

Towards Healthy Environments

Case studies from the
Municipal Public Health Planning Good Practice Program
April 2007



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Case studies from the Municipal Public Health Planning Good Practice Program

1. Overview

The Good Practice Program was established in 2001 and its aim has been to support the implementation of the *Environments for Health: Municipal Public Health Planning Framework* in local government. The framework provides an integrated approach to planning that considers the overall impact on health and wellbeing of factors originating across any or all of the built, social, economic and natural environments.

The first two rounds of the Good Practice Program were developed and administered from the Public Health Branch, Department of Human Services, Central Office. The results of these rounds were reported to the local government field in conferences in 2003 and 2004 and through an evaluation undertaken by Melbourne University in 2004. The conference papers and evaluation reports are available on the website www.health.vic.gov.au/localgov/ and include case studies of a number of projects.

Beginning in the 2003-2004 financial year, the funding was provided to regional offices to lead the next phase of the program. Regional teams in each region allocated the Good Practice Program funds locally using broad program guidelines.

This approach built on the work of previous rounds and provided flexibility for regions to focus on particular priority issues associated with Municipal Public Health Planning in their local government areas.

The projects since that time have included leading edge work on: the healthy design of residential development; building health into municipal strategic statements; identifying walking and cycling routes that provide options for physical activity; and providing support for community consultation in rural areas. In addition, a number of parallel initiatives have provided support and stimulation to the projects. Examples include:

- the continuing important influence of the Primary Care Partnerships (PCPs) and their Community Health plans
- the emergence of work on health and social impact assessment, particularly *The Positioning of Health Impact Assessment in Local Government*, produced by Deakin University.

2. The Case Studies

The aim of this publication is to present case studies drawing on the experiences of Round 3, Round 4 and Round 5 of the Good Practice Program. The case studies are intended to:

- showcase the breadth and depth of the work of local government
- provide practical examples of how local government contributes to health promotion
- stimulate the development of a broader health promotion framework and ways of working.

The case studies include a cross section of projects from across the three years and across Victoria. They are not intended to evaluate the projects described but rather to provide a thumbnail sketch of what was attempted and what was achieved.

In reading the case studies, it is worth bearing in mind that the Good Practice Program has made available \$20,000 on a one-off basis to each region in each of the years of the program. Although a number of projects have utilised funds over more than one year, most have been designed to be completed within twelve months. In a few instances the Good Practice Program funds have been applied alongside other project funds to augment existing projects. Not to be overlooked is the effort and in-kind contributions of the many councils and their partners involved in the projects.

The one-off nature of the projects has been challenging because many of the projects are predominantly concerned with introducing changes in practice and culture. As pointed out in the *Good Practice Program Final Evaluation Report* (University of Melbourne, 2005):

'The organisational environment was the most important factor influencing the success of the Good Practice projects.' and

'Reports from many of the projects seem to suggest that for those councils where there was a precedence and culture of integrated planning or cross-council departmental co-operation, the projects were much easier to implement. Where this was missing, and the need identified, significant resources were directed towards the promotion of an integrated council.'

This has held true for subsequent rounds and indeed many projects were planned with sustainability in mind from the outset. In particular, Round 3 projects focused on building capacity, both for health or social planners and other council colleagues, to develop a lasting shared language and understanding. Examples include:

- supporting attendance at the Deakin University Short Course on Health and Social Impact Assessment or their Healthy Cities and Communities Short Course
- providing purpose built sessions on the National Heart Foundation's *Healthy by Design: a planners' guide to environments for active living* or VicHealth's *Leading the Way: Councils creating healthier communities*.

These projects are not presented in this collection of studies, however, many of those that are, included this kind of workforce development approach as a forerunner.

Many projects faced the uncertainty of changes in personnel or shifting organisational structures and processes either as they progressed or at completion. Nonetheless, the Good Practice Program has contributed to deepening our understanding of what it takes to embed integrated planning for health into council business.

Along with initiatives arising from the recent *Environments for Health* evaluation, they should continue to provide an important catalyst to the trialing of new ways of approaching public health planning.



Municipal Public Health Planning Good Practice Program

Goal

The goal of the Good Practice Program is to provide practical support to councils to assist them in creating healthier environments for their communities, using the Environments for Health framework.

Objectives

The Objectives of the Good Practice Program are:

- a. *To support application of the policy framework Environments for Health, with explicit involvement of the four environmental dimensions across council functions.*
- b. *Integration of planning effort (both within and beyond local government).*
- c. *To support quality municipal public health planning practice.*
- d. *To support models of good practice and support their broader application.*
- e. *To encourage good practice through action learning.*

Guidelines

The following are provided as general guidelines for regions:

- *The funding should be used to meet the goal and objectives outlined above.*
- *Regions should consider how the use of the funding fits in their broader Regional Strategy for supporting Municipal Public Health Planning.*
- *Priority should be given to reaching those local governments that have not received Good Practice funding to date.*
- *The program funding can be used to support projects in individual municipalities, or groups of municipalities or can be broader projects developed to reflect the needs of the Region, particularly in training and workforce development.*
- *The funding should be used to build on the findings from previous Rounds of the Good Practice Program. For example, funds should not be used to develop new health and wellbeing indicators, as several of the funded projects have already explored this topic. Abstracts from earlier rounds are available on the Local Government Partnerships web site. Further information, such as tools developed, is also available.*
- *Councils are encouraged to develop cooperative arrangements with neighbouring councils and local agencies and service providers through Primary Care Partnerships to achieve public health objectives.*
- *Regions may want to consider how they can add value to other related initiatives, such as Health Impact Assessment, "Leading the Way" and Neighbourhood Renewal.*

3. A focus on physical activity

Baw Baw Shire Council

The twin towns trail: connecting the communities of Drouin and Warragul

Baw Baw Shire Council has been actively encouraging walking and cycling for many years and in 1997, engaged consultants to develop a bicycle and walking track strategy for the shire. The strategy recommended the development of cycling and walking paths within townships with a number of 'tourist' routes across the network of roads around the shire.

Since that time, there have been a number of walks implemented predominantly within the shire's small townships. The western end of the shire, embracing the townships of Warragul and Drouin has been undergoing unprecedented growth. Substantial low density developments have taken place between Warragul and Drouin and significant proposals from developers have the capacity to effectively join the townships together (subject to planning and zoning issues).

Council recognised that a cycle-walking link between Drouin and Warragul could create a significant link between the townships. Such a trail would create a user friendly and attractive link between the townships ideal for commuter, social and recreational use. This link would encourage physical activity and assist in developing and improving the fitness and health of existing and potential residents and visitors to the area. Acting sooner than later might also create less disruption to future developments as they emerged.

Using Good Practice Program funding in 2005, Baw Baw was able to launch the twin towns trail project. Key features of the project were:

- establishing a project working group and Steering Committee of internal stakeholders
- providing a *Healthy by Design* Workshop in association with the National Heart Foundation for council staff to ensure shared an understanding of principles underpinning the project
- engaging a consultant to explore and assess alternate routes
- integrating existing planning strategies, including reference to the recreation strategy, growth management strategy and other relevant plans
- undertaking consultation with various stakeholders, including community groups and developers. Consultation extended to active participation such as walking and cycling the alternative routes, taking photos and otherwise putting them to the test
- identifying 'value-add proposals' including extensions and other infrastructure that promotes social interaction, such as signage, seating, playgrounds and planting for shade.
- briefing council and making recommendations on the most promising alternative considering built, social economic and natural impacts.

The project achieved its goal and identified a preferred route - but went further than this. Council had entered the project unsure as to how the trail might ultimately be funded - perhaps a combination of developer input and community volunteers? The clear benefits of the trail and the high level of community engagement resulted in council securing budget commitments of \$1.5million from the State Government to build it. The project will have been made possible with funds from the Department of Human Services, the Department of Victorian Communities and VicRoads.

Now, the contribution of the community can be targeted at shaping the trail in ways that promote its social potential such as seating, playgrounds and so on.

How was the policy framework *Environments for Health* applied?

