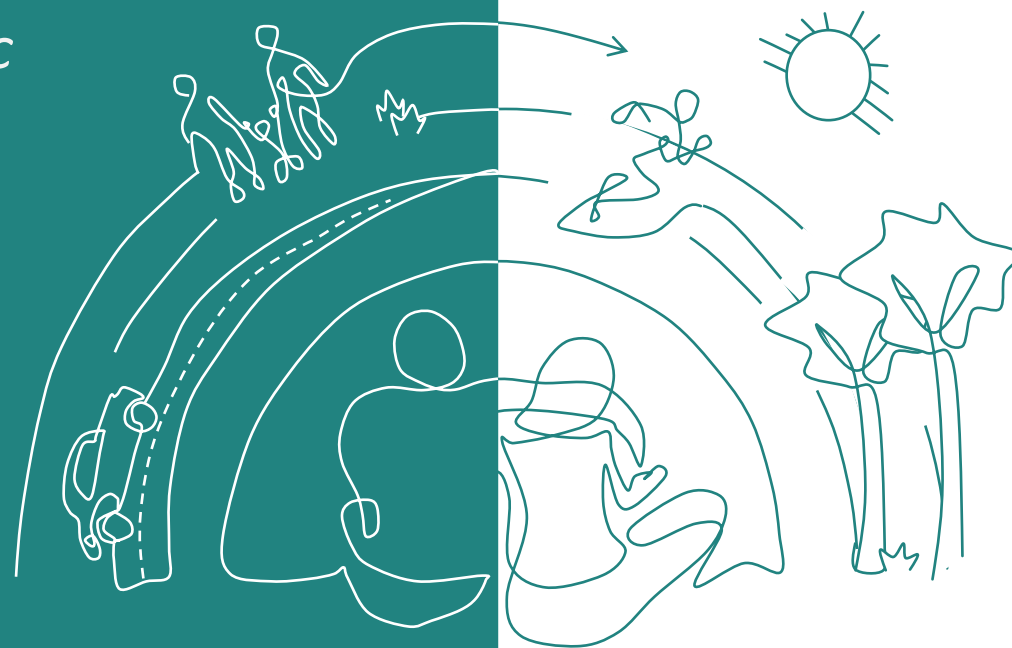


# Connected, Active & Healthier

A partnership approach to *Community Health - Health Promotion Strategic Plan 2021-2025 for Inner East Melbourne.*



Supported by:



## Acknowledgement of Country

We acknowledge the Wurundjeri Woi-wurrung people on whose unceded lands our community takes place.

We respectfully acknowledge their ancestors and Elders, past, present, and future. We acknowledge the sorrows of the stolen generation and the impacts of colonisation. We recognise and value the knowledge and wisdom of people with lived experience and celebrate their strengths and resilience facing the challenges associated with healing. We acknowledge the important contributions they make on the delivery of health and community services.



# Connected, active & healthier in the Inner East

The Inner East is committed to a connected, active and healthier local community through integrated and collective primary prevention action that improves the health and wellbeing of our local community. Together, Access Health and Community, healthAbility, Link Health and Community and Women's Health East will apply a place-based, systems thinking approach to our practice. We seek to explore and address the social determinants that contribute to health inequities.

Over the next four years, we will continue to build our workforce, partners and places capacity in both traditional and contemporary health promotion and prevention. Such skills, will enhance our ability to continue to explore and work in a way that reflects our local community, equity and the complex nature of prevention. Local, collaborative action and meaningful reflections and learnings create long term sustainable change that improves health and wellbeing for our whole community.

This one year action plan is to be read in conjunction with the four year Strategic Statement.

## A place-based approach

Places we live, learn, work, connect and play are platforms for change. In alignment to the *Victorian Public Health and Wellbeing Plan*, place-based approaches mobilise places and partners to collectively improve health and wellbeing. Actions address the determinants of health to create system change. Places direct action towards priorities. *New and emerging places* encourages us to respond to change and will have specific actions in the next three years as we respond and adapt to priorities, leverage, and momentum.



## Our Local Health & Wellbeing Vision

Primary prevention creates healthy, sustainable and inclusive communities in the Inner East. As a collective partnership, place-based systems thinking approaches develop innovative, dynamic and equitable local solutions that create opportunities for large scale change.



## The Partnership

We collaboratively lead prevention through partnerships. The Inner East Integrated Health Promotion Partnership (The Partnership) unites community health and women's health in Melbourne's inner east. *The Partnership* provides strategic health promotion leadership and amplifies outcomes through integration of efforts and resources. It operates across Boroondara, Manningham, Monash and Whitehorse. Together we build capacity of *The Partnership* through professional development, communities of practice and working groups.

Our relationships with local government, partners and communities strengthen our initiatives. Collectively we create stronger, sustainable change.

*We want to thank Inner East Primary Care Partnership for actively supporting planning, consultation, reviewing, editing and contributing to the Strategic Plan and Action Plan. Thank you.*

# A place-based approach

## Places acting as platforms for health and wellbeing change



### SPORT & RECREATION

Participation in sports and recreation play an instrumental role in improving the health and wellbeing of the community. These places can act as health promoting environments and engage community at many levels, making them ideal places to reach community. A platform to not only improve physical activity, but other priorities, including healthy eating, mental health and wellbeing and gender equity.

Access Health and Community and Link Health and Community will *continue to lead* action in this place.

### EARLY IN LIFE

Having the best start to life sets up the foundations for a healthy future. Early in life places provide an opportunity to create healthy environments and build staff and parental capacity, to improve the health and wellbeing outcomes of our youngest community members and ensure parenting is equitable and respectful.

healthAbility, Access Health and Community and Link Health and Community will *continue to lead* action in this place.

### SOCIAL HOUSING & NEIGHBOURHOODS

Stable and suitable housing and supportive and safe environments are protective to physical and mental health and wellbeing. Social housing and liveable neighbourhoods are platforms for reaching those experiencing vulnerabilities and by acting in this space, we can act at a determinant level that addresses social and economic determinants of health.

Access Health and Community and healthAbility will *continue to lead* action in this place. Link Health and Community are transitioning out of this place.

### COMMUNITY ORGANISATIONS

Community organisations can act as health promoting environments for their members and the broader community. They are equipped to meet the needs of their members and create a level of trust for community members accessing their services.

Access Health and Community and healthAbility will *continue to lead* action in this place. Link Health and Community will transition out of this place.

### EDUCATION

Education places provide an opportunity to create healthy environments and build skills, knowledge and capacity within the community. They provide access to many different population groups and help to reduce inequalities.

Access Health and Community are continuing to *lead* action in this place.

### NEW & EMERGING

Health promotion work needs to be flexible and adapt to challenges and new priority places will arise. *The Partnership* recognises the need to be responsive and agile in our approach, therefore have created this place in consideration of our approach. This space will have actions in the following years.

