

# Connected, Active & Healthier

## 2024-25 Action Plan

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



## Acknowledgement of Country

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

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



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## Acronym Glossary

ACRONYM	DEFINITION
AccessHC	Access Health and Community
AtoS	Attitudes to School (Survey)
AP	Achievement Program
CH	Community Health
CoP	Community of Practice
DE	Department of Education
EMR	Eastern Metropolitan Region
EOI	Expression of Interest
F2BM	Free To Be Me
FISO	Framework for Improving Student Outcomes
FFT	Food for Thought
GE	Gender Equality
hA	healthAbility
HcG	Healthy Choices Guidelines
HE	Healthy eating
INFANT	Infant Feeding, Active Play and Nutrition
LG	Local Government
LGA	Local Government Area
LinkHC	Link Health and Community
MOU	Memorandum of Understanding
PA	Physical activity
PD	Professional Development
RR	Respectful Relationships
VKEW	Vic Kids Eat Well
WHS	Women's Health Service

# Connected, active & healthier in the Inner East

As we move into the 2024 – 25 Action Plan; the final year, the Inner East Prevention Partnership (*The Partnership*) continues their commitment to a connected, active and healthier Inner East through integrated primary prevention that improves the health and wellbeing of our community. Access Health and Community, healthAbility and Link Health and Community, apply a place-based, systems thinking approach to our practice. Community Health is unique in its ability and expertise to explore and address the complex and dynamic determinants that contribute to local health inequities.

*The Partnership* is on a journey of expanding collaboration and integration. Together we work seamlessly to expand the scope and scale of settings within healthy eating and physical activity, while building community and partners' capacity. The last three years, *The Partnership* focused on building our workforce, delivering impact across the catchment, and partners' capacity for systems thinking, primary prevention and contemporary health promotion. Year 4 acknowledges that with budget cuts we cannot deliver the same volume of work, but will continue to innovate and push the boundaries by focusing on systems and collaboration. We continue to build momentum for scale and impact in the work we deliver, by refining outcome reporting and implementing timely feedback loops to inform decision making and action.

This action plan is the fourth annual action plan and to be read in conjunction with the four-year Strategic Statement 2021-25.

## A place-based approach

Places we live, learn, work, connect and play are platforms for change. In alignment to the *Victorian Public Health and Wellbeing Plan*, place-based approaches mobilise places and partners to collectively improve health and wellbeing. Actions address the determinants of health to influence system change. Places direct action towards priorities.



**Sport & Recreation**

**Early in Life**

**Education**

## Together with our partners, settings & communities

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

In preparation for this final year of the Community Health - Health Promotion Strategic Plan 2021-2025, *The Partnership* facilitated a change process with practitioners to ensure the 2024-25 action plan meets the Community Health-Health Promotion Guidelines and is achievable. We have done so while maintaining our strategic alignment with local government and Local Public Health Units. Community and partner engagement continues to be vital over the next 12-months as *The Partnership* prepares to shape the 2025 – 29 Strategic Plan.

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# A place-based approach

## Places acting as platforms for health and wellbeing change

### Sport & Recreation

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

### Early in Life

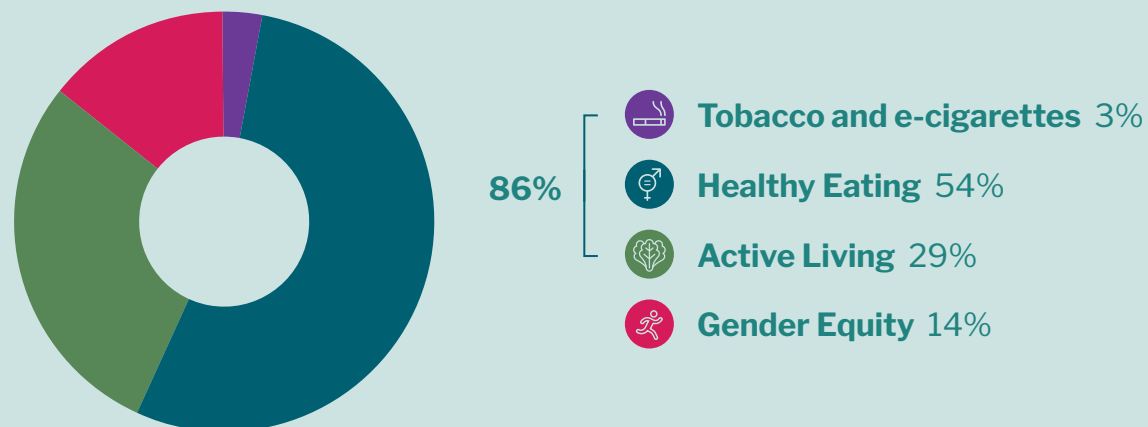
Having the best start to life sets up the foundations for a healthy future. Early in life places provide an opportunity to create healthy environments and build staff and parental capacity, to improve the health and wellbeing outcomes of our youngest community members and ensure parenting is equitable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

