

Outcomes	Actions	Responsibility within Council	Timeframe	Evidence of Success
Outcome 4: Persons employed at Wellington Shire Council will be informed about the access requirements of people with disabilities.	<p>4.1 The Wellington Shire Corporate Training Calendar include Disability Awareness Training such as:</p> <ul style="list-style-type: none"> a. Training for council staff on how to write a council document in easy English / plain English. b. Training in the use of change room hoist and pool hoist (relevant for Leisure Services) c. Training in plain and easy English writing for production of public information (minimum one staff member within a business unit) d. Training in accessing interpreting service (minimum one staff member within a business unit) e. Use of Communication Boards and alternative communication techniques (relevant 	People and Excellence Unit	2017 – 2022	Report on action being completed including information on how many training sessions were offered, some outcomes as a result of the training.

	<p>to customer service staff)</p> <p>f. Promote Mental Health Awareness training conducted by external organisations to Council staff and community</p> <p>g. Training to supervisors and or staff on workplace adjustment support for employees with accessibility needs.</p>			
	<p>4.2 Wellington Shire Council will provide increased workplace adjustment support for employees with accessibility needs.</p>	<p>People and Excellence Unit</p> <p>Whole Organisation – Managers and Supervisors</p>	2018 – 2022	Report on Action being completed
	<p>4.3 Wellington Shire Council will support staff's wellbeing by promoting mental health resources, information and online training.</p>	<p>People and Excellence Unit</p> <p>Whole Organisation – Managers and Supervisors</p>	Ongoing	Report on Action being completed

Outcomes	Actions	Responsibility within Council	Timeframe	Evidence of Success
Outcome 5: Advocate for improved access and inclusion within Wellington Shire community	5.1 Wellington Shire Council will continue to support Wellington Access and Inclusion Advisory Group (WAIAG).	Coordinator Social Planning and Policy Rural Access Program Community Wellington Unit WAIAG	Ongoing	Report on Action being completed
	5.2 In the process of developing and updating strategic council documents and plans a member of the Wellington Access and Inclusion Advisory Group is included in the Reference Group where possible and appropriate. If this is not the case WAIAG is included in the consultation process.	WAIAG Coordinator Social Planning and Policy Rural Access Program	Ongoing	Report on what Council Strategic Documents were developed, and who from WAIAG was involved in the development process.
	5.3 Wellington Shire Council will advocate with developers to ensure clear accessible paths of travel to connecting pathways and public transport infrastructure.	Coordinator Social Planning and Policy Rural Access Program WAIAG Land Use Planning Unit	Ongoing	Report on Action being completed

		Built Environment Unit Natural Environment Team		
	5.4 Wellington Shire Council will continue to advocate for accessible public transport within and connecting to the Wellington Shire.	Community Wellbeing Unit Coordinator Social Planning and Policy Rural Access Program WAIAG	Ongoing	Report on Action being completed
	5.5 Wellington Shire Council will promote skills training and leadership programs for people with a disability and support them to participate in the community.	Community Wellbeing Unit Coordinator Social Planning and Policy Rural Access Program WAIAG	Ongoing	Report on Action being completed
	5.6 Wellington Shire Council will advocate to Public Transport Victoria on timetabling to ensure current and future needs of people to access education, employment and social activities inside and outside of Wellington Shire.	Coordinator Social Planning and Policy Rural Access Program WAIAG	Ongoing	Report on Action being completed

	<p>5.7</p> <p>Wellington Shire Council will support business and tourism associations to promote information and resources regarding access for all.</p>	<p>Business Development Unit</p> <p>Coordinator Social Planning and Policy</p> <p>Rural Access Program</p> <p>WAIAG</p>	Ongoing	Report on Action being completed
	<p>5.8</p> <p>Wellington Shire Council will partner with the Gippsland Accessible Tourism Partnership Group to implement the relevant actions in the Gippsland Accessible Tourism Plan 2016-19</p>	<p>Business Development Unit</p> <p>Rural Access Program</p>	Ongoing	Report on Action being completed

Outcomes	Actions	Responsibility within Council	Timeframe	Evidence of Success
Outcome 6: Wellington Shire Council will actively promote the implementation of the Access and Inclusion Plan – through monitoring, reporting and evaluation.	Wellington Shire Council will include, where possible actions relating to Access and Inclusion Plan, within Business Unit Plans.	All Business Units to complete tasks – report on tasks 3 times a year. Coordinator Social Planning and Policy to complete Annual Report and Presentation to CMT, WAIAG and Council Workshop.	Ongoing	Annual report and presentation to Corporate Management Team and Council Workshop on the actions being completed.

ITEM: C5.2**ESSO BHP BILLITON WELLINGTON ENTERTAINMENT CENTRE
ADVISORY GROUP MINUTES**

DIVISION: COMMUNITY & CULTURE
ACTION OFFICER: MANAGER ARTS AND CULTURE
DATE: 18 JULY 2017

IMPACTS									
Financial	Communication	Legislative	Council Policy	Council Plan	Resources & Staff	Community	Environmental	Consultation	Risk Management
			✓	✓		✓		✓	

OBJECTIVE

To receive the minutes from the Esso BHP Billiton Wellington Entertainment Centre Advisory Group meeting held on 17 May 2017.

PUBLIC QUESTIONS AND COMMENTS FROM THE GALLERY**RECOMMENDATION**

That Council receive the minutes of the Esso BHP Billiton Wellington Entertainment Centre Advisory Group meeting held on 17 May 2017.

BACKGROUND

The Esso BHP Billiton Wellington Entertainment Centre Advisory Group is a Committee of Council that meets on a quarterly basis. The membership of the Esso BHP Billiton Wellington Entertainment Centre Advisory Group includes one Councillor representative, seven community members, and the Entertainment Centre Manager (ex-officio).

As provided under the Committee's Instrument of Delegation approved on 18 February 2014, the objectives and Terms of Reference of the Committee are to provide advice to the Wellington Shire Council representing equally and fairly the views, requirements and aspirations of the Centre in relation to:

- Advise Council on policies for the management and promotion of the performing arts in the Wellington Shire, in particular in relation to the Centre but also on other matters as designated by the Council.
- Develop and encourage community participation in, and utilisation of, the Centre and to assist with promoting the Centre's events and facilities to patrons and hirers.
- Advise the Entertainment Centre Manager of the Centre regarding the engagement of performances and events within the Centre's product mix.
- Liaise with the Council's art gallery and promote cooperation between the Centre and other cultural services of Council.
- Utilise networks to obtain support for the Centre, both financial and non-financial, and to assist with philanthropic support of those activities.

It is to be noted that these minutes have yet to be formally ratified by a future Advisory Group meeting and are provided for the information of Council.

OPTIONS

Council has the following options:

1. Receive the minutes from the Esso BHP Billiton Wellington Entertainment Centre Advisory Group meeting held on 17 May 2017; or
2. Request additional information and receive the minutes from the Esso BHP Billiton Wellington Entertainment Centre Advisory Group meeting held on 17 May 2017 at a future Council meeting.

PROPOSAL

To receive the minutes from the Esso BHP Billiton Wellington Entertainment Centre Advisory Group meeting held on 17 May 2017.

CONFLICT OF INTEREST

No staff and/or contractors involved in the compilation of this report have declared a Conflict of Interest.

COUNCIL POLICY IMPACT

This report is in accordance with Council Policy 5.3.2 which establishes a framework for the guidance of Council in relation to the roles and responsibilities of Committees.

COUNCIL PLAN IMPACT

The Council Plan 2017-21 Theme 1 Communities states the following strategic objectives and related strategies:

Strategic Objective 1.1

'Maintain friendly, safe communities providing opportunities for residents to lead healthy and active lifestyles.'

Strategy 1.1.1

'Continue to deliver services and programs that encourage and foster community wellness and the prevention of disease.'

Strategy 1.1.4

'Develop and foster strong relationships with funding agencies, committees of management and local communities for the provision of appropriate recreational infrastructure, programs and services to support healthy and active lifestyles.'

Strategic Objective 1.2

'Celebrate, recognise and acknowledge our diverse community and improve social connections among youth, aboriginal and aged communities.'

Strategy 1.2.1

'Ensure that Council services, facilities and events promote inclusivity, social connectedness and accessibility.'

The Council Plan 2017-21 Theme 2 Services and Infrastructure states the following strategic objectives and related strategies:

Strategic Objective 2.1

'Council services and infrastructure are responsive to identified current and future community needs within budgeted parameters.'

Strategy 2.1.2

'Provide access to a diverse range of recreational opportunities for all sectors of the community.'

Strategic Objective 2.2

'Council assets are responsibly, socially, economically and sustainably managed.'

Strategy 2.2.2

'Ensure that community facilities within the municipality continue to meet the expectations and service needs of all current and future residents.'

The Council Plan 2017-21 Theme 4 Lifelong Learning states the following strategic objectives and related strategies:

Strategic Objective 4.1

'Improve people's access to opportunities to challenge and extend their thinking, promote independence, stimulate ideas, further develop leadership skills and lead meaningful lives.'

Strategy 4.1.1

'Advocate for improved access to a broad range of high quality learning environments for all age groups and abilities across Wellington Shire.'

Strategy 4.1.3

'Provide accessible cultural opportunities and activities for all sectors of the community.'

This report supports the above Council Plan strategic objectives and strategies.

	<p>Brendan expressed that The Wedge staff provide this information daily to Anne and Donna, however there is a break down in their own internal communication with staff that is the issue.</p> <p>Andrew announced that Equus have just appointed a night time manager which should help with the issues.</p> <p>5. Don Carmichael raised that at the previous meeting Stephen Dempsey was going to commence the process of engaging a new member/s to the Advisory Group.</p> <p>Andrew said that Stephen will return from leave in 4 weeks and will commence this process then.</p> <p>Action – Stephen to commence member recruitment process on his return.</p> <p>Action – Andrew to contact Brian Teese and investigate if he would still like to remain on the group.</p> <p>Action – Andrew to invite Leanne to attend the next meeting as a guest.</p>
	<p>1. New logo</p> <p>The logos were presented to Council on Tuesday 16 May and have now also been seen by Andrew and the team at The Wedge.</p> <p>Cr Bye mentioned that the presentation Council received from The View from Here was very impressive.</p> <p>Andrew explained that the red W logo was for The Wedge and explained that the two vertical lines running through the letter represented the stage curtains and the middle part of the letter was shaped like the presinium arch of the stage. The red colour was also reflective of the theatre curtains and seats.</p> <p>Steve Dwyer said that if it needs to be explained then it won't make sense to most people.</p> <p>Andrew then compared this with the Intentional Harvester logo which once explained makes perfect sense as a tractor. It is hoped that the façade of the building will also undergo a makeover to accommodate the new name, logo and port precinct development. One idea was the façade will see the orange panels removed and the aim is to replace them with boards that will reflect the texture of the façade of the Wellington Centre.</p> <p>There was a consensus that the font for The Wedge as the name looked good, however everyone felt that the W was not a great logo and would prefer to see the shape of the building included.</p> <p>Steve Dwyer discussed that the name The Wedge was reflective of the building and the current logo reflects this as well. He understood the explanation of the W logo and liked the red and white colours, but feels strongly that the shape should be present.</p> <p>Andrew clarified that the advisory group did not want the current logo, however they would like some other options presented as they all do not like the W.</p> <p>The Wedge staff felt it should have more of a slanted shape making it look more like a W, currently it looks similar to a number of other logos. It was agreed that the W on its own is too obscure.</p>

Everyone liked the concept and the font and colours for The Wedge just not the logo.

In conclusion, the group like The Wedge text but feel it needs an image next to it and one which reflects the shape of the building. They do not want the old wedge shaped logo and they like the new colours.

Action – Andrew to report to Sharon Houlihan and the designers on the groups feedback.

Action – Melissa to arrange another quick meeting of the advisory group when the new logo designs are returned.

2. Ticketserv

The Wedge will be updating to a new ticketing system during 2017/2018, it was scheduled for July 2017 however has now been postponed with a date to be advised. Our finance department are currently out to tender for banks and have requested we hold off to see who the bank they go with is and what payment gateway they recommend.

The main issue for The Wedge other than the delay in installation is the cost of implementing a payment gateway other than SimplePay which is the gateway used and recommended by Ticketserv.

The cost to install a bank gateway product to Ticketserv is around \$20,000 on top of the installation charge for the new software.

Finance are also wanting to investigate using a bank gateway to keep every department of the shire utilising the same gateway, but also, to have better protection when it comes to fraudulent transactions, as the bank will be less inclined to chargeback if it was their own product which failed to provide adequate fraud security.

The Wedge would prefer to use SimplePay as the payment gateway as it allows for the efftpos and ticket system to talk to each other, therefore eliminating human error from the efftpos and credit card transactions at the box office.

3. Free student tickets

The team at The Wedge have faced much difficulty in engaging with secondary schools for some time. Special prices have been advertised to them for certain shows during 2017 and yet no bookings have eventuated for shows which should have great appeal.

Free workshops are also on offer and it scarcely is taken advantage of by teachers.

Andrew is proposing a new idea of offering free tickets for secondary school age students for all shows, however will trial it with Dracula first.

Seats will be allocated for students only and the free tickets will be taken into the budget, there will be no loss as they were most likely to be empty seats and this way they are at least filled with students.

The response from the group towards to idea was overall positive and in agreeance that getting students into the building is incredibly difficult.

Jo Clancy mentioned that teachers are generally very busy and often information about shows can just get lost. They also find it difficult to justify going to shows they are not studying.

Jo also mentioned that the teachers, especially VCE teachers plan the curriculum and what they will teach about 3 years

	<p>out. Jo also agreed to provide some staff emails to Melissa for contacts.</p> <p>Action – Jo Clancy to email English and Literature teachers emails to Melissa.</p> <p>Motion to approve the trial of the free tickets for students. <i>Moved: Steve Dwyer Seconded: Deirdre Relph</i></p>
<p>Meeting Closed</p> <p>Next meeting</p>	<p>Wednesday August 16th 2017 – 6:00 PM</p>

Please call 5142 3200 or email melissa.forlano@wellington.vic.gov.au to RSVP.

ITEM: C5.3**QUICK RESPONSE GRANT SCHEME**

DIVISION: COMMUNITY & CULTURE
ACTION OFFICER: MANAGER COMMUNITY WELLBEING
DATE: 18 JULY 2017

IMPACTS									
Financial	Communication	Legislative	Council Policy	Council Plan	Resources & Staff	Community	Environmental	Consultation	Risk Management
✓	✓			✓		✓	✓	✓	✓

OBJECTIVE

For Council to note the information regarding applications received under the Quick Response Grant Scheme (QRGS) for the period March 2017 to June 2017 as at Attachment A.

PUBLIC QUESTIONS AND COMMENTS FROM THE GALLERY**RECOMMENDATION**

That Council note the information regarding successful applications under the Quick Response Grant Scheme for the period March 2017 to June 2017 as at Attachment A.

BACKGROUND

The QRGS aims to fulfil community need by providing a quick turnaround for funding and provides an opportunity for the community to access funding outside the Community Grant timeline. The QRGS supports the delivery of projects that demonstrate positive impacts on the wider Wellington community. Eligible projects submitted under this program are assessed within two weeks.

Individuals can apply for a QRG of up to \$500 under the Individual Sponsorship category. Not for profit community groups operating in the Wellington Shire can apply for up to \$2,000 from the three minor community funding categories (Events, Projects and Facilities).

The applications included in this paper were assessed between March 2017 to June 2017.

Applications are assessed by an internal assessment panel. Each application is assessed on its benefit to the community, ability to fulfil a community need, project planning and the capacity of the applicant to deliver the project. The Panel allocates funding based on the assessment criteria and funding guidelines.

OPTIONS

Council has the following options:

1. Note the information regarding successful applications under the QRGS for the period March 2017 to June 2017 as at Attachment A.; or
2. Request further information and reconsider at a future Council meeting.

PROPOSAL

For Council to note the information regarding successful applications under the QRGS for the period March 2017 to June 2017 as at Attachment A.

CONFLICT OF INTEREST

No staff and/or contractors involved in the compilation of this report have declared a Conflict of Interest.

FINANCIAL IMPACT

These applications have been funded through the QRGS within the Active Communities budget. The total available budget for the 2016/2017 Quick Response Grant Scheme is \$95,000. A total of \$18,660.00 was allocated to successful applications for the period March 2017 to June 2017.

The table below is a summary of the funding allocation, detailed list at Attachment A.

Applications received and assessed	
• Minor Community Events	6 totalling \$9,160.00
• Minor Community Projects	4 totalling \$6,500.00
• Minor Community Facilities	4 totalling \$7,250.00
• Individual Sponsorship	12 totalling \$6,000.00
Successful Applications	
• Minor Community Events	5 totalling \$7,160.00
• Minor Community Projects	3 totalling \$4,500.00
• Minor Community Facilities	1 totalling \$2,000.00
• Individual Sponsorship	10 totalling \$5,000.00
Unsuccessful Applications	
• Minor Community Events	1 totalling \$2,000.00
• Minor Community Projects	Nil
• Minor Community Facilities	Nil
• Individual Sponsorship	2 totalling \$1,000.00

COMMUNICATION IMPACT

The funding of these grants facilitates positive community relationships for the Wellington Shire Council, highlighting Council's commitment to supporting not for profit community organisations in the delivery of their activities, projects and events that benefit the wider community.

COUNCIL PLAN IMPACT

The Council Plan 2017-21 Theme 1 Communities states the following strategic objective and related strategy:

Strategic Objective 1.1

"Maintain friendly, safe communities providing opportunities for residents to lead healthy and active lifestyles".

Strategy 1.1.3

"Prove and manage open spaces and infrastructure that enable and encourage healthy and active lifestyles".

Strategic Objective 1.3

"Strengthen community identity by promoting our heritage and history and appreciation for small town rural living".

Strategy 1.3.2

"Provide support and leadership to local groups to help improve and promote their towns and communities".

This report supports the above Council Plan strategic objectives and strategies.

COMMUNITY IMPACT

The funding of these grants will have a significant positive effect on the community, providing assistance to increase the range of events and activities that the wider Wellington community can access. Successful applicants have demonstrated a community need that will be filled through receiving the funding and show a community benefit through project outcomes.

ENVIRONMENTAL IMPACT

All events and projects are encouraged to consider the waste that will be produced through delivering their grant outcomes and have appropriate measures in place to manage waste. Assistance from Council is offered to all events to minimise landfill waste through the use of recycle bins.

CONSULTATION IMPACT

Council officers were involved in consultation with grant applicants to provide advice and assistance in the completion of event grant applications.

RISK MANAGEMENT IMPACT

The events industry is strongly legislated and all events are encouraged to comply with current OH&S and best practice safety standards. It is the responsibility of applicants to ensure that their project complies with all current rules and regulations.

