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## A MESSAGE FROM THE MAYOR

It is with great pleasure that I present Wellington Shire Council's Municipal Public Health and Wellbeing Plan, Healthy Wellington 2021-2025.

This is one of our key strategic plans that sets our priorities for the health and wellbeing of our Wellington communities for the next four years and was developed in conjunction

with our overall Council (strategic) Plan.

So what does that actually mean?

Our Council Plan tells us that over the next four years we need to address the health and wellbeing needs of those in our communities.

This Healthy Wellington plan tells us how we are going to do that.

We know that recent events such as prolonged drought, bushfire, extreme storms, floods and the Covid-19 pandemic have resulted in climate change and mental health being significant areas of concern for our communities.

This plan looks at the health and wellbeing impacts of these events and how we can assist in recovery and resilience into the future.

Active living is also incredibly important, not only for the physical but also the mental health outcomes post Covid-19 lockdowns. This plan includes key initiatives to assist individuals to become more active.

Equity and equality in our communities will remove the barriers people face in participating in the community. Being an active participant is a key component of health and wellbeing.

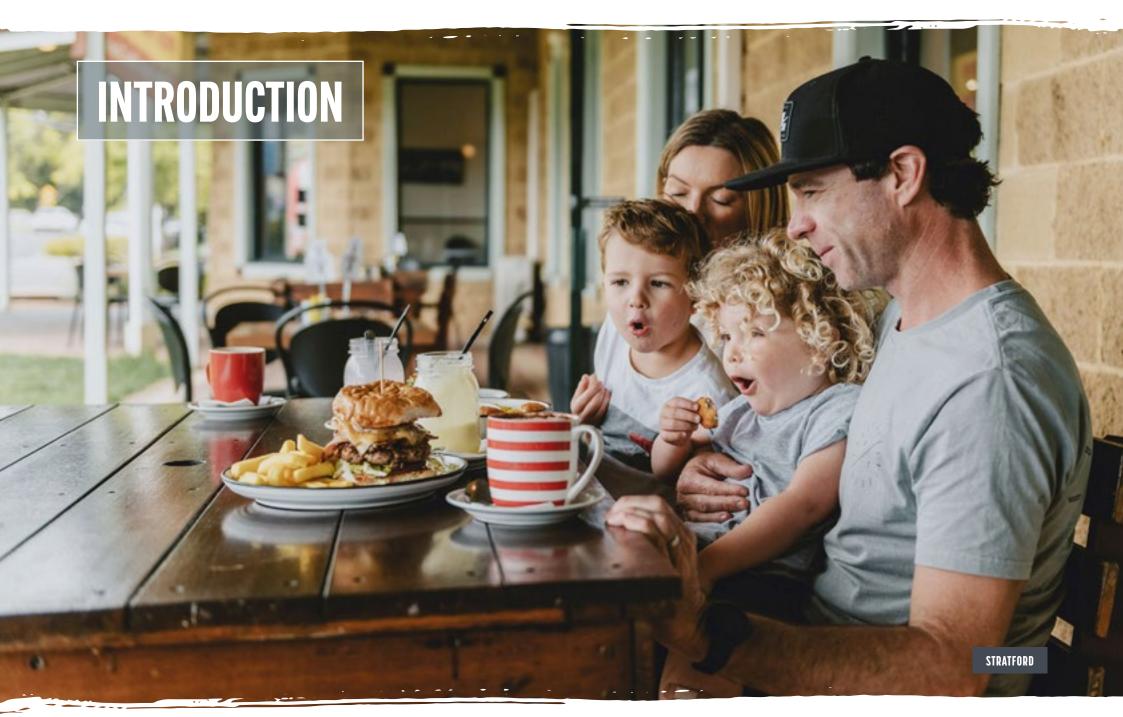
It is Council's priority to work cohesively with its health partners to achieve our shared health outcomes and priorities. Some of this work will be unchartered territory when it comes to the pandemic, but Healthy Wellington provides us with a framework to guide us in our work.

Council looks forward to sharing with you the deliverables of this plan during the next four years, ensuring Wellington can continue to have happy people, healthy environments and thriving communities.

#### Cr lan Bye

Mayor, Wellington Shire Council





Wellington Shire's Municipal Public Health and Wellbeing Plan known as 'Healthy Wellington 2021 - 2025' outlines the community outcomes and health priorities for Wellington Shire Council over the next four years.

The purpose of Healthy Wellington 2021 - 2025 is to demonstrate how Wellington Shire Council in partnership with health, community and education stakeholders will work together to improve the health and wellbeing of our community over the next four years.

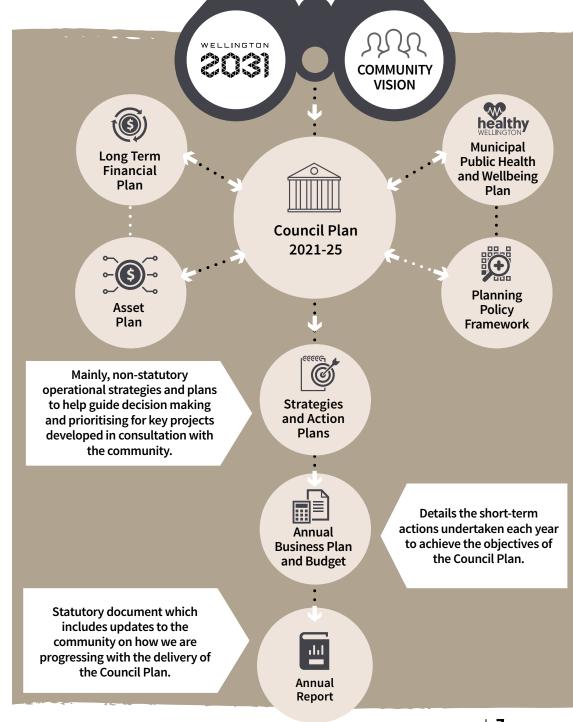
This strategy builds upon the strengths of the previous municipal public health plans and is a key strategic planning tool to maintain and improve public health and wellbeing at a local community level.

