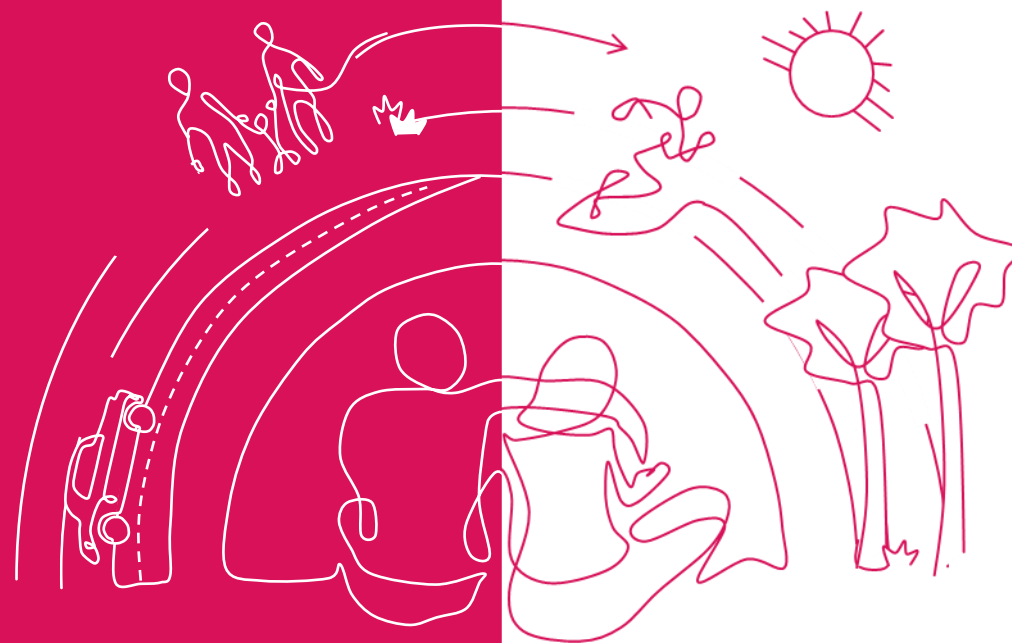


Connected, Active & Healthier

2023 - 24 Action Plan

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



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.



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Acronym Glossary

Acronym	Definition
AccessHC	Access Health and Community
AtoS	Attitude to School Survey
AP	Achievement Program
CoP	Community of Practice
DE	Department of Education
EMR	Eastern Metropolitan Region
EOI	Expression of Interest
F2BM	Free To Be Me
FISO	Framework for Improving Student Outcomes
GE	Gender Equality
hA	healthAbility
HE	Healthy eating
INFANT	Infant Feeding, Active Play and Nutrition
LGA	Local Government Area
LinkHC	Link Health and Community
MCH	Maternal and Child Health
MOU	Memorandum of Understanding
OSHC	Outside School Hours Care
PA	Physical activity
PD	Professional Development
RR	Respectful Relationships
VKEW	Vic Kids Eat Well

Connected, active & healthier in the Inner East

As we move into the 2023 – 24 Action Plan, the Inner East CHHP Partnership (*The Partnership*) continues their commitment to a connected, active and healthier Inner East through integrated primary prevention that improves the health and wellbeing of our community. Access Health and Community, healthAbility and Link Health and Community, apply a place-based, systems thinking approach to our practice. Community Health is unique in its ability and expertise to explore and address the complex and dynamic determinants that contribute to local health inequities.

The Partnership is on a journey of expanding collaboration and integration. Together we work seamlessly to expand the scope and scale of settings within healthy eating and physical activity, while building community and partners capacity with the intention of transitioning health and wellbeing action that sits outside of the 70/30 split. The last two years, *The Partnership* focused on building our workforce and partners' capacity for systems thinking, primary prevention and contemporary health promotion. Year 3 acknowledges that with budget cuts we cannot deliver the same volume of work, but will continue to innovate and push the boundaries by focusing on systems and collaboration. We continue to build momentum for scale and impact in the work we deliver and refining outcome reporting and timely feedback loops to inform decision making and action.

This action plan is the third plan and 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 influence system change. Places direct action towards priorities. *New and emerging places* encourages us to respond to change and will have specific actions as appropriate

SPORT & RECREATION EARLY IN LIFE NETWORKS & NEIGHBOURHOODS EDUCATION NEW & EMERGING



Together with our partners, settings & communities

The Partnership collaborate across Melbourne's Inner East to achieve primary prevention outcomes with our communities. *The Partnership* provides strategic primary prevention, health promotion and systems thinking leadership that amplifies outcomes through integration of efforts and resources. It operates across Boroondara, Manningham, Monash and Whitehorse. Our relationships with local government, partners and communities strengthen our initiatives. Collectively we create stronger, sustainable change.

