



12.2 Development Services Directorate

APPENDICES ORDINARY COUNCIL MEETING

TO BE HELD

23rd September 2026
Commencing at 5:00pm

AT

ADMINISTRATION CENTRE EATON
1 Council Drive - EATON

This document is available in alternative formats such as:
~ Large Print
~ Electronic Format [disk or emailed]
Upon request.



Our Ref: A1427
DHLB
Tel: 9724 0308
records@dardanup.wa.gov.au

30 July 2015

Mr Wayne Greay
14 Camfield Street
EATON WA 6232

Dear Wayne,

RE: FENCING - DRAINAGE RESERVE CAMFIELD STREET

After your meeting with Council Officers in May, the following verbal approvals were given by Shire staff.

- Your fenceline abutting the adjoining drainage reserve can be relocated to the correct boundary alignment, at your expense.
- The proposed fence and gate crossing the drainage reserve from the boundary of 12A Camfield Street to your boundary line can be erected at the cost of yourself. This fence and gate is to replace the substandard fence and gate erected by the property owner of 12 Camfield Street.

As the property owner of 14 Camfield Street you have given Shire staff an undertaking that you would like to maintain the front portion of this drainage reserve where it abuts your property.

After meeting with you today to inspect the works carried out thus far, I had informed you that Shire staff will fit a chain and padlock to the gates crossing this drainage reserve so Council has full access to this reserve to carry out any maintenance required.

Should you wish access into this drainage reserve to complete the relocation of your fenceline, please feel free to contact me.

Please contact the undersigned on 9724 0308 or by email dennish@dardanup.wa.gov.au should you have any queries.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Dennis Hewett".

DENNIS HEWETT
Engineering Technical Officer - Compliance



Our Ref: HM1MC31: P1401/P1402/P1404
Your Ref:
Enquiries: ☎ 9724 0095

30 March 2000

The Executive Director
Young & Young Solicitors
5 Spencer Street
BUNBURY WA 6230

Dear Sir/Madam

PROPOSED FENCING OF DRAINAGE RESERVE LOCATED BETWEEN CAMFIELD STREET AND BRYANT STREET INTO LOT 2 (18 B) BRYANT STREET AND LOT 391 (13) CAMFIELD STREET, EATON.

A request has been received from the landowners of Lot 2 (18 B) Bryant street and Lot 391 (13) Camfield street, Eaton to alter the fencing of the drainage reserve abutting their properties in order to utilise portions of the reserve for residential purposes.

The request was considered by Council at its meeting held on 23 February 2000 where it was resolved as follows:

1. *Council approve the fencing of portion of the drainage reserve adjoining Lot 2 (18 B) Bryant Street and Lot 391 (13) Camfield Street, Eaton in order to incorporate the portion of this reserve into these properties.*
2. *The owners of Lot 2 (18 B) Bryant Street and Lot 391 (13) Camfield Street, be advised that they will be:*
 - i. *Responsible for the maintenance of the surface of the reserve and its restoration should the drainage pipes need to be worked upon. This will not be the responsibility of Council.*
 - ii. *Required to have memorials placed on their titles to reflect the status of the reserve and that no buildings are to be constructed within the reserve.*
 - iii. *Required to liaise with Council's Planning Officers prior to establishing any vegetation within the reserve.*

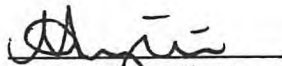
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An extract from Council's minutes and the relevant appendices are enclosed for your information.

Could you please arrange for a memorial to be placed on the titles of Lot 2 (18 B) Bryant Street and Lot 391 (13) Camfield Street. The memorials are to indicate that the portions of drainage reserve whilst fenced into the subject properties are in fact, still a reserve vested in the Shire of Dardanup for the purpose of drainage.