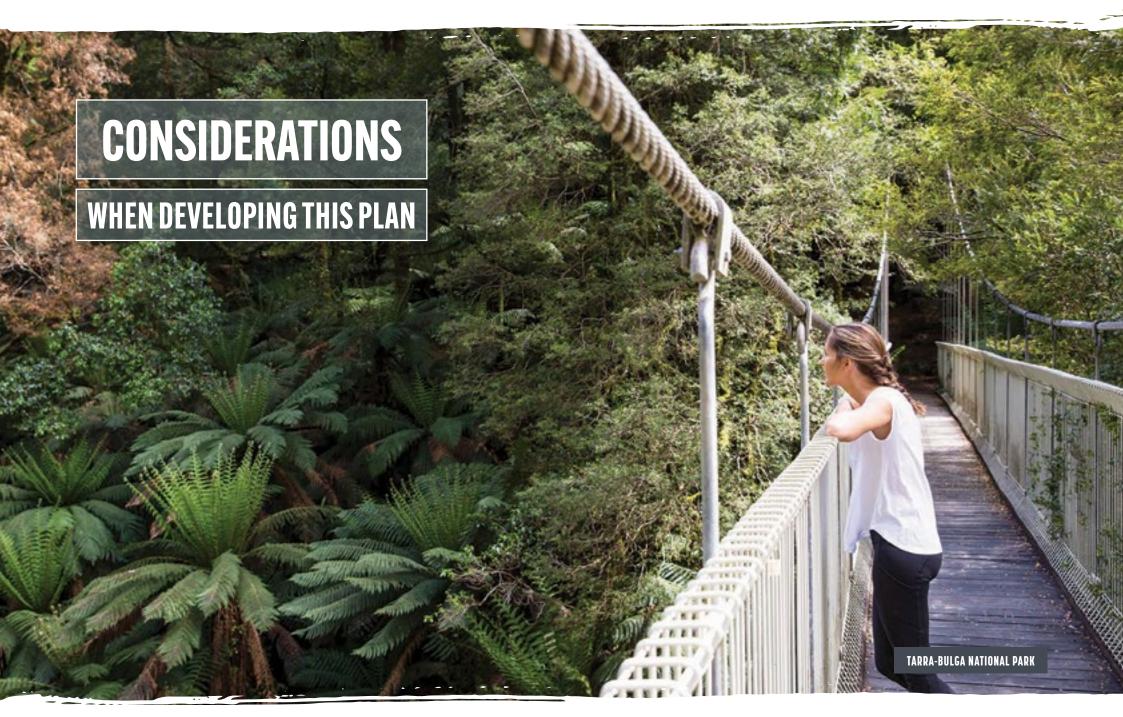
Healthy Wellington 2021 - 2025 was developed in conjunction with Wellington Shire Council Plan 2021 - 2025 and is one of four major strategic plans aimed at addressing the overall Wellington Shire 2031 vision (image to the right).

The Victorian Public Health and Wellbeing Act 2008 requires that all Council's develop a document that addresses health and wellbeing matters every four years. It is also a recommendation of the Act that the document be consistent with the Council Plan and the Municipal Strategic Statement (soon to be known as Planning and Policy Framework).

Healthy Wellington Plan 2021 – 2025 will incorporate previous Council's organisation plans (listed below), ensuring past work, focus and partnerships of those plans strongly align with community outcomes and health priorities of this document.

- Wellington Community Early Years Plan
- Wellington Youth Strategy
- Age Friendly Strategy





When considering the current and future health and wellbeing needs of our community, it is important to acknowledge past and current challenges and how they have impacted on the health and wellbeing of our community.

#### They include:

- The impact of climate change on our people has been significant. Long-term temperature increases (between 1 and 1.2 degrees Celsius since 1950), more bushfires, lower than average annual rainfall (between 100-200 mm and up to 200-300 mm in the high country), increased droughts, more intense flooding and sea level rise (between 0.1 to 0.2 m above the 1986-2005 level).
- Multiple economic shocks including the Hazelwood power station closure, a prolonged drought, bushfires and more recently COVID-19, flood and storm damage. Traditional industries like oil are in decline and native timber harvesting will shortly cease under current State Government policy.
- Limited housing options, including affordable and social housing for our aging and vulnerable community members.
- Changes to health and community services, particularly for disability and age care to a commercial model of health care. The transition of government funded not for profit community health, disability, and age care services to a more individual package model (i.e., National Disability Insurance Scheme (NDIS) and My Age Care) where people purchase the service. This has resulted in health services operating like a business and competing with other private businesses within a marketplace (or for profit) environment.
- Resilience levels in our community have been impacted due to the cumulative effects of drought, fires and COVID-19.

This strategy looks to address the health and wellbeing impacts of these challenges, by providing a strategic health and wellbeing framework of the work being delivered by Council, partnership agencies and community.

This plan will include major health and wellbeing projects that address the community outcomes and, health and wellbeing priorities of our community. These projects will be incorporated into an actions plan, and monitoring and reporting of progress will be done annually.

#### **Links to Council Plan**

As part of the development of the Council Plan 2021 - 2025, there are key initiatives or projects that are identified as having a health and wellbeing benefit to the community.

These initiatives are marked within the Council Plan with this symbol .

These key initiatives will be incorporated in the annual implementation plan for this strategy.





Healthy Wellington 2021 - 2025 aims to provide Council and the community with a strategic framework to integrate community outcomes and health priorities into the work we do.

All community and council lead projects listed in the Council Plan and other organisations' plans, which address community outcomes and health priorities will be planned and delivered based on the Healthy Wellington Framework within this strategy.



**Healthy Wellington 2021 – 2025** will have the following strategic framework that will guide our work over the next four years.

Community **Outcomes** 

#### What do we want to collectively work towards?

• Residents are healthy and well • Communities are resilient • Supported pathways to education and lifelong learning • Liveable and connected community.



#### When working towards the community outcomes, what health priorities are we going to focus on?

#### Mental Wellbeing

Create an environment that supports mental health. **Active Living** 

Increase physical activity and healthy eating.

#### Equality

Improve access and inclusion, prevent gender-based violence and discrimination.

#### **Health and Climate Change**

Live more sustainably, connect with nature, mitigate health harm from climate change.



Health

**Objectives** 

#### When focusing on the health priorities, what are we trying to achieve?

#### Mental Wellbeing

- Increase social connectedness and inclusion and decrease social isolation.
- Increase awareness and knowledge of how to support and improve people's mental health and wellbeing.
- Improve access and participation to activities, programs and services that support good mental health.
- Improve access to services that support and maintain mental illness

#### **Active Living**

- Increase active travel to and from places you work, learn, play, and enjoy.
- Increase participation in organised sports, fitness, and recreational activity.
- Increase participation in passive recreational activities such as walking
- Increase and raise awareness of local and healthy food and drinking options across different settings (such as workplace, schools, and other community use settings).

#### Equality

- Increase community activities that focus on eliminating gender-based and family violence.
- Reduce barriers for people who are trying to access or feel included in community life (work, education, and recreation).
- Increase gender equity in various settings (home life, workplace, and community).
- Increase community activities that focus on celebrating diversity, including race, ethnicity, gender, and sexuality.

#### **Health and Climate Change**

- Increase community's resilience to withstand, recover and thrive from climate-driven natural disasters (i.e., flood, fires, and drought).
- Increase community's capacity to transition to a low carbon economy via adoption of sustainable practices and renewable energy.
- Increase access to sufficient, healthy, and affordable local food options that meet community food preferences and dietary needs.



