

Planning Community Infrastructure in a Fast Changing Urban Environment: measuring the social outcomes

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Abstract

Across Australia planners and policy makers face the challenge of planning for community services and facilities that will meet the needs of the current and future population. Emerging development patterns mean that this challenge includes: designing flexible facilities in newly emerging growth areas; promoting early and appropriate services in locations where residents can access them; and maximizing the use of existing facilities. Very little evidence is available about the social outcomes of community facilities. This paper aims to contribute to the policy debate about community facilities by drawing on three case studies to explore some of the social outcomes associated with community infrastructure. The case studies illustrate the emerging techniques that are being used to monitor the successful social outcomes of community infrastructure. Using the healthy cities and communities evaluation framework the paper illustrates the ways in which emerging approaches to planning community facilities contribute to place making, community building and interorganisational partnerships. The paper highlights the importance of developing measures of the social outcomes of community facilities to better understand the role of community infrastructure in supporting healthy and socially connected communities.

Planning Community Infrastructure at a Local Government Level

Local Government plays a key role in the planning and provision of community infrastructure across Australia. Some estimates are that local authorities own or manage around eighty per cent of community facilities including recreational, cultural, educational, health and civic facilities available for public use (McShane 2006). The policy context guiding the development of community infrastructure promotes co-located or integrated facilities that respond to a hierarchy of population needs. In Victoria this policy approach is evident through a range of state government guides including:

- A Guide to Delivering Community Precincts (DPCD)
- A Guide to Governing Shared Community Facilities (DPCD)
- Planning for Community Infrastructure in Growth Areas (ASR 2008)¹

These state level guides are increasingly being refined at the local government level to produce area specific planning tools for community infrastructure (see for example Wyndham Social Infrastructure Planning Framework 2040).

'Community hubs' are a core element of current approaches to community infrastructure planning. Community Hubs are conveniently located public places that are recognised and valued in the local community as a gathering place for people and an access point for a wide range of community activities, programs, services and events. They can be a single building or several buildings with associated outdoor meeting areas Community Hubs:

- Provide for a compatible range of services/functions that are co-located
 - Provide facilities used by a diverse range of community organisations, agencies and groups on both permanent and casual basis
 - Provide opportunities for the co-location of key service such as childcare, aged care and library services
 - Are located within or close to population centres and in close proximity to public transport
 - Are economically viable and provide opportunities for community partnerships where resources are shared and efficiencies can be demonstrated
- (Adapted from Parks and Leisure Australia 2012, p. 4)

¹ These documents remain the current guides in Victoria despite changes in both state government and related bureaucracy.

Numerous challenges face the planning of community infrastructure at a local government level including:

- Finding agreed benchmarks for service provision
- Understanding the capacity of existing services to respond to an increase in service demand
- Coordinating across government and non-government service providers about possible models of future service provision
- Developing service management arrangements and models of governance for community facilities

Specific challenges to the planning of community infrastructure are evident in the growth areas of our major urban centres including:

- rapid population growth
- the relative newness of some outer suburbs making residents particularly vulnerable to social isolation
- a lack of opportunity for community engagement
- a lack of local employment opportunities

The State Government of Victoria Inquiry into liveability options in outer suburban Melbourne (2012) has found that all these factors contribute to the pressing need for new or expanded schools, pre-schools, community centres and health infrastructure. In acknowledging the importance of community facilities to community connections, the Inquiry found that growth in the outer suburbs of Melbourne provides an exciting opportunity to engage in innovative community building strategies. The inquiry highlighted the link between a strong sense of community and opportunities for social participation:

...those communities considered the most liveable by residents often have a strong sense of community. Relatively simple forms of social participation, such as volunteering or group membership, have been shown to create positive outcomes for individuals and communities including: improving physical health and wellbeing; reducing social isolation; improving mental health; increasing tolerance; reducing crime; and increasing community involvement in local governance and public policy (State Government of Victoria, 2012, p. 332).

