identified throughout the 12-month period.

Health organisations	
<ul style="list-style-type: none"> Sexual Health Victoria Strengthening Hospital Responses to Family Violence 	<ul style="list-style-type: none"> Heart Foundation
Local groups and clubs	
<ul style="list-style-type: none"> Local Business owners 	<ul style="list-style-type: none"> Local Schools
State-wide and national agencies	
<ul style="list-style-type: none"> Victoria Police 	<ul style="list-style-type: none"> VicHealth
Service providers	
<ul style="list-style-type: none"> MELI Jesuit Social Services 	<ul style="list-style-type: none"> Orange Door
Government agencies and departments	
<ul style="list-style-type: none"> Department of Education and Training 	<ul style="list-style-type: none"> Federal Government

Table 10: Additional contributors involved in Preventing Family Violence and Advancing Gender Equity activities

Key Achievements - Activities

There were 40 activities evaluated for the *Preventing Family Violence and Enhancing Gender Equity* priority area. Of these key activities the areas of program delivery and advertising/promotion represented the highest number of activities.

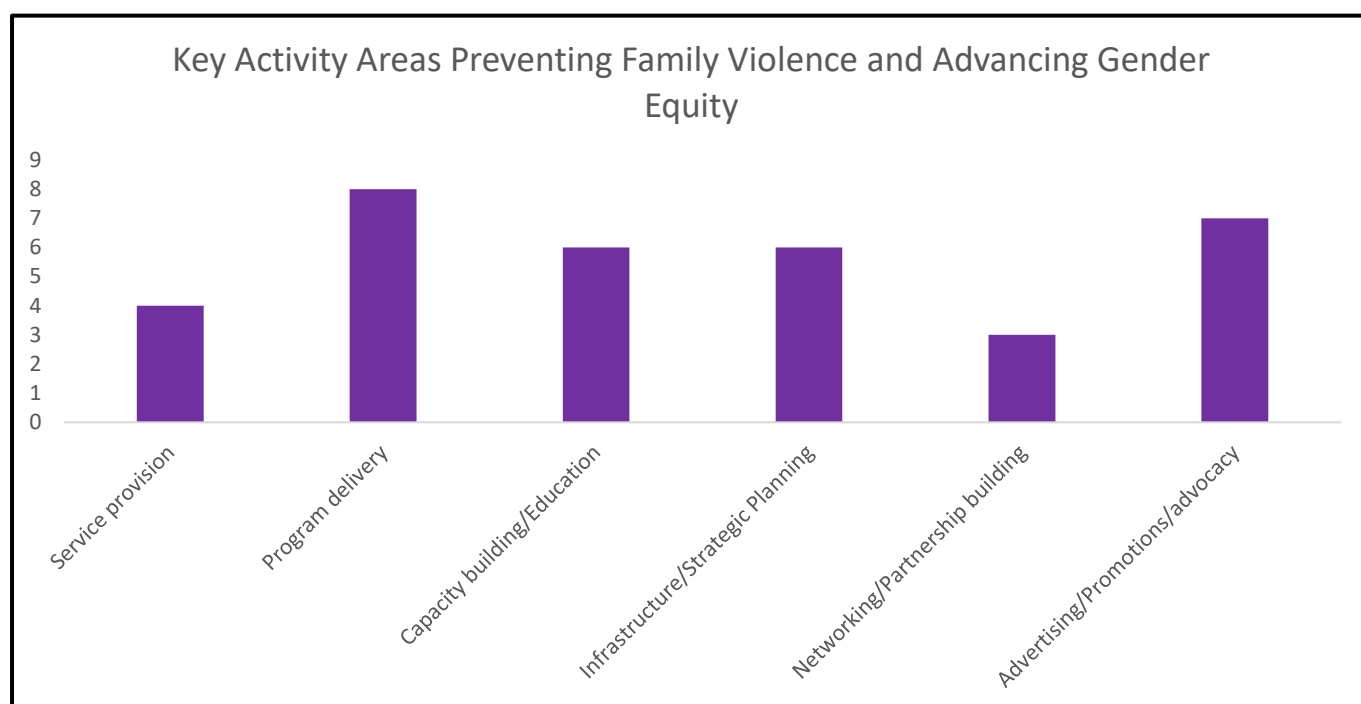


Figure 16: Key Activity Areas for Preventing Family Violence and Advancing Gender Equity

Key activities included:

- The promotion of the CoRE Friends network Community of Practice events throughout the community.
- Advocating to the Department of Education for improved gender and sexual health education in schools.