Built	Social	Economic	Natural
<ul style="list-style-type: none">a new walking and cycling route and facilities	<ul style="list-style-type: none">supporting recreation and physical activity	<ul style="list-style-type: none">supporting tourism	<ul style="list-style-type: none">showcasing the scenic beauty of the area

How was integration of planning effort (both within and beyond local government) achieved?

Focusing on a single trail, this project brought together the shared goals of the *Bicycle and Walking Track Strategy*, the *Warragul Growth Management Strategy* and the *Municipal Public Health Plan*. The following business units participating in the project:

- Aged and Disability Services
- Capital Works
- Community Development
- Engineering
- Environmental Health
- Recreation
- Rural Access
- Statutory Planning
- Strategic Planning
- Tourism
- Town Planning.

Key external partners included members of the Active Communities Network which has representation from the following agencies:

- Central West Gippsland Division of General Practice
- Central West Gippsland Primary Care Partnership
- Gippsport – Gippsland Sports Assembly
- School Focused Youth Services
- Warragul Community House
- Warragul Leisure Centre
- West Gippsland Healthcare Group.

What are the lessons for municipal public health planning practice?

- Involve the community – the community based steering committee provided ownership and a tremendous sense of satisfaction.
- Undertake effective and meaningful consultation and engagement of the broader community that may be impacted upon by the trail's development.
- Take a broad view of what the community will look like in the future and plan effectively.

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Buloke Shire Council

Walking and Riding in Buloke

In 2004, the Buloke Shire Council engaged consultants to develop a recreation plan for the shire. The Plan developed key recreation and health principles and suggested among its recommendations, the development of a comprehensive walking and cycling strategy.

Council was able to apply Good Practice Program funds to develop the walking and cycling strategy to meet the needs for recreation, walking and cycling activities within the community in a planned, rather than ad hoc manner. In addition, Buloke was able to implement a large educational and awareness campaign to get residents physically active. Key tasks of the project were:

- recruiting and engaging a project steering committee
- engaging a consultant to undertake work as outlined in the final project brief
- conducting community workshops
- reporting regularly to council
- implementing initiatives including
 - developing walking clubs and programs in each of the large towns
 - liaising with schools in order to develop the Walking School Bus Program and applying for funding under the Walking School Bus Program
 - organising cycling social activities in larger townships, investigating the feasibility of establishing cycling groups and running of council published articles on cycling awareness and cycle promotion.

Specific projects within these initiatives occurring around the shire are:

Down Your Size Program - This project is being run in Charlton for twelve weeks, in conjunction with the East Wimmera Health Service. The program is a healthy lifestyle program designed to help people eat healthy food and be more active. It will help all participants set goals, and find realistic ways of achieving them.

There are weekly walking groups and bike riding groups as well as guest speakers, weigh-ins and 'come and try' sports days. It is designed for the entire community to have fun, while at the same time offering activities to lose weight and improve health.

Walk to School Wednesday -This project was aimed at getting primary school students to actively travel to and from school. As an introduction, a competition style project pitting all ten primary schools in the shire up against each other to see which school could get the greater percentage of students walking or riding to school on each Wednesday for term one.

The results will be analysed and the shire hopes that from this program, a formal walk to school program can be formed.

PAMPA (Participation and Meaningful Physical Activity) for Women – This project is delivered in Sea Lake in partnership with the Mallee Sports Assembly. The program was attended by approximately 60 women who participated in a range of recreational activities including tai chi, yoga, petanque, pilates, circuit gym and foot health. In addition, a doctor and a dietician were guest speakers, discussing the fundamentals of good health and a good diet.

Walking and Cycling Strategy – implementation of the strategy has commenced. The strategy aims to identify gaps and works that need to be undertaken to both maintain current infrastructure and develop new infrastructure over the next 10 years. The strategy will also look at gaps in walking and cycling clubs and programs and is focused on the entire shire. Community consultation is underway.

How was the policy framework *Environments for Health* applied?

Built	Social	Economic	Natural
<ul style="list-style-type: none">maintaining and planning for facilities, including walking and cycling routes and facilities	<ul style="list-style-type: none">supporting recreation and physical activitysupporting healthy eatingpromoting walking and cycling	<ul style="list-style-type: none">promoting affordable transport	<ul style="list-style-type: none">showcasing the scenic beauty of the area

How was integration of planning effort (both within and beyond local government) achieved?

The project included participation from a broad range of external stakeholders. The key partners were:

- Bicycle Victoria
- Department of Human Services
- Sport and Recreation Victoria
- Community Service Clubs
- Sport and Recreation Victoria
- VicHealth
- VicRoads
- Walking Groups
- Buloke Healthy Networks
- East Wimmera Health Services
- Mallee Sports Assembly
- Local General Practitioners.

A coordinated approach from within council resulted in the following business units participating in the development of this project:

- Capital Works
- Rural Access
- Recreation
- Community Development
- Engineering
- Environmental Health.

What are the lessons for municipal public health planning practice?

- The project linked strongly to many of the objectives and strategies outlined in the Health and Wellbeing Plan for the Buloke Shire.
- By developing relationships with external community health and wellbeing organisations to establish the walking or cycling programs and clubs, the shire has implemented a coordinated and positive approach to gaining a healthier region.

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City of Casey

Encouraging people to get 'out and about'

Casey is one of the fastest growing municipalities in Australia and finding ways to ensure that planning for health is incorporated, at this stage of its development, has been critical. Easy access to open spaces, playgrounds, shared use trails and other leisure facilities means that the choice for people to be active becomes a simple one - more convenient, safe and enjoyable.

For Casey, the Good Practice Program provided an opportunity to ask the question: Are we providing convenient, easy-to-access built environments that encourage people to be 'out and about' on a daily basis and that contribute to a more active and vibrant community?

The project set out to answer the question by taking a look across 22 separate City of Casey strategies and plans already in place and reviewing these against the National Heart Foundation's *Healthy By Design* guidelines. Key features of the project were:

- establishing a Project Steering Committee comprising the Team Leader of Landscape Design, Health Promotion Officer and Strategic Planner
- engaging a consultant to read, review and report on a sample of relevant City of Casey policies against the Heart Foundation *Healthy by Design Guidelines*
- consulting with the Casey Health Plan Steering Committee and Casey Physical Activity Working Group
- presenting the findings of the report at a workshop titled, 'Improving integrated planning for physical activity at the City of Casey'. This workshop was organised by the City of Casey MetroACTIVE Project Officer.

According to the review, many of the concepts outlined in *Healthy by Design* are currently incorporated into City of Casey documents at varying levels. However, some documents did not provide direct references to the relevant principles that would assist in providing supportive environments for physical activity.

The review also asserted that shifting the focus of urban design onto people and communities, addressing quality of life and standards of living by creating better places to live will further enhance people's interaction with public space and the design of the built environment in the City of Casey. In summary, the review noted that most plans, as appropriate to their theme, acknowledged:

- a community desire, and infrastructure need, for shared trails that facilitate walking, cycling and associated activities
- the need for tree planting – mostly specified for image and visual amenity, but also for shade requirements
- the need for mixed use facilities and connections between spaces (residential, workplace, retail, recreation etc)
- the need for building and street design, tree planting and street furniture to encourage active frontages and passive surveillance (although this is often implied rather than stated).

Five general recommendations were made to assist in promoting the integration of *Healthy by Design* principles into City of Casey documents:

- 1) Focus on people and their interaction with the built and natural environments.
- 2) Development of a shade policy, applicable to council services and infrastructure, is appropriate and also meets the need of reducing the risk of skin cancer, a goal of the Municipal Public Health Plan.

-
- 3) Promotion of council's infrastructure that supports physical activity, via both marketing and signage, with consideration to regional links.
 - 4) Differing physical activity needs of various age groups could be better identified in the majority of documents.
 - 5) Language change, replacing 'Crime Prevention through Environmental Design' (CPTED) with 'Safer By Design', in updated and future documents.

Specific recommendations were made for seven of the 22 documents reviewed, which are recommended to be integrated as the documents are updated over time. Also, a recommendation was made to incorporate a minimum set of guidelines, addressing each of the five design considerations, into all future community development plans. Two priority projects were identified as a result of the review:

- Develop a Shade Policy with component elements for integration into other council policies.
- Review signage and promotion strategies of other local governments and make recommendations about suitable strategies and resource allocation required for the City of Casey to better promote the infrastructure to support physical activity.