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A place-based approach

Places acting as platforms for health and wellbeing change

SPORT & RECREATION

Participation in sports and recreation plays an instrumental role in improving the health and wellbeing of the community. Sport and recreation places can act as health promoting environments and engage community at many levels, making them ideal places to reach community. They are a platform to not only improve physical activity, but other health 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. healthAbility will *start* to lead in this space.

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 and healthAbility are continuing 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.

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 we have created this place in consideration of our approach. This space will have actions in the following years if appropriate.

Access Health and Community, Link Health and Community and healthAbility may all work in this place. Action in this space include *The Partnerships* work as explore a size inclusive approach in CHHP across the catchment.

NETWORKS & NEIGHBOURHOODS

Our social housing and neighbourhoods priority changed name in recognition of the transition this *place* is going through to align with the CHHP Guidelines. Health and wellbeing actions in this area are being transitioned to be led by community and partners and supported by community health. This section also captures health and community organisations which are equipped to meet the needs of their clients and community and create trust with those accessing their services.

Access Health and Community, Link Health and Community and healthAbility will *continue to lead* certain actions in this place with a goal to move to supporting over the next 12 months.

Prevention Principles & Practices

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

Lenses

Our place-based approach in the Inner East is layered with lenses. Lenses recognises and addresses climate health and intersectionality across actions and outcomes. As a partnership we are committed to applying and reporting against gender equity and climate change.

Climate

Climate change is considered in terms of mitigation and adaptation. This will include seeking climate and health co-benefits. A climate lens tool has been developed to support climate health actions, co-benefits and advocacy in our prevention practice. A *Climate Community of Practice* has been established to strengthen the workforce capacity in the Inner East and Latrobe regions.

Gender

The Partnership contracted Women's Health East to co-develop an intersectional gender lens tool. The tool strengthens our ability to apply an intersectional gender lens in planning, action and evaluation – promoting anti-oppressive practice, critical thinking and reflection. The tools align and reinforce our systems approach to innovate, reflect and adapt. The Gender Tool will be trialled over the coming year.

The tools can be provided on request.

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 complex environments, 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. The people within the places we work are context experts and their ownership drives change.

EQUITY & FAIRNESS

Everyone has fair and equitable 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.








Health and wellbeing outcomes for the Inner East

We are committed to health and wellbeing outcomes in our communities. Pairing system change indicators with the state-wide outcomes, we will measure and track across the places within which we are intervening.

We are strengthening how we measure change, tell the story of local actions and outcomes, accountability and how we track 'change over time'. We are building on the *Community Health – Health Promotion 2021-25 Guidelines*, and considering how we can learn from and leverage the language of 'small bite/big bite'. A series of systems measures that capture system level change is being trialled in our planning and reporting (see Appendix 2). In action planning, equal consideration is applied to how we will report and capture outcomes.

A commitment to tracking impacts and outcomes over time

Our Community Health - Health Promotion plans are outcomes focused. In the long term we align and contribute to population, state-wide outcomes. To measure and monitor our medium term impacts, we have developed overarching objectives that align to the guidelines and 4-year change statements that are medium term indicators of systems change. We will report against these impact measures annually to 'track' change over time and show directional change through our trend column. See below.

OBJECTIVE	ANNUAL MEASURES	RESULT	TREND	COMMENTS
Increase availability, accessibility and promotion of healthy food and drink options	# of clubs and recreation facilities with at least 50% of GREEN food/drink options making up at least 50% of their menu	0		Many clubs are happy working through VKEW with HCg the end goal.
	# clubs registered to VKEW	11		Round table promotion and use of incentives helping to increase this.
	# small bites—working towards	33		Clubs able to work on the relevant small bites.
	# of small bites achieved	8		Support has enabled some quick successes.
	# of big bites achieved	3		Process takes time. Will grow over the next season.
Increase participation in physical activity through improving intersectional gender equity	# of clubs, leagues and recreation actively increasing participation from target cohorts (including women and girls)	7		3 sports clubs that participated in Inclusive Clubs program have produced action plans.
Increase number of clubs, leagues and recreation facilities committed to improving health and wellbeing	# of clubs, leagues and recreation facilities actively supported	22		VKEW continues to drive these numbers up.

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. The indicators have varying amounts of actions against them based on where there is momentum and need in the system (i.e. more actions in context early on in an action, more in infrastructure in mature actions).

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 invite further conversations with the Department of Health.



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, Link Health and Community and healthAbility

- 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 (VKEW), Together for Equality and Respect, VicHealth, Vicsport, Swinburne University of Technology

Objectives

By June 2025,

- Increase availability, access and promotion of healthy food and drink options.
- Increase participation in physical activity through improving intersectional gender equity.
- Increase number of clubs, leagues and recreation facilities committed to improving health and wellbeing.