The link between community facilities and community wellbeing has been relatively poorly explored in Australia. While this link remains an underlying premise in the planning of community infrastructure very little effort has been made to provide evidence of the role of community facilities in social wellbeing. McShane (2009, no page provided) argues that there is limited awareness of the relationship between community facilities and community strengthening noting that '*...limited research on the social outcomes of facilities and their connections with formal service provision, constrains evidenced-based policy development*'.

There are few examples in Australia where the community, cultural or social values of facilities have been clearly defined in policy and operational statements. According to McShane this leads to a reduced emphasis on social outcomes in any evaluation process:

this gives social or community-based goals limited traction against more quantifiable service and financial goals in evaluative processes. The pressure to identify and measure qualitative outcomes has been felt across a range of public sector activities (most notably arts and culture) that were once assessed and funded in terms of their public interest or good (McShane 2009, no page provided).

One of the challenges to understanding the social outcomes of community infrastructure stems from the notion of 'hard' and 'soft' infrastructure. 'Hard' infrastructure focuses on the provision of basic utilities i.e. water, gas and electricity, waste, transport provision (roads, rail, air). Hard infrastructure also includes community facilities and public buildings that meet the community development, recreational, social and cultural needs of individuals and neighbourhoods. Hard infrastructure is generally well recognised and understood by the general public and policy makers (Casey 2005).

The notion of 'soft' infrastructure, on the other hand, has tended to be used in an ill-defined way and usually refers to the provision of human services. 'Soft' infrastructure is not simply about providing physical assets but about enhancing skills and knowledge and access to a range of appropriate

services and responses (Casey 2005, p. 8). Whilst the provision of ‘hard’ infrastructure is mostly taken for granted, the importance and role of ‘soft’ infrastructure is less well understood and recognised by the general public and, at times, policy makers. The problems have been that ‘soft’ infrastructure is seen as:

- intangible or hard to define;
- difficult to measure and cannot always be reduced to quantitative indicators; and
- often described in subjective and qualitative terms that may not be readily understood (Casey 2005, p. 8).

The limited understanding of ‘soft’ infrastructure is evident in performance measures applied to community infrastructure. Besnard has found that an initiative of several metropolitan Sydney councils to develop facility performance measures succeeded in the area of financial and environmental performance, but foundered when it came to social value (Besnard 2002). Common measures such as facility use and client satisfaction ratings tend to dominate evaluations of community infrastructure. There has been no systematic attempt to map cultural or social assets. Whilst acknowledging that ‘...[t]he conceptual and methodological difficulties that lie behind the mapping of social assets are significant...’ Besnard argues that ‘...such a project may assist in augmenting the uneven information base that currently informs the local authority assessment of the value of physical infrastructure and its contribution to community strengthening’ (Besnard 2002, p. 4)

Kegler’s healthy cities and communities evaluation framework includes a range of specific measures that would apply well to measuring the social benefits of community infrastructure including:

- i. civic participation
- ii. mechanisms for community input
- iii. mechanisms for the distribution of community power
- iv. skills and access to resources
- v. sense of community and social capital/trust
- vi. social and inter-organizational networks
- vii. community values and history; and
- viii. capacity for reflection and learning (Kegler et al., 2003, p. 93).

As set out in Table 1 the indicators of the healthy cities and communities evaluation framework relate to the following levels: individual; civic participation; organizational; inter-organizational; community.

Table 1 Healthy Cities and Communities Evaluation Framework

Individual	Civic Participation	Organizational	Inter-Organizational	Community
New skills & knowledge	<i>Internal to Initiative</i> Resident Involvement	New policies & practices	New partnerships More mature collaboration	Public policies Community norms
Transfer of new skills	New leadership Representation Trust-building	New programs & services	Bridging of community sectors	Sense of community Physical environment
Broad definition of health	<i>External to Initiative</i> Civic leadership Participatory governance	New in-kind & financial resources	External linkages	

Source: Kegler et al, 2003, p. 2.

Using the key indicators set out in the healthy cities and communities evaluation framework the case studies below begin to provide an evidence base of some of the social outcomes associated with current approaches to planning community infrastructure.