The case for shade received immediate support and the City of Casey is currently developing a shade policy, which has involved consultation with key staff from the council and community groups. The physical activity working group will continue to consider other recommendations outlined in the report to implement the *Healthy by Design* guidelines within the City of Casey.

How was integration of planning effort (both within and beyond local government) achieved?

The Casey Public Health Plan, *A Healthy Casey, a Healthy Future 2002-2008*, highlights physical activity as one of its six key priority areas. Incorporation of the *Healthy by Design* guidelines into council policy is a specific strategy in the action plan. The following council business units participated in the project:

- Landscape Design
- Strategic Planning
- MetroACTIVE Project Officer
- Aged and Disability Services
- City Development
- Strategic Development
- Leisure Services
- Community Safety

The project initiated links with the City of Casey's MetroACTIVE Project and has contributed to developing a more integrated planning approach for physical activity at the City of Casey. Key external partners included:

- Sunsmart (The Cancer Council Victoria)
- National Heart Foundation of Australia (Victoria Division)
- Members of the Casey Physical Activity Working Group, including YMCA, Dandenong and District Division of General Practice, Cardinia-Casey Community Health Service.

The development of the draft shade policy is still underway and will involve further consultations with key staff from the City of Casey and the community as well as a process for adoption within council. It will be available on the council's website once it is endorsed.

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City of Greater Dandenong

Wonders of Dandenong and the Walking Revolution

What gets people walking? The answer: somewhere to go, things to see and the good company of fellow travellers. The City of Dandenong not only realised this but realised all those ingredients were right in the heart of Dandenong.

The Good Practice Program got the first 'Wonders of Dandenong Walking Tour' off the ground. Its aim was to encourage social engagement, explore local opportunities for physical activity through the economic and built environment. The project provided a series of ten guided heritage/interest walks in Greater Dandenong that were promoted free to the public.

The walks took in a range of historical and interesting sites and linked into promotion of local retail trade outlets, including restaurants and cafes. The walking tour introduced people to local history, culture, local retailers and important sites in central Dandenong in a manner that would not otherwise be available to them. The tours have become a way for participants to rediscover their city by understanding where, how and why the city has evolved and how it is likely to change in the future. They have attracted participation from a wide cross-section of the community, including young mothers with babies to retired persons and also new residents.

Key features of the project were:

- developing a procedure manual to ensure the methodology of the walking tour was documented for application to any future model
- developing good internal working relationships and utilising existing city infrastructure, parks and paths
- working creatively with retailers, including established or emerging businesses, local history and culture experts and local artists
- auditing the routes with council's disability planner
- responding flexibly to emerging issues, for example,
 - providing first aid training to the Tour Guide to address concerns regarding risks to walkers
 - altering routes to avoid very steep sections and to accommodate wheelchair access
 - varying content to make the most of the route, in one instance this involved shifting the focus to architecture and housing styles.

The walking tours lend themselves to being adapted to a variety of themes and topics all year round. They are a great way to increase pedestrian activity and sensitively introduce people to new experiences on offer in their own backyard.

Each tour has proven to be a platform for other tours and initiatives, largely as a result of the feedback received through surveys that are distributed and completed by each of the participants at the end of the tour.

'Now the locals can't get enough of walking tours!' says Grissel Walmaggia, Cultural Planning Officer with the council. 'On the wave of their success followed a night walking tour titled "The Colour of Night" which was offered in the middle of winter for two nights only. Heavily focused on temporary public art installations and lighting based work, the two tours attracted over 160 people. The tour lives on in the collective memory of those who took part and were lead down unknown laneways transformed into temporary galleries and onto car park roof tops for a different experience of the city!'

Now Dandenong has expanded the concept further and developed a walking tour to focus on one of the city's unique shopping precincts 'Little India'. This tour offers insights into a cultural quarter of Dandenong that is rapidly gaining attention and recently featured by *The Age Newspaper* in its Epicure section. It's where authentic Indian spices, beautifully sewn saris, Indian sweets and Bollywood film and music are thriving. Demand for attending this tour required three tour guides to accommodate the 100 participants.

The tours appear to have been embraced by the community as they are booked fully one month in advance. Each tour accommodates 20 people and the genuine interest in local affairs is notable. The tours began with a two hour limit including a discounted meal voucher at a local café, however they are now up to three hours in length due to the discourse they generate between participants and guides. Surprisingly many participants book into the tours through word of mouth as advertising only occurs the week of the tour.

How was the policy framework *Environments for Health* applied?

Built	Social	Economic	Natural
<ul style="list-style-type: none"> • showcasing the built heritage including cultural facilities and city infrastructure • raising awareness of pedestrian routes, bicycle paths and shared paths 	<ul style="list-style-type: none"> • supporting recreation and physical activity • promoting a sense of place and pride • connecting the local community - the local RSL where the tour commences puts on morning tea for participants while they wait to be registered • and celebrating diversity 	<ul style="list-style-type: none"> • supporting local business through <ul style="list-style-type: none"> – familiarisation with outlets such as key retail icons like the Market, Palm Plaza, the local 4.5 star hotel/restaurant, the local RSL Club – opportunities to purchase goods as in the case of the Little India Cultural Tours. 	<ul style="list-style-type: none"> • showcasing local parks • supporting native and indigenous heritage (local creek and aboriginal scar trees and middens)

How was integration of planning effort (both within and beyond local government) achieved?

Each of the tours uses an integrated approach and contributes to the vision of 'Revitalising Central Dandenong'. This project has been led by the Cultural Development Unit with the following business units participating:

- Urban & Open Space Programs Planning
- Economic Development Unit
- Community & Social Planning
- Drugs & Community Safety
- Drum Theatre, Dandenong Town Hall Staff
- Disability Planning Officer
- Human Services
- MetroActive Project Officer
- Marketing & Communications Unit
- Volunteer Resource Unit

Key external partners included the following agencies:

- Department of Human Services
- Dandenong Historical Society
- Dandenong Retail Traders Association
- Greater Dandenong Chamber of Commerce
- Greater Dandenong Community Health Service
- Ramada Encore Hotel
- Volunteer Tour Guides
- Dandenong RSL
- The Dandenong Hub

What are the lessons for municipal public health planning practice?

- Harness local resources and sharing them in a creative way - traders, existing infrastructure, local characters and volunteers.
- Reveal and revel in the authentic nuances of the local environment.
- Use flexibility to capture a city's diversity - walking, eating, day/night, multi-sensory experience.

The *Walking Tours Procedure Manual*, along with a Risk Control Plan, is available from the City of Greater Dandenong.

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Northern Local Government Health Planners Network

Healthy Cities and Communities Project – Walkability

Each of the northern councils in the North and West Metropolitan Region attended Deakin University's Healthy Cities and Communities Short Course, as part of the previous round of the Good Practice Program. The Northern Local Government Health Planners have subsequently developed the Healthy Cities and Communities Project with aims to:

- undertake an analysis of existing walkability policies and implementation within each of the northern local governments
- identify the commonalities and differences between the northern LGAs walkability related policies and implementation.

The objective is to assist them to advocate for healthy public policies and planning through a focus on walkability within the northern councils and partner organisations.

The councils involved are City of Yarra, Darebin City Council, Banyule City Council, Nillumbik Shire Council, Hume City Council, City of Whittlesea and Moreland City Council. Partners included the Department of Infrastructure, the Department of Sustainability and Environment, the Planning Institute of Australia and the National Heart Foundation.

A key aspect of the project includes developing sustainable policy and planning tools and indicators for use within northern local governments. To advance this, the group commissioned Deakin University to prepare a report entitled: *'Building health 'into' cities and municipalities: Working with local governments in northern Melbourne to develop walkability indicators'*.

The report methodology involved an analysis of each council's municipal documents and in-depth interviews with key informants from each council regarding how walkability is incorporated into their council business. This information was then used to conduct focus groups involving the reference group, research team and project stakeholders to identify and recommend a set of indicators that could provide a benchmark of walkability.

This research found that walkability is an emerging priority in the seven councils' policies and planning but that limited resources and a lack of integrated planning between relevant council departments can hinder their ability to make their respective communities more walkable. A key implication of this was that any measurement tool introduced would have to be flexible, cost efficient and user-friendly in order to be practically applied in the northern councils setting.