How we track progress over four years

Annual measures

- # of clubs, leagues and recreation facilities with at least 50% of green food/drink products
- # clubs and recreation facilities registered to VKEW
- # small bites (working towards) (healthy eating / active living)
- # small bites (achieved) (healthy eating / active living)
- # big bites achieved (healthy eating / active living)
- # settings meeting state based guidelines
- # of clubs, leagues and recreation facilities actively increasing participation from target cohorts (including women and girls)
- # of clubs, leagues and recreation facilities actively supported
- # of settings with active living policy



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

Measures

Some of our outputs and impacts (in bold)

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 facilities is understood and activated, including practitioners' sphere of influence vs. clubs, leagues and recreations' influence.	1.1 Clubs, leagues and recreation facilities are engaged and consulted to understand and inform what support and opportunities will create lasting change.	<ul style="list-style-type: none"> Reconnect and consult with previous Inclusive Club participants. 	<ul style="list-style-type: none"> # Settings consulted # Community Engagement Plans developed
2. Sports clubs, leagues and recreation facilities understand how their whole place contributes to health and wellbeing.	2.1 Clubs, leagues and recreation facilities use assessment tools to understand gaps and opportunities.	<ul style="list-style-type: none"> Complete baseline assessments with clubs, leagues and recreation facilities. 	<ul style="list-style-type: none"> # Baseline assessments conducted

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 facilities develop and review action plans	<ul style="list-style-type: none"> Develop new and review action plans with clubs, leagues and recreation facilities. 	<ul style="list-style-type: none"> # Action plans developed and/or updated
	3.2 Clubs, leagues and recreation facilities adapt or develop policies to embed health and wellbeing.	<ul style="list-style-type: none"> Support clubs to formalise and embed policies into club culture 	<ul style="list-style-type: none"> # Policies developed
	3.3 Council and leagues create/strengthen policies to promote healthy sponsorship.	<ul style="list-style-type: none"> Develop and promote advocacy campaign to create a "demand" for change 	<ul style="list-style-type: none"> # Advocacy strategies undertaken
4. Local food suppliers provide healthier options to clubs, leagues and recreation facilities	4.1 Food suppliers see business opportunities in providing healthier foods and drinks.	<ul style="list-style-type: none"> Advocate for healthier options using demand from clubs, leagues and recreation settings 	<ul style="list-style-type: none"> # Advocacy strategies undertaken # Places registered to food suppliers initiative

COMPONENTS

Initiatives, services and resources are coordinated and mutually reinforcing

5. A whole of place approach to health and wellbeing is implemented in clubs and recreation facilities.	5.1 Clubs, leagues and recreation facilities deliver health promotion interventions.	<ul style="list-style-type: none"> Support Inclusive Clubs working group to deliver on evaluation actions. Implement VKEW in Inner East clubs and recreation settings 	<ul style="list-style-type: none"> # Actions delivered # Small bites # Big bites # People reached
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			<ul style="list-style-type: none"> # Actions delivered # Settings supported to achieve at least one incremental change
		<ul style="list-style-type: none"> Deliver Sunday sessions project with equity recommendations 	<ul style="list-style-type: none"> # Settings supported # Actions delivered # People reached
	5.2 Sporting clubs, leagues and recreation facilities have increased capacity to improve health and wellbeing.	<ul style="list-style-type: none"> Explore and offer capacity building workshops across the EMR. Continue to deliver VKEW Roundtable Deliver VicHealth healthy sponsorship modules 	<ul style="list-style-type: none"> # Settings supported # Actions delivered # People reached
6. The Partnership improve the local food supply for clubs, leagues and recreation facilities	6.1. Food suppliers have increased capacity to provide healthy food and drinks	<ul style="list-style-type: none"> Work with suppliers to provide a range of healthier options to clubs, leagues and recreation facilities 	<ul style="list-style-type: none"> # Settings supported # Actions delivered # Green and Amber foods added to supplier menus

PARTNERSHIPS & ENGAGEMENT

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

7. Strong partnerships are identified and strengthened across the sector	7.1 Relevant partners are identified and/or strengthened to support healthy clubs, leagues and recreation facilities	<ul style="list-style-type: none"> Strengthen partnerships with peak bodies and local organisations to continue work in sport and recreation facilities (Inclusive Clubs, Sunday Sessions, Food for Thought, VKEW, Lettuce Talk About Food). 	<ul style="list-style-type: none"> # Partnerships developed/strengthened # Advisory groups developed/strengthened
8. The Partnership acts as a leader across the region and shares knowledge, opportunities, and resources to drive collaboration.	8.1 The Partnership share their learnings with the health sector and invite critical conversations to improve initiatives	<ul style="list-style-type: none"> Present updates and findings from initiatives to local, regional and state-wide forums, workshops, networks and CoPs. 	<ul style="list-style-type: none"> # Network/CoPs delivered or attended