Access Health and Community, Link Health and Community and Health Ability may all work in this place.

# Prevention Principles & Practices

Informed by the *Community Health—Health Promotion Draft Program Guidelines 2021-25* and adapted to reflect local context, everyday primary prevention practice is guided by the following principles, practices and values.

## Lens

An important aspect to our place-based approach in the Inner East is the application of lenses over our work. Lenses offer the opportunity to recognise and address intersectionality in all health and wellbeing action and outcomes.

Climate change is recognised as a significant challenge to health and wellbeing. Across all our work we will consider opportunities to support climate change mitigation and adaptation. This will include seeking climate and health co-benefits.

The Partnership members will continue to be *Together for Equality and Respect* partners and will use an intersectional gender lens in our work with the community to enable gender equality and equal and respectful relationships.

### INNOVATE, REFLECT & ADAPT

A culture of innovate, reflect and adapt is embedded. We experiment and collectively learn in the process.

### PARTNERSHIPS & ENGAGEMENT

Partnerships are core to everything we do. Partners, local voices and those with lived experience help build social capital and guide action. Together we act.

### LEADERSHIP AT EVERY LEVEL

We are committed to primary prevention leadership and advocacy at all levels. Through partnerships and capacity building, we support organisations, places and communities to drive population change.

### SYSTEMS PRACTICE

Systems practice guides understanding of the complex environment, levers and connections. Interventions are mutually reinforcing; coordinated and connected to mobilising multiple parts of the system simultaneously.

### WHOLE OF PLACE

Change is embedded across the whole place for sustainability. Actions can include policy through to capacity building. Our places are context experts and their ownership drives change.

### EQUITY & FAIRNESS

Everyone has fair and equal opportunities to attain their health potential. Informed by a determinants approach, we address health and social inequities. Voices of community are elevated and heard.

### INTERSECTIONALITY

We recognise intersecting systems of privilege and oppression that impact the determinants of health. We commit to advancing gender equality through embedding an intersectional gender lens across our work. We will act on climate change with a lens applied to all our initiatives.

### PREVENTION AT SCALE

Our local efforts have line of sight to system and environmental change. Such changes contribute to population health and wellbeing outcomes.

### EVIDENCE INFORMED PRACTICE

Practice is informed by theory and the best available evidence. We contribute to the evidence base through sound and timely evaluations and learnings.

# Stakeholders & Networks make local change possible

Aboriginal Controlled Community Health Organisations

Aboriginal Controlled Communication Organisations

Box Hill Rotary Club

Cancer Council Victoria

City of Boroondara

Connecting Manningham

Deakin University

Department of Education  
(Respectful Relationships Lead and Liaison Officers)

Department of Families, Fairness and Housing

Department of Health

EDVOS

headspace

Health services / antenatal and maternity providers

Healthy Eating Advisory Service

Healthy Masculinities Working Group

Inner East Primary Care Partnership (North East Public Health Unit from April 2022)

Local Inner East Melbourne:

- Early Years Services
- Schools
- Sport clubs, leagues and recreation

LGBTIQ+ Working Groups Manningham and Boroondara

Manningham Council

Monash Council

Neighbourhood Houses

Social housing communities and neighbourhoods

Social and welfare organisations

Swinburne University

Together for Equality and Respect Partnership

Victorian Kids Eat Well

Volunteer resource centres

Whitehorse City Council

Please note: This list of stakeholders was compiled at the start 2021-22. We acknowledge that this list will evolve over the year and that there are many other stakeholders who are vital in health promotion and primary prevention the Inner East of Melbourne.

We value working in partnership and with those affected by change, and welcome other organisations to connect with the Partnership.


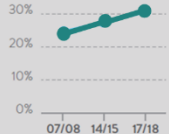

# Health and wellbeing outcomes for the Inner East

We are committed to health and wellbeing outcomes in our communities. Utilising system change indicators we will measure the impacts and outcomes across the places we are intervening within.

Over the next four years, we are on a journey to strengthen how we measure change, tell the story of local actions and outcomes and how we track 'change over time'. Further to this, we have reflected and wanted to build on the *Community Health – Health Promotion Draft 2021-25 Guidelines*, and considered how we can learn and leverage the language of 'small bite/big bite'. In our action planning, we have given equal consideration to how we will report and capture outcomes. This will be explored with field experts in the coming 12 months to further refine place-based and system change measures. This has since commenced.

## Tracking impacts and outcomes over time

To help depict our line of sight from our action plan to capturing change over time in reporting, we have drafted some reporting elements that may be seen in our Annual Reports (below). The *System Change Indicators* will build a 'narrative' of how the system is changing locally and our annual measures, will 'track' change over time. We acknowledge that in working in complexity, our environments and systems are dynamic and changing, our plans, reports and measures will grow with us and narratives will continually provide context and learnings.

Sport & Recreation													
Objective	Annual measures	Victorian Data / Available Local Data	Baseline against yearly data	Trend	Current status								
Increase availability, access and promotion of healthy food and drink options and decrease availability, access and promotion of discretionary food and drinks	# of clubs, leagues, and recreation committed to implementing a whole of setting approach	54%	 <table><thead><tr><th>Year</th><th>Value (%)</th></tr></thead><tbody><tr><td>07/08</td><td>60</td></tr><tr><td>14/15</td><td>62</td></tr><tr><td>17/18</td><td>65</td></tr></tbody></table>	Year	Value (%)	07/08	60	14/15	62	17/18	65		75%
Year	Value (%)												
07/08	60												
14/15	62												
17/18	65												
Reduce barriers for participation for targeted cohorts with low levels of physical activity	# of policies with commitments to health and wellbeing	54%	 <table><thead><tr><th>Year</th><th>Value (%)</th></tr></thead><tbody><tr><td>07/08</td><td>20</td></tr><tr><td>14/15</td><td>25</td></tr><tr><td>17/18</td><td>30</td></tr></tbody></table>	Year	Value (%)	07/08	20	14/15	25	17/18	30		30%
Year	Value (%)												
07/08	20												
14/15	25												
17/18	30												
Increase participation in physical activity through improving intersectional gender equity	Etc...												

## System change Indicators

*System Change Indicators* (see Appendix 1) are being trialled in the Inner East. These *Indicators* are the pre-conditions for local change that once achieved, create and strengthen environments and systems that are conducive of health and lead to population, state-wide health and wellbeing outcomes.

The *Indicators* were developed by Monash Health's Health Promotion Team (2018) and are based on the BUILD Framework (2007), Healthy Together Victoria's System Change Logic, and the World Health Organisation's System Building Blocks and Ottawa Charter.