A set of walkability indicators were selected that the research supported as valid and reliable measures of walkability and that covered all of the different facets of walkability.

The report acknowledges that trying '...to measure and interpret everything at once may become overwhelming.' It therefore recommends, in some detail, a two step implementation: measuring objective indicators of walkability first to gain a broad benchmark of walkability and then using the subjective indicators to supplement this data. The report reinforces the wide-ranging benefits for local governments in using a walkability benchmark to guide their policy initiatives to promote walking, and to increase overall physical activity levels.

Walkability indicator set

Indicator	Definition
Physical Environment	
[1] Street Connectivity	Extent to which streets are linked up to key trip origins and destinations activity centres, public transport stops) and the extent to which different routes on the network are linked.
[2] Residential Density	Indicates density of residential development.
Walking for Transport	
[3] Land-Use Mix	The degree to which different land uses are scattered with the land area.
[4] Net Retail Area	Indicates density of retail development.
[5] Amenities	Availability of amenities for pedestrians in areas where walking is undertaken such as activity centres and walking trails and parks.
Walking for Recreation	
[6] Public Realm	Amount of active and passive public space available and accessible.
[7] Aesthetics	Extent to which walking is a pleasant activity in terms of interaction with the built & natural environment.
[8] Safety	Extent to which walking routes & public spaces feel safe & inviting for pedestrians.
Policy Environment	
[9] Walkability Policy	Extent to which local policies encourage walking.
[10] Resources	Amount of resources allocated to the promotion of walkability.
[11] Integrated Planning	Extent to which council policies are linked and the extent to which council departments work collaboratively in the planning process.

Source: Edwards, M., Butterworth, I., & Leslie, E. (2006). Building health 'into' cities and municipalities: Working with local governments in northern Melbourne to develop walkability indicators. Melbourne: Deakin University pp 66-69

The next stage of this project has included identifying opportunities for integrating the report findings within the core business of the participating councils. In addition to a number of partner councils implementing projects to do just this, the appeal of the model has spread beyond the boundaries of the North and West Region. The City of Greater Geelong, inspired by the project are now working with Deakin University to apply walkability indicators locally.

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Wyndham City Council

Walking in Wyndham

What makes the difference whether people choose to walk or not? Much of the available literature emphasises the need for planning and design to incorporate:

- well planned networks of walking and cycling routes
- streets with direct, safe and convenient access
- local destinations within walking distance from homes
- accessible open spaces for recreation and leisure
- conveniently located public transport stops.

This suggests that the built environment needs to be constructed in a way that makes it easy for people to include walking, cycling and other incidental activity into their daily lives. Wyndham Council decided to use Good Practice Program funds to see what its residents might be able to tell them about the immediate built environment and just what part this plays in their lives.

The project used a two-pronged methodology to consider both issues of resident perceptions against a more objective assessment. The two aspects were:

- A postal survey sent to 150 households in each of four identified areas (three surveys were sent to each household so that multiple members from the one household could respond)
- An Audit of study areas conducted in each of the same four study areas by council and ISIS staff.

The four study areas chosen based on consultation with the stakeholders were:

- Westleigh Gardens and Wyndham Green – both considered to be of low pedestrian accessibility;
- Point Cook - considered to be of medium accessibility; and
- Hoppers Crossing - considered as being highly accessible.

A total of 1,596 surveys were distributed to all four areas; three in each envelope going out to 532 households. 108 of these were returned as undeliverable, and 219 were returned as completed surveys.

While the assignment of low, medium or high accessibility study areas ‘...was determined based upon a crude assessment of an areas proximity to nearby facilities including local parks, shops and public transport’, the distance to facilities as rated by respondents was consistent with this pedestrian accessibility classification. That is, most respondents from Hoppers Crossing (high accessibility) rated all of the nominated facilities as very reasonable to walk to, while at the other end of the scale, most of those from the low accessibility areas of Wyndham Green and Westleigh Gardens rated the milkbar, shopping centre and school or work as somewhat or very unreasonable to walk to.

While firm conclusions are difficult to draw, it is interesting to note that the two low accessibility areas of Wyndham Green and Westleigh Gardens had the lowest proportions of respondents who walked as a form of transport (9%); while Westleigh Gardens also had the highest proportion of respondents who said they didn’t walk at all. Similarly, Hoppers Crossing (the high access area) had the highest and a quite significant, proportion of respondents who stated they did walk as a form of transport (30.4%).

Key observations documented in the project report include:

- Adequate lighting is particularly important as it influences people's perceptions of safety. This then impacts on their willingness to walk. Better lighting of the actual footpaths can serve to encourage a greater sense of safety among residents and thus a greater uptake of walking.
- Adequate provision of footpaths as well as their condition and their width are all very important factors in encouraging people to walk. It was also noted in several of the areas, that footpaths were commonly only on one side of the street.
- Having places to rest at regular intervals along walking routes and paths is important, particularly for elderly residents. Respondents in all study areas predominantly disagreed that there are places to rest in their area. This was supported by the audits which showed that there is no furniture along the streets in each of the study areas.

The study reinforces that Infrastructure is a very important component of promoting the uptake of walking among residents of any area.

These factors provide a good basis for advocating with relevant stakeholders within council (for example, town planning, strategic planning, transport planning) for the development of streets and estates that are conducive to walking and, as such, promote physical activity.

Another notable finding from this study was that a large proportion of respondents did not walk more often because they felt there is no time or they are too busy.

Unfortunately for workers in the health promotion sector, a busy schedule is not something that is easily rectified through addressing issues associated with infrastructure. Rather it requires behavioural change and, perhaps, a greater community understanding of physical activity and its importance to health.

How was integration of planning effort (both within and beyond local government) achieved?

This project was led by the Health Development Team, with input from council's Transport Planners.

The project was undertaken in partnership with ISIS Primary Care

What are the lessons for municipal public health planning practice?

- The built environment is a major consideration in addressing issues of, and promoting, physical activity within a community.
- Community education continues to be an important component of promoting physical activity.

The full report is available from Wyndham City Council

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4. Integrating health into council business

Eastern Metropolitan Region Local Government Network

Solving the Puzzle of Integrated Action: a toolkit for integrating health and wellbeing into local government activity

The appeal of the four environments for health to integrate health and wellbeing into local government activity was compelling, but could this be transformed from a conceptual framework into routine and reliable practice across council?

The Eastern Metropolitan Region Local Government Network (the network) was of the view that, given the right tools, this could be done. The network is made up the municipalities of Manningham, Whitehorse, Monash, Maroondah, Boroondara, Knox and Yarra Ranges.

In Round 3 of the Good Practice Program, the network set out to design a toolkit that would prompt council officers, irrespective of their business units, to consider the implications of their plans, projects and other major decisions, on the health and wellbeing of the community. They could then be supported to work in a more collaborative and integrated way with other internal stakeholders and external partners.

Development of the toolkit involved:

- engaging a consultant to design and write the tools in collaboration with the network
- conducting a full-day workshop with all of the Region's seven councils to identify ways in which the *Environments for Health* could be practically applied to council activities such as planning, project management and other decision-making processes.
- agreeing to commission three complementary tools:
 - a Stakeholder Tool intended to assist people from any area of council activity to identify who else they needed to work with to ensure a more integrated approach;
 - a Working Together Tool intended to guide any partnerships that might be necessary; and
 - an Activity Register intended to make it easier to track related areas of activity across the whole of council.
- trialing the tools in partner councils using real projects or plans to test their practical application. Council officers who participated represented a range of business units dealing with the built, social economic and natural environments.
- conducting a further workshop to consolidate the feedback and to refine the tools ahead of a final round of editing.

By the end of the project, a toolkit was produced and many council officers involved in the development of the kit felt that they had gained increased understanding of just how much impact their activities could have on the health and wellbeing of the community. These were officers who would not normally regard themselves as having a health and wellbeing focus.

This was a positive result but the network still saw some way to go to achieve its original intent of integrating planning for health into routine practice. One of their challenges was that the seven councils involved in the project each had unique operating contexts. Some had established project management or business case processes that did part of the job already and all had a range of competing pressures and imperatives common to council business.