Common Challenges in the Planning of Community Infrastructure

Current case studies of innovative approaches to planning community facilities provide insights into the usefulness of the healthy cities and communities evaluation framework for measuring the social outcomes associated with community infrastructure. This section explores three current case studies including the community capacity building work associated with the Clayton Community Centre; the emphasis on early delivery of services in the Armstrong Creek Growth Area; and attempts to encourage health services to locate in growth areas in the north of Melbourne.

Promoting Social Connection - Clayton Community Centre²

The Clayton Community Centre provides an example of a municipal scale community facility that responds to both the recreation and health needs of the community. The Community Centre has also played a significant role in supporting local and state government initiatives that aim to build community strengths and support improved social connections. This section looks at the emerging evidence base this case study will provide about the 'soft' infrastructure, or social outcomes, associated with this community facility.

The Clayton Community Centre, located in Cooke Street Clayton, Melbourne, is a \$24.2 million facility located in the City of Monash. Opening in 2008 the facility is the biggest ever capital project undertaken by Monash City Council and is currently Victoria's largest community facility. The types of services available at the Clayton Community Centre are broad and include: aquatic and health club; library; theatre; community café; meeting rooms; youth and family services; health services; children's services; and arts programs.

As well as playing a key role in the provision of recreation and health services in the Clayton area, the Clayton Community Centre has actively been used to promote social connections and help build the strengths and resources of the local community. The *Strengthening Clayton and Clarinda* project, developed shortly after the construction of the Clayton Community Centre, is a community strengthening project that actively engages with the Clayton, Clayton South and Clarinda communities. The City of Monash is the lead agency in the project in partnership with the City of Kingston. The project has received \$400,000 funding (over three years) from the Victorian Department of Planning and Community Development as well as significant cash and in-kind contributions from both local government areas.

The *Strengthening Clayton and Clarinda* project responds to the needs of residents living in Clayton, Clayton South and Clarinda. These suburbs reflect particular demographic characteristics including: high proportions of young adults and a low proportion of elderly residents; high proportions of residents born outside Australia; a majority of residents who speak a language other than English at home; and low English proficiency levels amongst women. On all measures the Socio-Economic Index for Areas (SEIFA) scores suggest significant levels of disadvantage in the area.

As a community building initiative the *Strengthening Clayton and Clarinda* project lends itself well to an evaluation of social outcomes using the healthy cities and communities evaluation framework set out in Table 1, above. The objectives of the *Strengthening Clayton and Clarinda* project as set out in the *Clayton Community Action Plan* include: Building community capacity; Building partnerships; Building civic participation and community engagement; and Achieving practical change.

The *Strengthening Clayton and Clarinda* project has been running for two and a half years and in that time has achieved an extraordinary number of events and activities that meet the project objectives. Table 2 sets out some of the achievements of the project and relates these to key indicators of the healthy cities and communities evaluation framework.

Table 2 Strengthening Clayton and Clarinda – healthy cities and communities indicators

Project Achievements	Relevant indicator of healthy cities and community
Project Objective - Building Community Capacity	
<ol style="list-style-type: none"> 1. Community Newsletter 2. Strong residents group 3. Increased internet access 4. Increased use of social networking 5. Increased awareness and the access to services and facilities in the area 6. Working to establish a 'friends of Westall' residents group to improve overall amenity of their estate 7. 'Monash Pride Crew' lifted cleanliness in the activity centre 8. Theme nights – Italian, Mediterranean, Indian, Chinese and Vietnamese 	<ol style="list-style-type: none"> i. Civic participation ii. Mechanisms for community input iii. Mechanisms for the distribution of community power iv. Sense of community and social capital/trust

² Material in this section is based on the work of Colin Bostock, Place Manager, Strengthening Clayton and Clarinda project.