### Education

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

### Our Priority Areas

In the last year of our four-year planning cycle, we have met the required 70/30 split of priority areas. Whilst we will continue to support health in all policies and collaborate with Departments across the Victorian Government to support health and wellbeing as part of our place based approach, we have honed on four priority areas. In 2024-25 we aim to work in the following priority areas:



# Prevention Principles & Practices

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

## Lenses

Our place-based approach in the Inner East is layered with lenses. A lens recognises and addresses intersectionality and other considerations across actions and outcomes.

### Climate

A climate lens tool has been developed to support climate health actions, co-benefits and advocacy in our prevention practice

### Gender

*The Partnership* contracted Women's Health East to co-develop an intersectional gender lens tool. This year we will pilot The Tool to strengthen our ability to apply an intersectional gender lens in action and evaluation – promoting anti-oppressive practice, critical thinking and reflection.

### Size Inclusion

*The Partnership* will utilise existing resources to apply a size-inclusive lens to prevention initiatives.

***The tools can be provided on request.***

#### INNOVATE, REFLECT & ADAPT

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

#### PARTNERSHIPS & ENGAGEMENT

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

#### LEADERSHIP AT EVERY LEVEL

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

#### SYSTEMS PRACTICE

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

#### WHOLE OF PLACE

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

#### EQUITY & FAIRNESS

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

#### INTERSECTIONALITY

We recognise intersecting systems of privilege and oppression that impact the determinants of health. We commit to advancing gender equality through embedding an intersectional gender lens across our work.

#### PREVENTION AT SCALE

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

#### EVIDENCE INFORMED PRACTICE

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

# Health and wellbeing outcomes for the Inner East

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

We are strengthening how we measure change, telling the story of local actions and outcomes, to ensure we can track ‘change over time’. We are building on the *Community Health – Health Promotion 2023-25 Guidelines*, and considering how we can learn from and leverage the language of ‘small bites/big bites’. A series of systems measures that capture system level change are being used in our planning and reporting (see Appendix 2).

In action planning, equal consideration is applied to how we will report and capture outcomes. This year we have set targets to achieve by end June 2025. We will pilot / evaluate the use of these targets in preparation for the next four year planning. Recent mapping has shown 20% of our catchment fall within the Index of Relative Socio-economic Advantage and Disadvantage (IRSAD) quintiles 2 and 3, with no suburbs falling into quintile 1. We aim to meet an aspirational equity measure that 50% of the settings we actively support be located in priority areas according to IRSAD score (classified within quintiles 2 and 3) or other equity considerations as identified by partners, stakeholders or community need.

## A commitment to tracking impacts and outcomes over time

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

OBJECTIVE	ANNUAL MEASURES	RESULT	TREND	COMMENTS
Increase availability, accessibility and promotion of healthy food and drink options	# of clubs and recreation facilities with at least 50% of GREEN food/drink options making up at least 50% of their menu	0	● 0	Many clubs are happy working through VKEW with HCg the end goal.
	# clubs registered to VKEW	11	▲ 5	Round table promotion and use of incentives helping to increase this.
	# small bites—working towards	33	▲ 11	Clubs able to work on the relevant small bites.
	# of small bites achieved	8	▲ 8	Support has enabled some quick successes.
	# of big bites achieved	3	▲ 3	Process takes time. Will grow over the next season.
Increase participation in physical activity through improving intersectional gender equity	# of clubs, leagues and recreation actively increasing participation from target cohorts (including women and girls)	7	▲ 3	3 sports clubs that participated in Inclusive Clubs program have produced action plans.
Increase number of clubs, leagues and recreation facilities committed to improving health and wellbeing	# of clubs, leagues and recreation facilities actively supported	22	▲ 9	VKEW continues to drive these numbers up.