Introducing a new tool could easily be regarded as simply more work and can require a significant management mandate for a formal system change.

The network saw Round 4 as an opportunity to explore implementation of the toolkit with individual councils looking for internal opportunities to apply the tools or otherwise advance an 'environments for health' approach. Councils responded in different ways:

City of Boroondara conducted an internal toolkit induction session. The purpose of the session was to get council planners and other officers to consider how their work fits with the environments for health and to introduce them to the toolkit. The session applied the Stakeholder Analysis Tool to a scenario to demonstrate the broad principles and use of the tool.

Because the toolkit does not have a formal status within Boroondara, its use will be largely a matter of whether it offers a useful informal mechanism for cross business unit collaboration and for helping cultural shift.

Knox City Council was commencing the process of reviewing its Community Health and Wellbeing Strategy. As part of the process the toolkit was used to answer the key question: 'To what extent does the *Knox Community Health and Wellbeing Strategy 2003-2006* integrate action across the four environments for health?'

Using the Stakeholder Analysis Tool, a desktop assessment of the *Knox Community Health and Wellbeing Strategy 2003-2006* was undertaken, along with two linked plans: The *Knox Affordable Housing Action Plan 2005-2010* and the *Knox Recreation Plan 2004*. This involved a simple mapping to see what the tool might identify as relevant to each plan. This mapping was completed at arms length of the 'content experts' at Knox Council to create an objective starting point that could be tested in council workshops.

A workshop was conducted with internal council stakeholders with the objective of answering the key review question and exploring what lessons could be learned from this analysis in developing the next strategy. Participants included representatives from Community Safety, Leisure and Recreation, Housing Services, Youth Services, Family Support, Community Development and Community Wellbeing and Sustainability.

The workshop found that a great many useful and important linkages were made in the current strategy or at the next level down, for example, through specific projects or plans. However, this was not the result of a systematic approach to planning using the four environments. It is more likely that it reflected the good practice of the managers and other officers from these areas. In addition, the discussion revealed areas where significant opportunities exist for better integration of council activity.

The Internal Council Stakeholders Review Workshop was followed with a workshop involving the Community Health and Wellbeing Reference Group. Participants included two Knox Council councillors, senior council managers and external stakeholders.

The workshop concluded that it would be useful to map the roles and membership of existing advisory mechanisms. This could be done using the four environments to ensure that all those with an influence on health and wellbeing would be included.

This Knox project provided an opportunity to apply the toolkit to reviewing a Municipal Public Health Plan. This tool was largely designed for front-end project development to draw out potential stakeholders. Nonetheless, used as a mechanism to prompt thinking about the broader influences on priority areas and the linkages between them, it provided a practical way of promoting discussion with a broad range of both internal and external stakeholders.

Manningham City Council has been working to strengthen its application of Triple Bottom Line and in particular, investigating the application of Social-Health Impact Assessment for major projects and decisions.

As part of the network project, Manningham conducted a workshop with staff across the council with the aims of:

- providing knowledge and skills required to make balanced decisions based on and in consideration of the related social, economic and environmental factors
- assisting council staff in identifying appropriate tools and procedures required for the implementation of an integrated approach to planning and decision making.
- investigating the feasibility of introducing social/health impact assessments as part of the Triple Bottom Line planning and reporting process.

This was followed up with a workshop for councillors and senior managers, the aim of which was to introduce and discuss the conceptual frameworks that underpin an integrated approach to planning and decision making. This session reinforced the alignment between Triple Bottom Line and a 'social model of health' using the four environments and the toolkit to illustrate linkages.

Other councils in the network are also planning projects to increase awareness of the toolkit and the four environments for health.

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Indigo Shire, Towong Shire and Wodonga City Councils

Council Plans Incorporating Municipal Public Health Plans and their Relationship with the Healthy Communities Plan

In the Hume Region three neighbouring councils have used the Good Practice Program to experiment with the relationship between their local Primary Care Partnership (PCP) Healthy Communities Plan as their Municipal Public Health Plan requirements.

As an early Good Practice Program project Indigo Shire Council, Towong Shire Council and Wodonga City Council tested the approach of adopting the Upper Hume Primary Care Partnership's Healthy Communities Plan as satisfying their respective Municipal Public Health Plan (MPHP) requirements.

This approach warranted exploration, however, this type of integrated planning has presented challenges in terms of clearly identifying specific health related commitments and activities undertaken by councils. It also appears less clear who is driving consultation with the community and on what basis specific health planning activities are determined.

More recently, Wodonga has incorporated the requirements of their MPHP into their Council Plan. This is on the basis that their Council Plan represents the strategic intent of council and includes a focus on health and wellbeing on a par with the requirements of a MPHP. Both Indigo and Towong have continued to adopt the Healthy Communities Plan as the means by which they meet their statutory requirements of providing a MPHP.

The Good Practice Program provided a further opportunity to examine this issue and a consultant was engaged with a brief to:

- explore the relationship between local governments' Council Plans, legislative public health requirements and the Primary Care Partnership (PCP) Healthy Communities Plan
- identify how to strengthen and streamline health planning across the three local government areas of Indigo, Towong and Wodonga
- examine the other statutory planning requirements of councils and their relationship to health planning.

A steering committee comprising representatives of each council, the PCP and the Department of Human Services, Hume Region provided guidance to the project as well as participating in workshops to consider key issues.

The resulting report *'Council Plans Incorporating Municipal Public Health Plans and their Relationship with the Healthy Communities Plan'* considers the many factors that impact on a council's capacity to develop and support its planning process, including variability of community culture, resource availability, the current state of key infrastructure, geographic location, size and spread of population and community aspirations. In the case of Indigo, Towong and Wodonga these vary significantly. It notes that as a larger council, Wodonga is the only one with the ability to assign dedicated officers to various planning roles.

The project report concluded that there is an inextricable link between the populations of Indigo, Towong and Wodonga that suggests advantages for all three councils in collaborating on joint planning exercises in areas of common interest.

The report found that, although in theory the model of integrating the MPHP with the Healthy Communities Plan was good; in practice '... it was not clearly integrated into council planning

and largely remained separate from council business.’ In addition, it found that adopting the Healthy Communities Plan as the MPHP did not meet the expectation of the legislation that council is the community leader consulting with their community, identifying the issues and promoting health and wellbeing in their localities. The expectation was that Healthy Communities Plans in the Upper Hume PCP should be guided by the strategic priorities identified in the MPHP. The plans should inform each other from the same evidence base.

Instead of defining one way for all three local governments to tackle their role in public health planning, the report outlines suggestions that can be mixed and matched to suit the requirements of each council. The suggestions range from broad interventions through to very local and focused initiatives and in brief include the following:

- Engage with the PCP to tackle the larger (most likely regional, national or state) population health issues through partnership and collaboration
- Utilise research from across the community that identifies any health and welfare issues. Locate which ‘settings’ might best take ownership of a project to address an issue.
- Provide education to councillors on the basic frameworks outlined in the *Environments for Health* and *Leading the Way* documents.
- Engage in a stepped education process for councillors and council staff to stimulate thinking about the links between the various planning requirements.
- Explore the links local government has with other community sectors in order to capitalise on the work being undertaken on public health issues within the region.
- Consider using Health Impact Assessments as the initial reporting mechanism for the MPHP.
- Use electronic hyperlinks in council documents to create a record of health assessments for each identified indicator.
- Always consider which individual, community, service, organisation or agency is best placed to take leadership on an issue or project and provide appropriate support.
- Set realistic targets that are linked to the capacity of your council, to define what actions you will take toward meeting the Municipal Public Health Planning requirements over the next four years.
- Keep it simple. Develop, implement, monitor and review a plan that is small and easily manageable. Concentrate on the process of planning to learn what works best and grow the plan each year to council’s capacity.
- Consider using the *Environments for Health* as a template that measures and informs the health consequences of council projects and initiatives.
- Work in partnership with other councils and the MAV to encourage equitable structures across the levels of local government.
- Identify the Public Health Goals of the Department of Human Services (People, Place & Wellbeing) and link to related local initiatives.
- Record the type and extent of community consultations for projects or include the consultation record in reporting and for the evaluation process.