#### What is going to guide our work?

People-centred

Place-based
 Social determinants of health

Public Health Model



#### Whole of population with extra attention to support

• Early Years • Youth • Active Ageing • Aboriginal and Torres Strait Islander People • LGBTQIA+ • Culturally and Linguistically Diverse • Living with a Disability



#### What will help us succeed?

• Shared leadership and strategic thinking • Partnerships and collaboration • Financing and resource allocation • Community Engagement



#### What type of work are we going to do?

• Health in all Policies • Built Environment • Capacity building within a setting • Advocacy • Programs and Events



Wellington Shire is located about 212km east of Melbourne in the Gippsland Region.

Square km

Population

Forecast annual population growth<sup>2</sup> 1.14%

Children aged 0 to 4 years

Children aged

5 to 11 years

2,768

3.975

Children aged 12 to 17 years

years

Young adults aged 18 to 24

3,268

3,443

BRIAGOLONG •

MAFFRA ( HEYFIELD

STRATFORD

LOCH

ROSEDALE

• LICOLA

Children entering school with speech and language problems

Population identified as Aboriginal and Torres Strait Islanders



41,816

Median Personal Income

Residents speak a language other than English at home



Residents born overseas

Poor dental health

Residents on a Disability Support Pension

1,950



Carers providing unpaid assistance to a person

with a disability, long term illness or old age.



of Wellington Shire residents are overweight.



Of people need

assistance with

their daily life due to having a disability.

> Low food security

**Women 6.5% Men 1.7%** 

SEASPRAY WELLINGTON

YARRAM

PORT ALBERT

#### SEIFA Index

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. In Wellington Shire there are large towns that have scored 900 or below placing it among the most disadvantage 5% of towns in Victoria.

#### Major towns within the shire vary in SEIFA:

• Sale (970) • Maffra (966) • Rosedale (964) · Heyfield (929) · Stratford (1006) • Briagolong (1014) • Loch Sport (816) · Yarram (906), · Wurruk (parts of Wurruk scoring 780 to 1000)



### HEALTHY WELLINGTON 2021 - 2025 HAS BEEN DEVELOPED THROUGH A PROCESS OF:

- reviewing population data and local policies and plans
- consulting stakeholders including those who deliver a community, health, and educational service
- consulting with our diverse community

The community engagement for this plan was delivered over three phases, which lead to key decisions for the development of this plan. Overall decision making for this plan sat with Wellington Shire Councillors, with support from council staff.



#### **Municipal scan**

A municipal scan is a document that provides an understanding of the health and wellbeing status of our community and the causes that contribute to this status.

A municipal scan was undertaken using census data, Victorian Population Health data, Victorian Health Indicators as well as other relevant sources. As part of this process, we also prepared a comparison report, which compared change over time with previous municipal scan (conducted in 2016). This report also identified certain health priorities which we improved or declined.

For more information and further details on Wellington Shire population health data, please contact Council for a copy of 'Healthy Wellington Municipal Scan 2020' and 'Municipal Scan comparison 2020'.

#### **Community engagement**

As part of the development of Healthy Wellington, there were three phases of community engagement.

# PHASE 1

#### October 2020 to late February 2021

During this phase, council engaged with various stakeholders about the development of the new Healthy Wellington plan, and possible health priorities. The Victorian Public Health Plan 19-23 had identified ten state wide health priorities, which the new Healthy Wellington had to have regard to. Community, Health and Educational stakeholders provided recommendations on which health priorities to choose, and how they would align their future work to these priorities.

During this time, 2020 Local Government election occurred, and new councillors were elected. As part of the development of the new Council Plan, councillors and senior management identified a need to have stronger alignment between Council Plan and Healthy Wellington Plan.

Councillors were presented with the recommended community outcomes and health priorities and explained that council staff would do further engagement with the community before finalising them.

## PHASE 2

#### March to end of May 2021

Community engagement commenced with broader communities. During this phase Council officers conducted the following engagement activities:

#### **Pop up Community Sessions**

Council staff delivered 16 pop up sessions across Wellington Shire. Sessions occurred as part of shared community engagement with Council Plan and separate pop-up sessions specifically for Healthy Wellington planning.

Pop up sessions occurred in the following towns: Gormandale, Maffra, Boisdale, Heyfield, Briagolong, Stratford, Port Albert, Golden Beach, Yarram, Sale, Loch Sport and Rosedale.

#### **Stakeholder Engagement**

Council met with a variety of community, health and educational stakeholders and presented the proposed health priorities and discussed future opportunities to collaborate. The key themes included:

- Collaborating on Gippsland wide projects where possible, for example prevention of family violence and climate action type projects.
- Delivering projects which will benefit more than one health priority.
- Alignment of work to community outcomes and health priorities.





#### **Online Engagement**

An online engagement page was created via Council's *Your Wellington Your Say* website. Via the website, we provided the community the opportunity to provide feedback via:

- Community survey
- Idea's portal
- Post a Question

Overall, we had over one thousand people visit the online engagement page, with 508 people reading all relevant attached documents including previous plan and municipal scan and 180 people completed the online survey.

### SUMMARY OF THE FEEDBACK RECEIVED FROM THE ONLINE SURVEYS

### Top 3 Barriers to achieving;



- 1. Access
- 2. Financial

Feeling

3. Knowledge

What does mental wellbeing mean to you?



What are the top three priorities for mental health?

### Top 3 Barriers to achieving;



- 1. Access
- 2. Financial
- 3. Knowledge

What does active living mean to you?

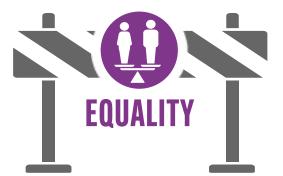




What are the top three priorities for active living?

### SUMMARY OF THE FEEDBACK RECEIVED FROM THE ONLINE SURVEYS

### Top 3 Barriers to achieving;



- 1. Eduction
- 2. Knowledge
- 3. Access

# What does equality mean to you?





What are the top three priorities for equality

### Top 3 Barriers to achieving;



1. Knowledge

2. Eduction

3. Financial

What does climate control mean to you?





What are the top three priorities for climate change?

# PHASE 3

July to end of August 2021

### A draft Healthy Wellington 2021 – 2025 was developed in June 2021

The draft strategy was formally presented to Council in July and was endorsed for public exhibition for a period of 8 weeks. During that time, we received community and stakeholder feedback on the draft strategy.

Overall, the feedback provided from the three community engagement phases was positive with strong support for the four chosen health priorities.

#### **Key themes in the comments included:**

- During the third phase of engagement, July to end of August, there was a stronger focus to support social connection and community participation post covid and extended lockdown in regional areas.
- Another theme was the need to promote movement and activity for fun and local community-based activities. This again reflects the circumstances of the community during regional Covid-19 lockdowns.
- Diversity, accessibility and inclusion were critical in all health priority areas.
- Community recognised the links between mental wellbeing, active living, equality and climate change and how addressing one health priority can have benefits in the others.