Project Achievements	Relevant indicator of healthy cities and community
Project Objective – Building Partnerships	
<ol style="list-style-type: none"> 1. Community groups have worked together to run events and programs 2. Partnership between the cities of Kingston and Monash 3. Supporting local efforts to establish a community bank in the Clayton area 4. Organising a community safety forum attended by all major services 	<ol style="list-style-type: none"> i. Civic participation ii. Mechanisms for community input iii. Sense of community and social capital/trust iv. Social and inter-organizational networks
Project Objective - Building Civic Participation and Community Engagement	
<ol style="list-style-type: none"> 1. Project Steering Committee meets monthly to guide project 2. Four Theme Groups working to the Community Action Plan meet monthly supported by Council officers, residents and key stakeholders 3. Strengthening Clayton and Clarinda 'blog' 3,600 visits 	<ol style="list-style-type: none"> i. Civic participation ii. Mechanisms for community input iii. Mechanisms for the distribution of community power iv. Capacity for reflection and learning v. Skills and access to resources
Project Objective – Achieving Practical Change	
<ol style="list-style-type: none"> 1. Community Computer skills grant \$25,000 2. Certificate 3 in Aged Care and Home and Community Care delivered locally \$25,000 3. Open Doors Leadership Course – graduates now running the Clayton food and fun Fridays event 4. Garden Tool Library ready to go at Westall Secondary College \$16,000 Dept Justice grant 5. Community Safety, Access and amenity issues addressed through: Footpath Trading Policy (Clayton); Namatjira Parks wetlands and walking track works; speed limits on Cooke St; 6. Safety works in Thomas Street laneway \$132,000 grant 7. Street furniture and signage in Clayton Activity Centre 8. Heart Foundation walking groups 9. Community Kitchens and 'Life for Life' programs 	<ol style="list-style-type: none"> i. Skills and access to resources ii. Sense of community and social capital/trust iii. Social and inter-organizational networks iv. Community values and history v. Capacity for reflection and learning

The achievements of the project set out in Table 2 provide specific measures of the social outcomes of this community facility. Further insight into the link between the Clayton Community Centre and measures of local community capacity will be provided through a full evaluation of the *Strengthening Clayton and Clarinda* project to be conducted in October – December 2013. The evaluation has been designed to specifically address both the 'hard' and 'soft' infrastructure achievements and will include the following evaluation tools:

1. Achievement audit - a data base of achievements and outcomes of the Strengthening Clayton and Clarinda Project, specifically the Actions included in the *Clayton Community Action Plan*
2. In depth consultations - to provide further evidence of the impact of the project on community connection and participation in the area
3. Community Survey - To provide evidence of the social changes related to the Strengthening Clayton and Clarinda project including:
 - use and awareness of community facilities
 - sense of community
 - level and type of community connection and participation

The full evaluation project represents an example of an attempts to map cultural and social assets, beyond standard facility inventories (McShane 2009). The outcomes will improve the information base upon which the planning of community facilities is conducted.

The success of the *Strengthening Clayton and Clarinda* project in terms of building community capacity is already evident in the fact that the City of Monash, in partnership with Monash Link health service has recently been awarded the largest non infrastructure grant in Victoria's history. A \$1mill Vic Health grant has been awarded through the Generating Equality and Respect program, which focuses on the prevention of violence against women. The program is the first of its kind in Australia and will establish a 'demonstration site' in Clayton where a number of tried and tested primary

prevention programs will be implemented with a range of groups and organisations. The three-year program will pilot a new model to promote equal and respectful relationships between men and women in the one community, which may be implemented in other municipalities in the future (<http://www.vichealth.vic.gov.au/Media-Centre/Partner-media-releases/Monash-and-VicHealth-launch-Australia-first-preventing-violence-against-women-program.aspx>). Such a significant 'soft infrastructure' grant reflects the social benefits of the Strengthening Clayton and Clarinda project and is clear recognition of the social skills, leadership strengths and civic connection developed through the project and delivered through the Clayton Community Centre.

Planning for services at the right time – Armstrong Creek East Early Provision Facility

The second case study providing evidence of the potential social benefits associated with community infrastructure is located in the Armstrong Creek Growth Area in the City of Greater Geelong, Victoria. Land use planning for the Armstrong Creek development has included a comprehensive plan for community infrastructure at a range of levels including town centre, precinct and neighbourhood centres. The case study discussed here is the planning for an early provision facility within the precinct of Armstrong Creek East. This case study provides an example of innovative local government planning that promotes the early provision of social and community services in a new residential area.