- Open Spaces designed to include frontage on all sides for safety through passive surveillance.
- Successful advocacy to the Federal Government to secure funding for key community projects such as the Bannockburn football and netball pavilion facility upgrade and the Woody Yaloak recreation reserve lighting project.
- Delivering the *Positive Wellbeing Program* over three weeks to year eight students at Bannockburn P-12 College.
- Delivery of the *relationships and Sexuality Education* training.
- Completion of a rainbow readiness audit for Golden Plains Council.
- Promotion of the *16 Days of Activism campaign* delivering 400 reusable coffee cups featuring 'respect: call it out' messages across eight cafes as well as internally throughout council.
- Delivering a social media campaign included awareness messages and information on the available services for those experiencing family violence.
- Multi-Agency Risk Assessment and Management (MARAM) framework education provided to health care professionals.

Target population

- Young people 12-25 years
- community groups
- Year eight students aged 13-14 years
- Primary school teachers who work in the Shire
- LGBTQIA+ community
- Children and families - service users
- Maternal Child Health staff
- Families experiencing family violence
- Vulnerable and isolated families
- Parents

How well did we do it?

What worked well?

Collective action/collaboration: The co-creation of development tools and action plans. Leveraging off existing programs enhanced activities resulting in better engagement. Working in partnership with expert organisations including Women's Health Grampians helped to create well researched and evidence-based programs for staff.

Communication and promotion: Many activities focused on campaigning and promotion and it was noted that utilizing experienced health promoters with evidence based resources benefitted programs.

Investment in infrastructure: The development of all female spaces and change facilities at indoor and outdoor facilities as well as installing lighting for safety.

Training and capacity building: The upskilling of staff using the MARAM framework was deemed a success. Other training was described by partners as "comprehensive and relevant" by partners.

Community involvement: Emerged as an important element across many activities with the following example: "A Steering Committee was selected that included community members, business owners, police and council. The views of the committee were expressed and there was a belief from many in the group that CCTV was not required at this time in Golden Plains Shire. The Steering Committee worked well."

What could be done differently?

Staff training and capacity building: Although it was noted that the quality of education and training delivered to staff was of a high quality, it was also acknowledged that there is not enough. Partners suggested volunteers and people leaders would benefit from training.

Program deliverables and resources: Tight timelines and limited resources impact activities leaving no room for unanticipated setbacks.

COVID-19 impact

COVID-19 only impacted three per cent of all activities a large reduction from last year's 57 per cent. This small impact resulted in only minor changes to the delivery dates of planned activities caused by staff illness.

What are the changes we are seeing?

Have you evaluated the impacts of the activity? If so, what areas are you seeing changes? What impacts have resulted from the program/activity?

48 per cent of activities were reported to have undergone impact evaluation. Compliance with identifying the category of impact was low with partners only classifying a total of two activities:

- All students who attended the training self-reported a positive change in attitudes and/or behaviours regarding respectful and positive relationships. This included identifying how to be an upstander and what they are going to do in the future to show respect to others.
- There was evidence of relationship strengthening at a local community level.
- There was evidence of increased knowledge on the importance of cultural safety among participants.

Have any unintended impacts/outcomes arisen from the program/activity?

One activity recorded negative impacts:

No partnership developed between the Ballarat Community Health Service and the Bannockburn P-12 College following the delivery of a positive wellbeing program at the school.

Partner forum

The table discussions surrounding *Preventing Family Violence and Enhancing Gender Equity* priority area identified:

- Key target groups including early childhood and kinder teachers as well as vulnerable families including culturally and linguistically diverse (CALD) groups and difficulties in reaching these populations. A gap in middle childhood years age groups as well as a need to target more programs and activities around men.
- Time resources on staff makes it difficult to train other staff and build capacity.
- New ideas such as leveraging off big events such as International Women's Day and Men's Health Week to enhance activities. Additionally, partners suggested activities which aim to improve gender identity knowledge and awareness for primary school years and gender equity and family violence awareness programs in sporting clubs.
- Understanding that some partners are not ready to participate in events so there is a need to be patient and wait until they are ready to partake in activities.