Quick Response Grant Scheme - Successful Applications – March 2017 to June 2017

Organisation		Project Title	Amount	Description
Successful Minor Community Events				
1	Maffra Lawn Tennis Club	Free Tennis Day	\$565.00	Fun day with free tennis instructions, free sausage sizzle & jumping castle
2	Upper Maffra Mechanics Institute (Newry Hall) Inc	Film Night - fundraiser	\$2,000.00	People, young and old, of Newry and surrounds enjoying the films and the showcasing of local businesses through advertisements made by local young people. Together raising funds to reinstate a bore at the hall.
3	Meerlieu Public Hall COM	Anzac Dawn Service & Gunfire Breakfast	\$900.00	An Anzac Day service held at the Meerlieu Recreation Reserve followed by a community Gunfire Breakfast in the Meerlieu Hall.
4	Sale Netball Association	Sale Netball Association Tournament 2017	\$2,000.00	Sale Netball Association is set to host netballers from a great variety of leagues, including Melbourne, Latrobe and East Gippsland.
5	Wellington Early Years Network	Wellington Early Years Expo	\$1,695.00	An expo catering for Wellington Shire families providing them with information about services and resources for young children.
Total			\$7,160.00	

Successful Minor Community Projects				
1	Stratford on Avon Shakespeare Association	Shakespeare on the River Flags	\$1,900.00	Flags advertising the Shakespeare Festival for the main street of Stratford, they will be used in the recently installed flag holders on the light poles.
2	Maffra RSL Sub-Branch Inc	Shelton Re-development Project	\$2,000.00	The comprehensive re-development of the 'Shelton' RSL hall requires professional engineering guidance.
3	Hedley Connection	Hedley Community Connection	\$600.00	DVD production from original historical movie footage, documenting life in Hedley and surrounds in 1950 - 1960.
Total			\$4,500.00	

Organisation		Project Title	Amount	Description
Successful Minor Community Facilities				
1	Woodside Beach Surf Life Saving Club	Green Sustainable Water for surf club usage	\$2,000.00	Placing a plastic water tank behind the clubhouse to catch water run off to be used by the club for drinking water, shower & bathroom water.
Total			\$2,000.00	

Successful Individual Sponsorship				
Individual's Name		Supporting Organisation	Activity Title	Amount
1	Jacob Thompson-Hope	Australian Institute of International Understanding	Japanese Exchange	\$500.00
2	Meika King	Indoor Sports Victoria and Cricket Victoria	Vic 14 & under girls Indoor Cricket State Team	\$500.00
3	Lynda Paterson	Our Community	Communities in Control Conference	\$500.00

Organisation		Project Title	Amount	Description	
4	Tayli DiMarco	Basketball Victoria		2017 Medibank National Basketball Junior Classic	\$500.00
5	Sophia Wilson	Basketball Victoria		2017 Medibank National Basketball Junior Classic	\$500.00
6	Katelyn Robinson	Basketball Victoria		2017 Medibank National Basketball Junior Classic	\$500.00
7	Emmet Hobbs	World Cubing Association		Rubik's Cube World Championship	\$500.00
8	Heather Shaw	Our Community		Communities in Control Conference	\$500.00
9	Kade Eicke	Victorian Kookaburras Baseball Tours		Victorian Kookaburras Baseball Tour	\$500.00
10	Ruby Dillon	Netball Victoria		Netball Victoria State Titles, Under 13's	\$500.00
Total					\$5,000.00

Quick Response Grant Scheme - Unsuccessful Applications – March 2017 to June 2017

Organisation		Project Title	Description	Comment
Unsuccessful Minor Community Events				
1	Yarram Agricultural Society Inc	Easter outdoor Movie Night	Outdoor movie night, taking place during the Tarra Festival at Easter.	Applicant did not answer queries in time for the assessment panel to complete the assessment.
Unsuccessful Minor Community Projects				
	Nil			
Unsuccessful Minor Community Facilities				
	Nil			
Unsuccessful Individual Sponsorship				
	Individual's Name	Supporting Organisation	Activity Title	Comment
1	Milan Salvatore	Catholic College, Sale	Santa Teresa Immersion Program	This is a Catholic College Sale school-based program, not open to other schools.

ITEM: C5.4**DRAFT MUNICIPAL PUBLIC HEALTH AND WELLBEING PLAN
2017 - 2021**

DIVISION: COMMUNITY AND CULTURE
 ACTION OFFICER: MANAGER COMMUNITY WELLBEING
 DATE: 18 JULY 2017

IMPACTS									
Financial	Communication	Legislative	Council Policy	Council Plan	Resources & Staff	Community	Environmental	Consultation	Risk Management
		✓		✓	✓	✓	✓	✓	

OBJECTIVE

For Council to approve the release of the draft Municipal Public Health and Wellbeing Plan 2017 - 2021 (Healthy Wellington 2017 – 2021), as attached, to the community for final input for a period of 8 weeks.

PUBLIC QUESTIONS AND COMMENTS FROM THE GALLERY**RECOMMENDATION**

That Council approve the release of the draft Municipal Public Health and Wellbeing Plan 2017 – 2021 (Healthy Wellington 2017 – 2021), as attached, for a public feedback period of 8 weeks commencing 19 July 2017.

BACKGROUND

The Municipal Public Health and Wellbeing Plan (MPHWP) is a legislative requirement of the *Public Health and Wellbeing Act 2008*. It is a high-level document which sets a broad mission and goals for maximising health and wellbeing in the municipality.

The Wellington MPHWP has been integrated with Wellington health-promotion funded agencies' Health Promotion Strategic Plan. This integrated plan is known as Healthy Wellington 2017 – 2021.

Healthy Wellington 2017 – 2021 consist of a suite of four documents:

- Part 1: Strategic plan
- Part 2: Theory, research and references
- Part 3: Municipal scan
- Part 4: Annual action plan (in development)

Healthy Wellington 2017 – 2021 is an important strategic plan that promotes collaborative action towards improving the health and wellbeing of our community.

Healthy Wellington 2017 - 2021 has been developed through a process of reviewing our population data, local policies, and consulting with our community. Wellington Shire Council and Wellington Primary Care Partnership have led the process, engaging with our community and local organisations.

With our community and partners, Healthy Wellington 2017 – 2021 will work towards meeting the health and wellbeing priorities:

Priority area 1: Improve mental wellbeing with a focus on:

- 1a. Increase resilience
- 1b. Improve social connection and inclusion
- 1c. Decrease harm from alcohol and other drugs
- 1d. Decrease problem gambling

Priority area 2: Improve gender equality with a focus on:

- 2a. Improve gender equity
- 2b. Decrease violence against women and their children
- 2c. Increase sexual and reproductive health

Priority area 3: Improve healthy living with a focus on:

- 3a. Increase physical activity
- 3b. Increase healthy eating
- 3c. Decrease smoking

Priority area 4: Address climate change with a focus on:

- 4a. Decrease the impacts of climate change on individual and community health and wellbeing.

Over 150 staff representatives from Council, State Government, non-government, health and community services have attended stakeholder workshops to identify the strategic direction for the identified health priority areas.

The development of the priority areas for Healthy Wellington 2017-2021 has also been informed by the community consultation received from the following Council strategies:

- Wellington 2030 Community Vision
- Wellington Community Early Years Plan
- Access and Inclusion Strategy
- Age Friendly Project
- Wellington Youth Strategy

The final part of the consultation process will be engagement with the broader community during an 8-week consultation period. Healthy Wellington partners will support the collection of feedback on the draft plan through broad community networks.

Upon the completion of the strategic plan, an action plan will be developed that will be reviewed annually.

OPTIONS

Council has the following options:

1. Release the draft Municipal Public Health and Wellbeing Plan 2017 – 2021 (Healthy Wellington 2017 – 2021), as attached, for a public feedback period of 8 weeks commencing 19 July 2017; or
2. Not release the draft Municipal Public Health and Wellbeing Plan 2017 – 2021 (Healthy Wellington Plan 2017 – 2021), as attached, for further community feedback, and request changes to present to a future council meeting.

PROPOSAL

That Council approve the release of the draft Municipal Public Health and Wellbeing Plan 2017 – 2021 (Healthy Wellington 2017 – 2021), as attached, for a public feedback period of 8 weeks commencing 19 July 2017.

CONFLICT OF INTEREST

No staff and/or contractors involved in the compilation of this report have declared a Conflict of Interest.

COUNCIL PLAN IMPACT

The 2017- 21 Council Plan's vision for Theme 1 Communities states the following strategic objective and related strategy

Strategic Objective 1.1

"Maintain friendly, safe communities providing opportunities for residents to lead healthy and active lifestyles."

Strategy 1.1.1

"Continue to deliver services and programs that encourage and foster community wellness and the prevention of disease."

This report supports the above Council Plan strategic objectives and strategies.

CONSULTATION IMPACT

A broad community consultation will commence which will include:

- Newspaper articles
- Council webpage
- Social Media post
- Community forums (minimum 4 across the Wellington Shire) and
- Stakeholder meetings

Community members will be invited to attend either one of the community forums or provide a public submission to Wellington Shire Council.

RESOURCES AND STAFF

The Healthy Wellington Action Group meetings occur every two months and members monitor progress in the Healthy Wellington 2017 - 2021 Action Plan.

CONFLICT OF INTEREST

No staff and/or contractors involved in the compilation of this report have declared a Conflict of Interest.

HEALTHY WELLINGTON 2017 – 2021

Part 1: Strategic plan

Integrated Municipal Public Health and Wellbeing Plan and
Health Promotion Funded Agencies Health Promotion Plan



DRAFT Healthy Wellington 2017 – 2021 Part 1.Strategic plan
Page 1 of 50

Healthy Wellington 2017 – 2021 consist of a suite of four documents:

- Part 1: Strategic plan (this document)
- Part 2: Theory, research and references
- Part 3: Municipal scan
- Part 4: Annual action plan (in development)

We are pleased to introduce the Integrated Municipal Public Health and Wellbeing Plan & Health Promotion Funded Agencies Health Promotion Plan, referred to as Healthy Wellington 2017 - 2021.

DRAFT Healthy Wellington 2017 – 2021 Part 1.Strategic plan
Page 2 of 50

Contents	
Introduction.....	4
Delivery of Healthy Wellington 2017-2021:	8
Action areas.....	9
Shared outcomes and measures	12
Roles and functions of agencies	13
Wellington Shire demographics	14
Feedback from community and stakeholders.....	15
Priority area 1: Improve mental wellbeing	16
Focus area 1a. Increase resilience	17
Focus area 1b. Improve social connection and inclusion	20
Focus area 1c. Prevent harm from alcohol and other drugs.....	24
Focus area 1d. Decrease harm from problem gambling	28
Priority area 2: Improve gender equality	30
Focus area 2a. Improve gender equity	31
Focus area 2b. Decrease violence against women and their children.....	33
Focus area 2c. Improve sexual and reproductive health.....	37
Priority area 3: Improve healthy living	39
Focus area 3a. Increase physical activity and healthy eating.....	40
Focus area 3b. Increase smoking cessation	43
Priority area 4 Address climate change.....	45
Focus area 4a. Decrease the impacts of climate change on individual and community health and wellbeing	45
Evaluation and reporting	49

Introduction

The Wellington Shire Council and Wellington Primary Care Partnership, through the Healthy Wellington Action Group, have developed Healthy Wellington 2017 – 2021.

Healthy Wellington 2017 – 2021 is both:

- Wellington Shire Council's Municipal Public Health and Wellbeing Plan
- The Health Promotion Strategic Plan for health promotion funded agencies in Wellington. These include:
 - Central Gippsland Health
 - Gippsland Women's Health
 - Wellington Primary Care Partnership
 - Yarram and District Health Service

Table 1 Healthy Wellington 2017-2021 partnership structure



While Healthy Wellington Plan 2017 – 2021 meets the strategic planning requirements of the above organisations, the plan is owned and driven by members of the Healthy Wellington Action Group.

Healthy Wellington 2017 – 2021 is an important strategic plan that promotes collaborative action towards improving the health and wellbeing of our community.

Healthy Wellington 2017 - 2021 has been developed through a process of reviewing our population data, local policies, and consulting with our community. Wellington Shire Council and Wellington Primary Care Partnership have led the process, engaging with our community and local organisations.

With our community and partners, we identified the following health priorities in Wellington Shire:

Priority area 1: Improve mental wellbeing with a focus on:

- 1a. Increase resilience
- 1b. Improve social connection and inclusion
- 1c. Decrease harm from alcohol and other drugs
- 1d. Decrease problem gambling

Priority area 2: Improve gender equality with a focus on:

- 2a. Improve gender equity
- 2b. Decrease violence against women and their children
- 2c. Increase sexual and reproductive health

Priority area 3: Improve healthy living with a focus on:

- 3a. Increase physical activity & healthy eating
- 3b. Decrease smoking

Priority area 4: Address climate change with a focus on:

- 4a. Decrease the impacts of climate change on individual and community health and wellbeing.

As a collective we will prioritise activities in these priority and focus areas over the next 4 years. Each focus area will have an annual action plan, aligned with resource allocations, emerging directions and funding opportunities.

Our work is not limited to health agencies, and by collaborating with a range of organisations and communities, we are able to work towards 'shared health and wellbeing outcomes for all'.

This strategic document provides the framework for an integrated approach to addressing the public health and wellbeing needs of Wellington Shire.

Our integration is characterised by:

- Shared outcomes and measures
- Shared resources and expertise
- Reduced duplication
- Building organisational and resource capacity.

Healthy Wellington 2017 - 2021 will consist of four key documents;

1. Strategic plan

This document will provide strategic direction on how we will:

- Improve mental wellbeing
- Improve gender equality
- Improve healthy living
- Address climate change.

This document will also include how we plan to evaluate and report on progress on the strategic document and annual action plans.

2. Theory research and references

This document will include all the relevant information that was used to develop the Strategic Plan and Annual Action Plans, such as guiding theory for public health planning, research and references.

All numbered footnotes in this strategy document are referenced in Healthy Wellington 2017-2021 Part 2: Theory, research and references, page 10 and onwards.

3. Municipal scan

A report on the population health data for Wellington Shire. Data was collated from several government databases. Decisions on priority and focus areas was influenced by this data report.

4. Annual action plans

Each focus area will have an annual action plan. These action plans will be reviewed annually and will list the strategies that we will work on that year to meet the overall goal or outcomes.

Action plan development will be completed with consideration to resource allocations and funding opportunities, and will include any new and emerging issues related to the focus areas that are identified with partner organisations and or community.

Healthy Wellington 2017 – 2021 acknowledges that effective public health planning cannot be done by local government or the health sector alone. It requires a collaborative approach by all concerned. Working in partnership will ensure our work is aligned and we share the same goals in improving the health and wellbeing of people in Wellington Shire. Partners of Healthy Wellington 2017 – 2021 include (but are not limited to):

Local Government:

- Wellington Shire Council
- Partnership with the 5 Councils within Gippsland

Government Departments:

- Department Education and Training
- Department Health and Human Services
- Department of Environment, Land, Water and Planning
- Department of Premier and Cabinet
- Victoria Police
- VicRoads

Health Sector:

- Central Gippsland Health
- Gippsland Primary Health Network
- Gippsland Women's Health
- Latrobe Community Health Service
- Latrobe Regional Hospital
- Ramahyuck District Aboriginal Corporation
- Wellington Primary Care Partnership
- Yarram and District Health Service

Community Sector:

- GippSport
- Quantum Support Services
- Uniting Care Gippsland
- The Salvation Army

Community – Individuals, community and special interest groups:

- Community Planning Groups
- Early Learning Centres
- Faith Based Groups
- Neighbourhood Houses
- Primary and Secondary Schools
- Service Clubs
- Sporting Groups
- Wellington Access and Inclusion Advisory Group
- Wellington Early Years Network
- Wellington Liquor Accord
- Workplaces

Delivery of Healthy Wellington 2017-2021:

A successful Healthy Wellington 2017-2021 will be based upon appropriate support structures and resources being put in place by the integrated partnership.

The Healthy Wellington Action Group currently exists as a governance group and has members from Wellington Shire Council, and organisations in the health and community sector. Its role is to govern the implementation of Healthy Wellington 2017 - 2021. Working groups will be formed to lead initiatives and individuals will be involved to provide expertise.

The Healthy Wellington Action Group has identified that the success of the partnership at the end of the four-year period will be characterised by:

- Retention and growth in the number and variety of partners
- Awareness within the community of the work of Healthy Wellington 2017 – 2021
- An engaged community that is driving planning and actions
- Strong collaboration having occurred

The Healthy Wellington partnership will allocate staff resources to the following roles / responsibilities to ensure the delivery of outcomes through the integrated partnership;

- Partnership facilitation - including Healthy Wellington Action Group and relevant working groups.
- Evaluation plans - ensuring the collection of impact and outcome measures for the work that is completed.
- Delivery of direct projects / initiatives where gaps are identified.
- Reporting to funding bodies and the community.
- Marketing - promoting what is being done, progress and success.

Action areas

Healthy Wellington 2017 – 2021 will have five 'Action Areas' within each of the focus areas. These action areas were identified by members of Healthy Wellington Action Group as areas where we can influence. We are also using several theories and concepts to guide the work that we undertake. Refer to 'Healthy Wellington 2017 – 2021 Part 2. Theory, Research and References' for more information about our guiding theories and concepts.

Action area 1: Building healthy public policy	
Definition:	Policy is a formal statement, made by a person or organisation with power to do so. Having formal policies can guide practice for a group, workplace and broader community.
What will Healthy Wellington 2017 – 2021 do?	We will identify opportunities to establish or influence policy, at the municipal level as well as within settings that address health and wellbeing.
Theory that will guide our work:	Public health model Policies developed should have either a large scale reach (impact on the broader population) and or be focussed on target/ priority populations. Policy development can also be informed through a tertiary intervention approach.
Action area 2: Create supportive physical environments	
Definition:	Research has shown that the physical environment made up of natural and built structures where people interact can have a significant impact on health and wellbeing.
What will Healthy Wellington 2017 – 2021 do?	We will strive to make changes to the physical environment to remove barriers, promote and support the health of the community.
Theory that will guide our work:	Placed based focus Identify townships where there are gaps in the physical environment to enhance health and wellbeing outcomes (including gaps in accessibility). Settings focus Utilise a settings based approach by changing the physical environment within the places that we live, work and play.

Action area 3: Achieve capacity building within environments	
Definition:	Creating supportive and health promoting environments can have a major impact on health and wellbeing.
What will Healthy Wellington 2017 – 2021 do?	We will endeavour to build the capacity of individuals within our settings to positively alter the social environment and norms.
Theory that will guide our work:	<p>Settings focus Identify priority settings most impacted by the health issue and or settings where there is already work happening around particular health issues. Utilise a settings based approach by changing the culture and norms within the places that we live, work and play.</p> <p>Public health model Build capacity in settings where there is large scale reach and or settings where people are most at risk of the health issue.</p> <p>Social determinants of health Ensure that the social determinants of health are considered in capacity building initiatives.</p> <p>Systems thinking approach Help to identify the barriers to healthy behaviour.</p>
Action area 4: Community voice and advocacy	
Definition:	Advocacy is an activity by an individual or group which aims to influence decisions within political, economic, and social systems.
What will Healthy Wellington 2017 – 2021 do?	We will work to raise the profile of our health priorities, promoting community action and advocacy within Wellington.
Theory that will guide our work:	<p>Public health model Awareness and education to focus on large scale population reach with varying messages to target those most at risk.</p> <p>Social determinants of health This will be a focus when striving to create community led voice to change the culture and norms towards health issues.</p>

Action area 5: Programs and events	
Definition:	<p>Programs are interventions for individuals or groups which focus on promoting health and wellbeing.</p> <p>Events are activities which connect the community, promoting key health and wellbeing messages.</p>
What will Healthy Wellington 2017 – 2021 do?	We will support program and service delivery to address those at risk or experiencing ill health, direct support and programs. Events will promote and celebrate our priority areas to the community.
Theory that will guide our work:	<p>Social determinants of health Ensure that the social determinants of health are considered in the development and delivery of all programs and events.</p> <p>Public health model Focus on supporting a universal intervention approach to program development within Wellington.</p> <p>Systems thinking approach / mapping Identify of how the social determinants of health impact on program participation and access.</p> <p>Settings focus Programs delivered to focus on people developing protective behaviours.</p>

Wellington Shire Council and Wellington Primary Care Partnership will take the lead in facilitating the Healthy Wellington Action Group, as well as relevant working groups responsible for implementing particular action plans.

Health issues can impact and affect people of different demographics in different ways. The diversity of our community means that many considerations need to be applied to our work. Organisational systems, including policies, plans, programs, services and communication, can cause or lead to discriminatory effects and inequity in access, or may reinforce harmful stereotypes. To ensure the work that we do is accessible to all we need to consider different population groups.

The population groups that we will be focussing on throughout the work of Healthy Wellington 2017 – 2021 include:

- Aboriginal & Torres Strait Islander
- Culturally and Linguistically Diverse (CALD) Individuals
- Age
- Disability

- Gender

Shared outcomes and measures

Healthy Wellington 2017 – 2021 defines an outcome as a 'result' or 'what we want to achieve'. As part of Healthy Wellington 2017 – 2021, we will have shared outcomes, ensuring all involved are working towards the same goal.

As much as possible we will also work towards having shared outcome measures. These outcome measures have been taken from the 'Victorian Public Health and Wellbeing Outcomes Framework', and will be used to measure change in the community's health and wellbeing over time.