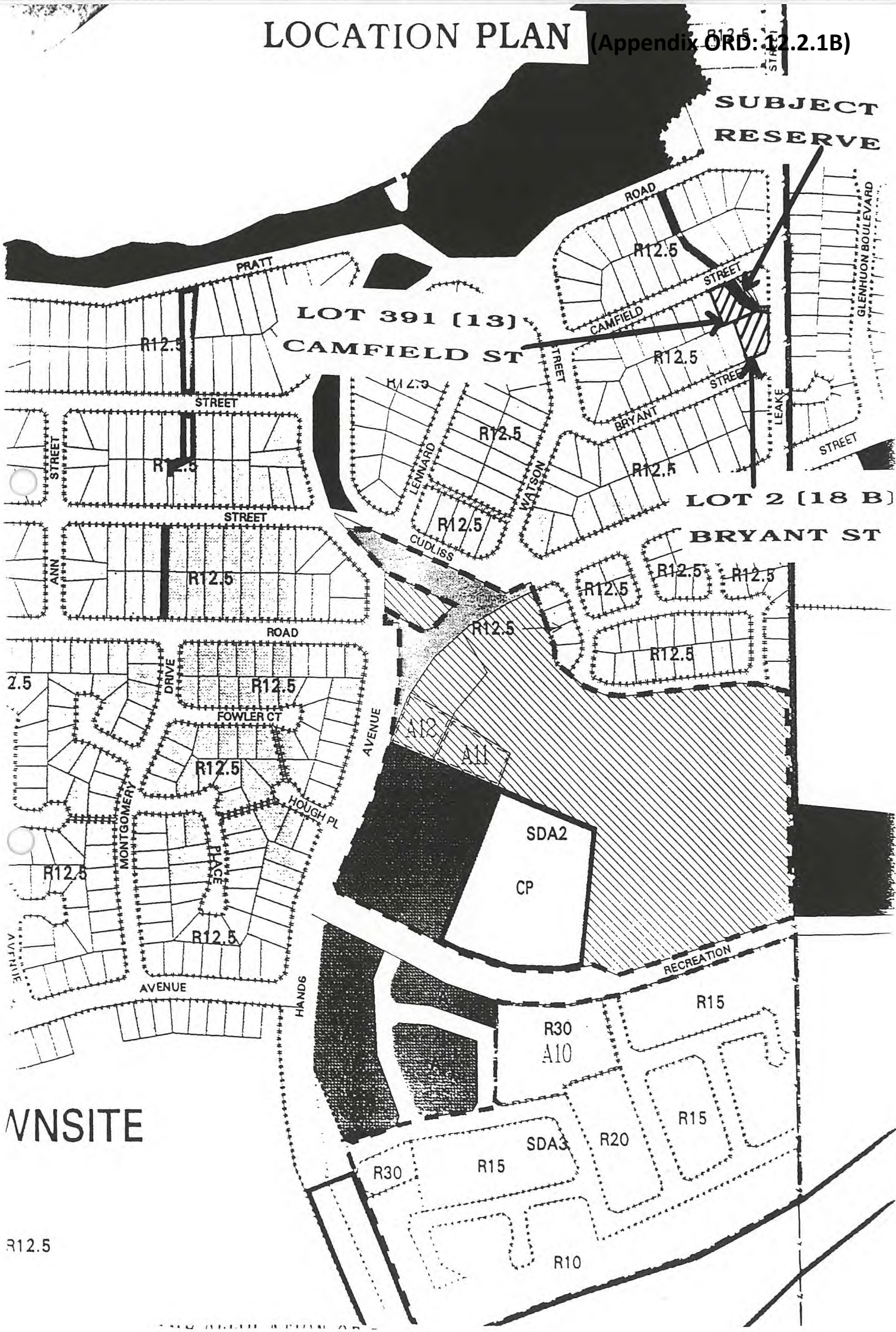
Should you have any further queries please do not hesitate to contact Mrs Heidi Miragliotta on telephone 9724 0095.