#### Healthy Wellington Stratergic Framework - Explained

The following section provides detailed explanation of the Healthy Wellington Strategic Framework including what the different sections of the framework are wanting to achieve and how best to plan to meet these needs.

The Healthy Wellington Strategic Framework will also include planning questions and consideration which will help with planning and implementing strategies and actions linked to this strategy.

## **Community Outcomes**

#### What do we want to collectively work towards?

- Residents are healthy and well
- Supported pathways to education and lifelong learning
- Communities are resilient
- Liveable and connected

Healthy Wellington 2021 – 2025 has identified four community outcomes which will act as a shared outcome between different parts of council and community stakeholders such as state and federal government services, not for profit organisations (i.e., community, health and educational services) and community groups.

Having shared outcomes provides the opportunity to build partnership and rally members from different industries and organisations to work together despite their having competing perspectives, goals, and even performance metrics. A shared outcome can also compel a partnership to reach outside its membership for help, insight and resources.

### The Healthy Wellington 2021 – 2025 community outcomes are:

- Residents are healthy and well.
- Communities are resilient.
- There are supported pathways to education and lifelong learning.
- We live in a liveable and connected community.

Each of the community outcomes has a direct link to one or more of the chosen four health priorities, which will enable a more purposeful focus on addressing the health priorities.

#### Residents are healthy and well

Good health and wellbeing are essential elements of a successful community. Being in good health allows people to participate fully and contribute to society.

#### **Communities are resilient**

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.



#### We live in a liveable and connected community

A liveable and connected community is one that is safe and secure. It offers choices in where to live and how to get around. And it equitably serves residents of all ages, ability levels, incomes, races, ethnicities and other backgrounds.

A liveable and connected community enhances personal independence, allowing residents to remain in their homes and communities as they age, and provide opportunities for residents of all ages, ability levels and backgrounds to engage in community life.

### There are supported pathways to education and lifelong learning

Education is associated with better health and wellbeing throughout life. It equips people to achieve stable employment, have secure and affordable housing, provide for families and cope with ill health.

Educational attainment refers to highest achievement a person has attained in any area of formal study.

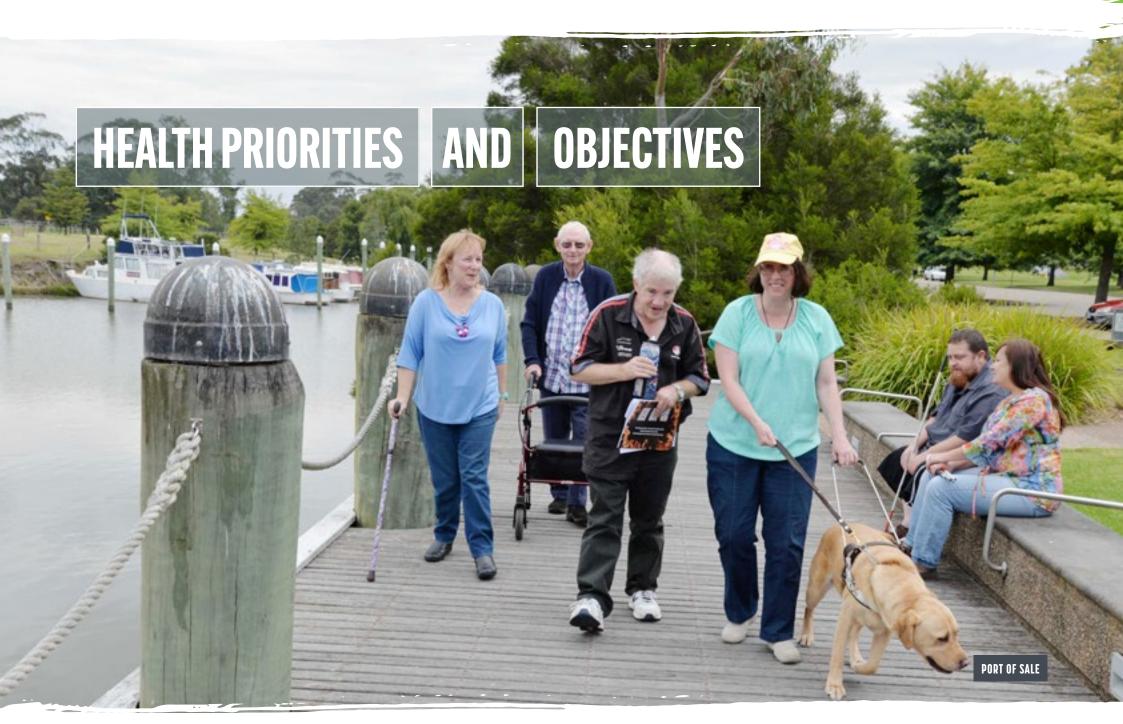
By increasing the levels of educational attainment in Wellington Shire it will positively influence employment rates, community engagement, volunteering, trust and tolerance, healthy behaviours and environmental protection activities.

Healthy Wellington 2021 - 2025 acknowledges the importance of key transition stages in a person's education and learning journey, and specific actions will support the individuals transitioning through the different stages.

#### They include:

- Early Childhood Education
- Primary School to Secondary School
- Secondary School to further Education (University/TAFE) or employment
- Employment to Retirement
- Lifelong Learning







#### Health Priorities

### When working towards the community outcomes, what health priorities are we going to focus on?

#### **Mental Wellbeing**

- Create an environment that supports mental health. **Active Living**
- Increase physical activity and healthy eating.

#### **Equality**

• Improve access and inclusion, prevent gender-based violence and discrimination.

#### **Health and Climate Change**

• Live more sustainably, connect with nature, mitigate health harm from climate change.

#### When focusing on the health priorities, what are we trying to achieve?

#### **Mental Wellbeing**

- Increase social connectedness and inclusion and decrease social isolation.
- Increase awareness and knowledge of how to support and improve people's mental health and wellbeing.
- Improve access and participation to activities, programs and services that support good mental health.
- Improve access to services that support and maintain mental illness

#### **Active Living**

- Increase active travel to and from places you work, learn, play, and enjoy.
- Increase participation in organised sports, fitness, and recreational activity.
- Increase participation in passive recreational activities such as walking and cycling.
- Increase and raise awareness of local and healthy food and drinking options across different settings (such as workplace, schools, and other community use settings).

#### **Equality**

- Increase community activities that focus on eliminating gender-based and family violence.
- Reduce barriers for people who are trying to access or feel included in community life (work, education, and recreation).
- Increase gender equity in various settings (home life, workplace, and community).
- Increase community activities that focus on celebrating diversity, including race, ethnicity, gender, and sexuality.