The report suggests more work remains to be done and that the experiment may continue for some time yet. Further capacity building is recommended and decisions about the best strategy to realistically meet the requirements of the MPHP within the existing resources of each council remain to be made.

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Mildura Rural City Council

Developing a Healthy Community Framework

In May 2006, Mildura Rural City Council released its first audit report of the social and economic indicators of wellbeing in Mildura and the adjoining communities of South West New South Wales. The report is entitled *Mildura Social Indicators 2005*.

This report represents the culmination of considerable effort by Mildura to better understand the needs of the local community. As the 'welcome' section states:

' With increasing expectations on local government, we need to be better informed about the "health" of our municipality and importantly, any indications of "unwellness" in our various communities.

The report will set some essential benchmarks in the hope that we can effectively measure council's endeavours to make Mildura "Australia's most liveable, family friendly municipality". '

The report looks at a set of indicators that go beyond a simple demographic overview to include:

1	Overview of Region	Age / Gender Profile, Family structures, Country of Birth, Stability of population
2	Social Distress	Family income, Rental stress, Home Purchase Stress, Lone Person Households
3	Health	Low birth weight, Childhood accidents, Immunisation cover, Mortality, (life expectancy), Disability/sickness payment, Farm accidents, Non farm work accidents, Psychiatric hospital admissions, Exercise
4	Community Engagement	Individuals isolated by language , Social cohesion (volunteering, Mutual support, 'Sociable' recreation)
5	Community Safety	Confirmed child maltreatment , Criminal convictions, Prison admissions
6	Economic	Occupational categories, Types of businesses, Employment within business categories, Unemployment, Long term unemployment, Taxable income, Growth in tourism, Access to computer/Internet
7	Education	Attendance at pre school, Incomplete education (17- 24 yrs), Overall Education, Post Schooling Qualifications
8	Cultural	Visitors to Art Gallery, Library usage
9	Environmental	Water and waste indicators

The data for each indicator is drawn from a range of sources including the Australian Bureau of Statistics, the Department of Human Services, Monash University, Centrelink, the Australian Sports Commission, the Department of Immigration and Citizenship, the Department of Justice, the Australian Tax Office, Tourism Victoria, Mildura Rural City Council and the Mildura Art Gallery. Wherever practicable, comparable findings for regional Victoria and metropolitan Melbourne are included in the analysis.

The Good Practice Program was an early catalyst in developing these social indicators, supporting the coordination, administration and facilitation of community workshops, research elements within the project and a portion towards the development of information technology components.

The overall project involved a number of stages:

- Stage 1. A research project to establish credible wellbeing indicators.
- Stage 2. The formulation of a Wellbeing Plan, drawing together existing strategies from both within council and various organisational plans under a common framework.
- Stage 3. Combining the work done in Stages 1 and 2 by developing a Healthy Community online system – an information technology model data base that drives the wellbeing indicators and which will support the on-going sustainability of the framework. Training and development of staff to manage and maintain the model.

How was integration of planning effort (both within and beyond local government) achieved?

The project employed a whole of community approach, seeking to engage all sectors of the community, not just traditional health services. Consequently, the project has been and continues to be, a joint effort across a number of organisations. Key external partners include:

- Victoria Police
- Mildura Primary Care Partnership
- Northern Mallee Local Learning & Employment Network
- Sunraysia Mallee Schools Network
- Mildura Base Hospital
- Sunraysia Community Health Service
- Mallee Family Care
- Sunraysia Economic Development Group
- Mallee Division of General Practice.

What are the lessons for municipal public health planning practice?

Again, drawing on the 'welcome' section of the *Mildura Social Indicators 2005*:

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

The project has increased communication across the organisations working to address these challenges and this is expanding as confidence builds in this 'systems thinking' approach.

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5. Designing for healthier communities

Macedon Ranges Shire Council

Designing in Health and Wellbeing – Guidelines for Developers in Macedon Ranges Shire

The Macedon Ranges Shire Council has one of the state's highest growth rates, which is expected to continue above the Victorian average (about 1.8% per year). This has arisen from both exurban development from Melbourne and as a growth corridor within the Loddon Mallee Region.

Views on residential development in the Macedon Ranges had become polarised - with a sensitive natural environment, a dominant rural landscape and pressures for residential development in the balance. The Good Practice Program provided an opportunity to develop guidelines that would provide council a means of ensuring future residential growth occurs in a way that enhances health, safety and wellbeing, and reduces the prospect of isolation, risk and chronic illness in the long term. The Macedon Ranges Shire Council, wanted to provide greater clarity to developers on their expectations for the type and quality of residential subdivision. In preparing these guidelines, council also wanted the communities aspirations expressed.

Key steps in the project included:

- establishing a steering committee to oversee and guide the project
- undertaking literature reviews of council strategies to distil principles and best practice examples of other guidelines
- seeking broad input via workshops with council staff and stakeholders and interviews with developers
- developing a draft discussion paper
- workshopping the draft discussion paper with councillors and community stakeholders
- refining the guidelines
- providing for formal public exhibition and comment
- developing a communication plan and distribution plan
- incorporating the guidelines into the Macedon Ranges Planning Scheme following council adoption. The guidelines are a reference document to the Scheme, with some elements specifically incorporated as policy.

The initial research set out to explore how community safety, community building and environmental sustainability could be incorporated into residential design. Specifically, the project considered:

- traffic/pedestrian management and transport links
- lighting, signage and location of public facilities
- housing stock and lot size
- open space and recreational opportunities
- community facilities and service hubs, including emergency services
- use of renewable energy sources and demand upon available natural resources
- consideration of local heritage, culture and the prevailing character of the built and natural environment.

The project drew on *Healthy by Design: a planners' guide to environments for active living* developed by the National Heart Foundation of Australia (Victorian Division) as well as other resources (listed in the guidelines).

Importantly, in addition to the Macedon Ranges Planning Scheme, the project looked to specific links with existing council strategies and policies, to ensure complementary activity. This involved analysis of seventeen separate documents, including the current Council Plan and

the Health and Well Being Plan. The project also took into account the Outline Development Plans and Township Policy Statements being developed at the same time for a number of townships in the district.

A primary challenge for the project was generating interest and involvement, while ensuring that the process moved beyond the traditional protagonists (pro development versus anti development). This was achieved by:

- providing separate opportunities for key stakeholder groups to have input into the primary research stage. This included: a cross-discipline staff workshop, a workshop for community advisory groups, individual interviews with developers and a briefing session for councillors.
- presenting the data which identified significant common objectives as well as the areas of difference, in the form of a discussion paper; and finally,
- bringing together all parties in a public workshop, to focus on the areas of difference, supported by experts in the field (e.g. Water Authority, Urban Design Unit, State Government). This enabled a practical and informed discussion to evolve.

This consultative approach took considerably more time but ultimately, the guidelines received broad community support and it was important that developers were involved along with other stakeholders in the process to develop the guidelines.

Stakeholders included in the project were:

Macedon Ranges Shire Council	External organisations/community
• Infrastructure	• Central Victorian Health Alliance (Primary Care Partnership)
• Parks and Gardens	• Department of Human Services
• Strategic Planning	• Department of Sustainability and Environment
• Social Planning	• Crime Prevention Victoria
• Community Development	• Local developers
• Statutory Planning	• VicRoads
• Recreation	• RoadSafe Victoria
• Transport Development	• Local Community Health
• Aged and Disability Services	• National Heart Foundation
• Children and Family Services	• Macedon Ranges residents association
• Rural Access (Disability Access)	• VicUrban
• Capital Works	• Local water authorities
• Conservation Planning	• Local emergency services

The final guidelines, now completed, are the explicit link between the development of physical infrastructure, subdivision design and conservation of the natural environment to the health, safety and wellbeing of the community. They provide a step-by-step guide to developers covering; where residential subdivision may occur, what to consider when preparing an application for residential development and how to incorporate the four key objectives specified in the guidelines. The structure of the guidelines is in four parts;

- Part One includes an outline of the process of developing the guidelines
- Part Two provides the policy framework; goals, objectives and principles that form the basis of the formal reference to the Macedon Ranges Shire Planning Scheme.
- Part Three outlines the issues to be addressed, when preparing a proposal for residential subdivision

Part Four presents the criteria for evaluation of proposals for residential subdivision. This is the criteria that council staff and the elected body will apply when considering applications for residential subdivision. This section also includes links to other council policies and strategies available to guide development proposals.