## System change Indicators

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

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

The *Indicators* are context, policy and practice, components, partnership and engagement and foundations and infrastructure. Our annual action plans consider how we create change and intervene across the system. These *Indicators* look beyond individual behaviour change and program reach measurement and seek to measure and create a narrative of multiple interventions working concurrently to create health and wellbeing change. The indicators have varying amounts of actions against them based on where there is momentum and need in the system (i.e. more actions in context early on in an action, more in infrastructure in mature actions).

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

We are committed to enhancing impact and outcome measurement for primary prevention and invite further conversations with the Department of Health and Department of Families, Fairness and Housing.



# Sport & Recreation

## Goal

Increase health and wellbeing outcomes through sports clubs and recreation facilities.

## Places for action

Sports clubs and recreation facilities.

## Initiatives and targets

By June 2025,

- Sunday Sessions (7 councils committed to delivering Sunday Sessions)
- Food for Thought (1 council actively supported to achieve change)
- Inclusive Clubs (10 sporting clubs actively supported to achieve change)
- Healthy Sports Rewards (10 sporting clubs actively supported to achieve change)
- Vic Kids Eat Well (10 sporting clubs actively supported to achieve change)
- Healthy Choices guidelines (6 recreation centres actively supported to achieve change)

*A description of Sunday Sessions, Food for Thought, Inclusive Clubs and Healthy Sports Rewards can be provided on request.*

## Objectives

By June 2025,

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

## How we track progress over four years

Annual measures

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





# Sport & Recreation

## Our plan of action

### 4 Year Indicators

When we know we have changed the local system

### 1 Year Change Statement

Our measurable target and change we hope to see

### Activities

Some of our actions and inputs towards change

### Measures

Some of our outputs and impacts (in bold)

### CONTEXT

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

<p>1. Context and complexity (barriers and leverage) of sports clubs and recreation facilities is understood and activated, including practitioners' sphere of influence vs. clubs' and facilities' influence.</p>	<p>1.1. Clubs, recreation facilities and other stakeholders are engaged and consulted to understand and inform what support and opportunities will create lasting change.</p>	<ul style="list-style-type: none"> <li>• Consult with previous, current and new sport and recreation settings to inform and support health and wellbeing initiatives.</li> <li>• Consult with stakeholders about marketing and sponsorship in sports clubs (FFT)</li> <li>• Scoping and report recommendations inform the delivery model of the Inclusive Clubs program.</li> </ul>	<ul style="list-style-type: none"> <li>• # Settings consulted</li> <li>• # Settings consulted</li> <li>• # Programs support Fair Access Policy Roadmap</li> <li>• Delivery model of Inclusive Clubs Updated – yes/no</li> </ul>
<p>2. Sports clubs and recreation facilities understand how their whole place contributes to health and wellbeing.</p>	<p>2.1. Clubs and recreation facilities use assessment tools to understand gaps and opportunities.</p>	<ul style="list-style-type: none"> <li>• Complete baseline assessments with clubs and recreation facilities.</li> </ul>	<ul style="list-style-type: none"> <li>• # Baseline assessments conducted</li> </ul>



**POLICY & PRACTICE**

Commitments to prevention and change are formalised.

3. Clubs and recreation formalise their health and wellbeing commitment through action plans and relevant policies.	3.1. Clubs and recreation facilities adapt or develop strategic plans or actions plans to embed health and wellbeing.	• Register sporting clubs to VKEW	• # Settings registered to VKEW
		• Support recreation centres to register for VKEW or commit to implementing HcG	• # Settings registered to VKEW • # Settings committed to HcG
		• Support partners to formalise commitment to prevention initiatives through signed agreements (E.g. Sunday Sessions and Inclusive Clubs)	• # Settings sign agreement
		• Support partners to embed prevention initiatives into Strategic and Municipal Public Health and Wellbeing Plans (E.g. Sunday Sessions, Inclusive Clubs, FFT).	• # Strategic plans updated
	• Develop new and review existing action plans with clubs and recreation facilities	• # Action plans developed and/or updated	
	3.2. Council create/strengthen policies to promote healthy sponsorship.	• Develop and promote advocacy campaign to create a “demand” for change	• # Advocacy strategies undertaken • # Councils create or strengthen policies



### COMPONENTS

Initiatives, services and resources are coordinated and mutually reinforcing.