Appendix 7 – Increasing Healthy Eating results

OUTCOMES	
<ul style="list-style-type: none"> Increased understanding of healthy eating and associated health implications Improved access to safe, affordable and nutritious food 	
STRATEGIES What we are going to do	ACTIONS How we will go about it
4.1 Provide and support programs, activities, and initiatives that encourage healthy eating and decrease consumption of discretionary foods	<ul style="list-style-type: none"> Deliver innovative healthy eating initiatives across the community Provide education and promotion to schools, community groups, sporting clubs and workplaces on healthy eating and discretionary foods Participate in regional networks and alliances to collaborate on healthy eating initiatives Support community led healthy eating initiatives e.g. healthy eating grants funded through Council's Strengthening Community Grants program
4.2 Support socio-cultural approaches to healthier eating and drinking	<ul style="list-style-type: none"> Promote healthy eating/drinking regional campaigns Seek opportunities to deliver innovative healthy eating initiatives that take a socio-cultural approach Explore socio-cultural norms around healthy eating, drinking and breastfeeding
4.3 Support programs, activities and spaces that increase food security across the community	<ul style="list-style-type: none"> Support community projects that increase food security e.g. community gardens Educate the community about food sustainability and home grown produce Explore opportunities to establish local food security initiatives
4.4 Lobby, advocate, collaborate and develop strategic relationships with community and partners to improve healthy eating and access to safe, affordable and nutritious food	<ul style="list-style-type: none"> Support the development and implementation of policy and initiatives in workplaces that encourage healthy choices Advocate for food security initiatives and outreach e.g. food relief services Build relationships with local food producers to support access to local produce

Figure 17: Increasing Healthy Eating in the MPHWP Action Plan document

What did we do?

Partners

12 partners (six external and six internal) delivered activities directly related to the *Increasing Healthy Eating* Priority.

EXTERNAL	INTERNAL
1. Ballarat Community Health (Ballarat)	1. GPS, Community Development
2. Ballarat Community Health (Dereel)	2. GPS, Health and Wellbeing
3. Bannockburn Surgery	3. GPS, Kindergartens
4. Haddon Community Learning Centre	4. GPS, Maternal and Child Health
5. Hesse Rural Health	5. GPS, People and Safety
6. Meredith Community Centre	6. GPS, Youth

Table 11: Partners involved in Increasing Healthy Eating

At least 19 additional contributors were identified throughout the 12-month period.

Organisations	
• Stephanie Alexander Kitchen Garden Foundation	• Central Highlands Rural Health
Local groups and clubs	
• Feed Me Geelong	• Second Bite
• Bannockburn Farmers Market	• Local foodbanks
• Men's Shed	
State-wide and national agencies	
• VicHealth	• G21 Alliance
• Sustain	• Cancer Council
• Food Access Network	• Healthy Eating Advisory Service
Service providers	
• Lactation consultants	• Maternal and Child Health nurses
• Childhood development officers	• Converge International
Government agencies and departments	
• Barwon Water	• Ballarat City Council

Table 12: Additional contributors involved in Increasing Healthy Eating activities