The *Indicators* are context, policy and practice, components, partnership and engagement and foundations and infrastructure. Our annual action plans' consider how we create change and intervene across the system. These *Indicators* look beyond relying on individual behaviour change and program reach measurement and seek to measure and create a narrative of multiple interventions working concurrently to create health and wellbeing change.

Both quantitative and qualitative measures will be utilised to capture the outcomes.

We are committed to enhancing impact and outcome measurement for primary prevention and health and wellbeing and invite further conversations with the Department of Health.

# Community Health – Health Promotion Strategic Statement Guidelines 2021-2025

- ✓ Organisation name
- ✓ CEO and Health Promotion Program Contact  
Included on second page of Strategic Statement
- ✓ Total funding (CH-HP 28085; SR 38045 - Grant 289) and FTE  
Funding and FTE completed and submitted by each individual community health service
- ✓ Priority area from the Victorian Public Health and Wellbeing Plan 2019-23 (new, continuing, transitioning, and leading/supporting) and brief rationale  
A place-based approach has been taken that allows for priority areas to be identified in partnership with places and partners. Priorities include healthy eating, physical activity, social inclusion, gender equity, climate change. Rationale and details on page 4.
- ✓ Target population groups and settings for each priority area  
Target places and population groups outlined in *places for action* section in the Action Plan.
- ✓ Outcome, indicators and measures for each priority area  
Goals, objectives, indicators and how we will track progress towards change is outlined. Systems Change Indicators guide our outcomes. Further action will occur in the next 12 months to strengthen our measurement and processes.

*Connected, Active and Healthier* Strategic Statement and Action Plan written by Health Promotion and Prevention Teams across the Inner East.

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# Sport & Recreation

## Goal

Increase health and wellbeing outcomes through sports clubs, leagues and recreation.

## Places for action

Sports clubs, leagues and recreation facilities.

## Partners

**Lead:** Access Health and Community and Link Health and Community

- Sport and Recreation Departments and Health Planners at Inner East Councils
- Sports clubs, leagues and recreation and their local communities
- Healthy Eating Advisory Service, Cancer Council Victoria, Victorian Kids Eat Well, Together for Equality and Respect

## Objectives

By June 2025,

- Increase availability, access and promotion of healthy food and drink options and decrease availability, access and promotion of discretionary food and drinks.
- Reduce barriers to participation for targeted cohorts with low levels of physical activity.
- Increase participation in physical activity through improving intersectional gender equity.

## How we track progress over four years

Annual measures

- # of clubs, leagues and recreation committed to implement a whole of place approach
- # of policies with commitments to gender equity, health and wellbeing
- # of health and wellbeing actions implemented in clubs, leagues and recreation
- # of clubs, leagues and recreation actively increasing participation from target cohorts (including women and girls)
- # of clubs, leagues and recreation with at least 50% of green food/drink products
- # of clubs, leagues and recreation with no more than 20% of red food/drink products



# Sport & Recreation

## Our plan of action

### 4 Year Indicators

When we know we have changed the local system

### 1 Year Change Statement

Our measurable target and change we hope to see

### Activities

Some of our actions and inputs towards change

## CONTEXT

Complexity of the system is understood. The system is prepared and mobilised for change

1. Context and complexity (barriers and leverage) of sports clubs, leagues and recreation is understood, including practitioners' sphere of influence vs. clubs, leagues and recreations' influence.
2. Sports clubs, leagues and recreation use assessment tools to understand how their whole place contributes to health and wellbeing.

- 1.1 / 2.1 In partnership with clubs, leagues and recreation the system is mapped, and leverage, opportunities, barriers and priority areas are identified.
- 2.1 Clubs, leagues and recreation are supported to understand the impact of COVID on the health and wellbeing of their club members, communities, and leagues.

- Build on existing work in this space (Inclusive Clubs, other assessment tools) to start to understand the context of sports clubs as a platform for health and wellbeing change.
- Explore mapping tools available.
- Scope sports clubs, leagues and recreation places for each local government area (LGA).
- Understand policy environment for clubs in each LGA, including LG policies and GE Act.

## POLICY & PRACTICE

Commitments to prevention and change are formalised

3. Clubs, leagues and recreation formalise their health and wellbeing commitment through action plans and relevant policies.

- 3.1 Clubs, leagues and recreation formalise their commitment to health and wellbeing action in action oriented workshops.
- 3.2 Clubs, leagues and recreation identify and adapt policies to embed health and wellbeing.

- Provide opportunities for clubs to develop actions and formalise their commitment.
- Partner with Councils and support implementation of their policies and frameworks that align to *The Partnership's* project objectives.

## COMPONENTS

Initiatives, services and resources are coordinated and mutually reinforcing

5. A whole of place approach to health and wellbeing is developed and implemented in clubs and recreation, including resources (e.g. assessment tools). This approach aligns to local, state and national frameworks and guidelines (such as TFER).
6. Clubs and recreation deliver regular capacity building opportunities for volunteers, influencers and club leaders.

- 5.1 Development of a whole of place approach is commenced.
- 5.2 Current resources are reviewed and adapted to reflect a range of health and wellbeing priorities (assessment tools, workshops, flyers).
- 5.3 Whole of place approach is promoted to build awareness and create momentum through multiple channels.

- Previous actions and learnings from Sunday Session will be implemented and explored for further capacity building opportunities with recreation centres.
- Build capacity in clubs and recreation to increase healthy eating and physical activity (e.g. Victorian Kids Eat Well, Healthy Choices Guidelines).
- Promote whole of place opportunities to places and partners.

6.1 In partnerships with specialist services, relevant organisational capacity building workshops are delivered.

- Deliver relevant workshops with clubs and recreation to support a whole of place change (e.g. Inclusive Clubs).

## PARTNERSHIPS & ENGAGEMENT

Strong and effective partnerships and linkages are developed and strengthened across the system

7. Strong partnerships are identified, strengthened, and mobilised with:

- Local Council and Sport and Recreation teams
- Clubs, leagues, state and peak bodies and recreation
- Specialist organisations.

8. *The Partnerships* is a local platform for shared knowledge, opportunities, and resources and collaborative action for health and wellbeing.

7.1 Relevant partners are identified and relationships are built to support a whole of place approach to healthy clubs and recreation (including local Councils across the Inner East).

8.1 *The Partnership* collectively shares knowledge, opportunities and resources.

- Working Group model across *The Partnership* will be explored as a platform for action in clubs, leagues and recreation. The inclusion of Councils and relevant specialist organisations will be considered.

## FOUNDATIONS & INFRASTRUCTURE

Resources, assets and supports are committed to strengthen prevention and workforce capacity

9. A skilled workforce (*The Partnership*) has the capacity and knowledge to deliver primary prevention in partnership with clubs, leagues and recreation.