Armstrong Creek is a strategically important growth area for the Geelong region and the State of Victoria, providing housing for approximately 60,000 people at full development. The Armstrong Creek Urban Growth Area contains seven defined precincts (four residential precincts, two business park / industrial precincts and a Major Activity Centre precinct). Figure 1 sets out these precincts and the related community infrastructure. Significant work has been conducted since the production of Figure 1 including detailed structure plans for each of the seven Armstrong Creek Precinct areas with specific recommendations about the type, level and location of social and community infrastructure within each precinct.

Armstrong Creek East located within the south east corner of the growth area is one of the residential precincts that has already commence development. The area was identified by the City of Greater Geelong (Council) as an area that would benefit from the provision of social and community services *prior* to the full development of Armstrong Creek overall. Consultations with other local governments experiencing rapid population growth in new residential areas found that the following *social challenges* were evident in growth areas:

- Family breakdown associated with both parents working and increased hours of working days requiring counselling services
- Financial crisis associated with high mortgage levels, requiring financial counselling
- Isolated and disengaged young people requiring programs and activities for young people

In response to these issues the City of Greater Geelong anticipated that similar needs might emerge in the early development areas of Armstrong Creek. Council successfully applied for State Government funding to provide a community facility in the Armstrong Creek East precinct prior to the development of the other community infrastructure that is dependent upon developer contribution funding. This 'early provision' facility will be built in the Armstrong Creek East Precinct using funds provided by the State Government of Victoria for the delivery of a health and wellbeing centre in the precinct. One of the most innovative aspects of this project relates to the proposed timing of the provision of community infrastructure. Council will purchase a site in the local retail strip of Armstrong Creek East to build the 'early provision' facility. The intention is that, when the larger community infrastructure is built in the area based on developer contributions, the services located at the early provision facility will move into the purpose built community complex. This will allow the early provision site to become available for other services, particularly private provider medical and health services, to locate in the area.