Results of some of the data shows Wellington Shire Council is performing well compared with the state average. However, within the plan we still want to work on improving on these figures to achieve our shared outcomes.

We have aligned our targets with those set in the *Victorian Public Health and Wellbeing Outcomes Framework*. Where no target has been set in the framework document, we have determined targets based on desired improvement.

The shared measures will be shown in the below format within each priority area:

Priority area	Focus area	Shared outcome	Shared measure	Current measure	Target for 2021
What do we want to achieve?	To achieve our priority, what do we need to focus on?	What shared outcome/s are we working towards achieving?	What shared measures/s are we working towards achieving?	What is the current data of the measure telling us?	What are we aiming for?

Targets are calculated as an increase or decrease of the current measure. For example, a 5% increase of a current measure of 30 equates to a target of 31.5.

Roles and functions of agencies

Organisations and groups associated with Healthy Wellington 2017 – 2021 will have different roles and responsibilities when it comes to implementing the Plan. Below is a summary of the roles and responsibilities. An organisation or group's role in a priority or focus area may change over time. Changes will be reflected in the annual action plans.

Provider	Delivering services
Funder	Funding other organisations to deliver services
Regulator	Regulate activities through legislation
Partner	Forming partnerships and strategic alliances with other parties in the interests of the community
Facilitator	Assisting others to be involved in activities by bringing groups and interested parties together
Advocate	Promoting the interests of the community to decision makers and influencers.

Wellington Shire demographics

Wellington Shire is situated in the Gippsland region, approximately 212 kilometres east of Melbourne. Wellington is Victoria's third largest municipality, covering 10,817 square kilometres, with a population of more than 40,000 residents. Our population is growing slower than the Victorian average, and is projected to increase by 0.7% in 2014-2024 (2015).

In the Socio-economic Indexes for Areas (SEIFA), which is a measure of socio-economic advantage and disadvantage across Australia, Wellington Shire has a score of 974. Scores less than 1000 indicate greater disadvantage and lack of advantage in general. Towns within the shire vary in SEIFA, with Yarram (918) and Warruk (954) scoring lower than Sale (974) and East Sale (1070), highlighting pockets of greater disadvantage within our shire. Wellington scores similarly in other SEIFA indexes which measure access to economic resources (eg. housing) and education and occupation (eg. skilled vs. unskilled occupations, high qualifications etc.). Wellington is neither one of the most advantaged or disadvantaged regions in Australia (2017).

****Compared to other municipalities in Victoria, Wellington has a large percentage of the population identify as Aboriginal and or Torres Strait Islander, but little cultural diversity. 19.4% of residents were born overseas. 13.1% of residents speak a language other than English at home, compared to the Victorian average of 32.1%. People aged over 45 are overrepresented in the community, and people aged 15-44 years old are underrepresented. Individuals in Wellington with income less than \$400 per week (44.0%) is higher than the state average (39.9%). There are more people with disability in Wellington, who require care and/or financial support compared to the Victorian average, and fewer care options for aged residents. Educational attainment is lower in Wellington, with less people (25.5%) completing a higher education qualification compared with the Victorian average (45.7%) (2015) :

***This will be turned into an info graphic.

Wellington is facing a range of health and wellbeing challenges. In planning for Healthy Wellington 2017 – 2021, consideration has been made for promoting health at every stage of life, and promoting health for Wellington's most disadvantaged groups, including Aboriginal and Torres Strait Islanders, people living with disability and women. All of these groups experience poorer social outcomes associated with inequity and discrimination.

For more information and further details on Wellington Shire population health data, please refer to 'Healthy Wellington 2017-2021 Part 3. Municipal scan'.

Feedback from community and stakeholders:

Community engagement for Healthy Wellington 2017- 2021 commenced 18 months ago with engagement activities for the development of Council Strategies incorporating health and wellbeing as a focus. The strategies include:

- Wellington 2030 Community Vision
- Council Plan 2017-2021
- Wellington Community Early Years Plan 2017-2021
- Wellington Shire Council Community Engagement Strategy 2017-2020
- Wellington Shire Council Access and Inclusion Plan 2017-2022 (in development)
- Wellington Youth Strategy (in development)

During the various engagement activities, the community identified a range of health and wellbeing priorities such as:

*...support our community to be safe, resilient, healthy, active, connected,
accepting of diversity and having access to appropriate and sustainable
services and facilities.*

This feedback was used to assist in choosing the priority and focus areas for Healthy Wellington 2017 – 2021.

Priority area 1: Improve mental wellbeing

Good mental health is defined as more than just the absence of mental illness. It is a positive state of wellbeing which includes feeling good and functioning well. According to the World Health Organisation, mental health is a state of wellbeing in which a person can:

- Cope with the normal stresses of life
- Work productively
- Realise their potential
- Contribute to the community

Feeling connected to and valued by others; being able to cope with the usual stresses of life; having the opportunity and capacity to contribute to community and being productive are all critical to mental health. Mental health is an essential ingredient of individual and community wellbeing and significantly contributes to the social, cultural and economic life of Victorians.

Building healthy and resilient communities that promote social inclusion and economic participation is the fundamental building block of social and emotional wellbeing. Good mental health is also important to a thriving Victorian community. As all people experience varying levels of need related to mental health at different times during their lives, the protective factors for good mental health need to be enhanced and supported.

Improving mental wellbeing in Wellington encompasses addressing risk factors for mental health including social isolation and exclusion, natural disasters, lack of access to education and employment, insecure employment, alcohol and other drugs misuse, and problem gambling.

Within the area of mental wellbeing, we acknowledge the complexity and interconnection between all of our priorities, however, for the purpose of gaining clarity in our work, we have identified specific areas of focus:

- 1a. Increase resilience
- 1b. Improve social connection and inclusion
- 1c. Decrease harm from alcohol and other drugs
- 1d. Decrease problem gambling.

Focus area 1a. Increase resilience

What is resilience?

Resilience is the ability to cope or 'bounce back' after negative events, difficult situations, challenging or hard times and return to almost the same level of wellbeing. It is also the ability to respond to difficult situations and still thrive.

Why do we need to focus on resilience?

Wellington Shire has a higher percentage of residents who experience anxiety and depression, compared to the state average. By focusing on building individual resilience, including people who experience mental health issues, we can empower people in our community to bounce back from difficult situations.

Wellington residents have experienced various natural disasters over recent years including flooding (Avon River 8.8m) and bush fires (Aberfeldy 85,193ha, Jack River 2,870ha)⁷. The need to be resilient to cope after natural disasters was a high priority in the feedback provided to develop the Wellington 2030 Community Vision, Version 2.0.

Changes to employment and income in local industries (Dairy, Hazelwood Power Station, ASH Timber Mill) are also resulting in pressure on local communities. These pressures support the need to improve community resilience in the Wellington population. Individuals in our community are also affected by economic pressures which are leading to higher levels of family stress and lower levels of household income.

The table below identifies the key statistics that have also influenced the selection of the focus area of resilience.

Resilience strengths in Wellington	Resilience gaps in Wellington
Perceptions of Neighbourhood – people willing to help each other 84.3% (Vic 74.1%) (2015) ⁸	Proportion of adults who definitely feel there are opportunities to have a real say on important matters 31.0% (Vic 35.2%)(2014) ⁹
Proportion of adults able to get help from friends 86.3% (Vic 79.7%) (2014) ⁸	Proportion of children who report being bullied Year 7 to 9, 22.4% (Vic 18.0%) (2015) ¹⁰
Percentage of persons with adequate work life balance 57.8 (Vic 53.1%, 11 in LGA)(2014) ⁷	Proportion of adults able to get help from family 76.9% (Vic 81.6%) (2014) ⁸
Perceptions of Neighbourhood – people can be trusted (% agree) 80.5% (Vic 71.9) (2015) ⁸	Prevalence of depression and anxiety 27.1% (Vic 24.2%)(2014) ¹¹

What do we want to achieve?

Priority area	Focus area	Shared outcome	Shared measure	Current measure	Target for 2021
1. Improve mental wellbeing	1a. Increase social connection and inclusion	Increase connection to culture and communities	Proportion of adults who belong to an organised group - Sport	Wellington Shire 30.5% (2014) Vic 25.6% ¹¹	Increase by 5%
			Proportion of adults who belong to an organised group - School	Wellington Shire 25.7% (2014) Vic 13.6% ¹¹	Increase by 5%
			Proportion of adults who attended a local community event	Wellington Shire 75.2% (2014) Vic 58.9% ¹¹	Increase by 5%
		Increase access to social support	Life satisfaction of adults	Wellington Shire 91.9% (2014) Vic 92.4% ¹¹	Increase by 1%
			Proportion of adults who feel valued by society	Wellington Shire 47.8% (2014) Vic 35.5% ¹¹	Increase by 5%
		Increase educational attainment	Proportion of year 9 students at the highest level of achievements in math and reading	Wellington Shire TBD – awaiting data Vic TBD	
		Increase labour market participation	Unemployment rate	Wellington Shire 5.2% (2011) Vic 6.3% ¹²	Reduce by 5%

What else is influencing our work?

VicHealth's direction is to build partnerships between young people, sports, arts, workplaces, education and government to increase resilience and social connection. VicHealth have a particular focus on building resilience in young people.

Action areas:	Healthy Wellington 2017 – 2021 future direction
Policy:	Support the development and implementation of policies that build resilience in our community.
Physical environment:	Influence the development of our settings that increase likelihood of community resilience.
Capacity building within environments:	Strengthen and support capacity building within our settings to increase the likelihood of resilience. Support lead agencies as they up skill their workforce to deliver resilience activities and support services to individuals and families in our community.
Community voice and advocacy:	Continue to engage with the community to promote messages on how to build resilience in individuals and community.
Programs and events:	Support the development and implementation of programs, events and resources that promote building resilience.

Lead Agency:

Wellington Shire Council is the lead agency for increasing resilience.

Focus area 1b. Improve social connection and inclusion

What is social connection and inclusion?

A socially inclusive society is one where all people feel valued, their differences are respected, and their basic needs are met so they can live with dignity. Social networks can provide social support, social influence, opportunities for social engagement and meaningful social roles as well as providing access to resources and intimate one-on-one contact. ¹²

Why do we need to focus on social connection and inclusion?

In Wellington, residents with psychological distress, severe and profound disability, experiencing social isolation and requiring assistance with core activity is high. Few people live near public transport which reduces their access to services and opportunities to engage with others.

The need to recognise and respect Aboriginal and Torres Strait Islander cultural values is a priority of Wellington 2030 Community Vision Version 2.0 ¹³. The Council Plan 2017-2021 sets Council actions to enhance social connection and inclusion including to; ensure our facilities, services and events promote inclusivity, social connectedness and accessibility, support and encourage community groups to deliver a diverse range of programs and events, and develop strategic partnerships to support young people and the Aboriginal community.

The table below identifies the key statistics that have also influenced the selection of the focus area of social connection and inclusion.

Social connection and inclusion strengths in Wellington	Social connection and inclusion gaps in Wellington
Perceptions of Neighbourhood – people can be trusted (% agree) 80.5 (Vic 71.9) (2015) ¹⁴	People with high/very high level of social isolation 18.5% (Vic 17.3%)(2014) ¹⁵
People who help as a volunteer 26.4% (Vic 19.4%, 33 in LGA) (2014) ¹⁶	People who live near public transport 26.6% (Vic 73.9%) (2014) ¹⁷
Proportion of children who report feeling connected to school Year 7 to 9, 66.5% (Vic 62.3%) ¹⁸	People aged over 75 years who live alone 41.2%(Vic 35.9%, 16 in LGA) (2014) ¹⁹

What do we want to achieve?

Priority area	Focus area	Shared outcome	Shared measure	Current measure	Target for 2021
1. Improve mental wellbeing	1b. Increase resilience	Increase mental wellbeing	Proportion of adults and adolescence in Wellington with high/very high psychological distress	Wellington Shire 11.7% (2014) Vic 12.6% ¹¹	Decrease by 14%
			Proportion of children in Wellington at school entry whose parents report high levels of family stress in the past month	Wellington Shire 11% (2014) Vic 9.9% ¹²	Decrease by 14%

What else is influencing our work?

The state-wide direction from the Victorian Public Health and Wellbeing Plan includes promoting acceptance of diversity and social inclusion to build resilient and connected communities.

Government policies and tools focusing on these priorities include National Mental Health Policy 2008, School-wide Positive Behaviour Support Framework, The Education State and Child Safe Standards.

Action areas:	<i>Healthy Wellington 2017 -2021 future direction</i>
Policy:	<p><i>Support the implementation of government policies that guide practice in social connection and inclusion within our settings.</i></p> <p><i>Provide strategic direction to communities to assist them in facility planning to enable growth in participation in activities which enable social connection and inclusion.</i></p>
Physical environment:	<p><i>Support community groups to be accessible, inclusive and welcoming to all community members.</i></p> <p><i>Influence the development of environments, such as community facilities and community spaces that are designed to promote connection, inclusion, accessibility and mobility</i></p>
Capacity building within environments:	<p><i>Encourage educational programs within our settings which address mental health and wellbeing to create a greater understanding of barriers to social connection and inclusion including discrimination, stress, bullying, violence and access to the natural environment and facilities.</i></p> <p><i>Improve people's access to educational and employment opportunities which provide a broad choice of local training, education and holistic learning and development options</i></p> <p><i>Support health services and partner agencies running programs which increase connection to culture and communities and access to social support.</i></p> <p><i>Support lead agencies as they up skill their workforce to deliver mental health and wellbeing activities and support services to individuals and families in our community</i></p>
Community voice & advocacy:	<i>Actively empower the community by delivering messages which promote a better understanding of mental health and wellbeing</i>
Programs and events:	<i>Support the development and implementation of programs, events and resources in the community that promote the importance of social connection and inclusion.</i>

Lead Agencies:

Wellington Shire Council is the lead agency for increasing social connection and inclusion.

Focus area 1c. Prevent harm from alcohol and other drugs

What is harm from alcohol and other drugs?

Dangerous consumption of alcohol can lead to an increase in risk of alcohol-related harm including cardiovascular disease, decreased life expectancy, anxiety and depression, reduced productivity in the workforce and absenteeism, accidents, and violence. ¹⁶

VicHealth defines alcohol culture as the way people drink including the formal rules, social norms, attitudes and beliefs around what is and what is not socially acceptable for a group of people before, during and after drinking. ¹⁷

Harm from drugs occurs when an individual develops a pattern of misuse which causes damage to their physical and/or mental health and some drugs can trigger the onset of a pre-existing mental illness. ¹⁸

Why do we need to focus on preventing harm from alcohol and other drugs?

In Wellington, data shows significantly higher drug use and possession offences than the rest of Victoria. This may reflect increased drug use in the community. Alcohol measures clearly show increased alcohol consumption and increased short and long term alcohol related harm in Wellington.

- Drug usage and possession offences per 1000 population 5.6 (Vic 5.1; 23 in LGA) (2014) ²
- Proportion of the adult population with increased lifetime risk of alcohol related harm 76.0% (Vic 59.2%) (2014) ¹¹
- Clients that received Alcohol & drug Treatment Services per 1,000 population 6.8% (Vic 5.0%, 19 in LGA) (2014) ²

What do we want to achieve?

Priority area	Focus area	Shared outcome	Shared measure	Current measure	Target for 2021
1. Improve mental wellbeing	1c. Prevent harm from alcohol and other drugs	Reduce harmful alcohol and drug use	Proportion of our community at risk of short-term harm each month	Wellington Shire 34% (2015) Vic 29.4% ⁹	Decrease by 6%
			Proportion of our community at very high risk of short-term harm each month	Wellington Shire 15.5% (2015) Vic 9.2% ⁹	Decrease by 6%
		Change Alcohol culture	Proportion of our community who believe getting drunk every now and then is okay	Wellington Shire 30.9% (2015) Vic 27.9% ⁹	Decrease by 6%
			Proportion of adults and adolescents who consume alcohol at lifetime risk of harm	Wellington Shire 76.0% (2014) Vic 59.2% ¹¹	Decrease by 7%
		Reduce illicit drug use	Rate of illicit drug-related ambulance attendances	Wellington Shire Waiting on data requested Vic* ¹²	Decrease by %

What else is influencing our work?

The state-wide direction from the Victorian Public Health and Wellbeing Plan includes:

- Developing strategies across government to reduce the risk of short-term harms due to the misuse of alcohol, and minimise the chronic health problems associated with long term unhealthy drinking patterns.
- Improve alcohol and drug education in schools and access to early intervention services for people with alcohol and drug use issues.

The direction of VicHealth has a strong focus on alcohol culture, including de-normalising risky drinking in high-risk groups, settings and subcultures.

Action areas:	<i>Healthy Wellington 2017 -2021 future direction</i>
Policy:	<i>Develop and implement policies for Council and our settings which address minimising impacts of harmful alcohol and drug use and support those directly affected.</i>
Physical environment:	<i>Provide community facilities which support socially inclusive activities. These community facilities will be an alternative to licenced alcohol venues or are venues which are proactive in addressing alcohol and drug related issues.</i>
Capacity building within environments:	<i>Work in partnership with settings to address alcohol and drug misuse. Settings will be supported to identify appropriate harm minimisation interventions that best meet the needs of their participants.</i>
Community voice and advocacy:	<i>Advocate for cultural change in attitudes towards excess alcohol use and drug use.</i> <i>Raise community awareness of the harm from drug and alcohol misuse.</i> <i>Actively empower the community by delivering messages which promote a better understanding of harm from drug and alcohol misuse.</i>
Programs and events:	<i>Support the development and implementation of programs, events and resources in the community that educate and inform on the impacts of harmful alcohol and drug misuse.</i>

Lead agency:

DRAFT Healthy Wellington 2017 – 2021 Part 1 Strategic plan
Page 26 of 50

There is no lead agency in this area however there are a number of agencies that focus on reducing harm from alcohol and other drugs. They include Wellington Shire Council's Social Planning and Policy, Wellington Liquor Accord, Victoria Police and GippSport.

Focus area 1d. Decrease problem gambling

What is problem gambling?

Most Australians find gambling to be a harmless pastime. However, some are unable to keep their gambling under control by limiting the time or money spent on gambling.²⁰ Problem gambling is the situation when a person's gambling activity leads to harm to family functioning and intimate relationships, emotional problems and financial difficulties, and is associated with family violence.²¹ Problem gambling is not just about losing money. Gambling problems can affect a person's whole life.²²

Gambling problems are a social issue of similar significance to major depressive disorder and alcohol misuse and dependence. Studies suggest that this burden of harm is mainly due to damage to relationships, emotional/psychological distress, health, and financial impacts.²³

Why do we need to focus on problem gambling?

In the 2015-16 financial year in Wellington, more than \$21.74 million was lost through electronic gaming machines in Sale, Maffra and Yarram. The average adult in Wellington spends \$657 on gaming machines each year, nearly \$100 more than the average Victorian. In addition to this, only a small section of our community uses gaming machines, which means the financial burden is not shared equally across the community.²⁴

The burden of gaming is made greater by other gaming options such as online gaming and TAB which are reported to be equally popular in Wellington, but have no formal measurement or data available.

What do we want to achieve?

Evidence of people experiencing problem gambling is not available at a local government level other than for losses to electronic gaming machines. The losses to EGM is not an accurate measure for problem gambling as it does not take into account other forms of gambling, including keno, online and TAB. Healthy Wellington 2017 – 2021 acknowledges the limitation of only focusing on this measure, and will advocate for more data to be collected.

Priority area	Focus area	Shared outcome	Shared measure	Current measure	Target for 2021
1. Increase Mental Wellbeing	1d. Decrease problem gambling	Decrease problem gambling	Gaming machine loss per adult (annual)	Wellington Shire \$657 (2016) Vic \$553 ²⁵	Decrease by 5%

What else is influencing our work?