10. Clubs, leagues and recreation recognise *The Partnership* as leaders in health and wellbeing.

11. Clubs, leagues and recreation implement healthy changes.

12. Whole of place framework/approach to healthy clubs, leagues and recreation is scaled across Inner East Council municipalities.

13. Clubs, leagues and recreation apply and successfully receive grants and funding to sustain their action areas.

9.1 The workforce identifies and completes appropriate capacity building opportunities.

11.1 Clubs, leagues and recreation have leadership and Board commitment to health and wellbeing.

13.1 Clubs, leagues and recreation are supported to learn how to apply for grants to support health and wellbeing action.

Note: Efforts for 2021-22 will focus on place up the context, components and connections in clubs, leagues and recreation to support their transition to 'covid normal' and what this means for their place and community.

- Develop and promote a training calendar across all priority areas and places to build workforce capacity.
- Implement actions to enable leadership and capacity building in clubs.



# Early in Life

## Goal

Increase health and wellbeing outcomes of children, families and staff in early years services.

## Places for action

Early Years Services, Maternal & Child Health and Public Maternity services (Antenatal and Postnatal) – *Baby Makes 3 sits under Early in Life however has it's own action plan.*

## Partners

**Lead:** Access Health and Community and Link Health and Community

- Inner East Local Governments and Maternal Child Health services
- Early Years Services and Networks
- Healthy Eating Advisory Service, Cancer Council Victoria, Deakin University, Together For Equality and Respect Partnership

## Objectives

By June 2025 in early in life places,

- Increased access and promotion of healthy food and drink options and decrease availability, access and promotion of discretionary food and drinks.
- Increased capacity of staff to prepare and provide healthy food and drink options.
- Increased opportunities for children and staff to engage in physical activity.
- Increased capacity to deliver healthy eating, active living programs.
- Increased staff capacity and environments that support gender equity.

## How we track progress over four years

Annual measures

- # early years services engaged in capacity building activities
- # of early years services committed to implement a whole of place approach
- # of policies with commitments to gender equity, health and wellbeing
- # of health and wellbeing actions implemented in early years services
- # of early years services with Achievement Program benchmarks met
- # of services embedding the INFANT program
- # of early years services meeting the menu planning guidelines



# Early in Life

## Our plan of action

### 4 Year Indicators

When we know we have changed the local system

### 1 Year Change Statement

Our measurable target and change we hope to see

### Activities

Some of our actions and inputs towards change

## CONTEXT

Complexity of the system is understood. The system is prepared and mobilised for change

1. Early years services and Maternal and Child Health understand health priorities, the impact they have on children and families and how their place contributes to the health and wellbeing experienced.

2. *The Partnership* understands the barriers, leverage and opportunities early years services and Maternal and Child Health face in participating and implementing sustainable health promoting action.

1.1 In partnership with early years services and Maternal and Child Health, the systems are mapped, to include connections between existing programs, barriers, opportunities and priority areas.

2.1 *The Partnership* hold a greater understanding of early years services and Maternal and Child Health's competing priorities, values, opportunities, needs and health promoting options.

2.2 Actions are identified that work towards improving multiple health priority areas.

2.3 *The Partnership* understand the context, needs, leverage points, advantages and barriers of relevant programs and interventions (e.g. administration) for the early years sector.

- Scoping and mapping will occur with early years services and Maternal and Child Health.
- An equity lens will be utilised to prioritise which new early years services to engage.
- Plan to share learnings about barriers and opportunities with early years services and Maternal and Child Health and across *The Partnership*.
- Map co-benefits between climate change, gender and other health priorities.

## POLICY & PRACTICE

Commitments to prevention and change are formalised

3. Early years services strengthen their commitment to health and wellbeing and primary prevention through policies and action plans, which can include gender equity, inclusion, climate mitigation/adaptation, healthy eating and physical activity.

3.1 Early years services are supported to commit to action plans and policy changes that embed health and wellbeing.

3.2 *The Partnership* identifies and advocates for amendments to early years policies, programs and practices at a local and state level that could be strengthened to improve health and wellbeing outcomes.

- Develop/adapt action plan template/s that early years services can adopt.
- Work with early years services and/or maternal child health to explore policy and practice changes that support health and wellbeing.

## COMPONENTS

Initiatives, services and resources are coordinated and mutually reinforcing

4. *The Partnership* explores and implements whole of place approaches and initiatives that support the health and wellbeing of children, families and staff at early years services.

4.1 Early years services are supported by *The Partnership* to strengthen existing health and wellbeing efforts that focus on prevention, scale and sustainability.

4.2 Staff at early years services build their capacity through regular professional development related to health priorities (climate change, gender, healthy eating, physical activity).

4.3 *The Partnership* identifies opportunities to scale and/or increase sustainability of initiatives (e.g. embed existing programs and actions within the Achievement Program).

- Use social and local media to increase awareness and promote success of health and wellbeing initiatives in early years services.
- Create the online version of the Free to Be Me program to enable sustainability and scalability, and align to the Achievement Program.
- Support or promote staff capacity building opportunities.

## PARTNERSHIPS & ENGAGEMENT

Strong and effective partnerships and linkages are developed and strengthened across the system

5. Early years services and Maternal and Child Health have strong partnerships with local government, community and health organisations and specialist organisations.

5.1 Relevant partners are identified and relationships are built to support a whole of place approach for the health and wellbeing of early years services; including climate change and gender equity.

5.2 Relationships with other specialist services and local government, and involving volunteers is explored to further support sustainability in early years places.

- Scope partnerships required to enable us to leverage change in early years, including partnerships with organisations specialising in action on climate change, gender equity, healthy eating and physical activity.
- Determine the approach we will use to engage and partner with early years services (e.g. networking approach, critical friends, early year services franchises).

## FOUNDATIONS & INFRASTRUCTURE

Resources, assets and supports are committed to strengthen prevention and workforce capacity

6. Early years services and Maternal and Child Health embed health and wellbeing actions into their policies, initiatives and plans.

7. A skilled workforce (*The Partnership*) has the capacity and knowledge to deliver primary prevention in partnership with Early Years services and Maternal & Child Health.

6.1 Support from *The Partnership* enables early years services to implement healthy change in their places.

6.2 Early years services are supported to explore relevant grant opportunities that encourage health and wellbeing action.

6.3 Relevant grant opportunities are shared with early years services.

7.1 The workforce identifies and completes appropriate capacity building opportunities.

- Develop partnerships that bring resources and skills (e.g. organisations that can provide information about climate change).
- Include infrastructure in the action plan template (potential barriers e.g. high staff turnover).
- Develop and promote a training calendar across all priority areas and places to build workforce capacity.