4. A whole of place approach to health and wellbeing is implemented in clubs and recreation facilities.	4.1. Clubs and recreation facilities deliver health promotion interventions.	• Implement VKEW in sporting clubs	<ul style="list-style-type: none"> <li>• # Settings actively supported</li> <li>• # Small bites achieved</li> <li>• # Big bites achieved</li> <li>• # People reached</li> </ul>
		• Implement Healthy Choices guidelines and/or VKEW in recreation settings	<ul style="list-style-type: none"> <li>• # Settings actively supported</li> <li>• # Small bites achieved</li> <li>• # Big bites achieved</li> <li>• # People reached</li> </ul>
		• Deliver Sunday Sessions project	<ul style="list-style-type: none"> <li>• # Settings actively supported</li> <li>• # People reached</li> </ul>
		• Deliver Inclusive Clubs webinar and in-person workshops to support whole of place change	<ul style="list-style-type: none"> <li>• # Settings actively supported</li> <li>• # Small steps achieved</li> <li>• # Big steps achieved</li> </ul>
	4.2. Sporting clubs, recreation facilities and other stakeholders have increased capacity to improve health and wellbeing.	• Deliver workshop with council partners to inform and develop healthy sponsorship advocacy campaign (FFT)	<ul style="list-style-type: none"> <li>• # Settings (Councils) actively supported</li> <li>• # Changes to Council policy, practice, procedure</li> </ul>
		• Deliver Healthy Sports Rewards program to support clubs to provide rewards that align with their values	<ul style="list-style-type: none"> <li>• # Settings actively supported</li> <li>• # Healthy rewards distributed</li> </ul>

### PARTNERSHIPS & ENGAGEMENT

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

5. Strong partnerships are identified and strengthened across the sector.	5.1. Relevant partnerships are identified and/or strengthened to support healthy clubs, <b>leagues</b> and recreation facilities.	• Strengthen partnerships with peak bodies and local organisations to continue work in sport and recreation facilities (Inclusive Clubs, Sunday Sessions, Food for Thought, HCGs and VKEW).	<ul style="list-style-type: none"> <li>• # Partnerships maintained</li> <li>• # Partnerships developed</li> <li>• Results of VicHealth Analysis Tool</li> </ul>
		• Engage with local junior sporting league to identify opportunities for partnership	<ul style="list-style-type: none"> <li>• # Partnerships developed</li> <li>• # Interventions/actions delivered in partnership</li> </ul>



**FOUNDATIONS & INFRASTRUCTURE**

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

<p>6. <i>The Partnership</i> has the capacity and knowledge to deliver primary prevention in partnership with clubs and recreation facilities.</p>	<p>6.1. <i>The Partnership</i> contributes to the evidence base.</p>	<ul style="list-style-type: none"> <li>• Submit for publication in peer-reviewed journals and present at conferences</li> </ul>	<ul style="list-style-type: none"> <li>• # Contributions to the evidence base</li> </ul>
<p>7. Sporting clubs, recreation facilities and community health settings apply for and successfully receive grants and funding to enable continued health and wellbeing efforts.</p>	<p>7.1. <i>The Partnership's</i> capacity is increased through external funding opportunities</p>	<ul style="list-style-type: none"> <li>• Scope and apply for funding opportunities to support delivery of interventions</li> </ul>	<ul style="list-style-type: none"> <li>• # Grants received</li> <li>• # In-kind supports provided</li> </ul>
		<ul style="list-style-type: none"> <li>• Explore fee-for-service and other funding and delivery models to support the sustainability of interventions (E.g. Sunday Sessions, Inclusive Clubs)</li> </ul>	<ul style="list-style-type: none"> <li>• # Opportunities identified</li> </ul>



# Early in Life

## Goal

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

## Places for action

Early Years Services

## Initiatives and targets

By June 2025,

- Achievement program (20 services actively supported to achieve change)
- Menu Planning Guidelines (20 services actively supported to achieve change)
- Free to Be Me (20 services actively supported to achieve change)

*A description of Free to Be Me can be provided on request.*

## Objectives

By June 2025 in early in life,

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

## How we track progress over four years

Annual measures

- # services actively supported
- # of early years services supported /meeting menu planning guidelines
- # early years services delivering healthy eating actions
- # of early years services delivering physical activity actions
- # of health and wellbeing actions implemented in early years services
- # of early years services with Achievement Program benchmarks met
- # of policies with active living, gender equity, health and wellbeing