State-wide direction comes from the work of Victorian Responsible Gambling Foundation ²⁴, which includes:

- Increase engagement of parents and young people on the topic of gambling to better educate them on the risks of gambling and ways to prevent harm
- Interrupt the normalisation of gambling, particularly within sport and through new online technologies
- Enable earlier intervention and engagement with Gambler's Help services and improve the effectiveness of treatment programs

Action areas:	<i>Healthy Wellington 2017 -2021 future direction</i>
Policy:	<p><i>Ensure policies within our environment support a culture where gambling is not promoted.</i></p> <p><i>Promote policies which provide support to those directly impacted by problem gambling.</i></p>
Physical environment:	<p><i>Provide community facilities which support socially inclusive activities. These community facilities will be an alternative to licenced gaming venues or are venues which are proactive in addressing problem gambling.</i></p>
Capacity building within environments:	<p><i>Work in partnership with settings to address problem gambling. Settings will be supported to identify appropriate harm minimisation interventions that best meet the needs of their participants.</i></p>
Community voice and advocacy:	<p><i>Advocate for cultural change in attitudes towards compulsive gambling and sports betting.</i></p> <p><i>Advocate for environments that support alternatives to gambling.</i></p> <p><i>Raise community awareness on the harm of compulsive gambling.</i></p> <p><i>Actively empower the community by delivering messages which promote a better understanding of harm from compulsive gambling.</i></p>
Programs and events:	<p><i>Educate our community about the impact compulsive gambling and betting has, with a focus on the vulnerable.</i></p> <p><i>Ensure appropriate support is accessible to all within our community.</i></p>

Lead Agency: Wellington Shire Council is the lead agency for increasing responsible gambling.

Priority area 2: Gender equality

What is equity and equality?

Equity is giving everyone what they need to be successful.

Equality is treating everyone the same or providing the same help to everyone.

Equity and equality are two strategies that are used to produce fairness. But fairness can only work if everyone starts from the same place and needs the same help ²⁵.

In regard to gender equity and gender equality – in order for women to have gender equality (or be treated equal to men), we need to make sure they start from the same place as men.

Therefore we need to work towards achieving equity for women before we can achieve gender equality.

Within the area of Gender Equality, Healthy Wellington 2017 – 2021 will be focusing on the below priorities. We again acknowledge the complexity and interconnection between all of the priority areas; however for the purpose of gaining clarity in work we have separated each area to be a focus.

- 2a. Improve Gender Equity
- 2b. Decrease Violence Against Women and their Children
- 2c. Increase Sexual and Reproductive Health

Focus area 2a. Improve gender equity

What is gender equity?

The World Health Organisation recognises gender equity as “more than formal equality of opportunity, gender equity refers to the different needs, preferences and interests of women and men. This may mean that different treatment is needed to ensure equality of opportunity.

Gender equity is often used interchangeably with gender equality, but the two refer to different, complementary strategies that are needed to reduce gender-based health inequities”. It often requires women-specific programs and policies to end existing inequalities ²⁵.

Healthy Wellington 2017 – 2021 acknowledges the gap in current data collected to measure gender equity.

Why do we need to focus on gender equity?

In Wellington, gender inequality is evident in higher rates of family and sexual violence, and disparate social outcomes in education and employment between women and men, particularly for people not working as managers or professionals.

28.5% of the Wellington community held low levels of support for equal relationships between males and females (represented by a low gender equality in relationships score). While this is greater than the Victorian estimate of 35.7%, it still represents the inequalities in our community.

What do we want to achieve?

Priority area	Focus area	Shared outcome	Shared measure	Current measure	Target for 2021
2. Increase gender equality	2a. Increase gender equity	Increase gender equity	Low gender equality score (defined by VicHealth as low level of support for equal relationships)	Wellington Shire 28.5% (2015) Vic 35.7% ²⁶	Increase by 10%

What else is influencing our work?

The Victorian government have stated their future direction in ‘Safe and Strong: A Victorian Gender Equality Strategy’ ²⁸. This includes strategies to:

- Address the economic dimensions of gender equality
- Model workplace gender equality in the public sector
- Progressively introduce gender impact analysis in policy, budgets and service delivery
- Leverage purchasing and funding to influence change
- Measure progress against preliminary targets
- Work towards change across a range of settings

DRAFT Healthy Wellington 2017 – 2021 Part 1. Strategic plan
Page 31 of 50

'Change the Story' details a national approach to preventing violence against women and their children through addressing gender equity by:

- Promoting women's independence and decision-making in public life and relationships
- Fostering positive personal identities and challenge gender stereotypes and roles
- Strengthening positive, equal and respectful relations between and among women and men, girls and boys
- Promoting and normalising gender equality in public and private life

Action areas:	<i>Healthy Wellington 2017 -2021 future direction</i>
Policy:	<i>Promote policies which support the involvement and advancement of women in our community.</i> <i>Promote policies that are developed and reviewed using a gender equity lens.</i>
Physical environment:	<i>Create physical environments which do not restrict individuals due to gender.</i>
Capacity building within environments:	<i>Strive to create and celebrate settings where rigid gender norms are challenged, women's independence & leadership is promoted and respectful relationships are endorsed.</i>
Community voice and advocacy:	<i>Raise local voices to counter the drivers of gender inequity.</i> <i>Advocate for cultural change in attitudes towards rigid gendered roles.</i>
Programs and events:	<i>Support programs that promote women's leadership, education and participation.</i> <i>Support programs which encourage/equip/empower individuals and organisations to address gender inequality in their setting.</i>

Lead Agency:

Gippsland Women's Health is the lead agency and local expertise for increasing gender equity.

Focus area 2b. Decrease violence against women and their children

What is violence against women?

Violence against women is defined as any act of gender based violence that causes or could cause physical, sexual or psychological harm or suffering to women, including threats of harm or coercion, in public or in private life. Gender based violence is violence specifically 'directed against a woman because she is a woman or that affects women disproportionately'. It can occur in homes, in social and recreational contexts, on the street, in workplaces, schools or online, and at the hands of perpetrators either known or unknown to the victim ²⁷.

Violence against women can include:

- Psychological Abuse
- Economic Abuse
- Emotional Abuse
- Physical Abuse
- Sexual Abuse

Violence against women occurs across the whole community; however certain groups of women experience much higher rates of male violence than others. These groups include women with disabilities, Aboriginal women, women in rural and remote areas, and immigrant and refugee women ²⁸.



An explanatory model of violence clarifies what constitutes violence against women and explores the gendered nature of this violence. It identifies the drivers of violence, together with a number of reinforcing factors, as summarised in the graphic above.

Why do we need to focus on preventing violence against women and their children?

Wellington residents experience a high rate of reported family violence incidents. We have higher than the Victorian average child protection investigations and assessments as indicated below:

- Child protection investigations completed per 1,000 eligible population 32.8% (Vic 19.4%, 12 in LGA) (2014) ²
- Child protection substantiations per 1,000 population eligible population 17.5% (Vic 11.4%, 17 in LGA) (2014) ²
- Child FIRST assessments per 1,000 eligible population 16.1% (Vic 10.1, 29 in LGA) (2014) ²

What do we want to achieve?

Priority area	Focus area	Shared outcome	Shared measure	Current measure	Target for 2021
2. Increase gender equality	2b. Decrease violence against women and their children	Reduce prevalence and impact of family violence	Rate of incidents of family violence recorded by police	Wellington Shire 18.9 per 1000 (2014) Vic 12.4 per 1000 ²	Decrease by 10%

What else is influencing our work?

'Change the Story' details a national approach to preventing violence against women and their children through:

- Challenging the condoning of violence against women ²⁷

Victorian Department of Education and Training has committed to a focus on 'Respectful Relationships' within schools ²⁸.

Action areas:	Healthy Wellington 2017 -2021 future direction
Policy:	<p>Support the implementation of government policies that guide practice in prevention of violence against women and their children. These government policies include recommendations from the Royal Commission into Family Violence and 'Free from Violence' strategy.</p> <p>Promote policies which are developed with a gender equity lens and promote respectful relationships.</p> <p>Support our settings to develop and review policies and practices that support victims of family violence and prevent violence against women and their children.</p>
Physical environment:	Influence and support the development of environments which are safe and inclusive to reduce the likelihood of violence against women and their children.
Capacity building within environments:	<p>Drive capacity building within our settings to challenge the drivers of violence against women and their children.</p> <p>Encourage organisations to build employee capacity and have the tools to respond appropriately to incidents of disclosure of violence against women.</p>
Community voice and advocacy:	<p>Promote community action to raise awareness of violence against women and encourage action to prevent violence against women and their children.</p> <p>Support the Victorian Government's 'Free from violence' strategy by providing platforms and opportunities for saturation of prevention activities in our community.</p>
Programs and events:	<p>Support programs which provide assistance to those at risk of or are subject to violence.</p> <p>Support the development and implementation of programs, events and resources in the community that educate and inform on the drivers of violence against women and their children.</p>

Lead Agency:

Gippsland Women's Health is the lead agency and local expertise for reducing violence against women and their children.

Focus area 2c. Improve sexual and reproductive health

What is sexual and reproductive health?

Sexual health is an important element of health and wellbeing. Sexual health requires respect, safety and freedom from discrimination and violence. It is critically influenced by power dynamics, gender norms and expectations and is expressed through diverse sexualities ³⁰. Sexually transmissible infections and blood-borne viruses place a significant burden on the Victorian community. ³¹

Healthy Wellington 2017 - 2021 acknowledges the close relationship between sexual and reproductive health and gender equity. Healthy Wellington 2017 - 2021 will focus on sexual health in regard to safe sex being a protective factor for sexually transmitted infections and unplanned pregnancy.

Why do we need to focus on sexual and reproductive health?

The local 2016 YOUTH Speak survey reports that 61% of respondents aged 16-18 years, and 92% of respondents aged 18-25 were sexually active ³². Elevated teenage fertility and chlamydia notification rates suggest that young people lack access to, or lack the motivation or understanding to use contraception effectively, to prevent pregnancy and sexually transmitted infections.

What do we want to achieve?

Priority area	Focus area	Shared outcome	Shared measure	Current measure	Target for 2021
2. Increase gender equality	2c. Improve Sexual and Reproductive Health	Increase sexual and reproductive health	Proportion of people testing positive for Chlamydia	Wellington Shire 307.2 per 100,000 adults (2014) Vic 330.7 per 100,000 adults ₂	Decrease by 10%
		Decrease teenage pregnancy	Birth rate for young women 15 – 19 years	Wellington Shire 18.1 per 1000 women (2014) Vic 10.4 per 1000 ₂	Decrease by 10%

What else is influencing our work?

The state-wide direction from the Victorian Public Health and Wellbeing Plan is to promote and support positive, respectful, non-coercive and safe sexual relationships and reproductive choice (including planned, safe and healthy pregnancy and childbirth)).

Action areas:	<i>Healthy Wellington 2017 -2021 future direction</i>
Policy:	<i>Promote policies which encourage positive and respectful approaches to sexual health.</i>
Physical environment:	<i>Deliver actions to ensure essential resources, including information and contraception, are accessible to all in our physical environment</i>
Capacity building within environments:	<i>Work towards creating environments which promote respectful relationships and encourage safe sex</i>
Community voice and advocacy:	<i>Raise the community voice for equitable access to resources and education on sexual and reproductive health, particularly focusing on at risk populations</i>
Programs and events:	<i>Deliver and support programs which educate on both sexual and reproductive health and encourage safe practices</i>

Lead Agency:

Gippsland Women's Health is the lead agency and expertise locally for improving sexual and reproductive health.

Priority area 3: Improve healthy living

In order to address some of the key causes of poor health in Wellington, we will strive to improve healthy living in Wellington. This is a broad concept, however in the context of Healthy Wellington 2017 - 2021 it will relate to three areas:

- 3a. Increase Physical Activity & Healthy Eating
- 3b. Decrease Smoking

The approach to these health issues will be based on the guiding concepts previously discussed, however will be addressed using a more in depth systems thinking approach.

Systems thinking provides a way to examine complex problems, considering the bigger picture and context of those problems.

Systems thinking is a relatively new concept in health promotion field, however has stimulated a way of working which challenges collectives to consider the whole 'system' and identifying points of greatest impact.

Systems thinking has strong concepts of community development, encouraging the community to find their point of influence in the systems and make change where possible.

Systems thinking is characterised by the following approaches:

- Conceptualising and mapping all the parts and interconnected elements of the issue.
- Examining potential leverage points for impacting the issue and testing the outcomes, both positive and negative, from different intervention options.
- Identifying approaches to impact the issue that recognise the complexity of the system.
- Implementing changes to influence the issue, and reflecting on effects and revising strategies ³².

Focus area 3a. Increase physical activity and healthy eating

What is physical activity and healthy eating?

This priority area includes promoting diets which are healthy, sustainable and are safe in line with the Australian Dietary Guidelines. A nutritious diet and adequate food supply are central for promoting health and wellbeing.

Excess intake, particularly of 'discretionary foods', contributes to the risk of obesity, cardiovascular diseases, diabetes, some cancers and dental caries. A diet in line with the Australian Dietary Guidelines will help reduce the risk of overweight and obesity, heart disease and certain cancers.

Poor levels of physical activity and high levels of sedentary behaviour are major risk factors for ill health and mortality from all causes.

People who do not do sufficient physical activity have a greater risk of other health issues, including:

- cardiovascular disease
- colon and breast cancers
- type 2 diabetes
- Osteoporosis

Being physically active is also a protective factor for mental and musculoskeletal health and reduces other risk factors such as overweight, high blood pressure and high blood cholesterol.

A healthy diet and physical activity are important protective factors for a healthy weight, as well as many other health conditions mentioned. ¹¹

Why do we need to focus on physical activity and healthy eating?

Wellington is following the national trend of increasing rates of overweight and obesity in the population which is a major area of concern. Increasing physical activity and healthy eating will act as major protective factors for the community.

Percentage of persons reporting type 2 diabetes 6.6 (Vic 5.0; 7 in LGA) (2014)¹¹

People with food insecurity 6.1 (Vic 4.6; 20 in LGA) (2013)¹²

In 2012 Wellington Shire Council developed a Walking and Cycling Strategic Plan that has resulted in a significant increase in funding allocated to walking and cycling infrastructure. This strategic document guides what is built and continues to be helpful when improving Wellington's physical environment to increase walking, cycling and active transport ¹³.

What do we want to achieve?

Priority area	Focus area	Shared outcome	Shared measure	Current measure	Target for 2021
3. Increase healthy living	3a. Increase physical activity and healthy eating	Increase healthy eating and active living	Proportion of adults, adolescents and children who are overweight and obese	Wellington Shire 54.1% (2014) Vic 50.0% ¹¹	Decrease by 2.5%
			Proportion of adults, adolescents and children who consume sufficient fruit and vegetables	Wellington Shire 52.6% (2014) Vic 48.6% ¹¹	Increase by 10%
			Proportion of adults, adolescents and children who consume sugar sweetened beverages daily	Wellington Shire 20.6% (2014) Vic 11.2% ¹¹	Decrease by 10%
			Proportion of adults, adolescents and children who are sufficiently physically active	Wellington Shire 43.8% (2014) Vic 41.4% ¹¹	Increase by 10%

What else is influencing our work?

The State-wide direction from the Victorian Public Health and Wellbeing Plan is:

- Promote consumption of healthy, sustainable and safe food consistent with the Australian dietary guidelines.
- Support healthy food choices to be the easier choices for all Victorians by working across the entire food system.
- Encourage and support people to be as physically active as often as possible throughout their lives. Strategies may include active transport (such as walking or cycling to work), neighbourhood design that promotes activity and social connectedness and participation in sport and recreation.
- Encourage interaction with nature in Victoria's parks and open spaces.

Action areas:	<i>Healthy Wellington 2017 -2021 future direction</i>
Policy:	<i>Support the development and implementation of policies that promote healthy eating and physical activity.</i>
Physical environment:	<i>Influence the development of our settings that increase access to opportunities for physical activity for all in the community.</i> <i>Influence the development of our settings that increase access to healthy food options, and restrict access to unhealthy food options.</i>
Capacity building within environments:	<i>Strengthen and support capacity building within our settings to increase the capacity to provide healthy options of food & physical activity.</i>
Community voice and advocacy:	<i>Continue to engage with the community to promote messages of healthy eating and physical activity.</i>
Programs and events:	<i>Support the development and implementation of programs, events and resource that promote healthy eating and physical activity.</i>

Lead Agency:

Wellington Primary Care Partnership is the lead agency for increasing physical activity and healthy eating.

Focus area 3b. Decrease smoking

What is smoking?

Smoking rates have had significant improvements over the past 30 years, which Australia is experiencing an incredible culture change to counter the drivers of smoking.

Tobacco still accounts for 25 per cent of all deaths and is strongly linked to stroke and cardiovascular disease. It is a major cause of poor health ¹¹.

There is still a significant proportion of our population who continue to smoke on a daily basis. The rate of decline has not been experienced equally. Vulnerable groups are over represented in smoking statistics, highlighting a need for a more specific and targeted approach to increasing smoking cessation in Wellington. These vulnerable groups include Aboriginal people, people who experience psychological distress, people with a lower level of education, people who live in rural areas and people on low incomes or who are unemployed ¹¹.

Why do we need to focus on smoking cessation?

The Wellington community experiences higher rates of smoking compared to the State average.

What do we want to achieve?

Priority area	Focus area	Shared outcome	Shared measure	Current measure	Target for 2021
3. Increase healthy living	3b. Decrease smoking	Reduce smoking	Proportion of adults who smoke daily	Wellington Shire 14.3% (2014) Vic 9.8% ¹¹	Decrease by 17%

What else is influencing our work?

The state-wide direction from the Victorian Public Health and Wellbeing Plan is to:

- Continue to further reduce smoking rates with the ultimate aim of achieving a tobacco-free Victoria.
- Continue legislative and non-legislative approaches to tobacco reform, such as smoking cessation support, in order to continue the downward trend in smoking rates.
- Focus on smoking cessation support at the community level (via hospitals, GPs and community health services).
- Target smoking cessation measures for those groups with disproportionately high smoking prevalence, particularly Aboriginal Victorians ¹¹.

Action areas:	Healthy Wellington 2017 -2021 future direction:
Policy:	<i>Develop policies to support smoke-free settings, provide support to those who want to quit smoking and reduce harm from secondhand smoke exposure</i>
Physical environment:	<i>Support the development of smoke-free settings</i>
Capacity building within environments:	<i>Strengthen and support capacity building within our settings to increase the capacity to provide smoking cessation support</i>
Community voice & advocacy:	<i>Continue to engage with the community to promote messages of smoking cessation</i>
Programs and events:	<i>Support the development and implementation of programs, events and resource that promote smoking cessation</i>

Lead Agency:

Central Gippsland Health is the lead agency for decreasing smoking.

Priority area 4. Climate change

Focus area 4a. Decrease the impacts of climate change on individual and community health and wellbeing

What is climate change?

Climate change refers to a statistical significant change (or trend) in climate over many decades. It is compared on natural seasons, years, decades and centuries of climate variability. This change can hide or highlight trends in our environment. There are indirect and direct impacts of climate change that effect the built, natural, social and economic environments that make up communities ».

A changing climate may affect our community's health and wellbeing either directly or indirectly.

Direct health impacts	Indirect health impacts
Floods may cause property damage, injury or death.	Floods may lead to respiratory illness due to increased exposure to air pollutants from moulds and increases in mosquito-related illnesses.
Heatwaves can cause physiological effects in response to thermal stress.	Drought may be increased anxiety and depression in communities where incomes and social networks are affected.
Incidences of domestic violence and alcohol/substance abuse increase after natural disasters.	Prolonged droughts, floods can change the face of communities with people having to leave their land or change the way they farm.

Why do we need to focus on Climate change?

During consultation for the Wellington 2030 Community Vision and the Wellington Shire Council Plan 2017-21, protection and reduced impact on Wellington's Natural Environment were important priorities. The 2017-21 Council plan documents Council's commitment to address climate change based on protecting our significant natural resources;

- Build resilience in our communities and landscapes to mitigate risks from a changing climate (Natural Environment theme).
- Facilitate planning for natural disasters and implement strategies to enhance community resilience (Communities theme) ».

Over the next 14 years, climate change is predicted to have significant impact on our environment in Wellington.

- Temperature change - An increase from 0.7 to 1.2 degrees C by 2030.
- Rising sea levels - Seas level rise of between 0.1 to 0.2m by 2030.