# Early in Life: *Baby Makes 3*

**Note :** *Baby Makes 3* action in antenatal services is funded by the Office for Prevention of Family Violence and Coordination, Fairer Victoria Department of Families, Fairness and Housing. The project - Strengthening Gender Equality in Antenatal and Maternity Services is funded from March 2021-February 2023

## Goal

Breakdown the gendered social norms of becoming a parent towards the prevention of family violence by building mutual understanding, appreciation and respect among first time parents and the capacity of local governments, maternal child health and maternity services to promote gender equality in antenatal and postnatal services

## Places for action

Maternal and Child Health (MCH) services, public maternity services and in organisations with cultural expertise directly engaging with the diversity of Victorian families.

## Objectives

By June 2025,

- Increased collaboration and partnerships to promote and support gender equality in perinatal services
- Increased understanding of and support for gender equality by MCH, Public Maternity Services and organisations with cultural expertise demonstrated through practices, structures and systems change.
- Gender equality principles and respectful relationships messages embedded in MCH's first time parent groups and public perinatal services' Child Birth and Parenting education programs.
- MCH group-based programs and Child Birth and Parenting education groups - build knowledge and skills for equal and respectful relationships, equitable distribution of parenting, household chores and decision-making in families
- A sustainable model of workforce development for perinatal services towards gender transformative practice that are inclusive of both birthing and non-birthing parents and do not reinforce current gendered expectations/social norms of parenting.
- Diverse families are engaged in inclusive and safe ways and supported to have respectful relationships
- Evidence base for primary prevention in perinatal services is strengthened and influences ongoing investments and program development.

## Partners

**Lead:** healthAbility

- Local governments Maternal Child Health (MCH) Services
- Health services / antenatal and maternity providers
- Aboriginal Controlled Community Health Organisations (ACCHOs) and Aboriginal Controlled Community Organisations (ACCOs)
- Relevant partners with cultural expertise and competence

## How we track progress over four years

Annual measures

- # of gender equality strategies implemented in perinatal services (parent touchpoints, workforce development, policies and procedures, physical environment and parent information)
- # of MOU with key partners (MCH, public maternity services, women's health services, ACCO and ACCHOS, organisations with cultural expertise)
- Contributions to the evidence base
- # of staff in perinatal services and organisations with relevant cultural expertise that can identify what constitutes healthy, supportive and safe relationships
- # of parents reached through partner organisation implementation of group based programs

# Baby Makes 3

## Our plan of action

### What is *Baby Makes 3*?

*Baby Makes 3* is an evidenced-based, award-winning education and social change initiative for gender equality. *Baby Makes 3* shapes long-term attitudes and social norms about parenting by challenging outdated gendered expectations of becoming a parent. It builds:

- Mutual understanding, appreciation and respect among first-time parents
- Capacity of local governments, maternal and child health services and maternity services to promote gender equality in antenatal and postnatal settings.
- Capacity of organisations with appropriate and relevant cultural expertise and engage with the diversity of Victorian families to to promote gender equality in services that engage with their community

### 4 Year Indicators

When we know we have changed the local system

### Why *Baby Makes 3*?

- Transition to parenthood is a pivotal stage that sets up long-term patterns in families.
- Australians are now more open to non-traditional parenting including dual incomes and sharing caring and domestic roles. However, not reflected in changed behaviours in many households.
- Becoming a new parent is a key transition point in the life course that presents important opportunities to address gender inequality.
- Key to addressing gender inequality is ensuring that all parents are actively and equitably engaged in all aspects of the perinatal journey.
- It is critical that the rigid gendered expectations of parenting are not reinforced in antenatal and maternity settings, that both birthing and non-birthing parents are equally valued and structures and practice in perinatal settings are inclusive of family diversity.
- Reducing gender inequality contributes directly to the prevention of violence against women, children and other forms of family violence

### 1 Year Change Statement

Our measurable target and change we hope to see

### Activities

Some of our actions and inputs towards change

## CONTEXT

Complexity of the system is understood. The system is prepared and mobilised for change

1. Parent journeys (norms, practices and structures) are mapped and understood, including experiences through/for:

- Postnatal services (maternal child health services)
- Diverse families (Aboriginal and Torres Strait Islander, LGBTIQ+ parented families, rural and remote and CALD)
- Local, individual partner antenatal services (state level understanding of antenatal services journeys completed previously)

1.1 Parent journeys are mapped to identify and understand norms, practices and structures in perinatal services (including community organisations with cultural expertise and competence) that reinforce gender stereotypes

1.2. University courses for perinatal services professional mapped for GE and respectful relationships content

- Parent journey maps:
  - MCH – statewide consultation with workforce and codesign with sector to finalise map
  - Antenatal – local maps with partners
  - BBN – with ACCOs maps specific to country, culture and language
  - Community orgs with cultural expertise and competence map specific to culture and language
  - Partner with Respect Vic and Drummond Street to utilize existing journey maps through perinatal services for LGBTIQ+ parented families



## POLICY & PRACTICE

Commitments to prevention and change are formalised

2. Local government, MCH, antenatal services and organisations with cultural expertise have MOUs and policies outlining expectations and commitments to embedding GE principles.

3. BM3 aligns to the gender equality act. Organisations use BM3 as a platform to achieve their legislative requirements.

2.1 Relevant partners have MOUs/ partnership agreements.

2.2 Antenatal and postnatal service's policies are audited and changed to reflect practice and promote inclusive parenting.

3.1 Organisations identified as defined entities include BM3 in Gender Equality Action Plans to meet requirements of Gender Equality Act.

- Finalise partnership templates for different settings that outline expectations and commitments to change towards embedding GE principles and respectful relationship messages.
- Scope alignment of the Gender Equality Act and BM3 for perinatal services that are defined entities.
- Develop tools and resources to support organisations audit, develop and amend policies

## COMPONENTS

Initiatives, services and resources are coordinated and mutually reinforcing

4. MCH (postnatal) whole of setting framework and resources developed that embeds gender equality principles and disrupts the adherence to rigid gendered stereotypes of parenting.

5. Antenatal and postnatal organisations are supported to embed whole of setting change that promote gender equality and respectful relationships:

- Physical environment and practice considers gender equality, does not reinforce rigid gendered parenting stereotypes and is inclusive of both parents.
- Gender bias and awareness of current social norms are considered in practice

6. Local government partners are supported to implement and sustain the group based BM3 program in MCH services that reflects community need.

7. Resources for a whole of setting approach to embed gender equality and respectful relationships are, adapted and relevant for perinatal services.

8. A targeted approach to BM3 is developed and delivered with diverse families and parents.

4.1 Postnatal whole of setting framework and resources developed and ready to commence trialing .

5.1 Antenatal and postnatal organisations supported to review norms, practices and structures and identify actions to embed

6.1 Central system maintained for recruitment, training and mentoring of BM3 program facilitators for sustainability

6.2 Shorter BM3 postnatal group programs trialed using hybrid models of delivery.

7.1 Resources and tools developed for MCH services to support whole of setting approach –physical environment and health information audit tools, correspondence templates, training package for staff.