FOUNDATIONS & INFRASTRUCTURE

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

9. The Partnership has the capacity and knowledge to deliver primary prevention in partnership with clubs, leagues and recreation facilities	9.1 The Partnership completes appropriate capacity building opportunities.	<ul style="list-style-type: none"> Attend capacity building opportunities. 	<ul style="list-style-type: none"> # Professional development sessions attended
	9.2 The Partnership contributes to the evidence base	<ul style="list-style-type: none"> Submit for publication in peer-reviewed journals and present at conferences 	<ul style="list-style-type: none"> # Contributions to the evidence base
10. Health and wellbeing initiatives are scaled across Inner East Council municipalities.	10.1 Sunday Sessions scaled beyond the sport and recreation setting.	<ul style="list-style-type: none"> Deliver Sunday Sessions in neighbourhood houses <i>* See Networks & Neighbourhoods setting</i> 	<ul style="list-style-type: none"> # Scaled programs # Organisations delivering scaled program
11. Clubs, leagues and recreation and community health settings apply and successfully receive grants and funding to enable continue health and wellbeing efforts.	11.1 Clubs, leagues and recreation facilities are supported to apply for grants.	<ul style="list-style-type: none"> The Partnership promotes and supports grant opportunities with clubs, leagues and recreations facilities. 	<ul style="list-style-type: none"> # Grants promoted or shared
	11.2 The Partnership's capacity is increased through external funding opportunities.	<ul style="list-style-type: none"> Scope and apply funding opportunities to support the delivery of interventions. 	<ul style="list-style-type: none"> # Grants received # In-kind supports



Early in Life

Goal

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

Places for action

Early Years Services

Partners

Lead: Access Health and Community, Link Health and Community and healthAbility

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

Objectives

By June 2025 in early in life,

- 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

- # services actively supported
- # of early years services supported /meeting menu planning guidelines
- # early years services delivering healthy eating actions
- # of early years services delivering physical activity actions
- # of health and wellbeing actions implemented in early years services
- # of early years services with Achievement Program benchmarks met
- # of INFANT program groups delivered
- # of policies with active living, gender equity, health and wellbeing
- # small bites (working towards) (healthy eating / active living)
- # small bites (achieved) (healthy eating / active living)
- # big bites achieved (healthy eating / active living)



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

Measures

Some of our outputs and impacts (in bold)

CONTEXT

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

2. Early years services understand their role in contributing to health priorities and the impact they have on children and families.	2.1 Early years services and council partners are consulted about health priorities and existing strategies.	<ul style="list-style-type: none"> Conduct needs assessments with Early Years services and share outcomes with them. 	<ul style="list-style-type: none"> # Needs assessments conducted # Settings consulted
3. Early years services are supported to understand how their whole place contributes to health and wellbeing.	3.1 Early years services complete surveys and tools to understand strengths, weaknesses and opportunities.	<ul style="list-style-type: none"> Early Years services complete the F2BM pilot pre and post surveys and assessment tools. 	<ul style="list-style-type: none"> # F2BM pre and post surveys completed # F2BM assessment tools completed

POLICY & PRACTICE

Commitments to prevention and change are formalised

3. Early years services are supported to commit to action plans and policy changes that embed health and wellbeing.	3.1 Early years services are supported to commit to action plans and policy changes that embed health and wellbeing.	Support early years services to: <ul style="list-style-type: none"> Register for the Achievement Program (AP) or the F2BM online pilot program. Create, review or update and publicly share a vision or commitment to health and wellbeing. Create a quality improvement plan with actions to improve health and wellbeing. 	<ul style="list-style-type: none"> # Places/services registered to initiatives # Services implementing a whole of service framework # Vision or commitment statements shared publicly # Quality improvement plans with integrated health actions
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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 and Maternal Child Health settings.	4.1 Early years services are supported by The Partnership to strengthen existing health and wellbeing efforts and implementing prevention initiatives that focus on scale and sustainability (including exploring a size inclusive approach and language).	<ul style="list-style-type: none"> Actively support early years services to implement the Healthy Eating and/or Climate Health Pathway in the AP. Pilot the F2BM online program with early childhood services and educators in Boroondara, Manningham, Monash and other interested services. 	<ul style="list-style-type: none"> # Actions delivered # Places implementing initiatives # Menu reassessments # Changes/benchmarks achieved # Changes to the environment # People reached
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	4.2 Staff at early years services build their capacity through regular professional development related to health priorities.	<ul style="list-style-type: none"> • Explore professional development opportunities and share with early years services. • Establish a Cooks Network for early years' cooks and educators. 	<ul style="list-style-type: none"> • # Networks/CoPs delivered • # People reached • # Actions delivered • # Workshops/training delivered • # Resources distributed
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PARTNERSHIPS & ENGAGEMENT