Key achievements - Activities

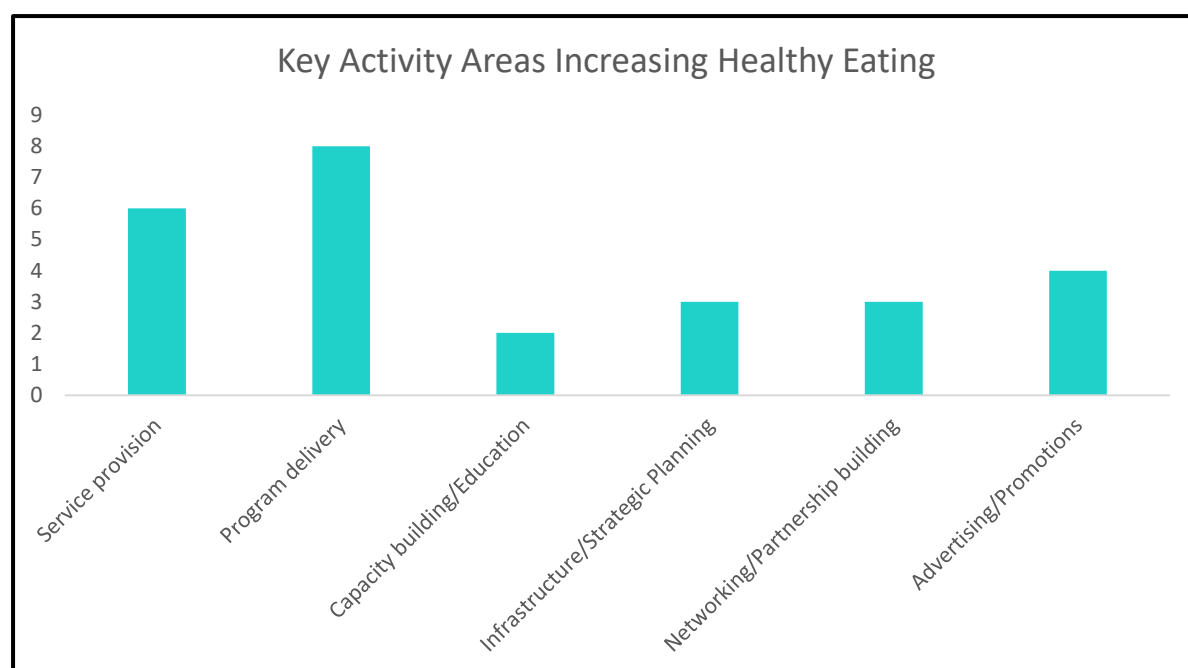


Figure 18: Key Activity Areas for Increasing Healthy Eating

There were 43 activities evaluated for the *Increasing Healthy Eating* Priority Area.

Key activities included:

- 10 deliveries of fresh fruits and vegetables provided in the last 12 months.
- 15 Secondbite deliveries were made with approximately 30-50 families receiving food.

- Vegetable gardens continue to produce fresh food which is harvested by community members and made available free of charge.
- Delivery of a program designed to engage market stall holders who are local producers and makers of foods. Promotion on healthy eating within local health services with healthy eating practices overflowing to service users.
- Delivery of the Super veggie four 30 day challenge.
- Promotion of the choose water media campaign.
- Provision of edible gardens webinars.
- Establishment of the Central Highlands Vic Kids Eat Well Community of Practice to support Health Promoters across the Central Highlands region regarding the implementation of the Vic Kids Eat Well program.
- Released an expression of interest to primary schools, the high school and early childhood settings for a two-year sponsored membership to Stephanie Alexander Kitchen Garden.
- Signing up for the 'Building Better Food Systems for Healthier Communities' under the VicHealth Local Government Program and received \$30,000 in module implementation funding for completing a local food needs assessment in partnership with Sustain.
- INFANT program delivered to first time parents attending groups, providing them with education about healthy eating for infants.

Target population

- Health service employees
- Health Promoters across the Central Highlands region working to implement Vic Kids Eat Well
- Food relief stakeholders and community at-risk or experiencing food insecurity
- Golden Plains primary schools
- Schools and early childhood service providers
- Community
- Children and families
- Breastfeeding parents
- First Time Parent groups
- Parents of children at New Parent group
- Families
- Vulnerable community members

How well did we do it?

What worked well?

Engagement: The dedication and engagement of staff, volunteers and community members has been instrumental to increasing access to healthy food options and policy changes.

Improved access: Improvements have been implemented following the success of previously delivered activities including creating a non-perishable food pantry as well as storage spaces for perishable items.

Program delivery: Has been of a high quality, achieving the aims and objectives of the activities.

Collaboration/Partnership building: Working together to achieve shared goals and community events and building strong relationships. Evidence of this includes the community of practice for the Vic Kids Eat Well program and the mapping of health promoter capacity throughout the region.

What could have been done differently?