8.1 BM3 resources developed that reflect cultural integrity, for families from CALD backgrounds (Chinese, Burmese, Indian and Afghan families)

8.2 Bicultural BM3 champions trained and contribute to development of models for engaging CALD families

- Utilise journey maps created to understand how families engage in postnatal services and codesign to develop of a whole-of-setting postnatal framework.
- Extensive existing learnings and reflections from the antenatal approach to gender equality will be consider in development of the postnatal framework.
- Quarterly facilitator training delivered perinatal / early years organisations.
- Community of Practice co-ordinated to support embedding GE and respectful relationships principles
- Partner with organisations with cultural expertise to tailor resources with community. (partner with Whitehorse Council for tailoring for Chinese families, VicSEG New Futures – Indian and Burmese families)
- Capacity building workshops and training are delivered to build capacity of current and emerging workforces (including MCH and early years workforces in local government, maternity service staff)
- GE champion training for staff of organisations with relevant cultural expertise adapted and delivered. This will include partnering with ACCO's to build Balit Booboop Narrkwarren (BBN) champions.

## PARTNERSHIPS & ENGAGEMENT

Strong and effective partnerships and linkages are developed and strengthened across the system

9. Strong partnerships and connection with antenatal, postnatal and relevant partners (including those with cultural expertise and competence) are built and maintained
10. BBN has strong partnerships with ACCHOs and ACCOs. This will include both local and state-wide organisations.
11. Collaborate with Regional Women’s Health Services to support perinatal services and organisations with cultural expertise to embed GE and respectful relationship principles.

- 9.1/10.1 Partnerships and connections with relevant organisations, ACCHOs and ACCOs are continually developed and strengthened
- 10.2 Collaborate with VACCHO to embed GE principles into Aboriginal health workers certificate courses.
- 11.1 MOU developed with Regional Women Health Services to ‘smash the gendered expectation of being a parent’ through changes in practice, systems and structures in local services

- Stakeholder mapping conducted to identify organisations with cultural expertise with priorities to PVAW, GE and strengthen family relationship. Prioritise organisations for partnership exploration.
- Partner with ACCHOs and ACCO in metro and regional communities. (Gippsland, Southern and Eastern Metro).

## FOUNDATIONS & INFRASTRUCTURE

Resources, assets and supports are committed to strengthen prevention and workforce capacity

12. Contributor workforce including, early years local government staff, MCH coordinators, antenatal and postnatal staff, facilitators and partners have the confidence and capacity to address gendered norms.
13. BBN and CALD bicultural current and emerging workforce have confidence and capacity to address gendered norms.
14. Undergraduate and postgraduate education and training of midwives, MCH, doctors, obstetricians and allied health staff includes gender equality principles and approaches.
15. Funding base for BM3 backbone sustained and program funding has grown to enable the growth and scale of BM3

- 12.1 Workforce development program developed for MCH and early years staff at local government.
- 12.2 Workforce development online module developed and trialed for staff from antenatal and maternity services
13. BBN and GE champions training embedded with relevant elements of cultural safety
- 15.1 Exploration of additional sources of funding to further develop program mapped and prioritized.
- 16.2 BM3 Backbone supports ongoing uptake and opportunities across local government, statewide and nationally.

- Workforce development needs and approaches require consultation process with MCH services.
- Develop industry advisory group to shape the development of online modules for antenatal and maternity services
- BBN Champion Training delivered to staff from ACCHOs and ACCOs.
- GE Champion training delivered to staff from organisation with CALD expertise



# Social Housing & Neighbourhoods

## Goal

Inner East communities live in healthy and connected households and neighbourhoods

## Places for action

Social housing and the surrounding neighbourhoods

## Partners

**Lead:** healthAbility and Access Health and Community

- Social housing communities and neighbourhoods
- Department Families Fairness & Housing (DFFH) and local government
- Relevant partners with specific opportunities, knowledge, resources (Neighbourhood Houses, Volunteer resource centres, local community social and welfare organisations, service clubs)

## Objectives

By June 2025,

- Hardly reached population groups are engaged and have a voice on actions that make a difference to their health and wellbeing.
- Sustainable and effective partnerships drive local health and wellbeing action across social housing and neighbourhoods.
- Place-based action to improve social inclusion in social housing and neighbourhoods creates intentional co-benefits to health and wellbeing outcomes (including mental health, healthy eating, physical activity, climate change and gender equity).

## How we track progress over four years

Annual measures

- # of residents consulted, involved, collaborating or empowered
- # actions delivered in partnership with our communities
- # of partnerships developed to deliver place-based actions
- # of grants received to contribute to delivering place-based action
- Intentional co-benefits of place-based action contributes to other health and wellbeing priorities (tracked through system mapping)



# Social Housing & Neighbourhoods

## Our plan of action

### 4 Year Indicators

When we know we have changed the local system

### 1 Year Change Statement

Our measurable target and change we hope to see

### Activities

Some of our actions and inputs towards change

## CONTEXT

Complexity of the system is understood. The system is prepared and mobilised for change

1. Stakeholders have a shared understanding of changes and actions that will increase liveability, inclusion, mental health, and physical health within communities.
2. Stakeholders understand their sphere of influence in social housing communities and neighbourhoods and are mobilised to act in digital inclusion.

- 1.1 Knowledge about local social housing communities and their neighbourhood context is documented and shared.
- 2.1 Digital inclusion stakeholders are identified (including local government departments).

- Understanding context and complexity of the local community, community connectors, partners and digital inclusion is strengthened (through conversations, meetings, surveys, observation, webinars, reports, etc) and documented.

## POLICY & PRACTICE

Commitments to prevention and change are formalised

3. Partners share the same vision of prevention and healthy change with hardly reached communities across the Inner East by embedding action in relevant policies and plans (including Municipal Public Health and Wellbeing Plans).
4. Commitments to health and wellbeing action within social housing and neighbourhoods are formalised with partners and our community, as relevant.

- 3.1 The *Partnership* understands the hardly reached communities' vision of health and wellbeing and advocate for inclusion in local policy and practice.
- 3.2 Advocate for digital inclusion to be embedded in Municipal Public Health and Wellbeing or other Council Plans/practice.
- 4.1 Stakeholders, committee members, and/or community commit to implementing health and wellbeing actions formalised in action plans.

- Commitment to health and wellbeing action in social housing and neighbourhoods is formalised through action plans and other relevant documents, including:
  - Caroline and Munro Street action plan and terms of reference
  - Wattle Hill Action Plan
  - Alamein Capacity Building Plan (led by DFFH).
- Meet with local government partners to collaborate on digital inclusion.