- Extreme weather events – Harsher fire weather increasing the severity of bushfires, less rainfall and more frequent and intense heavy downpours (increasing risk of flooding - Source: Climate Change and Victoria)
- Managing the public landscape including the Urban Forest will become more difficult and complex ³⁶.

What do we want to achieve?

Priority area	Focus area	Shared outcome	Shared measure	Current measure	Target for 2021
4. Climate Change	4a. Decrease the impacts of climate change on individual and community health and wellbeing	Decrease the impacts of climate change on individual and community health and wellbeing	Excess death during extreme heat and heatwaves	Wellington Shire: 12 – 18 January 2014 11 deaths. ³⁷	
			Community resilience	Wellington Shire TBD Vic TBD ³⁸	

What else is influencing our work?

National

The Australian Government is reviewing its climate change policies to take stock of Australia's progress in reducing emissions, and ensure the Government's policies remain effective in achieving Australia's 2030 target and Paris Agreement commitments.

State

On 23 February 2017, the Climate Change Bill 2016 was successfully passed by the Victorian Parliament to create a new Climate Change Act 2017.

The Victorian Government has also released the first, Victorians Climate Change Adaption Plan 2017 – 2020. Within that plan, the priorities are:

- More effectively manage risks to the Government's own assets and services from climate change;

- Help the community to understand and manage the risks and impacts of climate change
- Encourage adaptation action across all policy areas and sectors of the economy »

Action areas:	Healthy Wellington 2017 -2021 future direction:
Policy:	<p><i>Support the development and implementation of government policies that guide practice in sustainable living, and climate change.</i></p> <p><i>Support the development and implementation of government policies that guide practice in emergency management.</i></p>
Physical environment:	<p><i>Reducing the reliance on fossil fuels by incorporating energy saving initiatives on council facilities.</i></p> <p><i>Continue to reduce the reliance on cars by expanding the shared path networks (increasing physical activity)</i></p> <p><i>Improve biodiversity values on Council managed land.</i></p>
Capacity building within environments:	<p><i>Implement and support the delivery of programs that address sustainable living and mitigate climate change. These programs can be delivered across different settings such as early childhood sector, schools and workplaces.</i></p> <p><i>Strengthen and support capacity building of people within townships to appropriately responds and recover from emergencies.</i></p>
Community voice & advocacy:	<p><i>Continue to engage with the community to raise awareness of the importance of sustainable living and mitigate climate change in our community.</i></p> <p><i>Continue to engage with the community to raise their awareness on appropriate response and recovery from emergencies.</i></p>
Programs and events:	<p><i>Support the development and implementation of programs, resources and events in the community that educate on sustainable living and mitigating climate change.</i></p> <p><i>Support the development and implementation of programs, events and resources that educate and inform about appropriate emergency response and recovery after an emergency.</i></p>

Lead Agency - Wellington Shire Council is the lead agency for adapting to climate change and emergency response and recovery.

Evaluation and reporting

Due to being an integrated plan, Healthy Wellington is accountable to a range of stakeholders, including:

- Individual organisations
- Healthy Wellington Action Group
- Wellington Shire Councillors
- Department of Health and Human Services (DHHS)
- Wellington Community.

While utilising the Outcomes Framework to measure change over time, these indicators are a long-term measure. To ensure our work is on track and to share this with stakeholders Healthy Wellington will meet accountability requirements in a number of ways.

Healthy Wellington 2017 – 2021 will strive to be transparent and accountable, ensuring the action we undertake results in a positive impact on the Wellington Community. This accountability will include reporting on activities undertaken, successes and impacts measured.

Action plans will consist of individual strategies with a 'strategy lead'. This individual is responsible for reporting on their strategy to Healthy Wellington Action Group.

The success of Healthy Wellington 2017 – 2021 will not be based solely on the outcome measures. Success will also be based on the Healthy Wellington Partnership, defined by:

- Retention and growth of number and variety of partners
- Community awareness of work of Healthy Wellington 2017-2021
- Community is engaged and driving action planning
- Strong collaboration having occurred

Annual Reporting to DHHS, Councillors and Partner Organisations

We will compile an annual report to DHHS, which will incorporate a range of evaluation methods and requirements.

DHHS requirements:

Health Promotion Funded Agencies are required to report to DHHS on an annual basis on strategies implemented, with a focus on impacts measured. These reports are to meet the current reporting guidelines provided by DHHS for Health Promotion Funded Agencies. Municipal Public Health and Wellbeing Plans are also required to be reported to DHHS and the associated requirements will be incorporated into this report.

For other strategy leads the requirements of reporting will be less stringent, acknowledging the different evaluation capabilities within partner agencies. Reporting will capture the story, using case studies where appropriate.

To meet these accountability requirements to DHHS & partner organisations Healthy Wellington 2017 – 2021 will collate an annual report, highlighting achievements, impacts

measured and outputs where appropriate. Healthy Wellington will provide evaluation support where possible for strategy leads.

Quarterly Reporting to Healthy Wellington Action Group (HWAG)

The purpose of the HWAG is to ensure, development implementation and evaluation of the Healthy Wellington 2017 – 2021 Plan. To provide this guidance progress on annual action plans will be reported to HWAG on a quarterly basis. These reports will identify strengths as well as barriers, with the intention to improve progression. Quarterly reporting will also go to relevant working groups.

Community Commitment

Above all else, Healthy Wellington 2017 – 2021 acknowledges that we are accountable directly to the Wellington community. Throughout the implementation of this strategic document, we will share achievements and impacts back to the community, through a variety of means. This communication will be ongoing, and will be written with language appropriate to the audience.

This commitment by all partners will ensure that we remain accountable to our community always.

HEALTHY WELLINGTON 2017 – 2021

Part 2: Theory, research and references

Integrated Municipal Public Health and Wellbeing Plan &
Health Promotion Funded Agencies Health Promotion Plan



DRAFT Healthy Wellington 2017 – 2021 Part 2. Theory, research and references
Page 1 of 12

Healthy Wellington 2017 – 2021 consist of a suite of four documents:

- Part 1: Strategic plan
- Part 2: Theory, research and references (this document)
- Part 3: Municipal scan
- Part 4: Annual action plan (in development)

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DRAFT Healthy Wellington 2017 – 2021 Part 2. Theory, research and references
Page 2 of 12

Theory

This document provides details into the theories and research which will guide the implementation of Healthy Wellington 2017 – 2021.

What is public health planning?

Public Health and Health Promotion is a proactive approach to improving the health and wellbeing of a population. Public health goes beyond the health system and takes into account the factors which lead to poor health outcomes for the community. It is a proactive approach to the health of the community, strengthening protective factors and reducing the factors which cause poor health. This is further explained through the Public Health Model. Public Health works behind the scenes to protect health, prevent illness and promote the wellbeing of all in a community. Public health can be defined as "policies, programs and safeguards to protect maintain or promote the health of the community at large, and prevent or reduce the incidence of disease, injury or disability within the community"⁴¹. Addressing public health is not a simple solution for the whole of a community; it requires consideration to the disparities in health and wellbeing between different social groups. Research shows that there are subgroups within our population who do not enjoy the same level of health as the general population, which can be further addressed with acknowledgement to the social model of health.

Public health model

The framework for Healthy Wellington 2017 – 2021 incorporates a Public Health Model with a strong focus on universal and secondary intervention to address the causes of poor health and wellbeing. Due to the diversity of partners involved, strategies implemented to address our priority areas will move along the spectrum of the public health model dependant on the nature of the organisation leading the work.



Health promotion

Health promotion is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions ⁴². Healthy Wellington 2017 – 2021 recognises that improving health requires involvement from those outside of the health sector.

Community development:

Healthy Wellington 2017 – 2021 will utilise existing strengths in community development practices in the implementation of Healthy Wellington 2017 – 2021. Community development involves changing the relationships between ordinary people and people in positions of power, so that everyone can take part in the issues that affect their lives. Community development practitioners work alongside people in communities to help build relationships with key stakeholders and to identify common concerns. They create opportunities for the community to learn new skills and, by enabling people to act together, community development practitioners help to foster social inclusion and equality ⁴³.

Health Promotion and Community Development are similar in their understanding that social conditions affect health & well-being and in the appreciation that a Community Development approach is most effective to build community capacity for long-term change.

Social determinants of health:



Evidence on the close relationship between living and working conditions reinforces how our health is influenced by the social environment. Factors such as income, education, conditions of employment, power and social support act to strengthen or undermine the health of individuals or communities. Due to the influence on health these factors are known as the 'social determinants of health' ⁴⁴. Healthy Wellington 2017 – 2021 will take into account the social determinants of health when identifying strategies to implement.

Lenses:

Health Promotion work can impact and affect people of different demographics in different ways. The diversity of our community means that many considerations need to be applied to our work. Organisational systems, including policies, plans, programs, services and

communication, can cause or lead to discriminatory effects and inequity in access, or may reinforce harmful stereotypes. To ensure our work is not further causing inequities in health, it is important to look through certain lenses. When looking through a lens, this can mean involving people from particular population groups to determine how their experience of health and health services can vary.

The lenses which will be applied throughout the work of Healthy Wellington 2017 – 2021 include:

- Aboriginal & Torres Strait Islander
- Culturally and Linguistically Diverse (CALD) individuals
- Age
- Disability
- Gender
- LGBTIF

Place-based:

Place-based and 'whole of community' approaches recognise the important role location plays in health and wellbeing. In recognising that people and places are connected inter-related and that the places where people spend their time play an important role in shaping their health and wellbeing, action can be delivered with the local context considered. A place-based approach enables us to take comprehensive action within and across the range of settings in Wellington to promote health and wellbeing.

Settings focus:

Healthy Wellington 2017 – 2021 will have a focus on settings as a place of influence. Throughout this document 'settings' will be used to represent the key environments where people live, learn, work and play. These include, but are not limited to:

- Early childhood care settings and schools,
- Workplaces & Organisations
- Community groups
- Sporting clubs, sports, recreation, social and leisure spaces
- Health, family and community services
- Art and cultural spaces
- Media

Integrating systems thinking:

'Systems thinking' takes into account that public health problems are complex and are not caused by a single factor. By using a systems perspective Healthy Wellington 2017 – 2021 can acknowledge that many points in a system can be altered to create change, calling for an integrated top-down and bottom-up approach. By looking at the whole 'system' Healthy Wellington 2017 - 2021 is able to address an issue from a multitude of angles and a range of action areas, creating a greater impact.

Below is an example of a systems map to demonstrate how systems mapping highlights the complexities of a health area.



45

Outcomes framework:

Healthy Wellington 2017 – 2021 is focused on achieving better outcomes for Wellington Shire residents. For that reason we will be utilizing the Victorian Public Health and Wellbeing Outcomes Framework (Outcomes Framework) s.

The Outcomes Framework provides an approach that helps understand and measure whether the actions being delivered are having a real and lasting impact on people's lives. The Outcomes Framework is a collation of a comprehensive set of indicators drawn from multiple data sources. These indicators will help us track whether our efforts are improving the health and wellbeing of Victorians over time.

By utilising the Outcomes Framework, Healthy Wellington 2017 – 2021 will strive to create a shared vision for our community, using agreed upon shared outcomes indicators to measure our success.

It is important to note that there are limitations in the data available within particular priority areas. To overcome this, we will focus on ensuring local evaluation on actions being delivered.

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Research

National, state and local policy context

When developing Healthy Wellington 2017 – 2021, a review of the following national, state and local policies was conducted:

National

Australian Dietary Guidelines 2013
Australia's Physical Activity and Sedentary Behaviour Guidelines July 2014
Change the Story: a shared framework for the primary prevention of violence against women and their children in Australia 2015
Fifth National Mental Health Plan 2017 - 2022
National Climate Resilience and Adaptation Strategy 2015
National Drug Strategy 2017-2022
National Health and Medical Research Council – Alcohol guidelines: reducing the health risks 2016
National Mental Health Policy 2008
National Strategy on Binge Drinking 2013
National Tobacco Strategy 2012-2018

State

Absolutely Everyone: State Disability Plan 2017-2020
Department of Education and Training - Education State
Department of Health and Human Services 2017, *Inequalities in the social determinants of health and what it means for the health of Victorians: findings from the 2014 Victorian Population Health Survey*, State of Victoria, Melbourne
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VicHealth Behavioural Insights and Gender Equality
VicHealth Tobacco Strategy 2016-19
Victorian Public Health and Wellbeing Outcomes Framework
Victorian Public Health and Wellbeing Plan 2015-2019
Victoria's Multicultural Policy
Youth Policy: Building Stronger Youth Engagement in Victoria

Local

Central Gippsland Health Service Plan 2012 - 2022
Central Gippsland Health Service Strategic Plan
Wellington Shire Council Plan 2017-2021
Gippsland Close the Health Gap Plan
Gippsland Medicare Local Strategic Plan
Gippsland Prevention of Men's Violence Against Women (PMVAW) Strategy
Gippsland Sexual and Reproductive Health Promotion Strategy 2013-2017
Gippsland Women's Health Strategic Plan

Ramahyuck District Aboriginal Corporation Strategic Plan
Wellington 2030 Community Vision 2.0
Wellington Best Start Action Plan
Wellington Community Early Years Plan 2017-2021
Wellington Primary Care Partnership Strategic Plan including service coordination and integrated Chronic disease management
Wellington Shire Council Municipal Emergency Management Plan
Wellington Walking and Cycling Strategy
Yarram and District Health Service Strategic Plan

Draft

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HEALTHY WELLINGTON 2017 – 2021

Part 3: Municipal scan

Integrated Municipal Public Health and Wellbeing Plan and
Health Promotion Funded Agencies Health Promotion Plan



DRAFT Healthy Wellington 2017 – 2021 Part 3. Municipal scan
Page 1 of 21

Healthy Wellington 2017 – 2021 consist of a suite of four documents:

- Part 1: Strategic plan
- Part 2: Theory, research and references
- Part 3: Municipal scan (this document)
- Part 4: Annual action plan (in development)

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DRAFT Healthy Wellington 2017 – 2021 Part 3, Municipal scan
Page 2 of 21

Contents

Summary of Wellington Shire Municipal Scan	4
Introduction	5
What is a Municipal Scan	5
Wellington Shire	7
Our Population	7
Victoria's Population Health and Wellbeing Priorities in the Local Context	8
1. Healthier eating and active living	8
Healthy Eating	9
Physical Activity	10
Overweight and obesity	11
Chronic disease (contributed to by poor diets and physical inactivity, as well as smoking (2), use of alcohol and drugs (3))	11
2. Tobacco-free living	12
3. Reducing harmful alcohol and drug use	12
4. Improving mental health	13
Inside Mental Health: Gaming	14
5. Preventing violence and injury	14
6. Improving sexual and reproductive health	15
Other issues in Wellington	15
Gender Equity	16
Inclusion of People with Disability	17
Victorian Public Health and Wellbeing Plan: Considerations for Health at All Ages in Wellington:	17
Starting Well	17
Resilient adolescence and youth	18
Healthy adulthood	19
Healthy and active ageing	19
Conclusion	19
References	20

<p>Summary of Wellington Shire Municipal Scan.</p> <p>For further information on each of the areas please refer to the full Scan.</p>			
PRIORITY AREA (Taken from VPHWP)	Prevalence (Is the problem widely experienced? i.e. % of Pop of Wellington affected,	LGA Data compared to State;	Trend (Is this issue improving, remaining the same or getting worse?)
1. Healthier eating and Active living	34.0% persons pre-obese (Vic 31.2%) ranked 27 out of 79 LGAs & 20.1% obese (Vic 18.8%) ranked 40 out of 79 LGAs (2015) ¹ .	Above state average	Worse
2. Tobacco- free living	14.8 % of Wellington population over 18 years smoke (Vic 13.1%) (2015) ¹ .	Above state average	Improving
3. Reducing harmful alcohol and drug use	Drug usage and possession offences 5.6 people per 1000 population (Vic 5.1) ranked 23 out of 79 LGAs (2015) ¹ . 76.0% of the Wellington adult population with increased lifetime risk of alcohol related harm (Vic 59.2%) (2015) ¹ .	Above state average	Worse
4. Improving mental health	11.7% percentage of persons in Wellington reporting high/very high degree of psychological distress (Vic 12.6%) ranked 40 in LGAs (2015) ¹ . Prevalence of depression and anxiety in Wellington is 27.1% (Vic 24.2%) (2014) ² .	Above state average	Worse
5. Preventing violence and injury	Family incidents per 1000 population is 18.9* (Vic 12.4) ranked 12 out of 79 LGAs (2015) ¹ . Intentional injuries treated in hospital per 1,000 population is 6.7* (Vic 3.0) ranked 2 in LGAs (2015) ¹ .	Above state average	Worse
6. Improving sexual and reproductive health	Teenage fertility rate (per 1000 women aged 15-19) is 18.10* (Vic 10.28) ranked 20 out of 79 LGAs (2015) ¹ . Notifications of chlamydia per 1,000 females aged 20-24 years is 22.0 (Vic 18.4) (2014) ² .	Above state average	Worse

Introduction

Healthy Wellington 2017 – 2021 is an integrated document of the 'Municipal Public Health and Wellbeing Plan' and health promotion funded agencies, 'Health Promotion Strategic Plan'.



When preparing for the next Municipal Public Health and Wellbeing Plan six interdependent planning stages will occur. The first four stages will occur over a 12-month planning period and the remaining two within a four-year implementation and evaluation period.

What is a municipal scan?

A municipal scan provides a preliminary understanding of the health and wellbeing status of the community and the determinants that contribute to this status. It needs to consider the context of other local, state and national health policy and issues.

The municipal scan alone will not provide the information needed to identify priorities however, it can indicate the areas where further analysis and discussion with stakeholders and the community needs to occur to identify priorities.

To perform this municipal scan, a variety of measures regularly used to measure health and illness in a population were examined, to build an understanding of the health challenges facing our community.

Primarily, data from the following sources was used (other sources have been used and referenced in the document):

- Victorian Government Data: LGA Profile 2015¹,
- The Victorian Population Health Survey 2014²,
- The 2016 Australian Census³ and Australian Bureau of Statistics 2011⁴,
- The VicHealth Indicators Surveys from 2011⁵ and 2015⁶.

While there are many additional government reports and data sources which could be included in the scan, many draw on the original data from these primary sources, and therefore were not included. Effort was made to include as much gendered data as possible, where it was available.

To provide an evidence base with which to inform and develop Wellington Shire Council's 2017-2021 Municipal Public Health and Wellbeing Plan, data has been presented alongside the health priorities from the Victorian Population Health and Wellbeing Plan 2015-2019⁷. The Victorian Population Health and Wellbeing Plan 2015-2019 must be used as a guide when planning and selecting health priorities for Wellington's next Municipal Public Health and Wellbeing Plan.

To give an indication of the local context, this scan focussed on identifying health and wellbeing areas in which Wellington's performance was better or worse than the state average. These areas were identified by indicators which either varied from the state average by a statistically significant amount, or ranked in the top or bottom 20 (out of 79) of Victorian LGA rankings.

The top and bottom 20 state LGA rankings were considered to identify more favourable and less favourable measures, considering whether measures were framed in positive or negative language. For example, it is most favourable for measures which are framed positively, eg. 'Percentage of 19-year-olds completing year 12' to have a ranking in the top twenty, and least favourable to be ranked in the bottom 20. Conversely, for measures which are negative eg. 'Gambling machine losses per head of adult population', it is *least* favourable to rank in the top 20, and most favourable to rank in the bottom 20.

Top and bottom 20 rankings which are favourable, and statistically significant measures which indicate a strength are highlighted green, for clarification. Measures written in grey are not statistically significant, but provide supporting evidence.

Reference Key	
	Areas in which Wellington Shire is doing well against the State average
*	Statistically significant as determined by Victorian Population Health Survey OR ranks within the top or bottom 20 LGAs.
Frequently used References – please refer to Reference Page for Full List	
1	Victorian Government Data: LGA Profile 2015 ¹ ,
2	The Victorian Population Health Survey 2014 ² ,
3 and 4	The 2016 Australian Census ³ and Australian Bureau of Statistics 2011 ⁴ ,
5 and 6	The VicHealth Indicators Surveys from 2011 ⁵ and 2015 ⁶ .