Infrastructure/facilities/design: A need to improve some facilities and equipment was reported, including better storage for perishable foods. Cooking classes could better minimise food wastages.

Engagement: Schools can be difficult to engage in healthy eating programs and initiatives. Once a school does engage in a program, this has a big influence on other schools, however the initial uptake can prove difficult.

Volunteers: Carry a significant load in terms of delivering activities under the *Increasing Healthy Eating* priority with volunteer fatigue an issue.

Staff knowledge and awareness: Staff require training and education to improve their knowledge of healthy eating so that they can then impart this knowledge onto the community to improve activities.

COVID-19 impact

COVID-19 impacted 19 per cent of activities for *Increasing Healthy Eating* with these impacts relating to the need to change delivery platforms. One activity was related to waste food due to concerns about contamination by a COVID-19 positive participant. The COVID-19 impact was significantly reduced from last years 53 per cent.

What are the changes we are seeing?

Have you evaluated the impacts of the activity? If so, what areas are you seeing changes?

35 per cent of activities underwent impact evaluation. Partners mostly did not classify these activities into change impact areas with only two activities listing change areas.

What impacts have resulted from the program/activity?

Key impacts that have resulted include:

- Growing numbers of people attending the farmers market with good retention of stallholders.
- Increased children's participation with a notable increase in enthusiasm for healthy eating.
- Relationship strengthening has occurred between regional and local food networks.
- Feedback from participating Health Promoters has indicated that the community of practice has been a valuable initiative
- reporting that they have enjoyed having the opportunity to come together as a workforce to discuss and share experiences and learnings as well as troubleshooting challenges.
- Parents have been provided with free support without having to return to the hospital for lactation services or pay for private lactation consultants which has reduced the burden for them.

Have any unintended impacts/outcomes arisen from the program/activity?

The unintended impacts which arose through the activities which *Increase Healthy Eating*, were deemed positive by partners.

- Incidental engagement in creating a community garden at the Youth Hub.
- When community members come to the centre to collect food, they also are able to access information on other programs and services so the food bank has provided greater awareness and engagement in other programs and activities.
- Some community members have offered to deliver food to people who cannot access

the foodbank and have established new relationships with these people.

The table discussions surrounding *Increasing Healthy Eating* identified:

- Target groups across all ages and a focus on vulnerable groups.
- A consensus that food insecurity is growing rapidly and the impacts of this on healthy eating.
- Transport and access to healthy foods is important.
- A need for longer running programs to improve success and engagement.
- Suggestions about expanding partnerships and adopting a co-design approach to improve the quality and participation of activities and programs.
- A stronger focus on building capacity through healthy cooking and gardening was identified as a new idea.

Appendix 8 – Tackling Climate Change and its Impact on Health results

OUTCOMES	
<ul style="list-style-type: none"> Increased sustainable food production initiatives Improved understanding of how to address the impact of climate change on health 	
STRATEGIES What we are going to do	ACTIONS How we will go about it
5.1 Increase community understanding of actions they can take to stay healthy in a changing climate	<ul style="list-style-type: none"> Support programs that increase awareness of, and participation in, health-promoting and emissions-reducing activities e.g. active transport, healthy eating Build collaborative partnerships to support whole-of-community action to mitigate emissions and adapt to climate change Engage with the community to raise awareness about climate change and its impacts on health and build capacity to take action 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	<ul style="list-style-type: none"> Raise awareness of link between climate change and mental health e.g. climate anxiety and event related depression e.g. drought Educate community about the link between climate emergencies and family violence Partner with community and emergency management agencies to improve community preparedness and resilience to natural disasters e.g. bushfires Support integrated and streamlined planning for climate emergencies
5.3 Provide and support mitigation and adaptation-focused activities that enable health co-benefits to be realised	<ul style="list-style-type: none"> Promote active transport e.g. walking, cycling, skating and scooting Advocate for more public transport Support the consumption of locally produced fruit and vegetables
5.4 Promote and support healthy and sustainable food systems	<ul style="list-style-type: none"> Support community led sustainable food system initiatives e.g. community gardens Provide education and promotion on growing produce at home Deliver programs around food sustainability and reducing food waste Deliver waste management/recycling practices and education programs

Figure 19: Tackling Climate Change and its Impact on Health from the MPHWP Action Plan document

What did we do?