Armstrong Creek Social Infrastructure Hubs

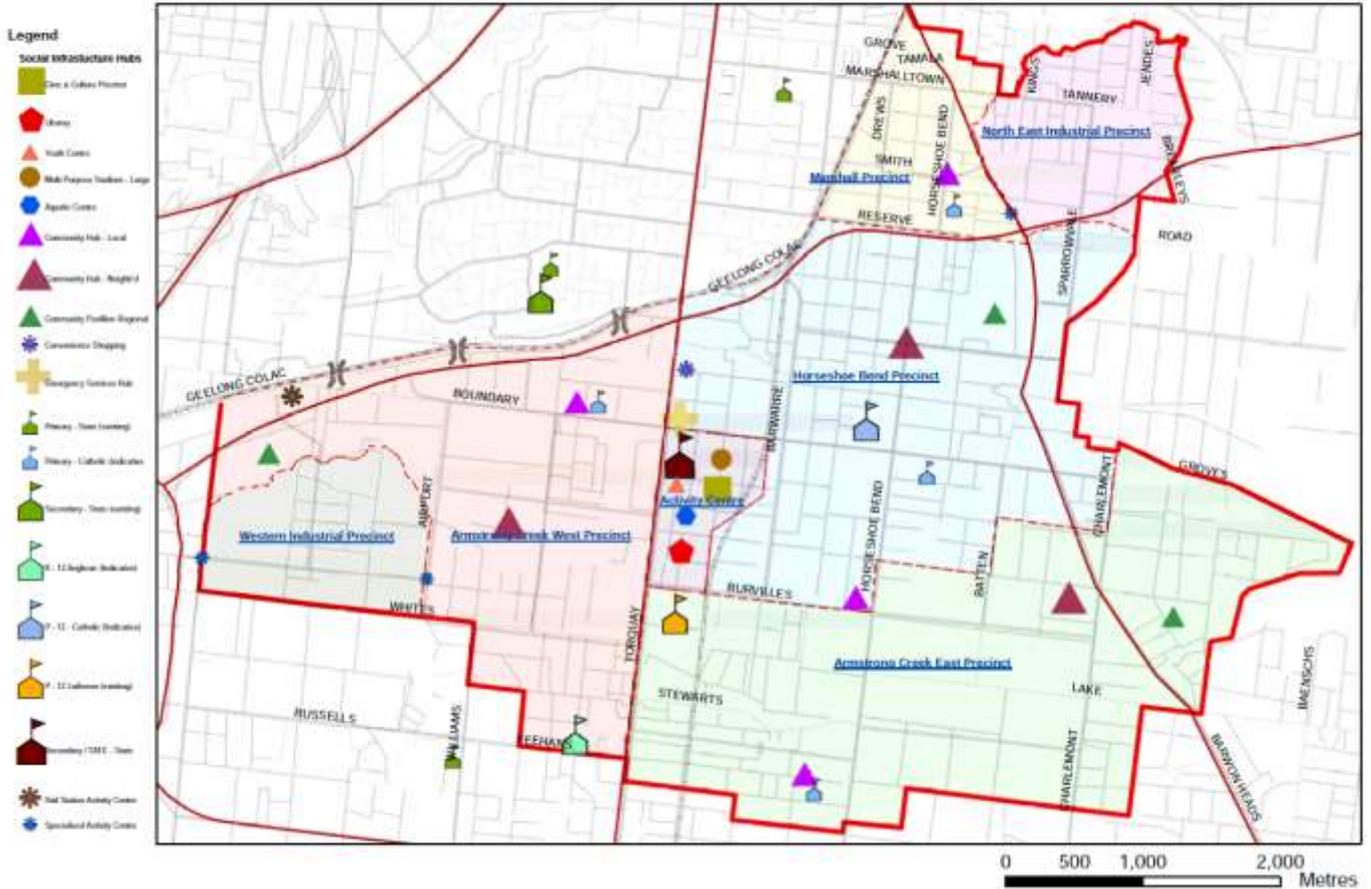


Figure 1: Armstrong Creek Social Infrastructure Locations

Source: Armstrong Creek Social Interagency Infrastructure Delivery Plan (SIIDP) 2009 City of Greater Geelong

Planning for the Armstrong Creek East early provision facility responds directly to the social challenges experienced in recently developed residential areas. Table 3 sets out the planned services and programs that will be located at the early provision facility and the relevant indicators of healthy cities and communities that these services and programs reflect.

Table 3 Armstrong Creek early provision facility – healthy cities and communities indicators

Programs and activities to locate at early provision facility	Relevant indicator of healthy cities and community
Early Years Services and Programs	
<ol style="list-style-type: none"> 1. Services including three and four year old kindergarten programs, maternal and child health consulting spaces, playgroup spaces 2. Sessional consulting spaces for City of Greater Geelong use and other provider use 3. 4 -5 Family community services staff from non-Council organisation comprising early childhood practitioners, social workers/youth/welfare workers, and visiting team leader 	<ol style="list-style-type: none"> i. New partnerships ii. More mature collaboration iii. Bridging of community sectors iv. External linkages
Services and Programs for Young People	
<ol style="list-style-type: none"> 1. Youth services including flexible spaces for sessional Youth Action team presence and programming of youth activities 2. Safe, accessible and youth friendly adjacent 	<ol style="list-style-type: none"> i. New partnerships ii. More mature collaboration iii. Bridging of community sectors iv. External linkages

Programs and activities to locate at early provision facility	Relevant indicator of healthy cities and community
pubic space to promote mixed use social activities 3. Adjacent open space planning to accommodate youth street surfer bus	v. Sense of community and social capital/trust vi. Social and inter-organizational networks
Older Years Services and Programs	
1. Aged and Disability – use of flexible meeting rooms for health and wellbeing programs	i. New partnerships ii. More mature collaboration iii. Bridging of community sectors iv. External linkages
General Community Services and Programs	
1. Kitchen, meeting facilities and playground accessible for resident events 2. Shared entry space to maximise community connections 3. Public realm opportunities adjacent to the facility including: car park space and artists bollard for mobile library; youth use, wireless internet space; outdoor playground 4. Information café providing information about programs and events at a range of organisations 5. Neighbourhood House outreach programs, community development worker, and community bus 6. Problem Gambling counselling service 7. Possible general practitioner space available for fit out by private provider 8. 1 day per week appointment based face to face interviews for people interested in volunteering	i. Civic participation ii. Mechanisms for community input iii. Capacity for reflection and learning iv. Skills and access to resources v. Sense of community and social capital/trust vi. Social and inter-organizational networks