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

5. The Partnership has strong partnerships with early years services, Maternal and Child Health, local government, community, health organisations and specialist organisations.	5.1 Relevant partners are identified and relationships are developed or strengthened to support work toward a whole of place approach, for the health and wellbeing of early year's services.	<ul style="list-style-type: none"> • Work with council partners to promote and support recruitment for the F2BM online program pilot. • Strengthen partnerships with Deakin University and the Healthy Eating Advisory Service (HEAS). • Actively seek partnerships to support the expansion of CH initiatives (E.g. F2BM and INFANT) 	<ul style="list-style-type: none"> • # Partnerships developed / strengthened • # Partnerships delivering collaborative initiatives
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FOUNDATIONS & INFRASTRUCTURE

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

6. The Partnership commits to providing resources, assets and supports to early years services to provide health promoting environments	6.1 Early years services have greater support and resourcing to deliver health promoting initiatives.	<ul style="list-style-type: none"> • Work with council partners to maintain and update a database of early years' services. • Continue to implement the INFANT program with 2 x groups. • Promote and support early years services to apply for grants • Apply for grants to support the expansion of CH initiatives (E.g F2BM and INFANT) • Deliver small grant opportunities to early years services 	<ul style="list-style-type: none"> • # Databases updated/maintained • # Places implementing initiatives • # Actions delivered • # People reached • # Services supported to apply for a grant (letter of support etc.) • # Grants received • # Grants provided
7. The Partnership has the capacity and knowledge to deliver primary prevention in partnership with Early Years services and Maternal & Child Health.	7.1 The Partnership identifies and completes appropriate capacity building opportunities.	<ul style="list-style-type: none"> • The Partnership attend capacity building workshops and training (E.g AP training, HEAS modules) • Strengthen capacity of health professionals' knowledge of the AP. 	<ul style="list-style-type: none"> • # Professional development sessions attended • # Resources developed or shared • # Professional development or Community of Practices delivered



Networks & Neighbourhoods

Goal

Inner East communities connect and live in healthy and connected neighbourhoods

Places for action

Networks and neighbourhoods, including community organisations, neighbourhood houses, service clubs and social housing estates.

Partners

Lead: healthAbility, Access Health and Community and Link Health and Community

- Neighbourhoods and communities
- Department Families Fairness & Housing (DFFH)
- Local government in the Inner East & state-wide
- Community Health Services
- Relevant partners and community organisations (Neighbourhood Houses, Volunteer resource centres, service clubs - Rotary Club of Box Hill Central)

Objectives

By June 2025,

- Social housing population groups are engaged and have a voice on actions that make a difference to their health and wellbeing.
- Sustainable and effective partnerships (beyond CHHP funding) drive local health and wellbeing action across social housing and neighbourhoods.

How we track progress over four years

Annual measures

- # of social housing 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
- # of organisations actively supported
- # of organisations actively supported to achieve at least one incremental change
- # health and wellbeing changes supported by CHHP
- # action areas achieved
- # organisations support Healthy Choices Guidelines
- # small bites (working towards) (healthy eating / active living)
- # small bites (achieved) (healthy eating / active living)
- # big bites achieved (healthy eating / active living)



Networks, Neighbourhoods & Health 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

Measures

Some of our outputs and impacts (in bold)

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.	1.1 / 2.1 Stakeholders and communities are mobilised to lead existing actions to increase neighbourhood liveability, social connection and contributing to other priority areas	<ul style="list-style-type: none">Consult with community and stakeholders to identify opportunities to transition actions to community and relevant partners	<ul style="list-style-type: none"># Settings consulted# Opportunities identified
2. Stakeholders understand their sphere of influence in social housing communities and are mobilised to act (and lead) health and wellbeing.			
3. The context of food provision at healthAbility and AccessHC is understood.	3.1 The Partnership's understanding of the context of organisational food provision at healthAbility and AccessHC has increased.	<ul style="list-style-type: none">Undertake scoping of food provision at AccessHCDisseminate scoping reports to Executive and key stakeholders within healthAbility and AccessHC	<ul style="list-style-type: none"># Scoping reports produced

POLICY & PRACTICE

Commitments to prevention and change are formalised

4. Commitments to health and wellbeing action within social housing and neighbourhoods are formalised with partners and our community, as relevant.	4.1 Stakeholders, committee members, and/or community commit to leading health and wellbeing actions.	<ul style="list-style-type: none">Explore formal commitment from stakeholder network members and resident groups to lead and progress actionDevelop action plans with social housing communities	<ul style="list-style-type: none"># Partnership agreements# Action plans developed
5. Community, health organisations, partnerships and networks have up-to-date documents (TOR, policies).	5.1 Organisational document to underpin health-promoting catering developed and adopted.	<ul style="list-style-type: none">Develop draft organisational catering policy and/or charter and present to Exec for adoption	<ul style="list-style-type: none"># Policies/ Charters developed