#### **Health and Climate Change**

- Increase community's resilience to withstand, recover and thrive from climate-driven natural disasters (i.e., flood, fires, and drought).
- Increase community's capacity to transition to a low carbon economy via adoption of sustainable practices and renewable energy.
- Increase access to sufficient, healthy, and affordable local food options that meet community food preferences and dietary needs.

Health

**Objectives** 



# **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 (WHO), 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

Certain population groups are at higher risk of poor mental health and mental illness because of greater exposure and vulnerability to unfavourable social, economic and environmental circumstances.

including social isolation and loneliness. Feeling connected to 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 (Department of Health and Human Services Victorian Public Health and Wellbeing Plan (DHHS, VPHWP 2019 - 23)).

Good mental health is important to a thriving 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.

# As part of Healthy Wellington 2021 -2025, the mental wellbeing health priority will also include the following objectives:

• Increase social connectedness and inclusion and decrease social isolation.

 Increase awareness and knowledge of how to support and improve people's mental health and wellbeing.

> Improve access and participation to activities, programs and services that support good mental health.

 Improve access to services that support and maintain mental illness.



### Key initiatives, strategies or actions that will address this health priority:

- VicHealth Youth Mental Health Project, Wellington Ways to Wellness
- Wellington Nature Kindergarten Project
- Develop and implement Council Reconciliation Action Plan
- Develop and implement Living Well During Covid 19 Plan
- Respond to the Federal Government Home and Community Care funding reform
- The Middle of Everywhere Campaign
- Gippsland Art Gallery blockbuster exhibitions commencing with Archibald Prize 2021
- Wedge Performing Arts Centre Redevelopment business case



### **Links to other Council and External Plans:**

- Community Managed Facilities Strategy
- Access and Inclusion Plan
- Community Infrastructure Plan
- Early Years Infrastructure Plan
- Sporting Infrastructure Plan

# **Active Living**

Leading an active life improves our health and wellbeing. By moving more and sitting less we reduce the risk of health disease such as heart disease, some cancers, diabetes, musculoskeletal conditions (i.e., bones and muscles) and depression.

Being physically active (minimum 30

minutes of moderate activity a day) in combination with looking after your mental wellbeing and eating a healthy diet will help to reduce other risk factors for health disease such as high blood pressure and overweight and obesity.

#### As part of Healthy Wellington 2021 – 2025, the active living health priority will also include the following objectives:

- Increase active travel to and from places you work, learn, play and enjoy.
- Increase participation in organised sports, fitness and recreational activity.
- Increase participation in passive recreational activities such as walking and cycling.
  - Increase and raise awareness of local and healthy food and drinking options across different settings (such as workplace, schools and other community use settings).





### Key initiatives, strategies or actions that will address this health priority:

- Accelerate delivery of Urban Paths Plan footpath projects
- Deliver Community Road Safety and Active Travel Projects
- Agua Energy Redevelopment
- Investigate delivery of Gippsland Regional Sport Complex Stage 2B
- Community Facilities Plans



### Links to other Council and External Plans:

- Urban Paths Plan
- Sustainability Strategy
- Open Space Plan



An equal society is one in which all can participate and prosper.

Healthy Wellington defines equity and equality as:

- **Equity** is giving everyone what they need to be successful.
- **Equality** is treating everyone the same or providing the same help to everyone.

We cannot start to address equality without addressing the gaps or barriers to people being treated equally (equity). By focusing on how to make people feel safe, supported and included, will lead to achieving equality for all.

Wellington Shire is made up a diverse group of people, whose personal experiences and upbringing influence how well they do in life. For some, they may experience little to no barriers ensuring their access to opportunities to better oneself is not as challenging.

Whereas for other

groups of people, they may experience barriers daily, putting them more behind, or worse reduce the motivation or hope to better oneself.

Creating a community that understands and celebrates diversity ensures that access to community life (i.e., work, education and recreation) is done via the lens of fairness.

#### As part of Healthy Wellington 2021-2025, the equality health priority will also include the following objectives:

- Increase community activities that focus on eliminating gender-based and family violence.
- Reduce barriers for people who are trying to access or feel included in community life (work, education and recreation).
  - Increase gender equity in various settings (home life, workplace and community).
    - Increase community activities that focus on celebrating diversity, including race, ethnicity, gender and sexuality.





### Key initiatives, strategies or actions that will address this health priority:

- Tertiary Study Hub
- Develop and implement Gender Equity Action Plan
- Develop and implement Reconciliation Action Plan
- Review and implement Disability Action Plan
- Community based projects linked to Wellington Shire and Gippsland 'Prevention of Family Violence Working Partnership Groups'
- Community based projects linked to Wellington Shire and Gippsland 'Respond and Support Victims of Family Violence'



### Links to other Council and External Plans:

- Community Managed Facilities Strategy
- Access and Inclusion Plan



# Health and Climate Change

Climate change will impact Wellington Shire in many ways including greater risk of bushfires, more hot days and warm periods, more frequent and intense storms, fewer frosts and less rainfall in winter and spring.

The highest health and wellbeing risks due to climate change in Wellington Shire are:

- Injuries or death as a result of increased bushfire frequency and intensity.
- Premature deaths as a result of heatwayes.
- Mental ill health after disaster events (bushfires, floods).
- Increased thunderstorm as thma as a result of changing rainfall patterns and extreme weather.
- Increased vector borne diseases (e.g., Ross River virus).
- Social and economic impacts from prolonged drought.
- Social and economic impacts of current COVID-19 pandemic.

These impacts put increased pressure on health services and infrastructure. They, and others identified, are all projected to increase in the future as the climate continues to change.

Local governments play a significant role in the local emergency management sector, with strategies and activities aimed at creating a safer and more resilient community which is better able to withstand and adapt to chronic stresses like climate change or acute shocks such as bushfires.

#### As part of Healthy Wellington 2021-2025, focusing on health and climate change will also include:

- Increase community's resilience to withstand, recover and thrive from climate-driven natural disasters (i.e., flood, fires and drought).
- Increase community's capacity to transition to a low carbon economy via adoption of sustainable practices and renewable energy.
- Increase access to sufficient, healthy and affordable local food options that meet community food preferences and dietary needs.



Heather Harrington from Friends of the Sale Botanic Gardens took this image of volunteers working plant the Care for the Rare living collection.



### Key initiatives, strategies or actions that will address this health priority:

- Lake Guyatt Environmental Education Centre
- Amendment C99 review of flood overlays
- Community Education and Resources to assist with living more Sustainably
- Sustainable Living Education Program



### Links to other Council and External Plans:

- Sustainability Strategy
- Open Space Plan





#### What is going to guide our work?

- People-centred
- Place-based
- Social determinants of health
- Public Health Model

Wellington Shire Council and its community, health and educational stakeholders acknowledge the following approaches that will guide the work being delivered as part of Healthy Wellington 2021 – 2025.