# Early in Life

## Our plan of action

### 4 Year Indicators

When we know we have changed the local system

### 1 Year Change Statement

Our measurable target and change we hope to see

### Activities

Some of our actions and inputs towards change

### Measures

Some of our outputs and impacts (in bold)

### CONTEXT

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

1. Early years services are supported to understand how their whole place contributes to health and wellbeing.

1.1. Early years services and council partners are consulted about health priorities and existing strategies.

- Early Years services complete F2BM pilot pre and post surveys

- # F2BM pre and post surveys completed

- Early Years services complete F2BM pilot assessments

- # F2BM assessment tools completed

- Early years services complete baseline menu assessment on FoodChecker

- # Baseline menu assessments completed

- Early years services complete AP baseline assessments

- # Baseline assessments completed for the AP

### POLICY & PRACTICE

Commitments to prevention and change are formalised.

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

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

Register early years services for:

- Achievement Program
- F2BM online pilot program

- # Places/services registered to initiatives

- Support early years services to create or update a policy, vision or commitment to health and wellbeing

- # Policies, vision or commitment statements created or updated

- Support early years services to create a quality improvement plan with actions to improve health and wellbeing

- # Quality improvement plans with integrated health actions



### COMPONENTS

Initiatives, services and resources are coordinated and mutually reinforcing.

3. <i>The Partnership</i> explores and implements whole of place approaches and initiatives that support the health and wellbeing of children, families and staff at early years' services	3.1. Early years services are supported to strengthen existing health and wellbeing efforts and implement prevention initiatives that focus on impact scale and sustainability.	• Engage and actively support early years' services to implement AP across the Inner East	• # Services actively supported • # Benchmarks achieved
		• Support implementation of Menu Planning Guidelines for long daycare services	• # Services actively supported • # Menu reassessments • # Settings compliant with menu planning guidelines for long day care
		• Pilot the F2BM online program with early childhood services and educators across the Inner East	• # Services actively supported • # Changes to the environment • # People reached

### PARTNERSHIPS & ENGAGEMENT

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

4. <i>The Partnership</i> has strong partnerships with early years' services, local government, community, health organisations and specialist organisations.	4.1. Relevant partners are identified and relationships are developed or strengthened to support work toward a whole of place approach, for the health and wellbeing of early year's services.	• Coordinate a catchment-based approach to initiatives delivered in early years (E.g. The Cooks Network)	• Results of VicHealth Analysis Tool
		• Actively seek partnerships to support the expansion of CH initiatives (E.g. F2BM)	• # Partnerships maintained • # Partnerships developed

### FOUNDATIONS & INFRASTRUCTURE

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

5. <i>The Partnership</i> commits to providing resources, assets and supports to early years services to provide health promoting environments.	5.1. Early years services have greater support and resourcing to deliver health promoting initiatives.	• Apply for grants to support the expansion of CH initiatives (E.g F2BM)	• # Grants received by Partnership
6. <i>The Partnership</i> has the capacity and knowledge to deliver primary prevention in partnership with Early Years services	6.1. <i>The Partnership</i> contributes to the evidence base	• Submit for publication in peer-reviewed journals and present at conferences	• # Resources developed or shared • # Contributions to the evidence base



# Education

## Goal

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

## Places for action

Primary and Secondary Schools

## Initiatives and targets

By June 2025,

- Vic Kids Eat Well (10 schools actively supported to achieve change)

## Objectives

By June 2025, education places will have

- Embedded policies and actions to improve student and staff wellbeing.
- Increased understanding and capacity to improve health and wellbeing.
- Capacity to work collaboratively and adapt to emerging health issues (including *The Partnership*).
- Increased availability, access and promotion of healthy food and drink options.

## How we track progress over four years

Annual measures

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





# Education

## Our plan of action

### 4 Year Indicators

When we know we have changed the local system

### 1 Year Change Statement

Our measurable target and change we hope to see

### Activities

Some of our actions and inputs towards change

### Measures

Some of our outputs and impacts (in bold)

### CONTEXT

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

1. Education settings are supported to understand how their whole place contributes to health and wellbeing.

1.1. Schools use assessment tools to understand strengths, weaknesses and opportunities.

- Schools complete VKEW baseline assessments

- # Baseline assessments completed for VKEW

### POLICY & PRACTICE

Commitments to prevention and change are formalised.