Partners

11 partners (five external and six internal) delivered 31 activities directly related to *Tackling Climate Change and its Impacts on Health*:

EXTERNAL	INTERNAL
1. Ballarat Community Health (Ballarat)	1. GPS, Community Development
2. Ballarat Community Health (Dereel)	2. GPS, Community Safety
3. Bannockburn Surgery	3. GPS, Environment and Open Spaces
4. Haddon Community Learning Centre	4. GPS, Kindergartens
5. Women's Health Grampians	5. GPS, Health and Wellbeing
	6. GPS, Youth

Table 13: Partners involved in Tackling Climate Change and its Impact on Health

At least 17 additional contributors were identified throughout the 12-month period.

Organisations	
• Terracycle	• Red Cross
Local groups and clubs	
• Landcare Group • Mens Shed • Local Schools	• Barwon South West Climate Alliance
State-wide and national agencies	
• Forrest Fire Management Victoria • Ambulance Victoria • Victoria Police	• Victoria State Emergency Service • Country Fire Authority
Government agencies and departments	
• Barwon Water • Corangamite Catchment Management Authority • Department of Energy, Environment and Climate Action	• Central Highlands Water • Department of Transport • Neighbouring Local Government Areas

Table 14: Additional contributors for Tackling Climate Change and its Impacts on Health activities

Key achievements - Activities

There were 31 activities evaluated for the *Tackling Climate Change and its Impacts on Health* Priority Area.

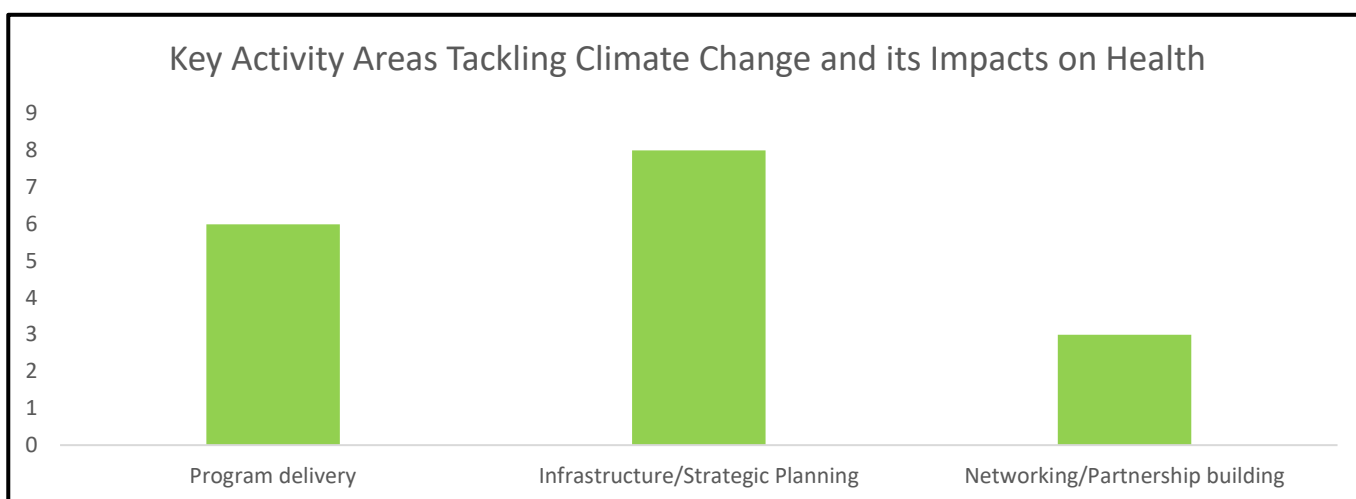


Figure 20: Key Activity Areas for Tackling Climate Change and its Impacts on Health

Key activities included:

- Meeting to plan and prepare for emergencies and explore collaboration opportunities.
- Recycle boxes were made available for PPE, coffee pods and medication blister packs.
- Food scraps were kept and placed into a worming garden located at the back of a medical practice.
- The gardening group met seven times since it began in October 2022.
- Support was provided to two early childhood services across three locations to complete the Climate and Health component of the Achievement Program.
- The delivery of reusable Cloth Nappy Workshops.
- Management Plans continue to be used to guide council's management of reserves with natural environment, heritage and passive recreation values to promote low impact passive recreation.
- Funding was sought through multiple agencies for risk mitigation and adaptation

activities in alignment with the Climate Emergency Plan.