The range of services and programs planned for the early provision community facility in Armstrong Creek East (Table 3) provides clear social outcomes at both individual, organizational, inter-organizational and community levels. The focus on services that respond to anticipated social challenges in the area reflects an innovative commitment to supporting a newly emerging community. The emphasis on neighbourhood house activities, new resident meeting opportunities and volunteering programs reflects a community building approach through the planning and operation of the new facility. Key partnership outcomes have been achieved through the joint partner approach to service planning and the intention to vacate the site in the longer term to promote more private sector health and social service provision in the area.

Planning for health services in growth areas

The final case study raises the challenge of planning for health services in the rapidly developing growth corridors of our major metropolitan areas. The recent Victorian State Government Inquiry into Liveability Options in Outer Suburban Melbourne found a lack of infrastructure in growth areas to support the current and future demand for medical, health and support services (State Government of Victoria 2012, p. 467). This section looks at one local government initiative that aims to attract health care providers into growth corridor locations.

Various health sector reforms have been introduced by both Federal and State Governments in recent years with a key driver being to achieve better integration of health services. A range of factors contribute to the need for better service integration in the health sector including: the current overreliance on the hospital sector and need to reduce hospital admission numbers; the need to improve accessibility to health services outside inner city locations; the goal of increased partnerships with private health service providers to ensure improved scope of service provision. All of these reform drivers are significant issues impacting on the planning of health services in growth area locations.

The National Health Reform Agreement has introduced specific changes that respond to the need for better integration in the health service system including: Medicare Locals established with the purpose of coordinating and integrating primary care; and GP super clinics that bring together general practitioners, practice nurses, allied health professionals, visiting medical specialists.

Discussion about new models of health care also impact on future planning approaches. Key elements of emerging models of health service delivery include proposed day surgery options that would reduce the rate of hospital admissions. There is also an identified need to expand the presence of privately provided health services such as general practitioners (GP's) and allied health services that support GP's including radiology, physiotherapy etc.. Better located allied health services offer a possible new model of health service provision. Clustering GP's and allied health in neighbourhood level health clusters brings the potential of also increasing the provision of private health providers.

Local government is not an active provider of primary, secondary or acute health services. However local governments have increasingly become active in health promotion and health prevention. Municipal level Public Health and Wellbeing Plans (MPHWP) are now legislative requirements in Victoria. Reviewed every three years the MPHWP sits alongside the Council Plan and guides the development of other policy areas. Municipal Health and Wellbeing Plans reflect key principles common to healthy cities planning including: active transport, connectivity, mixed land use, parks and open spaces, safety and surveillance, and social inclusion (PIA 2009).

The increasing role of local government in health promotion, and current debates about health service models, place local government in an interesting position in terms of negotiating with health service planners about emerging models of health. While the scope of health promotion work conducted at a local government level in Australia has now been widely recognised, there is still a need to develop new health promotion initiatives and to ensure that these initiatives are integrated in council strategic and statutory plans (Bajracharya et al 2011).

One current initiative in Melbourne's northern suburbs has the potential to bridge the gap between current health promotion activities, strategic and statutory planning and health service delivery. The project involves the production of the first Health Master Plan in Victoria. The drivers for developing the Health Master Plan include the need to: engage health service stakeholders and landowners; attract health service workers; and guide the future provision of health services in the area.