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

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

- Register schools for VKEW
- Support school staff and students to create an action plan or update a policy or commitment to health and wellbeing

- # Schools registered for VKEW

- # Action plans, policies or commitment statements created or updated



### COMPONENTS

Initiatives, services and resources are coordinated and mutually reinforcing.

<p>3. Prevention initiatives, including whole of settings approach to health and wellbeing, is adapted and/or developed and implemented in education settings, including resources (assessment tools). Where possible, these approaches will align to state and national frameworks and guidelines. Where possible these initiatives can be scaled and are sustainable.</p>	<p>3.1. <i>The Partnership</i> supports schools registered to prevention initiatives (e.g. VKEW).</p>	<ul style="list-style-type: none"> <li>• Actively support schools that sign up for VKEW</li> </ul>	<ul style="list-style-type: none"> <li>• # Schools actively supported with VKEW</li> <li>• # Small bites (achieved)</li> <li>• # Big bites (achieved)</li> <li>• # People reached</li> </ul>
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### PARTNERSHIPS & ENGAGEMENT

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

<p>4. Partnerships are identified, strengthened and mobilised to have leverage meaningful systems change.</p>	<p>4.1. Existing partnerships to support prevention initiatives in education settings are strengthened.</p>	<ul style="list-style-type: none"> <li>• Leverage partnership with Department of Education to implement statewide initiatives</li> </ul>	<ul style="list-style-type: none"> <li>• # Partnerships maintained</li> <li>• Results of VicHealth Analysis Tool</li> </ul>
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### FOUNDATIONS & INFRASTRUCTURE

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

<p>5. Education settings commit resources and assets to prevention initiatives.</p>	<p>5.1. <i>The Partnership</i> builds education settings' capacity in prevention initiatives (e.g. VKEW).</p>	<ul style="list-style-type: none"> <li>• Support education settings to build capacity in prevention (e.g. staff training)</li> </ul>	<ul style="list-style-type: none"> <li>• # Capacity building activities delivered</li> </ul>
<p>6. <i>The Partnership</i> has the capacity and knowledge to deliver primary prevention in partnership with education settings.</p>	<p>6.1. <i>The Partnership</i> contributes to the evidence base.</p>	<ul style="list-style-type: none"> <li>• Submit for publication in peer-reviewed journals and present at conferences</li> </ul>	<ul style="list-style-type: none"> <li>• # Contributions to the evidence base</li> <li>• # Resources developed or shared</li> </ul>

# Support Interventions

*The Partnership* is consolidating its efforts in 2024-25 to achieve more with our resources across fewer settings and health priority areas. While we will focus our efforts on leading in these areas, this year *The Partnership* is transitioning to a support role for a suite of interventions in targeted settings (in alignment to the CHHP guidelines functions of lead and support). These are described below.

<b>Settings</b> The places we prioritise our actions	<b>Interventions</b> Place-based interventions we support across the health priorities	<b>Role</b> Some of our actions and inputs towards change	<b>Measures</b> Some of our outputs and impacts (in bold)
Early in Life	INFANT	Develop the partnership with local government and evaluate program impact.	<ul style="list-style-type: none"> <li>• # Settings implementing initiatives</li> <li>• # Actions delivered</li> <li>• # People reached</li> </ul>
Education	Spaces and Play Leader Project	Evaluate the impact of the program as it is delivered in other catchments	<ul style="list-style-type: none"> <li>• # Evaluation reports produced</li> </ul>
Community and Council	E-cigarettes	Support e-cigarette initiatives led by local government	<ul style="list-style-type: none"> <li>• # Actions delivered</li> <li>• # People reached</li> </ul>
	Strategic alignment	Collaborating with regional and catchment partners including Inner East Health Collective (IEHC) local government, community health and women's health services, Community Health Health Promotion Special Initiative Group (CHHPSIG) and North East Public Health Unit (NEPHU).	<ul style="list-style-type: none"> <li>• # Interventions/actions delivered in partnership</li> </ul>
	Capacity building	Systems Thinking Leadership Community of Practice, sector advocacy including primary prevention, size inclusive practice principles	<ul style="list-style-type: none"> <li>• # changes to statewide policy, practice</li> </ul>
Workplaces	Internal Food Policy	Develop organisational policy for endorsement and supporting resources for staff to apply the policy within each individual organisation of <i>The Partnership</i>	<ul style="list-style-type: none"> <li>• # Policies developed</li> <li>• # Resources developed</li> </ul>