Wellington Shire

Wellington Shire is located about 212km east of Melbourne in the Gippsland Region. Wellington is a large LGA, covering 10,817km², with nine major towns based around the largest community, Sale. The population of Wellington is growing more slowly than the Victorian average, and is projected to increase by 0.7% in 2014-2024¹.

In the Socio-economic Indexes for Areas (SEIFA), which is a measure of relative socio-economic advantage and disadvantage across Australia, Wellington has a score of 961 (in the index of relevant socioeconomic advantage and disadvantage). Scores less than 1000 in this index indicate relatively greater disadvantage and lack of advantage in general. Wellington scores similarly in other SEIFA indexes which measure access to economic resources (eg. housing) and education and occupation (eg. skilled vs. unskilled occupations, high qualifications etc.). Wellington is neither one of the most advantaged or disadvantaged regions in Australia⁴.

Our population

Compared to other municipalities in Victoria, Wellington has a larger Aboriginal and Torres Strait Islander community, and little cultural diversity. The proportion of residents born overseas is 19.4%; 13.1% of residents speak a language other than English at home, compared to the Victorian average of 32.1%. People aged over 45 are overrepresented in the community, and people aged 15-44 years old are underrepresented. There are more people with disability in Wellington, who require care and/or financial support compared to the Victorian average¹. Consideration must be given to these vulnerable groups in public health and wellbeing planning, to ensure improved outcomes for all, including the most disadvantaged⁷.

Population by age¹

	% total Wellington population	% total Victoria population
00-14yo	17.7%	18.2%
15-24yo	10.9%	13.0%
25-44yo	22.7%	28.6%
45-64yo	28.5%	24.6%
65-84yo	17.9%	13.4%
85+yo	2.4%	2.2%

Diversity, economic and employment characteristics

	Wellington measure	Victoria measure	LGA rank (out of 79)
Aboriginal and Torres Strait Island Population ²	1.5%*	0.8%	
Percentage of population born overseas ³	19.4%	35.1%	
Percentage speaking a language other than English at home ³	13.1%	32.1%	
Percentage of families headed by one parent ³	14.3%	15.3%	
Proportion who are female ³	82.6%	82.2%	
Proportion who are male ³	17.4%	17.8%	

Full-time equivalent students ¹	15.6%	n/a	
Unemployment rate ¹	5.2%	6.3%	48
Percentage of individuals with income of less than \$400 per week ¹	44.0%	39.9%	25
Median weekly personal income for people aged 15 years and over ¹	\$562	\$644	

Aged and disability characteristics¹

	Wellington measure	Victoria measure	LGA rank (out of 79)
Percentage of people with need for assistance with core activity	6.0%	5.0%	25
People with severe and profound disability living in the community (all ages)	4.9%	4.0%	23
People receiving disability services support (per 1,000 population)	32.7*	8.9	1
Disability support pension recipients (per 1000 eligible population)	75.3	51.3	28
Age pension recipients per 1,000 eligible population	756.7	777.4	36

Victoria's population health and wellbeing priorities in the local context

The Victorian Population Health and Wellbeing sets out six health priorities to guide action over the next four years across the state. Selection of these priorities by the Government recognises that many diseases and conditions are interrelated, sharing common determinants, protective and risk factors, and that focussing on these common factors will allow prevention measures to improve outcomes across a range of physical and mental health conditions.

The six priority areas are discussed below, considering the local context.

1. Healthier eating and active living

Poor diets and physical inactivity are major risk factors for ill health and mortality from all causes, particularly cardiovascular disease, diabetes, obesity, and cancer. 10.5% of Australia's total burden of disease is due to dietary risks, and 4.6% is due to physical inactivity. High body mass index, is responsible for an additional 8.5% of the disease burden⁹.

Local data suggests that Wellington residents experience increased chronic disease related risk factors, particularly associated with poor diets. Wellington residents appear to be more active at work than Victorian counterparts, sit less, and are more likely to achieve recommended physical activity guidelines. Fewer Wellington residents however, walk for transport, so are less likely to participate in incidental physical activity by transport.

The Wellington Primary Care Partnership ('WPCP'), Central Gippsland Health Service ('CGHS'), Yarram and District Health Service ('YDHS'), and the Gippsland Primary Health

Network ('Gippsland PHN') are all key external stakeholders who prioritise work in this area. The Gippsland PHN has identified 'lifestyle factors' for disease as a key area for influence in their priorities for 2016-2018⁹. In the national context, projections of the prevalence of chronic diseases are rapidly increasing beyond the capacity of health services to manage. As such, even though local data does not show Wellington falling significantly behind the state average, the impact of poor diets, high BMI, and physical inactivity cannot be disregarded at a local level, and preventative measures should be supported.

Healthy eating

	<i>Wellington measure</i>	<i>Victorian measure</i>	<i>LGA rank (out of 79)</i>
People reporting poor dental health ¹	6.1	5.6	33
Proportion of children (aged 0-5) presenting with at least one decayed, missing or filled primary (baby) or permanent (adult) tooth, attending public dental services, 2014-16 (Dental health services VIC) ¹⁰	30.0	31.0	
Proportion of children (aged 6-8) presenting with at least one decayed, missing or filled primary (baby) or permanent (adult) tooth, attending public dental services, 2014-16 (Dental health services VIC) ¹⁰	55.0	57.0	
Proportion of children (aged 9-12) presenting with at least one decayed, missing or filled primary (baby) or permanent (adult) tooth, attending public dental services, 2014-16 (Dental health services VIC) ¹⁰	65.0	64.0	
Proportion of children (aged 13-17) presenting with at least one decayed, missing or filled primary (baby) or permanent (adult) tooth, attending public dental services, 2014-16 (Dental health services VIC) ¹⁰	65.0	70.0	
Proportion of adults (aged 18-24) presenting with at least one decayed, missing or filled primary (baby) or permanent (adult) tooth, attending public dental services, 2014-16 (Dental health services VIC) ¹⁰	70.0	83.0	
Proportion of adults (aged 25-44) presenting with at least one decayed, missing or filled primary (baby) or permanent (adult) tooth, attending public dental services, 2014-16 (Dental health services VIC) ¹⁰	87.0	92.0	
Proportion of adults (aged 45-64) presenting with at least one decayed, missing or filled primary (baby) or permanent (adult) tooth, attending public dental services, 2014-16 (Dental health services VIC) ¹⁰	96.0	98.0	
Proportion of adults (aged 65+) presenting with at least one decayed, missing or filled primary (baby) or permanent (adult) tooth, attending public dental services, 2014-16 (Dental health services VIC) ¹⁰	100	97.0	
Proportion of the adult population who consume sugar sweetened beverages daily ²	20.6*	11.2	7
Proportion of the adult population who consume sugar sweetened beverages daily, once or several times per week ¹	41.4*	30.7	
Proportion of adult population who never eat takeaway meals or snacks ²	12.7*	16.6	

Percentage of population with low food security ¹	6.1*	4.6	20
Percentage of population who ran out of food and could not afford to buy more (female) ¹¹	6.5	6.8	
Percentage of population who ran out of food and could not afford to buy more (male) ¹¹	1.7*	5.2	
Percentage of persons who share a meal with family at least 5 days per week ⁵	74.4*	66.3	15
Proportion of population who met both fruit and vegetable consumption guidelines ³	2.9	4.4	
Proportion of population who do not meet with fruit and vegetable consumption guidelines ³	52.6	48.6	26
Proportion of females who do not meet with fruit or vegetable consumption guidelines ³	50.4*	43.4	7
Proportion of males who do not meet with fruit or vegetable consumption guidelines ³	53.1	54.0	55
Percentage of the population consuming 2+ serves fruit daily ⁷	43.5	47.8	

Physical activity

	Wellington measure	Victorian measure	LGA rank (out of 79)
Percentage of people who do not meet physical activity guidelines ¹	50.0*	54.0	60
Percentage of females who do not meet physical activity guidelines ¹	53.8	56.1	44
Percentage of males who do not meet physical activity guidelines ¹	47.6	52.0	59
% population physical activity status 'sedentary' ²	3.7	3.6	
% population physical activity status 'insufficient time and/or sessions' ²	47.0	50.4	
% population physical activity status 'sufficient time and sessions' ²	43.8	41.4	
% population physical activity status 'sufficient time and sessions' (female) ¹¹	57.9	59.7	
% population physical activity status 'sufficient time and sessions' (male) ¹¹	54.8	61.0	
Percentage of persons who sit for at least 7 hours per day ⁵	20.5*	32.6	69
Predominant type of physical activity (sitting) undertaken at work among those employed ⁷	34.8*	49.6	
Predominant type of physical activity (standing) undertaken at work among those employed ⁷	15.9	18.4	
Predominant type of physical activity (walking) undertaken at work among those employed ⁷	27.1	16.0	
Predominant type of physical activity (heavy labour/physically demanding work) undertaken at work among those employed ⁷	15.9	12.8	
Proportion of adult population who walked for transport for trips longer than 10 minutes on one day in the preceding week ²	3.2*	7.3	

Proportion of adult population who walked for transport for trips longer than 10 minutes on 2-3 days in the preceding week ¹	21.9	16.8	
Proportion of adult population who walked for transport for trips longer than 10 minutes on 4+ days in the preceding week ²	11.7	18.1	
Proportion of adult population who did not walk for transport for trips longer than 10 minutes at all in the preceding week ²	62.8	57.4	

Overweight and obesity

	Wellington measure	Victorian measure	LGA rank (out of 79)
Percentage of persons overweight ¹	34.0	31.2	27
Percentage of females overweight ¹	22.7	24.3	48
Percentage of males overweight ¹	44.8*	38.4	19
Percentage of persons obese ¹	20.1	18.8	40
Percentage of females obese ¹	21.4	17.2	30
Percentage of males obese ¹	17.8	20.4	53
Proportion of adult population with BMI 'underweight' ²	1.4	1.8	
Proportion of adult population with BMI 'normal' ²	35.9	39.8	
Proportion of adult population with BMI 'pre-obese' ²	34.0	31.2	
Proportion of adult population with BMI 'obese' ²	20.1	18.8	

Chronic disease (contributed to by poor diets and physical inactivity, as well as smoking (2), use of alcohol and drugs (3))

	Wellington Measure	Victorian Measure	LGA Rank (out of 79)
Avoidable deaths per 100,000 population, 0-74 years, due to cancer ¹	28.2*	23.8	18
Avoidable deaths per 100,000 population, 0-74 years, due to cardiovascular disease ¹	26.3	23.0	39
Avoidable deaths per 100,000 population, 0-74 years, due to respiratory disease ¹	10.5	8.1	25
Percentage of persons reporting type 2 diabetes ¹	6.6*	5.0	7
Prevalence of type 2 diabetes ²	5.9%	5.3%	
Percentage of persons reporting high blood pressure ¹	29.1*	25.9	15
Percentage of persons reporting heart disease ¹	7.0	6.9	36
Prevalence of heart disease ²	7.3%	7.2%	
Cancer incidence per 1,000 population ¹	6.2	5.2	33
Cancer incidence per 1,000 females ¹	5.2	4.8	43
Cancer incidence per 1,000 males ¹	7.1	5.6	30
Prevalence of cancer ²	6.7%	7.4%	
Percentage of breast screening participation ¹	56.2%*	52.0%	17
Percentage of cervical cancer screening participation ¹	57.5%*	61.5%	61
Percentage of bowel cancer screening participation ¹	41.8%	37.6%	22

2. Tobacco-free living

Smoking is a significant contributor to the national burden of coronary heart disease, lung cancer and chronic obstructive pulmonary disease⁶.

There is an increased prevalence of smoking in Wellington, particularly among males, aged 18 and over, when compared to the rest of Victorians, although smoking rates have dramatically decreased nationally over the last 30 years¹².

It should be noted however, that on a national level, decline in smoking has not been experienced evenly across the population. Disadvantaged and vulnerable populations, for example people who experience psychological distress, people who live in rural areas, people on low incomes and people with lower levels of education (all of which are particularly relevant to the local context) have higher smoking rates, and bear a greater burden of smoking related morbidity and mortality⁷.

	Wellington measure	Victorian measure	LGA rank (out of 79)
Prevalence of smoking ³	14.8	13.1	
Prevalence of ex-smokers ²	26.4	24.8	
Prevalence of non-smokers ²	58.0	61.5	
Percentage of persons, 18+ who are current smokers ¹	14.8	13.1	33
Percentage of females, 18+ who are current smokers ^{1,2}	14.3	12.9	33
Percentage of males, 18+ who are current smokers ^{1,2}	25.0*	18.5	15
Percentage of population who smoke daily ²	14.3*	9.8	

3. Reducing harmful alcohol and drug use

Harmful alcohol and drug use is associated with crime, violence, injury, loss of life, road traffic accidents, mental illness, and suicide. Long-term regular alcohol consumption is also related to some cancers and heart disease⁷.

In Wellington, data shows significantly higher drug use and possession offences than the rest of Victoria. This may reflect increased drug use in the community. Alcohol measures clearly show increased alcohol consumption and increased short and long term alcohol related harm in Wellington. The Trends in Alcohol and Drug Related Ambulance Attendances in Victoria 2012-2013 report shows upward trends in the number of drug related attendances, for almost all drugs, by ambulance from 2011-2013 in regional Victoria¹⁴.

One strategy in Healthy Wellington 2013-17 Social Connections and Inclusion priority focussed on preventing alcohol consumption, through the delivery of educational programs in schools¹⁵. It is likely that consumption of alcohol and drug use among young people will become a greater priority area in Wellington's Youth Strategy 2017-2020.

	Wellington measure	Victorian measure	LGA rank (out of 79)
Drug usage and possession offences per 1000 population ¹	5.6	5.1	23
Rate of drug offences per 100,000 population ¹⁶	617	499	25
People at increased risk of alcohol-related harm on a single occasion of drinking ⁸	52.5%	42.5%	21
Drug and alcohol clients per 1000 population ¹	6.9*	5.0	19
Proportion of the adult population who abstain or no longer drink alcohol ⁷	9.3%*	20.8%	

Proportion of the adult population with increased lifetime risk of alcohol related harm ²	76.0%*	59.2%	
Proportion of adult population at increased risk of alcohol-related injury on a single occasion ²	52.5%*	42.5%	
Proportion of residents who agree getting drunk every now and then is okay ¹⁷	30.9	27.9	

4. Improving mental health

A person's level of mental wellbeing is a culmination of many factors, in addition to the presence or not of a clinical mental impairment or illness. A person's physical health, social circumstances, environment and interactions with their community play significant roles in determining mental wellbeing⁷.

The data below suggests that while people feel safe and supported in their neighbourhoods in Wellington, psychological distress is high, as is the prevalence of clinical depression and anxiety.

Healthy Wellington 2013-17 took a broad primary prevention approach to mental health through the Social Connections and Inclusion Priority, which focussed on enhancing community connections for vulnerable groups, particularly people with disability. Rural Access and GippSport are significant local partners working in this space.

	Wellington measure	Victorian measure	LGA rank (out of 79)
Percentage of persons reporting high/very high degree of psychological distress ^{1,3}	11.7%	12.6	40
Prevalence of depression and anxiety ²	27.1%	24.2%	
Registered mental health clients per 1000 population ¹	14.8	11.9	33
Percentage of persons with adequate work life balance ¹	57.8%*	53.1%	11
Perceptions of Neighbourhood – people willing to help each other (% agree) ⁵	84.3*	74.1	
Perceptions of Neighbourhood – this is a close knit neighbourhood (% agree) ⁵	76.5*	61.0	
Perceptions of Neighbourhood – people can be trusted (% agree) ⁵	80.5*	71.9	
Percentage who help as a volunteer ¹	26.4%	19.3%	33
People aged over 75 years living alone ¹	41.2%*	35.9%	16
Females aged over 75 year living alone ¹	71.8%	73.9%	54
Males aged over 75 years living alone ¹	28.2%	26.1%	26
High/very high levels of social isolation among adults ¹⁸	18.5%	17.3%	
People who live near public transport ¹	26.6%	73.9%	
Proportion of adults who belong to an organised group - Sport ¹⁶	30.5%	25.6%	
Proportion of adults who belong to an organised group - School ¹⁶	25.7%	13.6%	
Proportion of adults who attended a local community event ¹⁸	75.2%	58.9%	
Life satisfaction of adults ²	91.9%	92.4%	

DRAFT Healthy Wellington 2017 – 2021 Part 3. Municipal scan
Page 13 of 21

Proportion of adults who feel valued by society ³	47.8%	51.4%	
Proportion of adults who definitely feel there are opportunities to have a real say on important matters ¹⁸	31.0%	35.2%	
Proportion of adults able to get help from friends ¹⁸	86.3%	79.7%	
Proportion of adults able to get help from family ¹⁸	76.9%	81.6%	
Proportion of children who report being bullied Year 7 to Year 9 ²⁶	22.4%	18.0%	
Proportion of children who report feeling connected to school Year 7 to Year 9 ²⁷	66.5%	62.3%	
Proportion of children at school entry whose parents report high levels of family stress in the past month ²⁸	11%	9.9%	

Inside mental health: gaming

Use of gaming machines increases social isolation (associated with poor mental health), financial insecurity and disadvantage¹⁹. In 2015-16 financial year in Wellington, more than \$21.74 million was lost through electronic gaming machines in Sale, Maffra and Yarram²⁰. The average adult in Wellington spends \$657.00 on gaming machines each year, nearly \$100 more than the average Victorian. In addition to this, only a small section of the population uses gaming machines, and therefore bear a substantial annual financial burden.

Furthermore, the burden of gaming is exacerbated by other gaming mediums, online gaming, TAB etc. which are reported to be equally popular in Wellington, but have no formal measurement or data available.

	Wellington measure	Victorian measure	LGA rank (out of 79)
Gambling			
Gaming machine losses per head of adult population ¹	\$657.00*	553.00	15

5. Preventing violence and injury

Violence and injury includes family violence, street and community violence, workplace injury, falls injury associated with suicide and transport-related injury⁷.

With the Royal Commission into Family Violence, family violence has become a major priority for the Victorian Government. Family violence has profound impacts, which disproportionately affect women and children, and is mostly perpetrated by men⁷.

Conversely, street violence primarily affects men, and perpetrators are most often other males⁷.

In Wellington, family incidents, sexual offences and violent offences are all more common than in the rest of Victoria. Significant numbers of intentional and unintentional injuries are treated in hospital, although a relatively small proportion of these are due to falls.

Prevention of Violence Against Women and Children was a priority area of Healthy Wellington 2013-17. Strategies in this area focussed on primary prevention by raising awareness of gender inequality as a primary driver of violence against women, and up skilling early years services to identify and respond to violence against children. Gippsland Women's Health and Uniting Care Gippsland are key agencies working in this area.

DRAFT Healthy Wellington 2017 – 2021 Part 3. Municipal scan

Page 14 of 21

To work effectively in crime prevention (particularly street and community crime), the Healthy Wellington partnership should engage with the police and justice sector, including agencies such as Victoria Police.

	Wellington measure	Victorian measure	LGA rank (out of 79)
Total offences per 1000 population ¹	102.8*	82.6	14
Family violence incidents per 1000 population ¹	18.9*	12.4	12
Rate of sexual offences per 100,000 population ¹⁶	683	207	n/a
Rate of stalking, harassment, and threatening behaviour per 100,000 population ¹⁶	469	211	n/a
Rate of violent offences per 100,000 population ¹⁶	2769	1265	5
Unintentional injuries treated in hospital per 1,000 population ¹	112.2*	61.0	8
Intentional injuries treated in hospital per 1,000 population ¹	6.7*	3.0	2
Percentage of unintentional injuries due to falls ¹	31.6	38.7	69

6. Improving sexual and reproductive health

Sexual health is a vital element of health, though sexual health seeking behaviour is easily influenced and often prevented by social taboo, gender norms and power dynamics⁷.

The local 2016 YOUTH Speak survey reports that 61% of respondents aged 16-18 years, and 92% of respondents aged 18-25 were sexually active²¹. Elevated teenage fertility and chlamydia notification rates presented below suggest that young people lack access to, or lack the motivation or understanding to use contraception effectively, to prevent pregnancy and sexually transmitted infections.