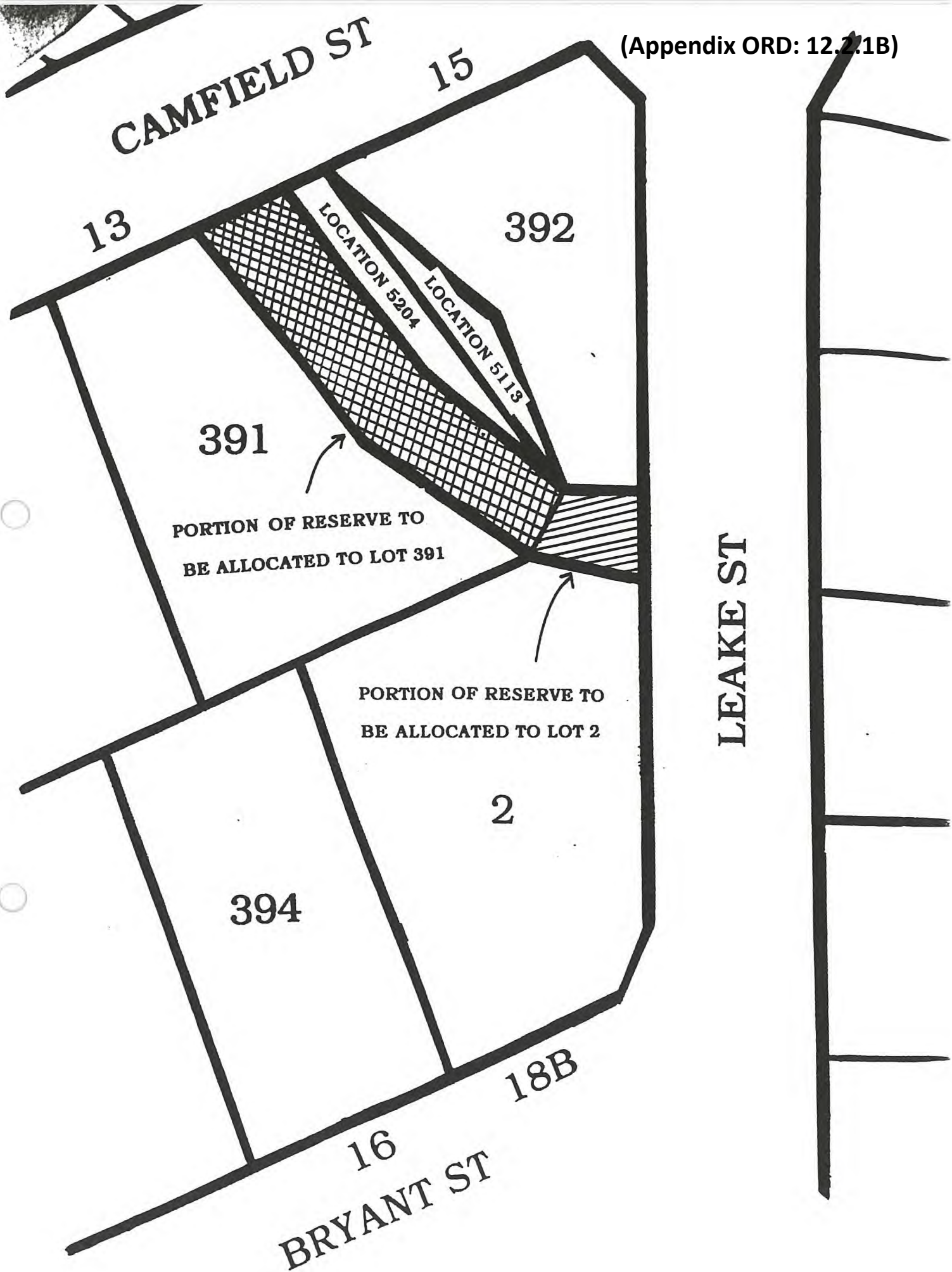
Yours faithfully


Heidi Miragliotta
PLANNING OFFICER

LOCATION PLAN

(Appendix B12.5 ORD: 12.2.1B)





PLAN SHOWING THE ALLOCATION OF RESERVE TO ADJOINING PROPERTIES



(Appendix ORD: 12.2.1C)
Shire of Dardanup

Administration Centre Eaton
P.O. Box 7016 - 1 Council Drive
EATON WA 6232
Phone: 9724 0000 Fax: 9724 0091
Email: shire@inet.net.au
ABN: 57 305 829 653

COPY

Our Ref: P1404 P1401
Your Ref:
Enquiries: ☎ 9724 0095

12th January 2000

PT Green & VJ Carter
13 Camfield Street
EATON WA 6232

Dear Sir/Madam

**RE: PROPOSED FENCING OF DRAINAGE RESERVE – 13 (LOT 391)
CAMFIELD STREET, EATON**

Further to the above I advise that the Department of Land Administration (DOLA) has processed your Notification Under Section 70A of the Transfer of Land Act 1893 (as amended). A memorial has now been placed on the title to 13 (Lot 391) Camfield Street permitting the fencing and use of the drainage reserve at the back of this property.