## Appendix 1

# System Change Indicators

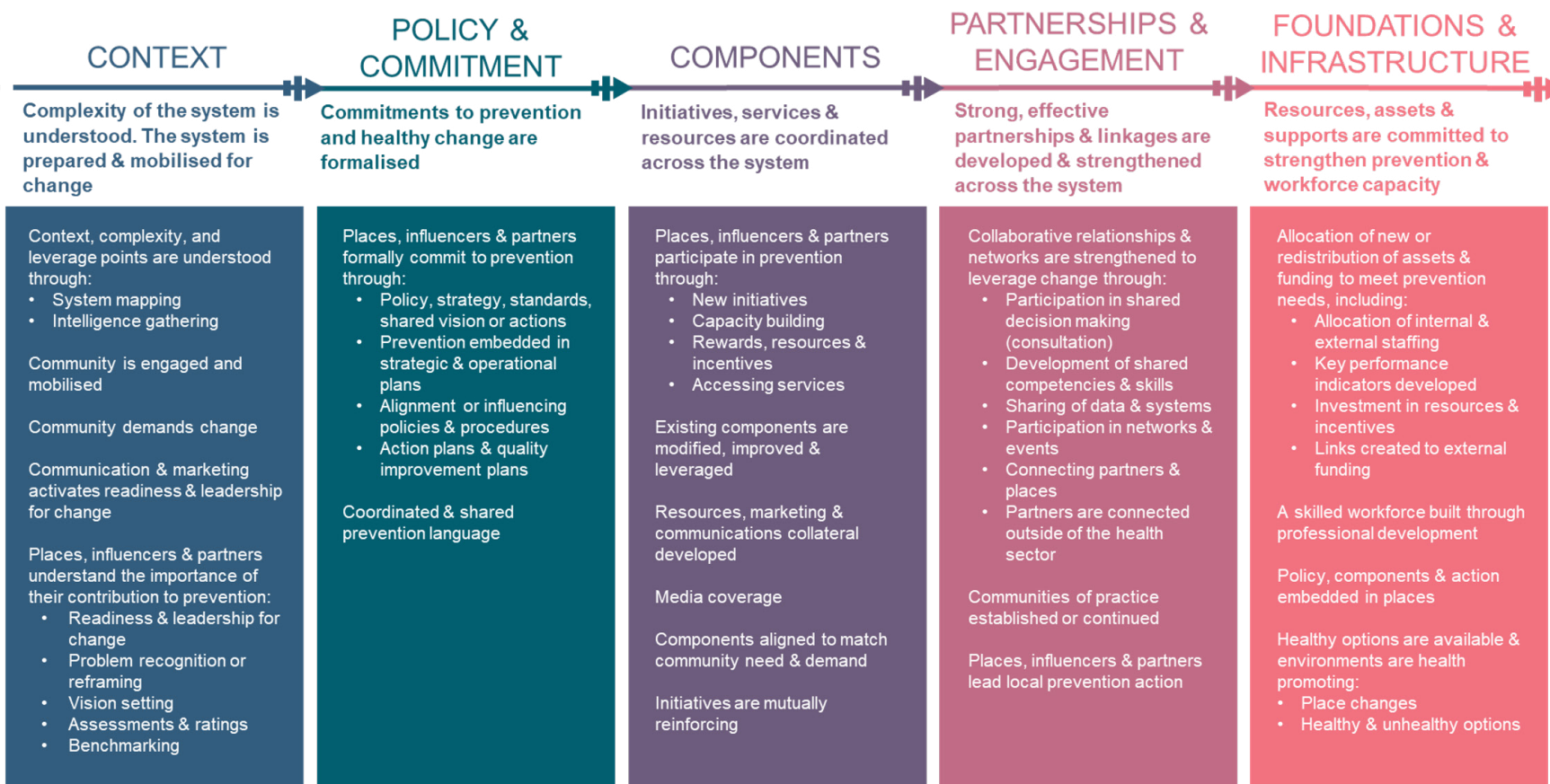
The *System Change Indicators* (developed by Monash Health Health Promotion Team (2018) and are based upon BUILD Framework (2007), Healthy Together Victoria's System Change Logic, and the World Health Organisation's System Building Blocks and Ottawa Charter.