Sexual and reproductive health was not included in the 2013-2017 MPHWP, but is emerging as an important issue in the community. In 2016, council approved the installation of one free condom vending machine in the future Port of Sale Cultural Hub, however the political climate is such that the Council could contribute further to sexual health in the Shire, considering the rollout of the Respectful Relationships curriculum in Victorian schools in 2017. Gippsland Women's Health, Central Gippsland Health Service and Yarram and District Health Service prioritise work in this area locally.

	Wellington measure	Victorian measure	LGA rank (out of 79)
Teenage fertility rate (per 1000 women aged 15-19) ¹	18.1*	10.4	20*
Notifications of chlamydia per 100,000 population ¹	307.2	330.7	30
Rates of chlamydia notifications per 1,000 females, aged 15-19 years ²⁷	14.5	10.5	
Rates of chlamydia notifications per 1,000 females, aged 20-24 years ²⁷	22.0	18.4	

Other issues in Wellington

Gender equity and disability inclusion are two other health issues in Wellington that are significant, and closely related to the health outcomes of women and people with disability in our community. Principles related to gender equality and inclusion of people with disability

should be applied across all work done as part of the Municipal Public Health and Wellbeing Plan.

Gender Equity

Gender inequalities and harmful gender stereotypes can have negative impacts on health and wellbeing for both men and women²³. For example, sexist behaviours and attitudes which objectify and value the physical image of women perpetuate violence against women, and ideals around masculine stoicism, or 'being tough' can impact negatively on the mental health of men, resulting in alarmingly high rates of male suicide in Australia²⁴.

Gender equality is related to sexual and reproductive health, and violence and injury, as discussed above. More broadly, gender issues also influence women's and men's ability to participate in general healthy behaviours. For example, women may be unable or reluctant to participate in physical activity and sport due to caring responsibilities, body image concerns, personal safety fears, lower SES/income, being time poor (from engaging in addition unpaid work – housework, meal preparation care giving etc.)¹¹.

In Wellington, gender inequality is evident in higher rates of family and sexual violence, and disparate social outcomes in education and employment between women and men, particularly for people not working as managers or professionals. Great disparity in outcomes is evident between women experiencing general disadvantage, for example those who are unemployed or earn less than \$400/week.

A focus of the 2013-2017 MPHWP was the Prevention of Violence Against Women and Children, which allowed strong partnerships to be formed between Wellington Shire Council and Gippsland Women's Health, GippSport (Women in Sport) and Uniting Care. Outcomes were achieved in increasing the reach of prevention of violence activities, and thus community awareness of the prevalence, causes, and impacts of violence against women was improved. In some ways, the focus on prevention of violence specifically prevented broader action in gender equality. For example, the working group did not have the ability to contribute to sexual and reproductive health, or respond to community feedback related to LGBTIQ inclusion and equality.

	Wellington measure	Victorian measure	LGA rank (out of 79)
Percentage of females with income less than \$400 per week ¹	52.5*	47.1	18
Percentage of males with income less than \$400 per week ¹	35.1	32.1	33
Proportion of families headed by a single parent who is female ¹	82.1	82.8	43
Proportion of families headed by a single parent who is male ¹	17.9	17.2	37
Percentage of females aged 22-24 who are not employed or enrolled in education ¹⁶	22.0%		
Percentage of males aged 22-24 who are not employed or enrolled in education ¹⁶	13.5%		
Percentage of females aged 20-64 who are in paid employment ¹⁶	65%		
Percentage of males aged 20-64 who are in paid employment ¹⁶	74%		

Percentage of employed females working as managers and professionals ¹⁸	34.3%		
Percentage of employed males working as managers and professionals ¹⁸	32.2%		
Rate of sexual offences per 100,000 population ¹⁸	683*	207	n/a

Inclusion of people with disability

People living with intellectual, physical and sensory impairments face additional barriers in participating in community life, education and employment, while experiencing poorer health outcomes and often reduced access to healthcare²⁰. These barriers are exacerbated in rural areas, where lack of services, public transport etc. further reduce an individual's opportunity to engage in community life.

4.9% of Wellington residents (approx. 2000 individuals) experience severe and profound disability living in the community¹.

	Wellington measure	Victoria measure	LGA rank (out of 79)
Percentage of people with need for assistance with core activity ¹	6.0%	5.0%	25
People with severe and profound disability living in the community (all ages) ¹	4.9%	4.0%	23
Disability support pension recipients (per 1000 eligible population) ¹	75.3	51.3	30

Victorian Public Health and Wellbeing Plan: considerations for health at all ages in Wellington:

Starting well

Children's early experiences have significant impacts on their learning, development, health and future prospects. Developing and supporting positive health knowledge and behaviours in children is likely to achieve lasting, lifelong benefits for health and wellbeing⁷.

Children in Wellington are at increased risk of child abuse, resulting in higher than average rates of child protection orders, and a larger number of children living in out of home care. Children are also developmentally vulnerable, and are much more likely than their Victorian counterparts to experience, emotional, behavioural, speech or language problems at school entry.

Key partners to the 2013-2017 MPHWP, UnitingCare Gippsland, Wellington Best Start and Central Gippsland Health Services work in this area, alongside the Council's Early Years Project Officer.

	Wellington measure	Victorian measure	LGA rank (out of 79)
Early Years			
Percentage of infants fully breastfed at three months ¹	46.0%*	51.8%	61
Percentage of children attending 3.5 year old maternal and child health checks ¹	66.9%	66.1%	45
Kindergarten participation rate ¹	100%	98.1%	31
Percentage of children with kindergarten subsidy ¹	39.4%	26.8%	22
School readiness			
Percentage of children with emotional or behavioural problems at school entry ¹	5.7%	4.6%	27
Percentage of children with speech or language problems at school entry ¹	16.9%	14.2%	33
Percentage of children developmentally vulnerable in one or more domains ¹	21.9%	19.5%	26
Percentage of children developmentally vulnerable in two or more domains ¹	10.1%	9.5%	31
Child safety			
Child protection investigations completed per 1,000 eligible population ¹	32.8*	19.4	12
Child protection substantiations completed per 1,000 eligible population ¹	17.5*	11.4	17
Child FIRST assessments per 1,000 eligible population ¹	16.1	10.1	29

Resilient adolescence and youth

Youth is a critical time for developing modifiable protective and risk factors for health (e.g. participation in exercise, smoking), which are often carried into adulthood. For young people, school is a key setting for developing these behaviours or not⁷. There is little youth-specific data available which relates to health behaviours, however the measures which are available do give an indication that young people in Wellington are at greater risk of becoming disengaged from education or employment – both of which are important social determinants of health.

Wellington's YOUTH Speak survey conducted in 2016, provides local, youth-specific data from a sample of 1084 young people²¹. This data is not strong enough to stand alone, but can contribute to an understanding of the challenges facing youth to achieve health and wellbeing in Wellington, and provides insight to the factors which influence young people's ability to access education, employment, healthcare etc. The Youth Strategy, being developed by the Wellington Youth Services Network in light of the YOUTH Speak findings will work towards enhancing the health and wellbeing of young people in Wellington.

	Wellington measure	Victorian measure	LGA rank (out of 79)
Percentage of year 9 students who attain national minimal standards in numeracy ¹	97.1%	95.6%	24
Percentage of year 9 students who attain national minimal standards in literacy ²	91.8%	92.0%	36
People 19 years old having completed year 12 ³	75.1%*	88.2%	72
People who did not complete year 12 ³	63.9%*	43.7%	20
People who completed a higher education qualification ³	25.5%*	45.7%	67
YOUTH Speak 2016 results²⁴			
Percentage of respondents looking for work	35%		
Percentage of respondents who did not have difficulty finding work	41%		
Percentage of respondents who want to/do not want to/are not sure if they want to live in Wellington in the future	25%/32%/43%		

Healthy adulthood

Adulthood can be a time of significant transition for individuals establishing and ending relationships, having families, growing careers etc. Those who experience long term unemployment face disadvantage and subsequent negative impacts on their health and wellbeing, and those who become parents face growing stressors and responsibilities associated with parenting⁷. In Wellington, general health services, maternal and child health services and community service organisations exist to support adults in times of transition.

Healthy and active ageing

Wellington is home to a growing older population. It has a larger and growing population of older people when compared to Victoria. As such, healthy ageing, which enables older people to remain active and participating in community life is important to prevent disengagement and deterioration of health and wellbeing⁷. There is little age-specific data available, but anecdotally, we know healthy ageing is an important issue in Wellington.

In 2016, Wellington received funding from the Department of Health and Human Services to implement a series of Age Friendly projects that support social connections, inclusion and participation for older people living in Wellington. These community led projects are being implemented in 2017.

Conclusion

Wellington is facing a range of health and wellbeing challenges. There is existing evidence which supports Wellington's action in all the six Victorian health priorities. In planning the new Municipal Public Health and Wellbeing Plan, consideration must be made for promoting health at every stage of life, and promoting health for Wellington's most disadvantaged groups, including Aboriginal and Torres Strait Islanders, people with disability and women, who experience poorer social outcomes associated with inequity and discrimination.

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ITEM: C5.5**WELLINGTON YOUTH STRATEGY 2017 - 2020**

DIVISION: COMMUNITY AND CULTURE
ACTION OFFICER: YOUTH LIAISON COORDINATOR
DATE: 18 JULY 2017

IMPACTS									
Financial	Communication	Legislative	Council Policy	Council Plan	Resources & Staff	Community	Environmental	Consultation	Risk Management
				✓				✓	

OBJECTIVE

For Council to approve release of the draft Wellington Youth Strategy 2017 – 2020, as attached, for public feedback for a period of 6 weeks.

PUBLIC QUESTIONS AND COMMENTS FROM THE GALLERY**RECOMMENDATION**

That Council approve the release of the draft Wellington Youth Strategy 2017 – 2020, as attached, for public feedback for a period of 6 weeks.

BACKGROUND

The Wellington Youth Strategy identifies a framework of engagement that will guide:

- whole of Council's interactions with young people; and
- decision making that effects young people across the Shire.

In the second half of 2016, over 1,100 young people across Wellington Shire were surveyed about wide ranging topics related to their overall wellbeing. These results and findings from three forums (with youth workers and agencies delivering services to youth in Wellington) will be used to inform the strategy action plan. The actions will have a consistency in approach, effective evaluation methods and will be relevant and sustainable.

The intention is that the Wellington Youth Services Network (WYSN) will ensure all its collaborative work will support a framework of Positive Youth Development (PYD) as highlighted in the Strategy. PYD challenges us to see all young people as needing the same opportunities to thrive.

The Wellington Youth Strategy will incorporate this PYD framework within the Nest Action Agenda set out by the Australian Research Alliance for Children and Youth (ARACY). By aligning our work with the themes in this national agenda for wellbeing, we will be better placed to gain access to broad research and evidence to support and evaluate what we do.

The themes within our Wellington Youth Strategy are:

1. Being loved and safe
2. Having material basics
3. Being healthy
4. Learning
5. Participating
6. Positive sense of culture and identity

It is proposed that the Wellington Youth Strategy 2017 – 2020, will focus on achieving the following goals by 2020:

1. Wellington is a place where young people feel connected and valued by their community, respected, and safe to be individual.
2. Young people in Wellington can meet their own needs, wants and aspirations.
3. Young people in Wellington feel great in mind, body and spirit.
4. Young people in Wellington value learning and aspire to be their best.
5. Wellington young people are active citizens, who have avenues to participate in decision making affecting them where their voices will be heard.
6. Wellington young people are able to celebrate and be proud of their cultural heritage.

OPTIONS

Council has the following options:

1. Approve the release of the draft Wellington Youth Strategy 2017 – 2020, as attached, for public feedback for a period of 6 weeks; or
2. Not approve the release of the draft Wellington Youth Strategy 2017 – 2020, as attached, request changes to the Strategy and present to a future council meeting.

PROPOSAL

That Council approve the release of the draft Wellington Youth Strategy 2017 – 2020, as attached, for public feedback for a period of 6 weeks commencing 19 July 2017.

COUNCIL PLAN IMPACT

The Council Plan 2017–21 Theme 1 Communities states the following strategic objective and related strategy:

Strategic Objective 1.2

“Celebrate, recognise and acknowledge our diverse community and improve social connections among youth, aboriginal and aged communities.”

Strategy 1.2.2

“Develop strategic partnerships to work collaboratively to support young people, which provide youth leadership and capacity building opportunities.”

Theme 2 Services & Infrastructure states the following strategic objective and related strategy:

Strategic Objective 2.1

“Council services and infrastructure are responsive to identified current and future community needs within budgeted parameters.”

Strategy 2.4.1

“Continue to lobby and advocate for improved public transport connectivity”

Theme 4 Lifelong Learning states the following strategic objective and related strategy:

Strategic Objective 4.1

“Improve people’s access to opportunities to challenge and extend their thinking, promote independence, stimulate ideas, further develop leadership skills and lead meaningful lives.”

Strategy 4.1.1

Advocate for improved access to a broad range of high quality learning environments for all age groups and abilities across Wellington Shire.

This report supports the above Council Plan strategic objectives and strategies.

CONSULTATION IMPACT

Significant community consultation has supported the development of the draft strategy. A broad media campaign will seek feedback on the draft strategy from 19 July to 30 August 2017.

CONFLICT OF INTEREST

No staff and/or contractors involved in the compilation of this report have declared a Conflict of Interest.

Wellington Youth Strategy 2017-2020



Vision

Wellington Shire is a community in which all young people have access to all that they need to thrive: positive relationships, positive experiences and positive environments.

Acknowledgement of Traditional Owners

Wellington Shire Council, Wellington Shire Youth Council and the Wellington Youth Services Network respectfully acknowledge the traditional custodians of this land the Gunai Kurnai people – their spirits, ancestors, elders and community members past and present.

Acknowledgement of contributors to Wellington Youth Strategy

We have great young people in Wellington, and without their contribution to this strategy (to guide and to provide focus and meaning) it would not exist. We appreciate and acknowledge the commitment, work and passion of the members of the Wellington Youth Services Network in preparing this strategy, and are excited to be working in partnership with them to deliver some of the objectives outlined within it.

Who are the 'youth', the 'young people' of Wellington?

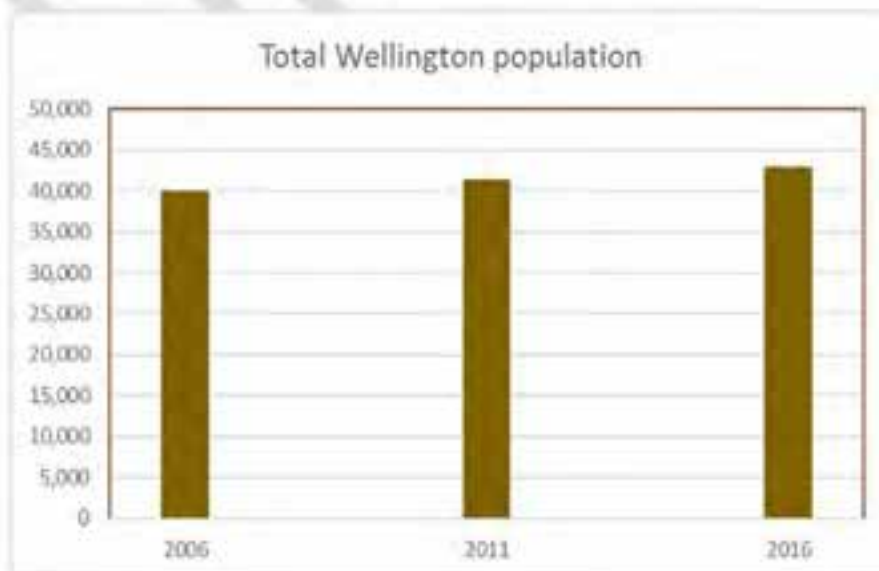
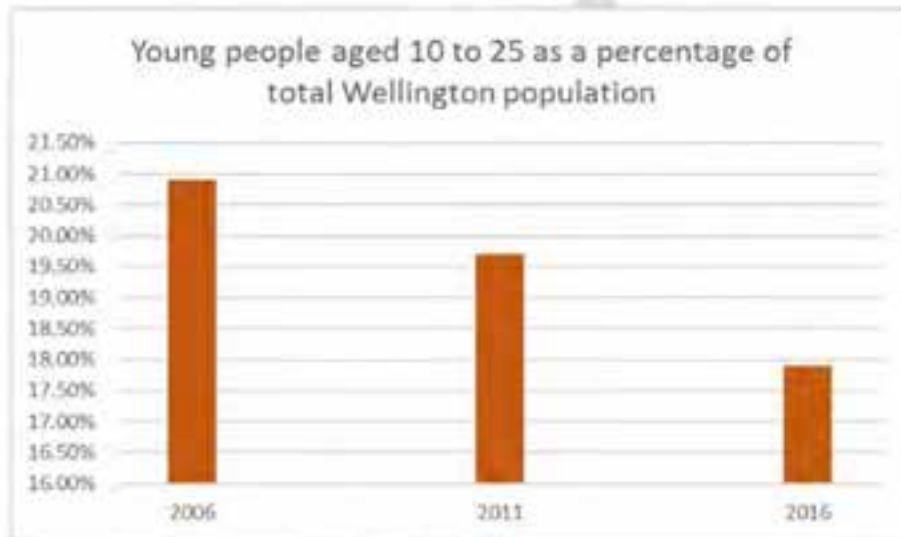
In keeping with the national and state definitions of young people, Wellington Shire Council, Wellington Shire Youth Council and partners within the Wellington Youth Services Network (WYSN), define young people as those aged 12-25 years who are living, studying, working or socialising in Wellington.

It is important to recognise that, throughout our engagement and research putting this strategy together, we found it increasingly apparent that children from the age 10 are missing out on key supports to help them thrive. In response, where possible, we will be inclusive of our 10 and 11 year-old young people in our initiatives.

Snapshot of our young people
(will be presented as infographics in the final version)

From the 2016 census;

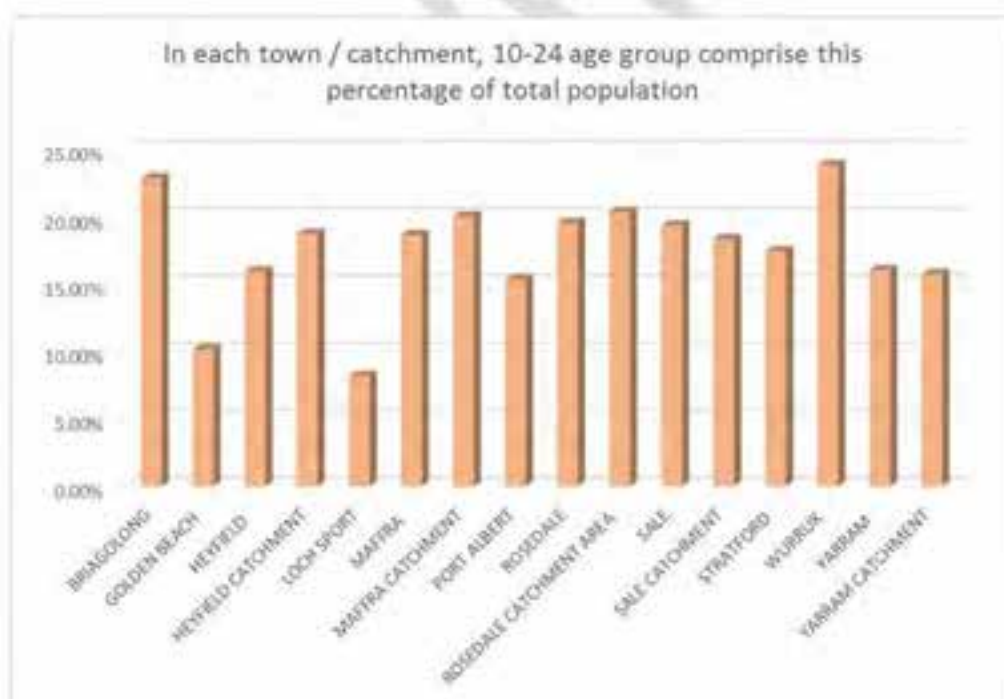
- 7,684 young people, 10 to 25 years of age make up 17.9% of the total Wellington population.
- Since 2006, the percentage of young people aged 10 to 25 in the Wellington population continues to decrease, while the overall population has gradually increased. The evidence of this is in graphs below.