In this regard remind you of the following:

- Maintenance and restoration of the reserve, should drainage pipes require work, is the responsibility of the landowner.
- No permanent structures are to be constructed within the reserve.
- You are required to liaise with Council's Planning Department prior to establishing any vegetation within the reserve.

Should you require further information or clarification regarding this matter please contact me on 9724 0095. Likewise, should you require a copy of your title and/or memorial please contact DOLA quoting receipt number H538553.

Yours faithfully

**DANIEL ALLEN
PLANNING OFFICER**

DA1625 Property Details - Enter ? or / for search methods

Assess No: 1401 Owner: GREEN P T & CARTER V J

Property address:

Value : 6448

13 CAMFIELD ST

EATON Balance : \$0.00

6232

Ward: ET EATON Phones: Prv 0419 988 561

COPY

memorandum

UNDER SECTION 70A (WA TRANSFER OF LAND ACT 1893)

PROPERTY OWNERS PAUL THOMAS GREEN & VERONICA JANE CARTER ARE ENTITLED TO
EXTEND THEIR PROPERTY FENCE ON OTHER SIDE OF DRAIN RESERVE SO IT APPEARS
THAT IT IS PART OF THEIR LAND.

RE: FILE P1401.

MEMO

WESTERN AUSTRALIA
TRANSFER OF LAND ACT 1893 AS AMENDED.

NOTIFICATION UNDER SECTION 70A

DESCRIPTION OF LAND (Note 1)
Lot 391 on Plan 6380

EXTENT Whole VOLUME 96 FOLIO 43A

REGISTERED PROPRIETOR (Note 2)

VERONICA JANE CARTER and PAUL THOMAS GREEN both of 30 Brooks Way, Karratha.

LOCAL GOVERNMENT/PUBLIC AUTHORITY (Note 3)

SHIRE OF DARDANUP

FACTOR AFFECTING USE OR ENJOYMENT OF LAND (Note 4)

Drainage Reserve 31787 being Wellington Location 5119 vested in the Shire of Dardanup ("the Drain Reserve") which adjoins the land described above ("the Land") may be fenced so as to appear to be part of the Land. The Drain Reserve in fact does not form part of the Land and the registered proprietor from time to time of the Land has no right, title or interest in the Drain Reserve. Further information about the Drain Reserve and the entitlement of the registered proprietor of the Land to use the Drain Reserve may be obtained from the Shire of Dardanup.

Dated this

21st

day of

July

19-
2000

LOCAL GOVERNMENT/PUBLIC AUTHORITY ATTESTATION (Note 5)

REGISTERED PROPRIETOR/S SIGN HERE (Note 6)

Signed

Veronica Carter

In the

presence of ANTOINETTE AUSTIN

493 HUNT WAY

KARRATHA - 6714 WA

Signed

Paul Green

In the

presence of ANTOINETTE AUSTIN

493 HUNT WAY

KARRATHA 6714 WA

HOUSEWIFE

THE COMMON SEAL of SHIRE OF
DARDANUP was hereunto affixed by
authority of Council in the presence of:

Michael Bennett

Cr MT Bennett
Shire President

Mr ML Chester

Mr ML Chester
Chief Executive Officer

Form 2. Application for building licence

Local Government (Miscellaneous Provisions) Act 1960, s. 374
Building Regulations 1989, reg. 10 (2)

APPLICATION FOR
BUILDING LICENCE

(Office use)
Application No.: _____

SHIRE OF DARDANUP

Property where building to be built	Address	No.: 13	Street name: CAMFIELD ST
		Suburb: EATON	Postcode: 6232
	Lot/location No.: 391		
	Certificate of Title	Volume:	Folio:

Owner	Name: J. & K. J. CARTER P.T. GRANT
	Address: 13 CAMFIELD ST EATON Phone Number: 91250620

Occupier	Name: AS ABOVE J. & K. J. CARTER
	Address: AS ABOVE

Details of work	☐ New building: Give details of type of building (e.g.: residence, shop, factory, warehouse): GABLE ROOF GARAGE 6.1 x 6.1
	☐ Alteration or addition to existing building: Give details of type of alteration or addition
	Estimated value of building work: \$ 2000.00

Applicant to whom Building Licence is to be issued	Name: VERONICA JANE CARTER	
	Address: PAUL & THOMAS A. GRANT 30 Brookes Way Kewdale	
	Phone Number: 91856630	Builder's Registration No.: 50619
	Fax Number:	Email:
	Signature: [Signature] Date: 29/06/01	

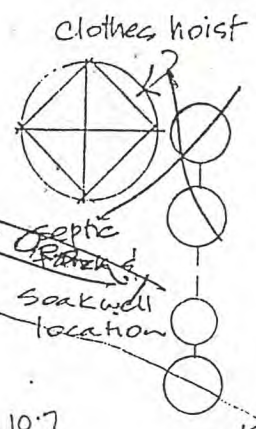
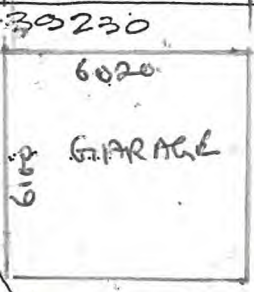
OFFICE USE ONLY

Date Received: 2/7/01	BUILDING Type of Work: N
Receiving Officer: [Signature]	Type of Building: 10.4 Class: 10.4
Information requested at	Materials: Wall - Ext: m Int: m
Lodgement	Roof: m Floor: m

DOCUMENTS LODGED	CLERICAL	Fees
3 sets of plans, elevation, sections & site plans	Comment:	Total Area: 37 m² @
2 sets of specifications		Building Fee \$ 40.00
Septic Tank Application		Application \$
Septic Tank Cheque		Photocopies \$
Owner/Builder Stat. Dec.		Other
Engineer's Certificate		B.C.I.T.F. Levy \$
W.A.W.A. Approval	Ownership Check:	Building Total \$ 40.00
W.A.F.B. Approval		Building Licence No. 009/01-02
B.C.I.T.F. Form	Termite Treatment:	Date Approved 04/07/01
Indemnity/Insurance		4-7-01

APPROVED: BUILDING SURVEYOR: [Signature]

← 5.5m → ← 27.7 m → (Appendix ORD: 12.2.1D)