The guidelines have been a success for Macedon Ranges not only improving assessment of applications across key council units of infrastructure, recreation, planning and community services, but also raising awareness across council officers and councillors of the principles and policy required to promote healthy environments. The guidelines have set a useful example for many other councils, including other Good Practice Program projects. The guidelines have been recognised for their ground breaking approach having attracted several awards:

- Heart Foundation 2005 Kellogg Local Government Award - Policy for Healthy communities.
- National Heart Foundation 2005 Awards - Highly Commended - Policy for Healthy Communities.
- 2005 Planning Institute Australia (Vic Division) - Commendation - Planning for Health and Wellbeing.

The '*Guidelines for Residential Subdivision in the Macedon Ranges Shire: Designing in Health and Well Being*' were published in October 2005, and are available in hard copy, on CD Rom and accessible via council's website www.macedon-ranges.vic.gov.au.

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Wellington Shire Council

Putting the spotlight on physical activity – a policy and practice review

The well documented risks associated with sedentary lifestyles and the clear benefits of physical exercise, prompted Wellington Shire Council to identify physical activity as a priority for action.

Looking at the local environment, they realised that features like the design of neighbourhoods, path networks, location of shops and so on, do not always enable people to incorporate walking and cycling as part of their everyday lives. In addition, there are a number of private interests and council program areas that, through their routine work, have an influence over the design, development, and maintenance of the built environment in the Wellington Shire. The strategic and operational decisions of developers and each of these programs, in-turn, have an influence on the levels of incidental physical activity by members of the community – either positive or negative; intentionally or unintentionally. There are also impacts on the environment through the use of cars and associated air pollution.

Recent major developments in Wellington (such as the Port of Sale development) have highlighted the benefits of quality planning that seriously consider pedestrian and cycling as forms of transport and recreation in public places.

Wellington saw the Good Practice Program as an opportunity to ensure that these considerations are 'planned in' to these and similar developments by ensuring their inclusion in council policy and practice. Their starting point was to use the principles outlined in *Healthy by Design: a planners' guide to environments for active living* developed by the National Heart Foundation of Australia (Victorian Division) under their Supportive Environments for Physical Activity (SEPA) project, to gauge the level of understanding of their own staff across the organisation and the extent to which this was reflected in council policies, programs and activities.

Major features of the project included:

- developing a Project Management Group within council comprising 'traditional' health and wellbeing interests, such as Community Development and statutory and urban planning interests such as Open Space and Projects
- engaging an appropriate consultant to conduct policy review and staff consultations
- reviewing relevant policy and practices such as the Municipal Strategic Statement, the *Open Space Strategy 2002*, the *Recreation Strategy 1998* and the *Shared Pathway Development Strategy 2004*.
- consulting with staff on current policy and practice relating to healthy urban design issues.
- consulting with external stakeholders such as developers and community groups
- documenting the findings of the review including a list of recommendations identifying relevant and appropriate additions and/or modifications to policy and practice changes to achieve the project objectives
- developing an implementation plan for these recommendations
- presenting the report and implementation plan to council
- preparing a strategy for communication of findings throughout council.

The consultation phase offered an opportunity for staff to express their views and expertise on the areas they deal with on a daily basis and allowed the opportunity to present options and ideas to the project. This encouraged a sense of ownership among staff and brought together the 'health' planners and the urban planners in addressing shared concerns. Similarly, engaging external stakeholders provided an opportunity to communicate the principles of SEPA

and to gain a wide support from the community for proposed changes to council policy and practice.

The key findings of the subsequent *Wellington Shire Council SEPA Scoping Report* included that Wellington Shire Council generally performed well in terms of SEPA, however, understanding of its principles varied widely across the organisation - from those units and officers applying the principles on a regular basis to those that '...do not have a strong appreciation of SEPA principles'.

From the community perspective, key messages included:

- The community wants to get more involved in SEPA initiatives.
- Traffic speeds and a general sense of safety on local streets is a major concern for cyclists.
- The creation of walking circuits and opportunities for people to walk to work through complete footpath networks are likely to be seen as a significant positive to the community – this applies in smaller and larger towns within the shire.
- Programs that encourage social interaction and physical activity, particularly within public parks, need more encouragement.
- WSC needs to be more flexible when dealing with developers so that win-win outcomes can be created not solely at the cost of the developer, but in a manner that recognises the broader community benefits of implementing SEPA at a design level.
- The creation of incentives to implement SEPA principles would be a useful tool so that developers can be more proactive in design processes before applications get to WSC.
- A more integrated approach to development, such as through Outline Development Plans, is strongly supported.
- Aiming to achieve multiple objectives from public space is strongly supported.

In conclusion, the report recommended that council lead by example in the provision of facilities and made a number of recommendations for changes to strategic development, policy integration and project initiation. Chief among the recommendations was the preparation of a planning scheme amendment and specific reference to SEPA in the Municipal Strategic Statement.

As a result of this project, a planning scheme amendment was adopted by council and submitted to the Secretary of Planning for certification.

Planning Scheme Amendment C38

To amend the Wellington Planning Scheme to support SEPA principles in future development. The proposal will amend the Municipal Strategic Statement (MSS), the Development Plan Overlay (DPO) Schedule and including the Healthy by Design Guidelines as a Reference Document. The proposal includes the amendment of the Particular Provisions with the inclusion of a mandatory minimum of 5% public open space contribution for the subdivision of land affected by a Residential 1 Zone, Low Density Residential Zone, Township Zone, Mixed Use Zone or Rural Living Zone.

This initiative has provided an important policy base that strengthens the focus on physical activity in the shire. Developers can now be given direction and support to build health and wellbeing into their projects and communities can expect to be consulted. Relevant documents are available from council's website www.wellington.vic.gov.au.

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Bass Coast Shire Council

Healthy Urban Environments

The Bass Coast Shire is one of the busiest councils in Victoria in terms of planning applications. During the 2003/2004 year, council received 1,116 planning applications. This is far greater than the average 668 planning applications received for each council in Victoria, with the average for rural areas being 425 applications for this year. Of these applications, 18.8% were for subdivisions and 9.5% were for more than one dwelling on a lot.

The unprecedented growth of the shire provides many challenges for council to ensure communities remain socially connected. There has been an increase in the number of planning applications for medium and high density residences and also for 'gated communities', such as retirement villages and golf resorts. It has been suggested in research that 'gated communities' can lead to communities that are physically and socially removed from the surrounding district.

Applications for large scale subdivisions or for rezoning have been subject to assessment for social impacts. However, the Good Practice Program provided Bass Coast with an opportunity to develop a more consistent approach to the social and health impacts of developments in a way that would add to the health and wellbeing of the broader community and help bring greater weight to decision making.

Key linkages identified with '*Health and Wellbeing in Bass Coast*', the Bass Coast Shire Municipal Public Health Plan included:

Social

- Reduce the incidence of obesity and lack of physical exercise on the community.
- Encourage a sense of community, which encompasses pride, connectedness and safety.

Natural

- Ensure the sustainability of the environment is intrinsically linked to the management of council.

Built Environment

- Ensure development is managed strategically utilising design frameworks and structure plans.
- Ensure our towns and infrastructures are safe, cost effective, functional and built in harmony with the environment.
- Plan for the design, development and maintenance of public infrastructure that meet the current and long-term needs of the community.

Strategic Planning

- Raise the profile of community wellbeing and health promotion within all council activities.

Healthy by Design: a planners' guide to environments for active living developed by the National Heart Foundation of Australia (Victorian Division) under their Supportive Environments for Physical Activity (SEPA) project had been used to great effect by other Victorian councils and including by a regional neighbour - Wellington Shire Council.

By talking with Wellington about its insights and experience in applying the SEPA principles to their business, Bass Coast was able to approach its task with a good head start. Of course, engaging council, staff and the community were still essential steps in the process.