#### **People Centred Approaches**

People-centred approaches involves Council and community, health and education stakeholders, working with the broader community to codesign policies and programs with a focus on people, families and communities, to deliver flexible and responsive services and which adapt to the changing needs of the community.

By delivering a people centred approach we would also consider the following:

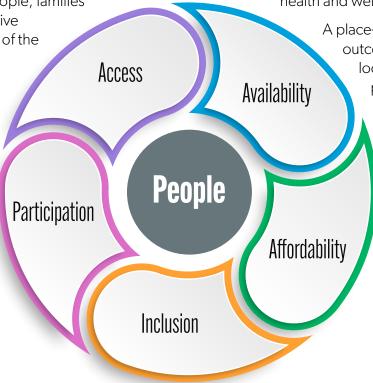
- Access
- Ongoing participation
- Affordability
- Availability
- Inclusion

#### **Place Based Approaches**

A place-based approach recognises that the locations (or places) where people live, work, learn and play have a fundamental impact on health and wellbeing.

A place-based approach addresses a set of outcomes or priorities that are specific to a location or community. It empowers the people within that place to develop their own way of addressing the outcomes or priorities, giving them a degree of control and accountability.

Place-based approaches can also be directed at a range of settings in a particular location, such as workplaces, early childhood centres, schools and sports groups.



#### **Social Determinants of Health**

Evidence shows that the conditions in which we live, learn, work and play and our life experiences have an enormous impact on our health. While people have a personal responsibility to take care of themselves and their health, the social determinants make the largest impact on our health and it is these social determinants of health that contribute most to inequalities in health (DHHS 2017).

Social determinants include but are not limited to (Image): socioeconomic status, employment, education, housing, transportation, food security, psychosocial risk factors, social environment, social support networks community and civic engagement, gender, social and civic trust, physical environment.



Source: Adapted from Dahlgren & Whitehead 1991

#### **Public health model**

The public health model aims to prevent problems occurring in the first place by targeting interventions that prevent or reduce risk, or quickly identifying and responding to a problem minimising the long-term effects. (World Health Organization, 2006)

The framework for Healthy Wellington 2021 – 2025 incorporates a Public Health Model with a strong focus on universal and targeted actions to address the causes of poor health and wellbeing.

Due to the diversity of partners involved in actioning Healthy Wellington 2021 - 2025, actions implemented to address our community outcomes and health priorities will move along the spectrum of the public health model dependant on the nature of the organisation leading the work.



Universal services are available to the whole of the population and are designed to promote positive health and wellbeing and decrease the likelihood of specific health and wellbeing problems from developing.

# Respond to the issue

Treatment services are specialist services that are available to individuals or families who have an established health and wellbeing condition or problem, and designed either to eliminate the condition or problem, or, if this is not possible, to minimise its negative impact.

# Help those at risk

**Targeted** services are available to selected groups or individuals who are known to be at risk of developing a particular health or wellbeing problem and designed to reduce the likelihood of the problem developing.





#### Whole of population with extra attention to support

- Early Years Youth Active Ageing Aboriginal and Torres Strait Islander People LGBTQIA+
- Culturally and Linguistically Diverse Living with a Disability

Health and wellbeing issues and risks can accumulate throughout life for everyone. This is especially true for some population groups who may experience barriers to the things they need, at a time they need them which will impact on their health and wellbeing.

Healthy Wellington 2021 - 2025 will have an all-age focus, however strategies and actions will also look to support population groups such as Aboriginal and Torres Strait Islander, LGBTQIA+, Culturally Linguistically Diverse and people living with a disability.





### **Early Years**

#### Young Children (0-5), Primary School (6-12)

It is widely recognised that the most significant brain development phase in a person life is aged 0 to 8 years and the opportunities and learning that occurred during that time has a long-term impact impacts long term on a that person's health, wellbeing, education and employment outcomes. The nature of a child's environment, relationships and learning experience during this time shapes children's growth and development.

The Australian Early Childhood Development Index surveys indicate that 26.2 percent of Wellington Shire prep-aged children are vulnerable in one or more areas in comparison to 19.9 percent Victoria-wide, whilst 12.0 percent are vulnerable in two or more areas compared to 10.1 percent Victoria-wide.

At a state level, there are significant investments within the early childhood education sector, namely expansion to the kindergarten program, ensuring families and children can access 2 years of kindergarten education prior to transitioning to primary school.

The flow on affect at a local level will include changes to early years services and facilities ensuring they can meet the new changes.

Overall, the investment into early years education will lead to long term educational, employment, health, and wellbeing success.

### **Youth**

#### Youth (13 – 17), Young Adults (18 – 25)

Adolescence and youth are another significant brain development phase, marked by 'critical transition phase' is a critical transition period where a person forms their own individual thoughts and opinions relating to their health and wellbeing, local and global issues and other matters that relate to being an adult.

This stage brings numerous significant life experiences and decision-making opportunities including education, employment, relationships, housing, legal age for driving and alcohol consumption. Adolescence is often the stage when individuals make decisions about risky behaviours or set up positive habits which can assist with good physical and mental health throughout life.

Wellington Shire Council works in conjunction with other education and health providers to deliver, support, and promote a range of programs supporting youth development, leadership opportunities, equity, respectful relationships, and safe behaviours.

While we are still at a stage of assuming the ongoing impacts that living in and through the Covid pandemic will have on our young people, we are able to access anecdotal evidence, which is providing us with some confidence that our community outcomes and health priorities within Healthy Wellington 2021 – 2025 will provide us with opportunity to support our young people's primary needs.

Strong themes that have come out through current consultation with secondary school students are: lowered self-esteem and confidence; lack of aspiration (hope); increases in feelings of depression and anxiety; a desire for more (planned/organised) opportunities to be active and connect with others; and a platform to be visible. There have been reports from schools that students, particularly those who transitioned to secondary school in 2020, have returned to school in 2021 with few relationships having been formed in Year 7. This lack of connection with school and peers has heightened moments of aggression and withdrawal and is making evident the need for opportunities to relearn skills associated with social and emotional intelligence.

### **Active Ageing**

#### Adults (up to 60), Older Adults (over 60)

Being healthy and active throughout life will assist people to be healthy and independent as they age. Active ageing implies people will continue to participate and contribute, socially and economically, to their communities as they age. As an ageing community, the physical and social environment determines how people can actively participate, live safely and have good health and wellbeing.

It's important for Healthy Wellington Plan 2021 – 2025 to have a focus on older adults because, older people are the fastest growing segment of our community.

At the 2016 Census 8,674 of Wellington's total population of 42,983 were aged 65 and over. This age group represents 20.2% of our community and is the fastest growing age segment with an increase of 24.3% at the 2016 census, when compared to the 2011 census.