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

## SYSTEM CHANGE

Leveraging the system to create, strengthen & embed a sustainable prevention system & health culture within places

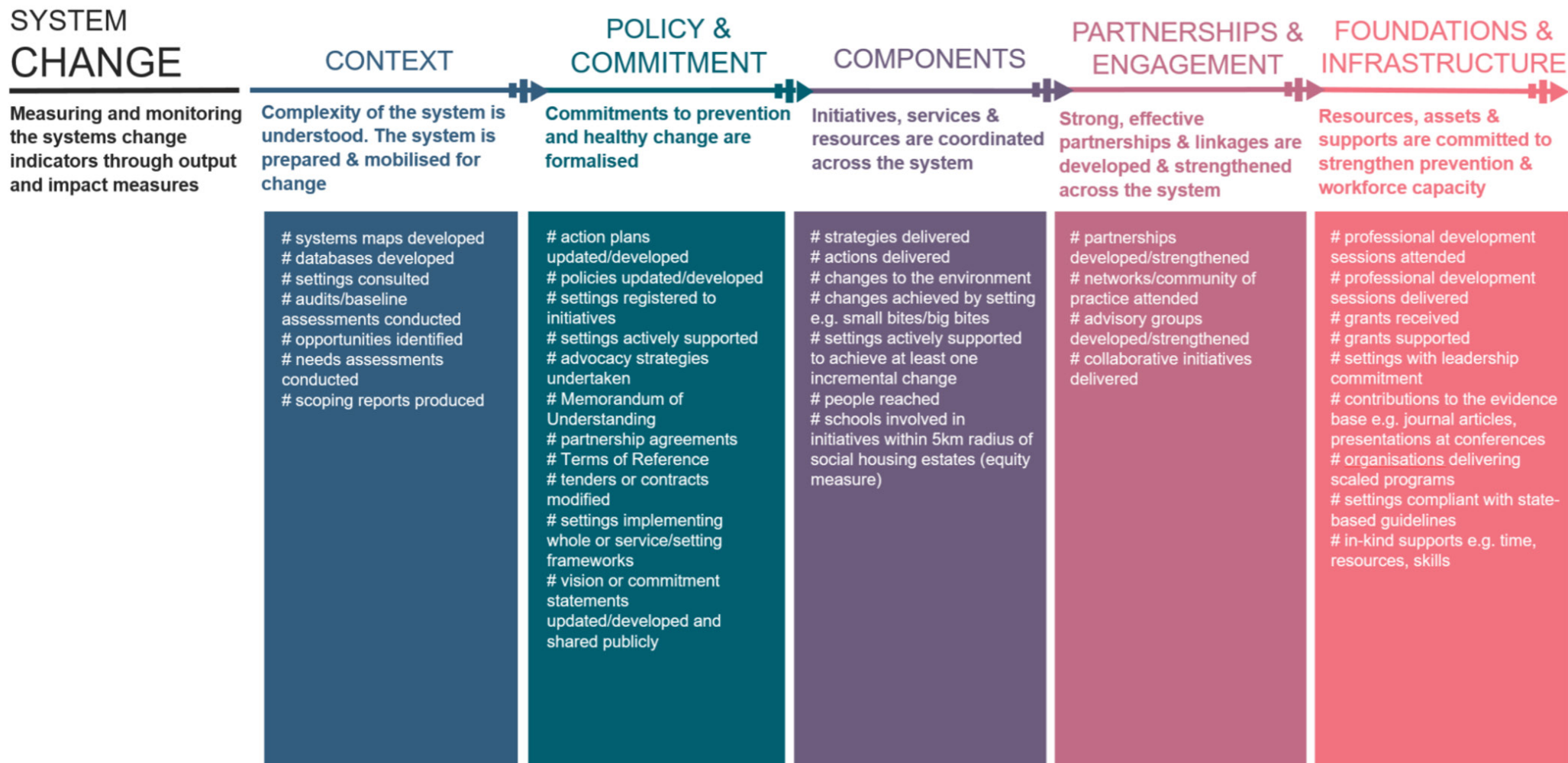
At the core of all indicators of system change is scale. System changes will grow, adapt, spread, and be replicated as appropriate.



## Appendix 1

# System Change Indicators – Measures

In 2023-24 we will continue using consistent System Change Indicator measures across our settings. The below image is an example of the outputs and impacts that will indicate change in the system. Over time, we aim to build on these and refine the suite.



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