COMPONENTS

Initiatives, services and resources are coordinated and mutually reinforcing

6. Support community to deliver on current and new initiatives and services based on community need and demand.	6.1 Engage with settings to identify which services and settings they are accessing in their neighbourhoods	<ul style="list-style-type: none">Engage with settings within neighbourhoods (schools, sports clubs, community organisations) and support them to lead prevention initiatives aligned with their priorities and those of The Partnership	<ul style="list-style-type: none"># Strategies delivered# Settings actively supported
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	6.2 Partners, volunteers and communities are engaged in implementing action plans and take ownership of current and new health and wellbeing actions	<ul style="list-style-type: none"> Support and empower community members to implement health and wellbeing actions 	<ul style="list-style-type: none"> # Settings supported to achieve at least one incremental change # Action areas achieved # Actions delivered
7. Staff have the capacity to identify and provide appropriate food options that support health and wellbeing	7.1 Catering resources are developed and disseminated to staff internally	<ul style="list-style-type: none"> Develop suitable catering resources to support staff to apply organisational policy / charter 	<ul style="list-style-type: none"> # Resources developed
8. Prevention initiatives, including whole of service approach to health and wellbeing, are adapted and/or developed and implemented in community organisations	8.1 Community organisations engaged with prevention initiatives are supported (VKEW, Achievement Program or Healthy Choices)	<ul style="list-style-type: none"> Scope what support we can provide community organisations to implement VKEW, AP or Healthy Choices guidelines Actively support community organisations that sign up for VKEW as relevant 	<ul style="list-style-type: none"> # Opportunities for support identified # Settings supported to implement healthy eating # Actions delivered # Of small bites achieved

PARTNERSHIPS & ENGAGEMENT

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

10. 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.	10.1 Partnerships are leveraged to transition existing health and wellbeing actions	<ul style="list-style-type: none"> Identify suitable partners to lead existing networks and actions 	<ul style="list-style-type: none"> # Actions transitioned to partners # Partnerships developed / strengthened # Networks attended
11. The Partnership is supported to implement a climate lens approach across all places	11.1 The establishment of a climate health CoP is explored across The Partnership	<ul style="list-style-type: none"> Plan and implement a bi-annual climate health CoP for health practitioners 	<ul style="list-style-type: none"> # CoP delivered # People reached
12. The Partnership connects with prevention partners and leaders in complex systems thinking	12.1 The Community Health Leaders in Systems Thinking CoP drives learnings, shared language and advocacy	<ul style="list-style-type: none"> Share leadership of CoP to advance learnings, shared language and advocacy 	<ul style="list-style-type: none"> #CoP delivered Learnings documented

FOUNDATIONS & INFRASTRUCTURE

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

13. Resources, assets, and supports of partners, volunteers and community members are committed to strengthening prevention and healthy changes in their communities.	13.1 Support existing partnerships to have the resources/funding to deliver on health and wellbeing actions	<ul style="list-style-type: none"> Identify grants and resources partners can apply for Support partners and settings to leverage existing opportunities, resources and assets to support health and wellbeing action (resource donations) 	<ul style="list-style-type: none"> # Grants received to partners # In-kind support received (time, resources and skills)
14. The Partnership has the skills and capacity to skilfully deliver primary prevention	14.1 A skilled workforce is built through professional development opportunities.	<ul style="list-style-type: none"> Undertake capacity building – e.g., webinars, communities of practice and workshops. Including but not limited to innovation, size inclusive language 	<ul style="list-style-type: none"> # Capacity building activities undertaken
	14.2 The Partnership integrates action and transition through shared understanding of learnings, actions, and partners.	<ul style="list-style-type: none"> Convene Housing and Neighbourhoods Working Group to support the transition and action. 	<ul style="list-style-type: none"> # Scaled programs

	14.3 The Partnership has an agreed and shared language and approach for the priority area of food.	<ul style="list-style-type: none"> Review and adapt all resources and language used to talk about food across all settings. 	<ul style="list-style-type: none"> # Resources reviewed and adapted
15. Health and wellbeing changes are embedded in community organisations and networks	15.1 Catering guidelines are embedded across The Partnership	<ul style="list-style-type: none"> Draft organisational catering documents are adopted by Exec 	<ul style="list-style-type: none"> Organisational catering document adopted by Exec
16. Structures are established to support program implementation and sustainability	16.1 Rotary Gender Equity (GE) Reference Group continues to embed internal GE action	<ul style="list-style-type: none"> Continue to support Rotary GE Reference Group to implement action 	<ul style="list-style-type: none"> # GE Reference Group meetings supported # Actions implemented



Education

Goal

Education places in Boroondara, Manningham, Monash, and Whitehorse provide healthy environments.