- 177 young people (10 to 24 years of age) in Wellington identify as Aboriginal or Torres Strait Islander (7.8% of total young people in Wellington aged 10 to 24 years). 27.6% of Wellington's Aboriginal population are aged 10 – 24 years. (177 of 640).
- 939 young people (aged 15 to 24) in Wellington are volunteers. (1 in 5 or 20% of young people in Wellington aged 15 to 24 volunteer).
- 249 young people (aged 15 to 24) in Wellington are unpaid carers for a person living with a disability.
- 211 young people (aged 15 to 24) in Wellington are born outside Australia. (4.5% of young people in Wellington aged 15 to 24).

From the Town and Community Profiles 2014:

The graph below shows the percentage of the population aged 10 to 24 years in each town or catchment area across Wellington Shire.



Why do we need a Wellington Youth Strategy?

Wellington has a small but committed community of youth support services, organisations and volunteers who work tirelessly to ensure our young people are safe, healthy and engaged. We have however lacked the single vision and consolidated data that allows us to work in a truly collaborative space to best support and advocate for the needs of our young people.

We are hearing both anecdotally and through data presented, that our young people are increasingly unable to access support that enables them to thrive. Wellington is situated between two local government areas (Latrobe and East Gippsland) where the data and agency evidence provide concerning pictures for young people that overshadow Wellington. We recognise the needs in those communities but fear that unless we begin to be proactive in our response to issues within our own community that the data and experiences of our young people in Wellington will be similar to that of our neighbours.

This strategy provides us with a proactive response to issues and desires within our youth communities.

This strategy provides us with that unified voice, and a clear vision to work towards.

This is Wellington's first adopted youth strategy – and we are excited!

A short story about how Wellington Youth Strategy came to be...

This strategy began with media reports in September 2015 about *"Sale: The country town being overtaken by ice"* (news.com.au), and Sale being the *"ice capital"* of Victoria! That set-in motion a generous offer from a philanthropist with a heart for helping young people in need, and a small group of people were tasked to identify the best use of this proposed support.

It was obvious from the divisions within the group, that Wellington had far greater issues than the drug ice, and that we would need to bring more people working with youth around the table to discuss it. At the same time, the Wellington Youth Services Network (WYSN) was being revitalised, so it was under the auspice WYSN that the first forum was hosted and "Speak up for Youth" was born. Ably facilitated by Berry St, with assistance from Wellington Shire Council, this forum concentrated on what we believed it took for a young person to THRIVE? What did we already have in our community to support this? What were some gaps that made 'thriving' challenging?

Two more forums with partners were held, we formed a working group to develop a survey to allow young people to have their voices heard, and held a number of focus groups with young people from traditionally more hard-to-reach groups.

We are thrilled with the 1,116 young voices (over 18% of our youth population) that had direct input into this strategy, through the survey and focus groups.

Together with research from a wide range of sources, the voices of Wellington's youth, community, and organisations, we have developed an informed strategy that will enable us to work with focus and determination towards a Wellington where every young person thrives.

Where Wellington Youth Strategy fits

There is strength in numbers, and this strategy relies on that adage. It is a part of a bigger picture, and supports at a Council level our Wellington Shire Council Plan 2017-2021, Wellington 2030 Community Vision and our Municipal Health and Wellbeing Plan, *Healthy Wellington 2017-2021*.

Wellington Shire Council Plan 2017 – 2021

This document is developed each time a new Council is elected, and provides the main planning tool for Council. It outlines what Council is aiming to achieve over its' four-year period. The themes within the Council Plan reflect those within Wellington 2030, the Wellington Community long term vision. The themes of these documents are:

THEME 1	Communities
THEME 2	Services & Infrastructure
THEME 3	Natural Environment
THEME 4	Lifelong learning
THEME 5	Economy
THEME 6	Organisational

Wellington Youth Strategy most strongly supports Council's strategic objective in Theme 1: *Develop strategic partnerships and work collaboratively to support young people, provide youth leadership and capacity building opportunities.*

Healthy Wellington 2017 – 2021

Healthy Wellington sets the community priorities for the next four years for the physical and emotional health of our community. It is one of the few Municipal Public Health and Wellbeing Plans that is not 'owned' by Council, rather is jointly owned by agencies in the Wellington Primary Care Partnership and our community members and groups. The three themes currently providing direction in Healthy Wellington are:

1. Mental Wellbeing
2. Gender Equality
3. Healthy Living

The Wellington Youth Strategy 2017 - 2021 incorporates these themes and becomes the 'how to' guide for Council, Youth Council and the organisations and community members within WYSN to achieve the goals within those larger strategies, specifically in relation to young people. It also acknowledges the work set out in the Wellington Community Early Years Plan 2017 – 2021 to successfully begin a child's transition into adulthood.

Focussing on what we want to promote in our young people rather than defining and judging them by what they do and don't do.

What guides us...our principles

Guiding our work is the Code of Ethical Practice for the Victorian Youth Sector that has been developed by the Youth Affairs Council of Victoria.

Underpinning all our actions with young people in Wellington is a framework of **Positive Youth Development**. Positive Youth Development (PYD) assists young people to meet their basic developmental needs (moral, social, cognitive, emotional and physical) by focussing on the whole child, not just single problems to be fixed. PYD is grounded in the desire to help young people be/become resilient and views three key things as protective factors to help build resiliency:

1. Positive relationships
2. Clear, fair and high expectations and
3. Opportunities to connect, navigate and be productive.

Positive relationships + positive experiences + positive environments

Our values

Youth centred

We recognise that young people are the designers of their own futures, that they have voices, ideas, dreams and beliefs that are valuable and have a right to be heard.

Strength based

We recognise that young people all have skills, interests and abilities that make them valuable citizens. Our work with them will develop and support those strengths, empowering young people to lead their own development.

Inclusive for all

We recognise that all young people have unique needs that will require support to enable them to participate fully in their communities.

Partnership.

Council cannot and does not work alone in supporting strategies that ensure our young people's wellbeing is healthy. Indeed, in many cases we are the support in a partnership lead by another.

How to read this Wellington Youth Strategy

The Wellington Youth Strategy include these specific headings:

- Action area
- Goal
- What you told us
- Snapshot
- What we are going to do?

Action areas

The Australian Research Alliance for Children and Youth (ARACY) have developed an evidence based national framework for child and youth wellbeing called "The Nest Action Agenda". Like some of our metropolitan local government areas, we are also ensuring that our youth strategy supports this national action plan at a local level and uses the same action areas to guide our work. Tied into these action areas, are the themes found within the overarching Council plans and strategies that support our young people.

1. Being loved and being safe
2. Having material basics
3. Being healthy
4. Learning
5. Participating
6. Positive sense of culture and identity

Goal

This is our aspiration – what we are aiming for into the future.

What you told us

Through the "YOUth Speak Survey" and focus groups in 2016.

Snapshot

Here you will find a snippet of what we know already from data, history and research.

What we are going to do

Here you will find some broad actions that will support our goals.

Action area 1. Being loved and safe

Being loved and safe embraces positive family relationships and connections with others, along with personal and community safety. Children and youth who are loved and safe are confident, have a strong sense of self-identity, and have high self-esteem. They form secure attachments, have pro-social peer connections, and positive adult role models or mentors are present in their life. Children and youth who are loved and safe are resilient: they can withstand life's challenges, and respond constructively to setbacks and unanticipated events. (ARACY 2014: The Nest Framework)

GOAL: Wellington is a place where young people feel connected and valued by their community, respected, and safe to be individual.

What you told us

- Feeling unaccepted and different is a reason that young people in Wellington can feel alone and unsafe.
- Bullying and bigotry is a big problem for young people in Wellington.
- Knowing the people in their communities makes young people feel safe and connected.
- Perceptions, rather than personal experience, of gangs and drug related anti-social behaviour are the most common cause of young people feeling unsafe after dark in our towns.
- When needing help, friends and families are the first port of call for young people in Wellington.
- Young people would like more opportunities outside of sport to connect with each other.

Snapshot

- 22.4% of young people in years 7-9 within Wellington reported being bullied recently (compared to 18% in Victoria).
Source: VCAMS 2015.
- There is very little cultural diversity in Wellington – only 5.2 % of households in Wellington speak another language.
Source: ABS Census 2016.
- 1 in 4 young people experienced unfair treatment or discrimination in the past year due to gender, race/culture and age (National data).
Source: Mission Australia - Youth Survey 2016.
- 1 in 2 young people witnessed someone being unfairly treated or discriminated against – due to race/culture, sexuality, physical health or ability (National data).
Source: Mission Australia - Youth Survey 2016.

What we are going to do?

1. Build the resilience of young people to be themselves.
2. Celebrate young people's achievements and their positive contributions to the community.
3. Grow parent/carer/community understanding of issues affecting young people through a series of information sessions/forums.
4. Celebrate and create safe shared spaces and places within Wellington.

Action area 2: Having material basics

Children and youth who have material basics have access to the things they need to live a 'normal life'. They live in adequate and stable housing, with adequate clothing, healthy food, and clean water, and the materials they need to participate in education and training pathways.

(ARACY 2014: The Nest Framework)

GOAL: Young people in Wellington can meet their own needs, wants and aspirations.

What you told us

- Transport is a major barrier for young people in all areas of their lives: education, employment and social.
- There is a lack of jobs to be found locally for people with tertiary qualifications and without.
- Lots of young people still need help to learn the skills around looking for a job and writing resumes.
- Whilst living in stable housing is most common for young people, there are far too many people living out of home, homeless or couch surfing.

Snapshot

- Public transport options are significantly absent in most of our communities. There are currently no taxis or public transport options in Dargo, Licola, Briagolong, Boisdale and coastal communities between Port Albert and Woodside.
- 6.1% of Wellington's population live with food insecurity (compared to 4.6% Victorian average).
Source: Department of Health and Human Services, Wellington Profile 2015.
- Alcohol and other drug related problems in Wellington families is 5.1% as reported in the 2014 School Entrant Health Questionnaire (compared to 3.6% in Victoria).
- There are not enough transitional housing options to meet the demand in Wellington.

What we are going to do?

1. Support initiatives that provide a diverse range of housing options for young people.
2. Support local initiatives that link young people into employment, work experience and volunteering and traineeships.

Action area 3. Being healthy

Healthy children and youth have their physical, developmental, psychosocial and mental health needs met. They achieve their optimal developmental trajectories. They have access to services to support their growth and development, and have access to preventative measures to redress any emerging health or developmental concerns.

(ARACY 2014: The Nest Framework)

GOAL: Young people in Wellington feel great in mind, body and spirit

What you told us

- 1 in 4 young people have mental health concerns for themselves.
- Over a third of young people in Wellington reported feeling stressed.
- 43 % of young people said they were concerned about their body image.
- More young people drink alcohol than take other drugs, yet more young people think other drugs are a bigger issue.
- Only 1/3 of the young people who reported having sex used a condom the last time they had sex.

Snapshot

- Wellington has over double the amount of intentional injuries treated in hospital per 1,000 population 6.7, than Victoria, at 3.0.
Source: Department of Health and Human Services, Wellington Profile 2015.
- Body image is one of the top 3 concerns for young people across Australia
Source: Mission Australia Youth Survey 2016.
- Teenage pregnancy across Wellington is high for women aged 15 – 19 years, 18.1% compared to Victorian average of 10.4%.
Source: Department of Health and Human Services, Wellington Profile 2015.
- Rates of chlamydia notifications are high for the 15 – 24 year age group, 22% compared to Victorian average of 16.4%.
Source: Department of Health and Human Services, Wellington Profile 2015.
- Alcohol and drugs, discrimination and equity and mental health are the top 3 national issues for young people.
Source: Mission Australia Youth Survey 2016.

What we are going to do?

1. Improve promotion and access to mental and emotional health services.
2. Provide creative spaces and opportunities for young people to have fun, exercise and maintain physical health.
3. Support initiatives that will equip young people with knowledge and skills to make informed decisions about issues that affect them.
4. Support initiatives that give young people knowledge and skills to recognise, understand and experience healthy relationships.
5. Provide opportunities for young people to learn how to support their peers.

Action area 4: Learning

Learning is a continuous process throughout life. Children and youth learn through a variety of formal and informal experiences within the classroom and more broadly in their home and in the community. Children and youth who are learning participate in and experience education that enables them to reach their full potential and maximise their life opportunities.

(ARACY 2014: The Nest Framework)

GOAL: Young people in Wellington value learning and aspire to be their best.

What you told us

- Transport makes it difficult to make decisions about employment and education.
- Stress and school are 2 of the 3 top personal concerns for young people nationally.

Source: Mission Australia Youth Survey 2016.

Snapshot

- 21.1% of young people aged 15 – 19 years are not engaged in education or employment compared to the state average of 10.4%.
Source: Department of Health and Human Services, Wellington Profile 2015.
- 2.2% of students who finished year 12 in 2016 were not engaged in education or employment or training (Victorian average 0.9%).
Source: On Track 2016 survey results.
- The only University in Gippsland is in Churchill and most students living in Wellington Shire need to travel by car to get there.
- The Federation Training TAFE campus is situated at Fulham, 10km out of Sale and in a location with little public transport. Enrolments have dropped 45% in the last 3 years. Discussions to move the campus to Sale have stalled.
- Parental engagement is integral to students' value of education.

What we are going to do?

1. Support initiatives that engage and transition young people from education to employment.
2. Look at the provision of alternative transitional education settings to meet the needs of the increasingly disengaged youth population.
3. Explore transport connections to educational settings.
4. Provide opportunities for group and peer to peer learning, and volunteering.
5. Offer alternative and flexible spaces to address flexible and varied learning needs.

Action area 5: Participating

Participating includes involvement with peers and the community, being able to have a voice and say on matters and, increasingly, access to technology for social connections. In practice, participating means children and youth are supported in expressing their views, their views are taken into account and they are involved in decision-making processes that affect them.

(ARACY 2014: The Nest Framework)

GOAL: Wellington young people are active citizens, who have avenues to participate in decision making affecting them where their voices will be heard.

What you told us

- Most young people in Wellington feel connected to their community, especially those outside of Sale in our smaller communities.
- Giving back is important to young people in Wellington, and contributes to their overall satisfaction with life.

Snapshot

- 939 young people (aged 15 to 24) in Wellington are volunteers. 1 in 5 or 20% of young people in Wellington aged 15 to 24 volunteer.
Source: Australian Bureau of Statistics Census 2016.

What we are going to do?

1. Promote and provide opportunities for young people to strengthen their leadership skills.
2. Promote and provide opportunities for young people to build their decision-making skills.
3. Support young people to participate in volunteering.
4. Provide opportunities for young people to develop their own community projects.

Action area 6: Positive sense of culture and identity

Having a positive sense of culture and identity is central to the wellbeing of children and youth, and is particularly important for Aboriginal and Torres Strait Islander and other culturally and linguistically diverse (CALD) children and youth. This outcome includes having a sense of spiritual wellbeing. It underpins and is fundamental to the other Nest child and youth outcome areas, with appropriate measures of a sense of culture and identity to be developed.
(ARACY 2014: The Nest Framework)

GOAL: Wellington young people are able to celebrate and be proud of their cultural heritage.

What you told us

- Less than 1/3 of Aboriginal or Torres Strait Islander people are involved with a local Aboriginal organisation.

Snapshot

- 211 young people (aged 15 to 24) in Wellington are born outside Australia. (4.5% of young people in Wellington aged 15 to 24).
Source: Australian Bureau of Statistics Census 2016.
- 177 young people (10 to 24 years of age) in Wellington identify as Aboriginal or Torres Strait Islander. (7.8% of total young people in Wellington aged 10 to 24 years).
Source: Australian Bureau of Statistics Census 2016.
- 27.6% of Wellington's Aboriginal population are aged 10 – 24 years. (177 of 640).
Source: Australian Bureau of Statistics Census 2016.

What we are going to do?

1. Support young people and organisations to develop and implement programs and initiatives which celebrate culture.
2. Acknowledge the influence of culture and identity on what we do for each of the other 5 action areas in this strategy.

Delivering on this strategy

- Wellington Shire Council, Wellington Shire Youth Council, members of the WYSN will all contribute to an annual action plan which will be evaluated against the objectives each year.
- An annual report card to the community on efforts and achievements will be develop, completed and shared.
- An annual Youth gathering will be supported to choose the priority objectives for the following year's action plan.

How will we know if we have been successful?

Measures for individual actions found within the Wellington Annual Youth Action Plan (WAYAP) will provide us with a cumulative picture of what we achieve over the life of this strategy.

Other measures we will use will be:

- Ongoing successful collaboration within WYSN members to achieve objectives set out in this strategy.
- Youth Council taking up annual actions to support objectives within WAYAP
- Improved reporting of services meeting demand
- Increased services for young people to access
- Greater engagement of young people in community life
- A more visible and vocal celebration of young people

Your say

Everyone in the community is welcome to contribute to the annual Youth Action Plan (a-YAP). They can do so in the first instance by contacting the Shire's Youth Liaison Coordinator by emailing cwadmin@wellington.vic.gov.au

References

- Code of Ethical Practice for the Victorian Youth Sector, Youth Affairs Council Victoria
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- YOUTH Speak Report 2016, Gippsland East Local Learning and Employment Network.
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- Victorian Child and Adolescent Monitoring System; Outcomes framework for optimal health and wellbeing for Victorian children and young people, 2015.
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- Mission Australia Youth Survey Report 2016.
<http://www.missionaustralia.com.au/documents/research/young-people-research/677-mission-australia-youth-survey-report-2016#tcUY437Ku81zY2EI.97>
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- Town and Community Profiles 2014 – various accessed, example below. Victorian Government data directory.
<https://www.data.vic.gov.au/data/dataset/2014-town-and-community-profile-for-briarolong-town>



D. URGENT BUSINESS



E. FURTHER GALLERY AND CHAT ROOM COMMENTS



F. CONFIDENTIAL ATTACHMENT/S

F. CONFIDENTIAL ATTACHMENT/S

ITEM F1.1

**CONTRACT 2016-082 CHARLIES STREET LOCH SPORT BOAT RAMP
(REFER TO ITEM C4.1 OF THIS AGENDA)**



**ORDINARY COUNCIL MEETING
18 July 2017**

On this day of 30 June 2017, in accordance with Section 77 Clause (2) (c) of *the Local Government Act 1989*; I, Chris Hastie General Manager Built and Natural Environment declare that the information contained in the attached document **ITEM F1.1 CONTRACT 2016 – 082 CHARLIES STREET LOCH SPORT BOAT RAMP** is confidential because it relates to the following grounds under Section 89(2) of the *Local Government Act 1989*:

d) Contractual matters



CHRIS HASTIE
General Manager Built and Natural Environment

ITEM F1.2

**CONTRACT 2016-083 CEMETERY ROAD REALIGNMENT & SHARED PATH WORKS (STAGE 1)
(REFER TO ITEM C4.2 OF THIS AGENDA)**



**ORDINARY COUNCIL MEETING
18 July 2017**

On this day of 30 June 2017, in accordance with Section 77 Clause (2) (c) of *the Local Government Act 1989*; I, Chris Hastie General Manager Built and Natural Environment declare that the information contained in the attached document **ITEM F1.2 2016 – 083 CEMETERY ROAD REALIGNMENT AND SHARED PATH WORKS (STAGE 1)** is confidential because it relates to the following grounds under Section 89(2) of the *Local Government Act 1989*:

d) Contractual matters



CHRIS HASTIE
General Manager Built and Natural Environment



G. IN CLOSED SESSION

G. IN CLOSED SESSION

COUNCILLOR

That the meeting be closed to the public pursuant to Section 89(2) of the Local Government Act 1989 to consider:

- a) personnel matters*
- b) the personal hardship of any resident or ratepayer*
- c) industrial matters*
- d) contractual matters*
- e) proposed developments*
- f) legal advice*
- g) matters affecting the security of Council property*
- h) any other matter which the Council or special committee considers would prejudice the Council or any person*

IN CLOSED SESSION

COUNCILLOR

That Council move into open session and ratify the decision made in closed session.