## COMPONENTS

Initiatives, services and resources are coordinated and mutually reinforcing

5. Partners are aligned to deliver initiatives and services (new and/or current) that match community need and demand.
6. New prevention initiatives are constantly explored by listening to our partners, volunteers and community members.

- 5.1/6.1 Partners, volunteers and communities are engaged in implementing action plans and identifying and developing new health and wellbeing actions.
- 5.2 Health and wellbeing actions implemented impact various areas as planned (inclusion, mental health, gender equity, climate change, healthy eating, physical activity).

- Leverage off existing actions and progress in social housing and neighbourhoods, including but not limited to:
  - Community Action Plans
  - Drop-in program
  - Inner East Digital Inclusion resource
  - Community events calendar

5.3 General community programs, services and supports are made more relevant and accessible to target communities.

5.4 Coordinate and deliver COVID recovery initiatives with our communities.

- Community/stakeholder meetings to progress action areas
- Communal gardening
- Community transport for shopping.

## PARTNERSHIPS & ENGAGEMENT

Strong and effective partnerships and linkages are developed and strengthened across the system

7. Strong connections and partnerships exist with communities, Councils, Neighbourhood Houses, volunteers, health and social service providers, key networks and state and peak bodies to leverage change.

7.1 Community members guide actions to increase neighbourhood liveability, social connection and contribute to other priority areas.

7.2 *The Partnership (Social Inclusion Practitioner Working Group)* integrates action across the Inner East through shared understanding of learnings, project work, action plans, partners and digital inclusion.

7.3 Relevant partners take responsibility for maintaining and hosting the inner east digital inclusion resource.

- Continue to strengthen partnerships and relationships with existing community connectors, partners, committees and networks.
- The *Social Inclusion Practitioner Working Group* meets regularly as a platform for integrated planning, learning and action.

## FOUNDATIONS & INFRASTRUCTURE

Resources, assets and supports are committed to strengthen prevention and workforce capacity

8. Resources, assets, and supports of partners, volunteers and community members are committed to strengthening prevention and healthy changes in their communities.

9. A skilled workforce (*The Partnership*) has the skills and capacity to skilfully deliver primary prevention across a variety of health priorities within social housing and neighbourhoods.

8.1 Opportunities/partnerships/resources/grants/ are sought to deliver on health and wellbeing action in social housing and neighbourhoods.

8.2 Resources, assets and supports are available to support healthy change actions, availability of healthy options and health promoting environments.

9.1 A skilled workforce is built through professional development opportunities.

- Will identify possible grant opportunities to support health and wellbeing action (including VicHealth grants).
- Leverage partners for opportunities of resources and assets to support health and wellbeing action (i.e. resource donations).
- Undertake capacity building – e.g., webinars, communities of practice and workshops.



# Community Organisations

## Goal

Increase health and wellbeing outcomes by supporting and mobilising community organisations and partnership.

## Places for action

Community organisations (Box Hill Rotary Club) and Community Networks.

## Partners

**Lead:** healthAbility and Access Health and Community

- Community organisations (Box Hill Rotary Club)
- Community networks (Healthy Masculinities Working Group, LGBTIQ+ Working Groups, Together For Equality and Respect Partnership, Connecting Manningham etc.)
- Local government in the Inner East
- Community Health Services, Clinical Staff, Eastern Health

## Objectives

By June 2025,

- Partnerships and organisations can identify, advocate and mobilise health and wellbeing action.
- A whole of setting, best-practice, intersectional approach to Rotary Clubs framework is developed, piloted and scaled.

## How we track progress over four years

Annual measures

- # of health and wellbeing actions implemented
- # of resources developed that support prevention action and understanding
- Reach of resources to partners, organisations and community members



# Community Organisations

## Our plan of action

### 4 Year Indicators

When we know we have changed the local system

### 1 Year Change Statement

Our measurable target and change we hope to see

### Activities

Some of our actions and inputs towards change

## CONTEXT

Complexity of the system is understood. The system is prepared and mobilised for change

1. Context of the intersectionality of gender equity, inclusion and diversity in Rotary Clubs broadly and locally is understood.
2. The changing context and complexity of father engagement and its contribution to gender equity is understood.

- 1.1 Rotary Club membership journey map is created and understood.
- 1.2 Leverage, opportunities and barriers to gender equity are identified in Rotary Club for future action.
- 2.1 Understand the intersections between healthy masculinities and health priority areas.

- Partnership with Box Hill Rotary Club will be used as a platform for exploring gender equity, inclusion and diversity in Rotary Clubs. From this, a whole of place approach will be developed and trialed.
- Participate in Healthy Masculinities network.

## POLICY & PRACTICE

Commitments to prevention and change are formalised

3. Community organisations, partnerships and networks have up-to-date TOR and policies that reflect their commitments to health and wellbeing priorities.

- 3.1 Rotary Clubs identify relevant policies to adapt.
- 3.2 Rotary Clubs gender equity working group and *Healthy Masculinities Working Group* Terms of Reference will be regularly reviewed and updated.

- Attend meetings to discuss policy and practices.

## COMPONENTS

Initiatives, services and resources are coordinated and mutually reinforcing

4. Rotary Club members have the capacity to identify, act and advocate in gender equity, diversity and inclusion.
5. Action in community organisations, working groups and networks are mutually reinforcing and co-designed with participation from diverse and hardy reached community groups.

- 4.1 Capacity building workshops build Rotary Club members capacity in gender equity, diversity and inclusion.
- 5.1 In partnership with Rotary Clubs, young people, LGBTQI+ and other relevant target organisations/populations, co-design processes identify health and wellbeing initiatives that are mutually reinforcing.
- 5.2 *Father Engagement Map* builds local context, knowledge and engages partners.

- Leverage off current learnings and project actions with *Healthy Masculinities*, *LGBTIQ+ young people and Gender equity and Inclusion in Rotary Clubs*.
- Disseminate *Father Engagement Map with Maternal Child Health Services* to partners working with men and fathers.

## PARTNERSHIPS & ENGAGEMENT

Strong and effective partnerships and linkages are developed and strengthened across the system

6. As members of external networks/ partnerships *The Partnership* act as connectors in the system and supports community organisations to achieve health and wellbeing outcomes.

7. Partners, organisations (including Rotary clusters and districts) and community members are connected, heard and mobilised to act together.

8. *The Partnership* contribute to key local partnerships and networks (including but not limited to *Together for Equality and Respect* and Council's gender equity networks).

9. *The Partnership* is supported to implement a climate lens approach across all places.

6.1 Communities of practice (CoP) model for *Healthy Masculinities* developed and meets quarterly. CoP expanded to local organisations and community members.