Places for action

Schools, Universities and Out of School Hours Care (OSHC)

Partners

Lead: Access Health and Community and healthAbility

- Schools, Universities, OSHC
- Department of Education Respectful Relationship Lead and Liaison Officers
- Local Government
- Healthy Eating Advisory Service, Cancer Council Victoria
- Headspace
- Inspiro
- Australian Council for Healthy Physical Education and Recreation

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*).
- Increased availability, access and promotion of healthy food and drink options

How we track progress over four years

Annual measures

- # of schools committed to implement a whole of place approach
- # OSHC committed to implementing a whole of place approach
- # of policies committing to active living, gender equity, health and wellbeing
- # of health and wellbeing actions implemented in education
- # schools actively supported with health promoting activities
- # of capacity building activities delivered to increase knowledge and skills of places or partnership agencies.
- # small bites (working towards) (healthy eating / active living)
- # small bites (achieved) (healthy eating / active living)
- # big bites achieved (healthy eating / active living)
- # settings meeting state based guidelines



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

Measures

Some of our outputs and impacts (in bold)

CONTEXT

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

1. The Partnership understand the context and complexity (barriers, leverage and readiness for change) of schools, priority areas and COVID-19 response in the education setting.

1.1 The Partnership increases their understanding of the education system and priority areas of schools.

- Examine state curriculum to find leverage points for prevention initiatives.

- **# Opportunities identified**
- **# Curriculum alignments**

POLICY & PRACTICE

Commitments to prevention and change are formalised

2. Education settings review and update health and wellbeing policies to include priority health areas as determined by schools, with a focus on the Victorian Public Health and Wellbeing Plan priority areas.

2.1 Schools are supported to develop and commit to action plans and policy changes that embed health and wellbeing within school culture.

- Support schools/OSHC to register for VKEW
- Support schools/OSHC to register for health and wellbeing initiatives
- Support staff and students to create an action plan or advocacy strategy to improve health and wellbeing using a whole of service framework

- **# Schools registered for VKEW**
- **# Schools/OSHC registered to initiatives**
- **# Action plans developed**
- **# Advocacy strategies**
- **# Services implementing a whole of service framework**
- **# Policies commit to gender equity, health and wellbeing**

COMPONENTS

Initiatives, services and resources are coordinated and mutually reinforcing

3. Prevention initiatives, including whole of settings approach to health and wellbeing, is adapted and/or developed and implemented in education settings, including resources (assessment tools). Where possible, these approaches will align to state and national frameworks and guidelines. Where possible these initiatives can be scaled and are sustainable.

3.1 The Partnership supports schools registered to prevention initiatives (e.g. VKEW)

- Actively support schools and OSHC that sign up for VKEW and other prevention initiatives, applying an equity lens to prioritise settings.
- Use existing resources to apply a size inclusive lens to prevention initiatives.
- Lead tobacco and e-cigarette initiative

- **# Schools/OSHC actively supported with VKEW (# within 5km radius of social housing estates; public vs private)**
- **# Small bites (working towards)**
- **# Small bites (achieved)**
- **# Big bites (achieved)**
- **# Schools actively supported with prevention initiatives**

			<ul style="list-style-type: none"> # People reached through actions delivered # resources adapted to reflect a size inclusive approach
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PARTNERSHIPS & ENGAGEMENT

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

4. Partnerships are identified, strengthened and mobilised to have leveraged meaningful systems change.	4.1 Existing partnerships to support prevention initiatives in education settings are strengthened.	<ul style="list-style-type: none"> Maintain and strengthen existing relationships and partnerships (e.g. Department of Education (DE), Council) 	<ul style="list-style-type: none"> # Partnerships maintained and strengthened # Partnerships delivering collaborative initiatives # Networks and/or COPs attended
	4.2 New partnerships are scoped and advocated for to support prevention initiatives in education settings.	<ul style="list-style-type: none"> Advocate for a more supportive environment for health promotion in schools. Explore opportunities for new partnerships (Coles, local businesses, Foodbank) Actively seek partnerships to support expansion of initiatives (E.g. Spaces and Play) 	<ul style="list-style-type: none"> # Advocacy activities undertaken or supported # New partnerships # New partnerships explored