The growth of this segment of the Wellington community is forecasted to continue, and it is estimated that by 2031 26.7% of the total Wellington population will be over 65. There are significant economic and social benefits to making Wellington an excellent place to live and visit for seniors and older people who are ageing. Healthy Wellington 2021 – 2025 will continue to incorporate themes from Wellington Age Friendly Strategy 2018 – 2022, and ensure actions directed at older adults consider the themes below:

• A clear idea of ageing well. Staying active, friends, family, community,

joining groups, being generous and accepting generosity, telling your stories, volunteering, learning new things, laughing.

- The challenges that come with ageing. Transport, access to information, advertising groups, losing a partner, health, not mixing with other generations, finding meeting places, personal security, mobility confidence, hearing loss, loss of community, adapting to technology.
- Building on the strengths and capacity within communities. The Age-Friendly Wellington Project (delivered in 2017 and concluded in 2018) revealed the existing strength of the senior's community, as well as a high level of support that community members can provide each other through both formal and informal networks.



### **Aboriginal and Torres Strait Islander People**

Aboriginal and Torres Strait Islander people experience significantly poorer health outcomes than the general community. On average Aboriginal and Torres Strait Islander people live 10 years less than non-indigenous people.

The traditional owners of the land known as Wellington Shire is the Gunaikurnai people.

Gunaikurnai Land and Waters Aboriginal Corporation (GLaWAC) is the Registered Aboriginal Party that represents the Gunaikurnai people.

GLaWAC was incorporated in 2007 and have several strategic documents which guide and influence our work to support Gunaikurnai people and more broadly Aboriginal and Torres Strait Islander people.

#### The Gunaikurnai Whole of Country Plan, includes the overarching goal of:

#### GOAL 1: To have a strong, healthy and happy mob

The well-being of our mob is our top priority. More than just physical health and security, it is about being respected, having stable employment and housing, and maintaining a strong spiritual connection with our Country and our ancestors. We can be healthy if our Country is looked after, and we can be strong if our living culture is thriving. We have lived through colonisation and decades of dispossession and discrimination, and we are still dealing with the impacts of these injustices. Health and housing services don't yet meet our needs and our employment rates are among the lowest in the region. Although it has improved in recent years, racism remains an ongoing issue that our mob continues to face. We are making great strides in overcoming these colonial legacies by setting up new enterprises to employ our own people and building partnerships to address a range of challenges. We still have some way to go however to ensure our Elders are properly looked after and that we are being true to traditional laws and customs. We want all Gunaikurnai to be comfortable and proud, to be free from worry and live fulfilled lives, both individually and together as a mob.

Wellington Shire Council will work in partnership with GLaWAC and seek direction and advice on best ways to deliver, support and promote a range of health and wellbeing programs which will directly reach local Aboriginal and Torres Strait Islander people in Wellington.

### LGBTQIA+

Although many lesbian, gay, bisexual, transgender, intersex, queer, diverse sexuality and gender diverse (LGBTIQIA+) people live healthy and happy lives, research has demonstrated that a disproportionate number experience poorer mental health outcomes and have a higher risk of suicidal behaviours than their peers. And amongst the youth population these statistics are even higher. These health outcomes are directly related to experiences of stigma, prejudice, discrimination, and abuse based on being LGBTIQ+. (The 2021 update - LGBTIQ+ Health Australia).

It is vital that additional supports are provided to educate and build a more inclusive community that celebrates and values all people. At the same time, it is evident that supports need to be provided directly to our LGBTQIA+ communities, particularly youth, to improve their health outcomes.

### **Culturally and Linguistically Diverse**

Cultural diversity is the term used to describe many different cultures coexisting within one larger culture. In Wellington Shire there are several Culturally and Linguistically Diverse (CALD) groups living within Wellington Shire.

#### They include:

- Australian (18,167 people or 42.3%)\*
- English (17,242 people or 40.1%)\*
- Irish (4,923 people or 11.5%)\*
- Scottish (4,641 people or 10.8%)\*
- German (1,698 people or 4.0%)\*

Whilst the proportion of Wellington Shire residents who were born overseas is low compared with other parts of Gippsland and Victoria, this is rapidly changing.

Wellington Shire became a Refugee Welcome Zone area in 2017. A Refugee Welcome Zone is a Local Government Area which has made a symbolic commitment to welcoming refugees into the community, upholding their human rights, demonstrating compassion and embracing cultural and religious diversity in the community. It signifies our commitment to support people who have been forced to leave their country to escape war or persecution.

The state and federal governments are considering new policies to manage issues such as congestion and affordable housing in the metro areas by creating incentives for migrants to study, live and work in regional areas. Wellington Shire is well placed to benefit socially and economically from these policy approaches.

It is important that all residents, regardless of their cultural background, can equally participate in community life, live free from discrimination and fulfil their cultural and religious human rights.

### Living with a disability

People living with a disability experience much poorer health outcomes than the general community. This requires a special focus within Healthy Wellington 2021 – 2025 so that people living or caring for a person with a disability can move around their community, access information, interact with other community members and participate in community life.

People living with or caring for someone with a disability have widely different life opportunities. They are not all the same, even if their

disability might seem similar. People living with a disability are diverse in the same ways as other people. They have many other parts to their identity, beyond their disability.

People are different due to their individual experiences, interests and other reasons including age, gender and their background. We need to recognise that disadvantage associated with disability is often compounded by other sources of discrimination (i.e., age, ethnicity, or gender). Recognising and responding to this multi-layered impact requires particular attention.



<sup>\*</sup>Source: Australian Bureau of Statistics, Census of Population and Housing, 2016 (Usual residence data). Compiled and presented in profile.id by .id (informed decisions).





#### What will help us succeed?

- Shared leadership and strategic thinking
- Financing and resource allocation

- Partnerships and collaboration
- Community Engagement

For Healthy Wellington 2021 – 2025 to be successful as a plan we need to ensure the following enablers occurs.

#### They include:

- Shared leadership and strategic thinking
- Partnership and collaboration
- Financing and resource allocation
- Community Engagement



#### Shared leadership and strategic thinking

Healthy Wellington 2021 – 2025 has been identified as one of the four key strategic documents that will guide strategic thinking for Wellington Shire Council. This will mean future council planning will have regard to the community outcomes and health priorities listed within this plan.

This document will also provide strategic direction to:

- Council Services and Programs, such as Libraries and Leisure Centres.
- Future Council projects, such as built infrastructure and facilities.
- Health funded agencies, such as Central Gippsland Health Service and Yarram and District Health Service
- Wellington Shire Neighbourhood Houses, have regard to plan as part of their Strategic Plans.
- State funded Kindergarten Program must have regard to curriculum and school readiness planning.
- Public Primary and Secondary Schools to demonstrate collaborative partnership with community.