6.2 Rotary Advisory Group meets regularly to collaborate on an intersectional approach to gender equity, inclusion and diversity.

6.3 Partnerships and relationships with relevant external organisations and networks are maintained and strengthened.

7.1 Partners, organisations and community members are connected as relevant to other external local prevention work, organisations and networks.

8.1 *The Partnership* attend key local partnerships and networks and contribute health promotion expertise.

9.1 The establishment of a climate health CoP is explored across the partnership.

- *Healthy Masculinities* – looking at including community health, local government, education, department of health, sports clubs, etc. in the CoP.
- Investigating connecting work with Rotary Clubs with broader TFER and local PVAW/GE partners and actions.
- Continue to support and contribute to local networks (Together for Equality and Respect, LGBTIQ+, Connecting Manningham and local government's gender equity networks).
- Scope partnerships and commence engagement for a climate and health CoP.

## FOUNDATIONS & INFRASTRUCTURE

Resources, assets and supports are committed to strengthen prevention and workforce capacity

10. Health and wellbeing changes are embedded in community organisations and networks.

11. Community organisations, networks and members commit resources and assets to prevention initiatives.

12. Structures are established to support program implementation and sustainability.

Note: Efforts for 2021-22 focus on developing and strengthening connections with community organisations and networks, understanding their context and mobilising organisations, partners and networks to lead, act and advocate for prevention action. Healthy change action will be further defined and reported on annually.





# Education

## Goal

Education places in Boroondara and Manningham provide healthy environments.

## Places for action

Schools and Universities.

## Partners

**Lead:** Access Health and Community

- Schools, Universities
- Department of Education Respectful Relationship Lead and Liaison Officers
- Local Government
- Healthy Eating Advisory Service, Cancer Council Victoria
- headspace

## Objectives

By June 2025, education places will have

- Embedded policies and actions to improve student and staff wellbeing.
- Increased understanding and capacity to improve health and wellbeing.
- Capacity to work collaboratively and adapt to emerging health issues (including *The Partnership*).

## How we track progress over four years

Annual measures

- # of schools committed to implement a whole of place approach
- # of policies with commitments to gender equity, health and wellbeing
- # of health and wellbeing actions implemented in education
- # of capacity building activities delivered to increase knowledge and skills of places or partnership agencies.



# Education

## Our plan of action

### 4 Year Indicators

When we know we have changed the local system

### 1 Year Change Statement

Our measurable target and change we hope to see

### Activities

Some of our actions and inputs towards change

## CONTEXT

Complexity of the system is understood. The system is prepared and mobilised for change

1. *The Partnership* understands the context and complexity (barriers, leverage and readiness for change) of partnerships, priority areas and covid response in the education setting.

2. Education understand the role of *the Partnership* in Covid recovery and support of primary prevention health and wellbeing initiatives.

3. Education understands the positive impact that primary prevention has on the education community.

1.1 Impacts of covid on schools are explored with staff, students and leader and the impact on health and wellbeing of their school.

2.1 The use of state health and wellbeing frameworks are explored, including context of schools coming out of Covid19 restrictions, to determine what initiatives will be implemented in schools to improve health and wellbeing.

3.1 Identify health promotion initiatives that align to schools' context and contribute to multiple health priority areas (including climate change, gender equity).

- Explore mapping and tools available to understand the context of the education as a place.
- Build capacity of *the Partnership* to understand the state level programs professional development, communities of practice, documenting and sharing existing barriers and consultation with schools.
- Attend local networks and meetings that connect with schools (Youth Services, Headspace).
- Map co-benefits between climate, gender equity and other health priorities.
- Note: effort for 2021-22 will be focused on re-establishing health promotion in this place, through Context and Partnerships.

## POLICY & PRACTICE

Commitments to prevention and change are formalised

4. Education review and update health and wellbeing policies to include priority health areas (e.g. climate change and gender equity, mental health, inclusion, healthy eating and physical activity).

4.1 Education places commit to whole of place approaches/ frameworks and embedding health and wellbeing into relevant policies and action plans.

4.2 *The Partnership* to share local learnings on statewide frameworks and advocate for identified areas for change.

- Use and adapt existing policy review and action planning templates.
- Support DET to build capacity of Respectful Relationship cluster network.

## COMPONENTS

Initiatives, services and resources are coordinated and mutually reinforcing

5. A whole of place approach to health and wellbeing is adapted and/or developed and implemented in education,

5.1/6.1 Education setting and *the Partnership* received professional development aligned to priority areas and a whole of place approach to health and wellbeing in schools.

- *The Partnership* identifies and implements relevant training opportunities.
- Pilot tools within schools.

including resources (e.g. assessment tools). This approach aligns to state and national frameworks and guidelines.

6. Improved capacity of *Partnership* agencies to take collective action on local education setting health needs.

5.2/6.2 *The Partnership* understands how to effectively and efficiently support schools to implement and strengthen health and wellbeing action.

5.3 Relevant *Free to Be Me* tools are trialed within a limited number of Respectful Relationship Primary Schools.

## PARTNERSHIPS & ENGAGEMENT

Strong and effective partnerships and linkages are developed and strengthened across the system

7. Strong partnerships are identified, strengthened and mobilised with:

- Department of Education and Training
- Local councils
- Community health organisations
- Specialist organisations
- Education.

8. Active engagement is established to strengthen commitment and responsiveness to shared health and wellbeing priorities.

7.1 Relevant partners are identified and relationships are built to support a whole of place approach in education.

7.2 Partners required for health and wellbeing action and sustainability in schools is understood.

7.3 Partnership document outlines key relationships with education.

- Continue strengthening current relationships and a Critical Friends network.
- Establish a partnership agreement as a summary of roles and responsibilities and partnership engagement.

## FOUNDATIONS & INFRASTRUCTURE

Resources, assets and supports are committed to strengthen prevention and workforce capacity

9. Education commit resources and assets to prevention initiatives to create healthy change in their place.

10. Structures are established to support program implementation and sustainability.

9.1 Schools implement, embed and commit to sustaining healthy actions and changes that align with schools plans and policies.

10.1 The workforce identifies and completes appropriate capacity building opportunities.

- Leverage existing infrastructure to support health promotion in education.
- Build workforce capacity in education system and existing health promotion programs.

# Appendix 1: System Change Indicators

The *System Change Indicators* (developed by Monash Health Health Promotion Team (2018) and are based upon BUILD Framework (2007), Healthy Together Victoria's System Change Logic, and the World Health Organisation's System Building Blocks and Ottawa Charter.

The *Indicators* will measure local system change. Local level environmental and system change create places that are conducive of health and wellbeing and will contribute to population health and wellbeing outcomes. Over the next 12 months, measurement and reporting will be strengthened.