FOUNDATIONS & INFRASTRUCTURE

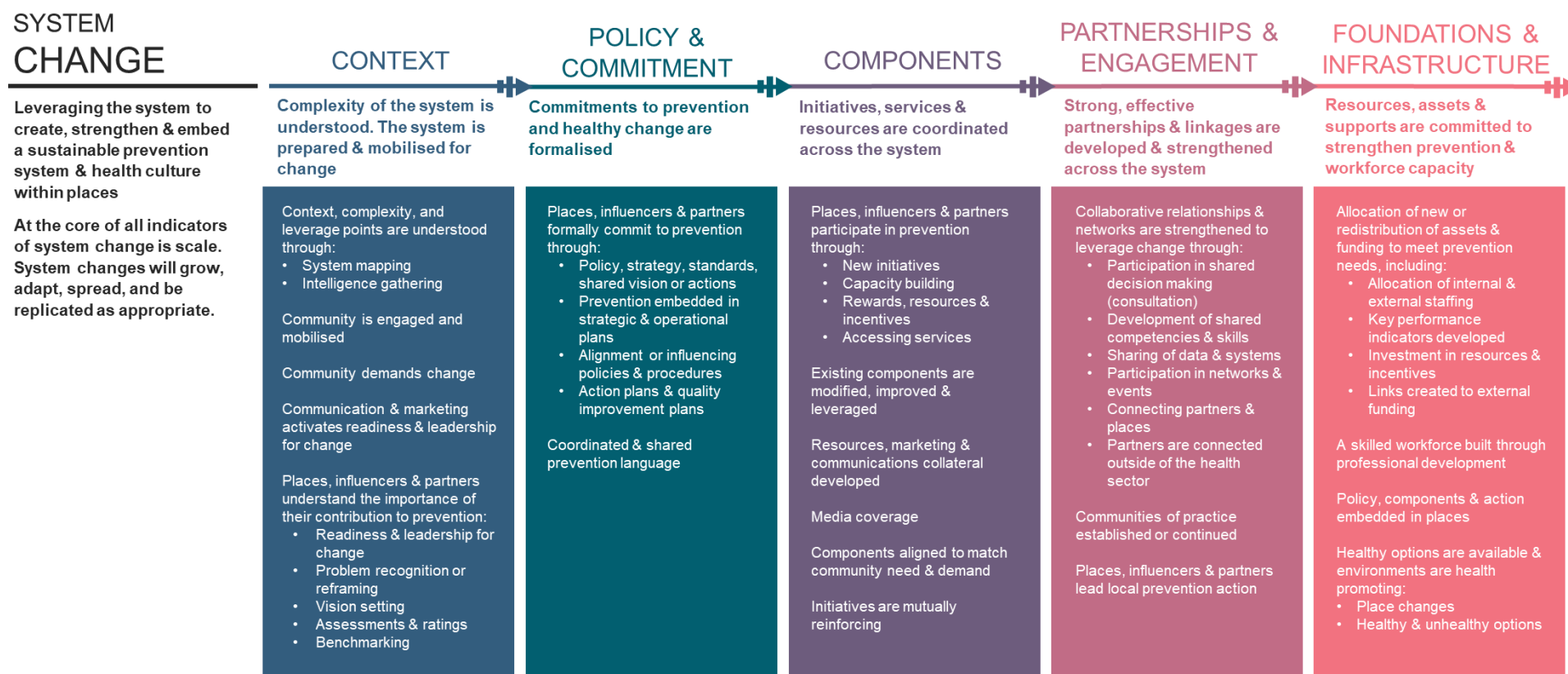
Resources, assets and supports are committed to strengthen prevention and workforce capacity

5. Education settings commit resources and assets to prevention initiatives.	5.1 The Partnership has worked to build the education settings capacity in prevention initiatives (e.g. VKEW, Spaces and Play).	<ul style="list-style-type: none"> Support education settings to build capacity in prevention (e.g. staff training) 	<ul style="list-style-type: none"> # Capacity building activities.
	5.2 Education settings have greater support and resourcing to deliver health promoting initiatives.	<ul style="list-style-type: none"> Work with DE and council partners to maintain and update a database of schools. Promote and support schools to apply for grants Apply for grants to support the expansion of CH initiatives (E.g Spaces and Play) 	<ul style="list-style-type: none"> # Databases maintained # Grants promoted or shared # Services supported to apply for a grant (letter of support) # Grants received
	5.3 The Partnership has worked to build our interest and understanding in prevention within the education setting.	<ul style="list-style-type: none"> Update database of schools across all 4 LGs, including information such as existing programs, health priority areas, canteens etc. 	<ul style="list-style-type: none"> # Databases maintained and updated.
7. Structures are established to support program implementation and sustainability.	7.1 The Partnership built capacity to understand and align work with school policies and curriculum.	<ul style="list-style-type: none"> Build the Partnership's capacity to understand relevant resources (e.g HEAS healthy canteen guidelines) 	<ul style="list-style-type: none"> # Capacity building activities taken up by The Partnership
		<ul style="list-style-type: none"> Work with DE to build the Partnership's capacity to understand Education frameworks (e.g. Respectful Relationships, FISO, AToS) 	<ul style="list-style-type: none"> # Education frameworks researched # Training sessions with DE

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.



Appendix 2: System Change Indicators- Measures

In 2022-23 we will be trialling the use of consistent System Change Indicator measures across our settings. The below image is an example of the outputs and impacts that will indicate change in the system. We aim to build on these and refine the suite over the next 12months.