- External funding has been secured for the Northern Streetscapes regional township streetscape upgrades, including climate resilience and adaptation measures for

vulnerable communities as well as this, the concepts plan has been prepared.

- A 2022 community emissions inventory was undertaken. This data has informed the Climate Emergency Plan.

Target population

- Emergency services
- Children
- Older adults
- Wildlife enthusiasts
- Walkers
- Expectant parents
- Parents of young children
- Regional communities

How well did we do it?

What worked well?

Community gardens: Effective platform for dispersing knowledge and skills throughout the community on topics such as cooking, composting and recycling. It was noted that successful worm farms contributed to thriving garden beds improving the quality of the community gardens which then attracted increased participation as a result.

Strategic Planning: Strategies were developed to combat the impacts of climate change within GPSC and across the wider region.

Intersection: The community programs which were delivered, incorporated climate change and sustainability themes throughout. Examples of programs with these intersections included Edible Gardens and reusable nappies.

Partnership: United by the collective aim of improving sustainability and climate change impacts, partners worked on developing plans and delivering programs using a partnership approach.

What could be done differently?

Promotion and enhanced awareness: Better communication around the MPHWP would benefit partners increasing awareness of the priority areas and how climate impacts health.

Improved evaluation and impact measuring: Structured evaluation and measurement of results.

Expand community engagement efforts: A need to engage local groups and attract more partners by incentivizing programs that align with tackling climate and its impact on health activities.

Resource limitations: Significant resource limitations impede activities and are heavily reliant on external funding streams, allocation of annual budgets and staffing resources.

Strategy and planning updates: The current waste management plan adopted by council doesn't have a focus on reducing food waste and it was suggested that this be reviewed.

COVID-19 impact

COVID-19 impacted 32 per cent of *Tackling Climate Change and its Impact on Health* activities. These impacts mostly involved altering delivery methods of activities to online platforms which potentially reduced engagement and participation. Notably, more activities were affected by COVID-19 for year two than in year one which identified 29 per cent of activities impacted.

What are the changes we are seeing?

Have you evaluated the impacts of the activity? If so, what areas are you seeing changes?

Only 11 per cent of activities underwent impact evaluation. The areas of impact included knowledge and awareness, skills and confidence and environments.

What impacts have resulted from the program/activity?

Partners highlighted key impacts that have resulted from their activities:

- Environmental benefits resulted due to improved health to our garden.
- The members of the group have enjoyed planting and sharing their knowledge. They are pleased to see the garden growing and have spoken about sharing the food grown by cooking soup to share with community members.
- Over \$30,000 was invested in projects from council, with further dollars and in kind investments made by communities.
- Children participated in the entire process, increasing their knowledge of growing foods, healthy eating and connecting with nature as well as improving skills in both gardening and harvesting.

Have any unintended impacts/outcomes arisen from the program/activity?

There was one unintended impact which arose through the activities in *Tackling Climate Change and its Impact on Health*, and this was deemed positive by partners.

The gardening group would now like to start a cooking group to share their produce with the community.

Partner forum

The table discussions surrounding *Tackling Climate Change and its Impacts on Health* identified:

- Key target groups being financially vulnerable people, rough sleepers and housing insecure people as well as pet and livestock owners. Accessing vulnerable groups to deliver education on climate and environmental health and how to respond in emergencies is an important element to climate resilience programs.
- Access to emergency refuge facilities for people with pets and processes around keeping animals safe in severe weather events being a key emerging issue.
- New ideas included creating and distributing information and resources about how to respond in an emergency for specific target groups as well as education and awareness for environmentally conscious activities such as canning and preserving of foods.
- Limited transport within the Golden Plains Shire being a potential threat to population groups in an emergency.