#### Partnership and collaboration

Healthy Wellington 2021 - 2025 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 2021 - 2025 include (but are not limited to):

LOCAL GOVERNMENT	GOVERNMENT DEPARTMENTS	HEALTH SECTOR	COMMUNITY SECTOR	EDUCATION
Wellington Shire Council	Department Education and Training	Central Gippsland Health	GippSport	Early Learning Centres
Partnership with the 5 Councils within Gippsland	Department Families, Fairness and Housing	Gippsland Primary Health Network	Uniting	Primary and Secondary Schools
	Dept of Health	Gippsland Women's Health	12 Neighbourhood Houses across Wellington Shire	Wellington Early Years Network
	Department of Environment, Land, Water and Planning	Ramahyuck District Aboriginal Corporation		Wellington Youth Service Network
	Department of Premier and Cabinet	Wellington Primary Care Partnership		GELLEN
	Department of Transport, which includes VicRoads and Regional Roads Victoria	Yarram and District Health Service		
	Victoria Police			

#### Financing and resource allocation

Partnering agencies of Healthy Wellington 2021 – 2025 will where possible and through their planning processes allocate resources in the form of:

- Staff time to support delivery of actions within the plan.
- Financial support via budget allocation or applying for grants to deliver actions within this plan.
- Marketing and promoting via their own communications channels (i.e., social media, media releases and internal organisational communications like staff newsletters and emails)

#### **Community Engagement**

Community engagement is "any process that involves the public in problem solving or decision-making and uses public input to make decisions".

Wellington Shire Council is committed to Community Engagement, as outlined in Councils Community Engagement Strategy 2021.

As part of Healthy Wellington 2021 – 2025 planning, actions listed within this plan whether it be led by Council or Council is a partnering agency, the community engagement activities will be as outlined in Council's Community Engagement Strategy.







#### What type of work are we going to do?

• Health in all Policies • Built Environment • Capacity building within a setting • Advocacy • Programs and Events

Healthy Wellington 2021 – 2025 action areas were adapted from international health promotion frameworks including the WHO Ottawa Charter for Health Promotion.

The action areas are a collection of actions that need to occur to address the health priority. This method ensures that when planning for actions, we need to ensure that we are delivering actions that address different areas. This way we can see which action area has too many activities and reduce the likelihood of duplication or look for opportunities to work together on a shared action.

This way of planning ensures we can assign actions to more appropriate stakeholders, evaluate where there are gaps in our action planning, which requires a more concerted effort.

Healthy Wellington Action Areas and Definition				
Policy:	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.			
Supportive physical environment:	Made up of natural and built structures.			
Capacity building within settings:	Creating supportive and health promoting settings that can have an impact on health and wellbeing of individuals or groups within that setting.  Settings include place, workplace, schools, facility.			
Community voice and advocacy:	An activity by an individual or group which aims to influence decisions within political, economic, and social systems.			
Programs and Events:	Programs are interventions for individuals or groups which focus on promoting health and wellbeing.  Events are activities which connect the community, promoting key health and wellbeing messages.			

### **Implementation, Review And Evaluation**

The implementation of Healthy Wellington 2021 - 2025 will be the responsibility of many business units across Council and in partnership with external agencies.

An annual action plan will be developed, which will include all health and wellbeing projects council will lead or support as part of this plan. An internal and external steering committee will assist in overseeing the implementation of the action plan and assist in the reporting.

At the completion of each year a review will be undertaken to determine achievements, ongoing work and identify areas requiring further action. This will contribute to the overall evaluation at the conclusion of the plan.

Councillors, partnering agencies and community will be updated on an annual basis on the progress of this plan.

Communications and promotion (such as media releases and social media) will inform the community of achievements of the plan as well as projects and events that are occurring because of the plan.

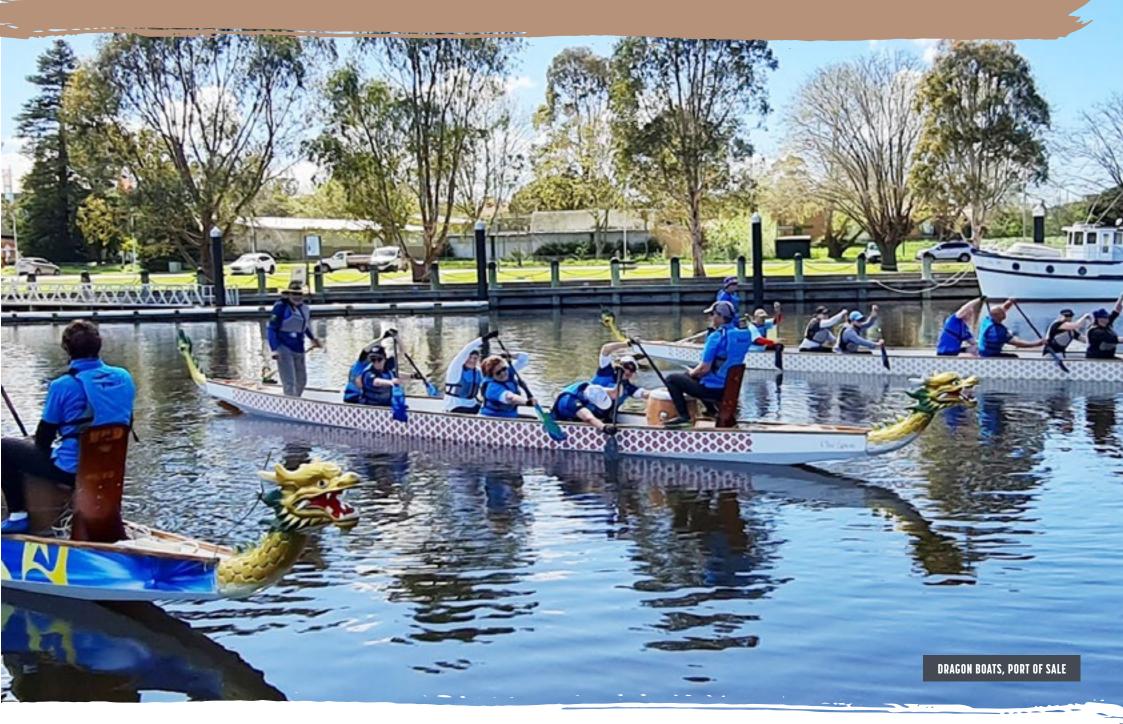
An evaluation framework will be developed to be completed in the final year of the plan, allowing reflection and learnings from the work of this plan.

Due to the breadth and scope of the health plan, specific projects will be selected for individual evaluation on process and project outcomes.

#### Overall, we intend to evaluate using the following questions:

- Have we achieved the change we sought?
- Are we having the influence we expected?
- Have we done what we said we would do?
- What worked well and what needs improvement?
- How effective is the way we plan?







#### **Sale Service Centre**

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