The project has resulted in a comprehensive set of amendments to the Municipal Strategic Statement (MSS), so that each key topic area reflects the SEPA principles. In addition, specific reference documents in the MSS now include:

- *Health and Wellbeing in Bass Coast council's Municipal Public Health Plan*
- *Bass Coast Open Space Strategy*
- *Bass Coast Affordable Housing Strategy*
- *Healthy by Design.*

A brochure (*Healthy by Design: Good Practice Guideline*) is now being developed by Bass Coast to provide developers and planners with practical information that will help them to design healthier, safer neighbourhoods and open spaces for all residents. The brochure will include a checklist approach that will also assist in the preparation of planning applications.

Within council, the project has helped to forge stronger relationships and understanding and provide the basis for further integrated planning. This includes consideration of integrating council's Municipal Strategic Statement, Municipal Public Health Plan and Council Plan - linked under the four environments for health.

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6. Health and social impact assessment

Maribyrnong City Council

Revising Social Impact Assessment Policy and Guidelines to incorporate Health Impact Assessment.

Maribyrnong City Council adopted a Social Impact Assessment Policy and Guidelines in July 2002 and in doing so, was the first council in metropolitan Melbourne to adopt an innovative policy that required developers to consider and comment on the social impacts of any proposed significant development.

This policy encouraged developers to undertake a social impact assessment (SIA) at the beginning of the planning process, with findings informing the development proposal. Since its introduction it had been applied to thirteen development sites ranging from 56 dwellings to 2000 dwellings.

Becoming aware of developments in health impact assessment, Maribyrnong used Good Practice Program funding to review and update its Social Impact Assessment Policy and Guidelines to ensure that it:

- incorporates health impact assessment (HIA) principles
- includes a section on sustainability principles (social, environmental, economic) in line with *Melbourne 2030* principles
- is written in a language which has a stronger planning focus, and is in line with the Victorian Planning Scheme
- outlines strong linkages with Maribyrnong's Municipal Strategic Statement
- is written and structured in a way that it will stand up to appeal
- identifies any gaps in information and incorporates these into the document
- develops criteria for council to apply when assessing SIA reports.

What is Social Impact Assessment?

A social impact assessment examines the impacts of the proposed development on access for all people in the community including children, people with limited mobility, people with prams or strollers and older persons. It focuses on design principles to enhance safety and prevent crime and look at how the proposal might affect community interaction within and around the development.

All issues that affect people, directly or indirectly, are pertinent to social impact assessment.

Social impacts can mean a change in the way a community and / or a citizen's

- way of life (how they live, work, play and interact)
- culture or aspects of their cultural life (shared beliefs, customs, values, language)
- character (services patterns of movement, street life and facilities)
- capacity to participate in civic activities (extend people can participate in decisions)
- environment (availability of quality of the food they eat, noise, physical safety)
- health and wellbeing (physical, social, mental)
- personal and property rights (economically effected, personal disadvantage)
- fears and aspirations (perceptions about safety, future of their community, future of their children)

Extract from:
*Social Impact Assessment for Significant Residential Development
Policy and Guidelines*, Maribyrnong City Council, May 2005

A planning consultant was engaged to undertake the project, guided by a Project Advisory Group comprising key council officers:

- Social Planner
- Coordinator, Safer Communities and Health Promotion
- Manager, Community Planning and Advocacy
- Manager, Strategic and Economic Development
- Coordinator, Strategic Planning
- Manager, Urban Planning

New policy guidelines incorporating both SIA and HIA were adopted by council in March 2007. The policy will be tested in the new Bradmill Housing Development site in Yarraville in the near future.

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Southern Health Planners and Community Planners Networks

Planning For Social Wellbeing: Using Health and Social Impact Assessment in Local Government

The Southern Local Government Health Planner Network was established in February 2003. Since its establishment, meetings have largely provided an environment for information sharing and peer support. In 2005 the network underwent an extensive evaluation. This evaluation identified that health planners would like the network's purpose to move forward from networking towards cooperation and collaboration. Health Impact Assessment (HIA) is one topic area that health planners were keen to pursue as a group. They were also interested in using WHO Healthy Cities concepts to support health planning in their organisations.

The Southern Local Government Community Planners Network was established in 2005 and also has interest in a number of topic areas including HIA.

The Good Practice Program has provided an opportunity to bring together the health planner and community planner networks to work to introduce health and social impact assessment into councils in the region. Key features of the project include:

- establishing a working group established to oversee project planning, implementation and evaluation
- engaging Deakin University to provide a training program and support demonstration projects
- using an expression of interest process for local government to participate in a two to three day training program (to include up to 40 participants)
- designing a Basic Audit Survey tool for participating councils to complete at the commencement of the projects and at the conclusion
- identifying the demonstration projects to be undertaken by two or three selected councils
- implementing the project including establishing mechanisms for other interested councils to observe or participate
- conducting a regional follow-up session delivered by Deakin University to present demonstration project outcomes
- documenting overall project outcomes and the tools that are developed.

The Basic Audit Survey has been developed and will provide a better sense for where each council is positioned with regards to 'health on the agenda'. Demonstration projects currently proposed include undertaking social and health impact assessments of:

- Transport nodes, including Transit City Design and Development Proposals
- Structure Plan Development
- Youth and Open Spaces
- SafeStart: Child Injury Prevention Program Plan
- Affordable, appropriate and secure housing
- Housing developments.

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Western Local Government Health Planners Network

Demonstrations in health impact assessment

Prompted by the Good Practice Program, the Department of Human Services, North and West Metropolitan Region partnered with the Western Local Government Health Planners Network to undertake a range of strategies to answer the question:

'Is there a role health impact assessment can play in local government planning?'

The Positioning of Health Impact Assessment in Local Government research project that had been recently produced by Deakin University also provided a timely impetus to the project.

Key partners in the project were the seven councils in the west of the region (Brimbank City Council, Melton Shire Council, Wyndham City Council, Hobson's Bay City Council, Maribyrnong City Council, Moonee Valley City Council, City of Melbourne) and Deakin University.

From the outset, the network recognised the need to build individual and organisational capacity to apply health impact assessment (HIA) within councils, before attempting any form of implementation. That is, it would be necessary to fully grasp the concepts and understand the challenges HIA presented to councils; as well as to build a support base for the introduction of HIA into core council business, particularly at a leadership level. An approach was determined using the following stages:

- testing capacity building strategies to support HIA in local government
- building a coalition of interested parties – partnership development
- providing training and skills – workforce development
- promoting organisational support and leadership – leadership development
- evaluating and testing responses approaches - knowledge transfer
- considering resources and dissemination processes - knowledge transfer.

Good Practice Program funds were used for initial capacity building strategies including:

- supporting health or social planners from across the western local governments, with responsibility for Municipal Public Health Planning, to attend the Deakin University Short Course on Health and Social Impact Assessment
- convening a HIA senior managers breakfast forum
- delivering a one-day short course for project officers and planning staff.

These events were very positively received and further Good Practice Program funds were used to support health or social planners who were unable to attend the original Deakin University Short Course on Health and Social Impact Assessment, to attend in 2006. Planners were also supported to attend the Deakin University Healthy Cities Short Course.

Having achieved much of its commencement strategies, the network identified a set of demonstration projects. Each of the projects is intended to:

- inform policy and practice in councils undertaking demonstration projects
- increase the number of people with experience in undertaking HIAs
- provide opportunities for shadowing by interested staff from other councils
- develop processes and tools that could be used by other councils.

An expression of interest process was used by the network to ensure that projects were appropriate to the demonstration objectives and adequately understood and supported within the council. Demonstration projects are proceeding in Hobsons Bay City Council (Grey Water Diversion), Moonee Valley City Council (local law to control the drinking of alcohol in public space) and a further one to be determined in the City of Brimbank.

The project taken across the three Good Practice Program rounds has experienced some major challenges including:

- a high turnover of key council staff
- building organisational capacity as opposed to simply building individual capacity
- maintaining engagement and commitment
- moving from a theory to action
- operating with limited local and regional resources to support HIA.

The answer about the role of HIA in local government is not yet fully answered. However, as projects, such as this one, get some 'runs on the board', develop practical tools and keep driving forward the capacity of those within local government, the signs are promising.

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