The Health Master Plan is being developed in a rapidly expanding urban growth corridor. The area has an existing population of approximately 178,000 people and is anticipated to grow by 75% to the year 2031. Significant planning has already occurred for the growth areas including precinct structure plans and an Integrated Growth Area Plan. This planning context provides a range of strategic opportunities for a Health Master Plan to respond to including:

1. Identified activity centre hierarchy
2. Community infrastructure plans that promote various scales and location of community facilities
3. A range of health promotion opportunities that aim to support health and wellbeing

The stakeholder engagement approach to developing the Health Master Plan aims to support the collaborative planning of health services and includes:

1. Detailed interviews with key stakeholders about current factors impacting on health service provision and preferred models for health service delivery in growth areas
2. Stakeholder workshops to review:
 - anticipated population demand for health services 2011 – 2031
 - current health services platform
 - preferred model and location options for health services
 - Draft and final Health Master Plan

The output of the Health Master Plan project will include both a rigorous evidence base of health service demand and a land use planning document, or master plan, that will respond to other land use planning initiatives in the area. The Health Master Plan will include:

1. Development of an evidence base to support collaborative planning and decision-making to meet the health service needs of the growing population including:

- documentation of the current health services platform
- analysis of the current and future service capacity to respond to health service demand
- 2. Identify models for service provision to meet future population demands
- 3. Collaborate with health service providers to review the evidence base

Table 4 provides a high level summary of the anticipated outcomes of the Health Master Plan and the links between these outcomes and relevant indicators of healthy cities and communities.

Table 4 Health Master Plan – healthy cities and communities indicators

Anticipated Outcomes - Health Master Plan	Relevant indicator of healthy cities and community
Evidence base – factors impacting on health	
1. Comprehensive data base reflecting social model of health, determinants of health, issues specific to growth corridor, health promotion and health sector services delivery data	<ul style="list-style-type: none"> i. New partnerships ii. More mature collaboration iii. Bridging of community sectors iv. External linkages
Health Services Model	
1. Model of health service planning that includes: <ul style="list-style-type: none"> - Health promotion, health cities planning initiatives - Health services delivery plans (hospitals, community health centres etc.) - Health reform initiatives (GP super clinics, Day surgery centres etc.) - Initiatives specific to growth areas (health screening centres for newly arrived refugees, community education promoting locally delivered health services; health promotion workforce supporting non-medical ‘upstream’ approaches to health promotion including community awareness campaigns, healthy eating programs etc.) 	<ul style="list-style-type: none"> i. New partnerships ii. More mature collaboration iii. Bridging of community sectors iv. External linkages v. Sense of community and social capital/trust vi. Social and inter-organizational networks
Health Master Plan	
1. Land Use Planning tool that includes: <ul style="list-style-type: none"> - Identified space requirements for health services delivery, health promotion activities - Preferred location/s for health services and health promotion opportunities - Cross department local government strategic planning tool - Strategic directions for ongoing joint partner planning initiatives 	<ul style="list-style-type: none"> i. New partnerships ii. More mature collaboration iii. Bridging of community sectors iv. External linkages v. Capacity for reflection and learning vi. Skills and access to resources

The Health Master Plan represents a significant new initiative in planning community infrastructure at a local government level. Table 4 illustrates that the anticipated outcomes of the project will include a range of social benefits according to the healthy cities and communities evaluation criteria. These social outcomes will be at a range of levels including: the individual level, through increased opportunities to participate in health promotion activities and improved community knowledge about health services; the community level through increased awareness of health behaviours and participation in community building initiatives related to healthy environments; internal organisation level through cross departmental consideration of health service needs; and the interorganisational level through partnership approaches to the development and delivery of the agreed health services model for growth areas.

Conclusion

This paper has provided a brief overview of three recent initiatives related to the planning of community infrastructure. The case studies have illustrated that a significant range of social benefits are associated with the planning and operation of community facilities. Use of the healthy cities and communities evaluation framework indicates that significant measures can be developed to monitor and understand the social benefits of community infrastructure. Ongoing work in this area, including

the future evaluation of the *Strengthening Clayton and Clarinda* project, will continue to fill the gap in our understanding of the social benefits of community facilities, thereby creating a more comprehensive information base to inform future funding, planning and development of both 'hard' and 'soft' community infrastructure.

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