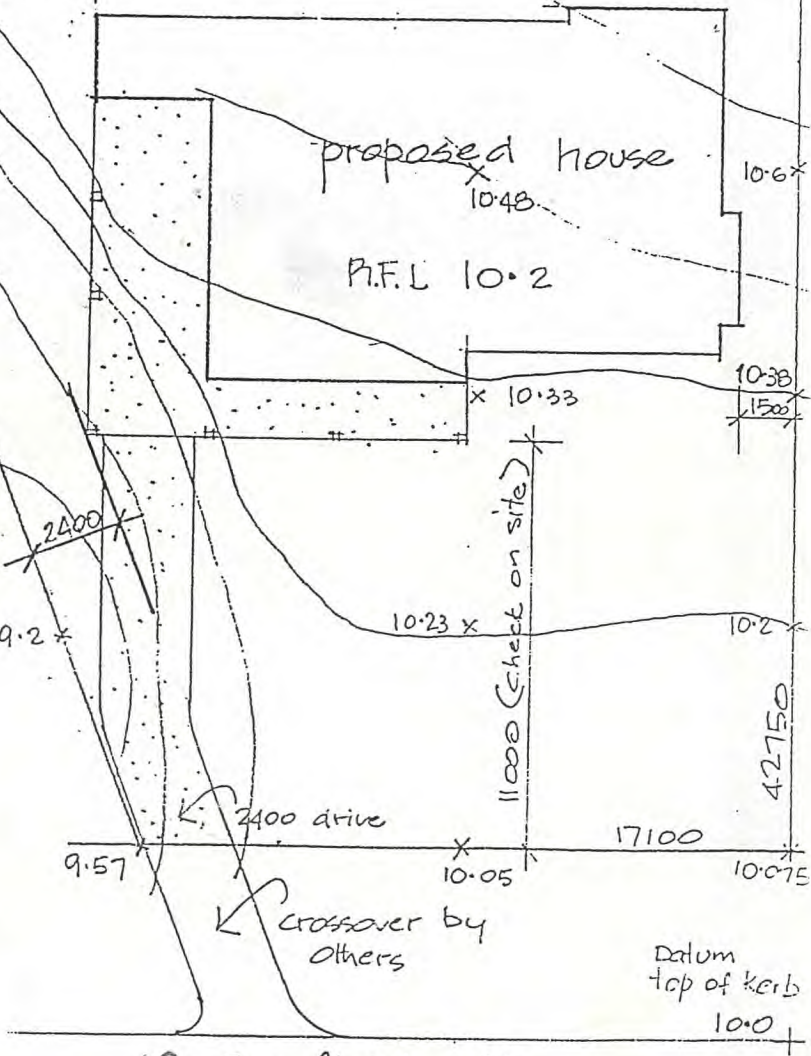
Lot 391

DARDANUP SHIRE COUNCIL
APPROVED
SUBJECT TO COMPLIANCE WITH
BUILDING, HEALTH AND
TOWN PLANNING REGULATIONS
DATE 04 JUL 2001 LICENCE No. 009/01-02
BUILDING SURVEYOR



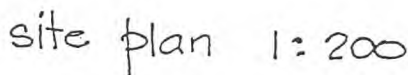
DARDANUP SHIRE COUNCIL
APPROVED
SUBJECT TO COMPLIANCE WITH
BUILDING, HEALTH AND
TOWN PLANNING REGULATIONS
DATE 26-4-84 LICENCE No. 14481
BUILDING SURVEYOR

site plan 1:200



13. Camfield St

Proposed ~~BRICK & TILE~~ **GABLE ROOF GARAGE**
At Lot 391, Camfield St
Eaton
For ~~B. Howell & H. Harlock~~ **J. CARTER**



Proposed GRABER Roof GAWAAT Office & the house At lot 391. Camfield St Eaton J. CARTER	STORE ROOM AND ACTIVITY ROOM
---	---------------------------------------



Shire of Dardanup

P T GREEN
13 CAMFIELD ST
EATON
WA 6232

Dear Sir/Madam

Re: Building Licence 0090102
Owner's Name P T GREEN, V J CARTER
Property Address 13 CAMFIELD ST EATON

Plans submitted for the above building licence have been processed and are ready for collection from the cashier between 9.00AM-4.00PM, Monday to Friday.

This letter should be presented when collecting the building licence and conditions of approval.

The following charges apply to this licence:

BUILDING LICENCE-RES	40.00
Total due	\$40.00

You are advised that the building licence is not valid until all outstanding fees have been paid. Any work carried out prior to obtaining the building licence is an offence under the Local Government Act.

It is recommended that you read all conditions of approval carefully before commencing work.

Yours faithfully

.....
PRINCIPAL BUILDING SURVEYOR
04 Jul 01



SHIRE OF DARDANUP

BUILDING LICENCE No.0090102

Form 4 Local Government Act, 1960 Regulation 13
Building Regulations 1989

Granted to P T GREEN
Address 13 CAMFIELD ST
EATON WA 6232
(Client no. 28946)

Owner P T GREEN, V J CARTER
Address 13 CAMFIELD ST
EATON WA 6232

Authorising the erection of GARAGE
in the ward of EATON, lot 391
13 CAMFIELD ST EATON
as per application and in accordance with the plans and
specifications approved by the Surveyor and subject to the provisions
of the Building Code of Australia made under the Local Government Act

Whenever required so to do by the Building Surveyor, the holder of
this licence shall produce the approved plans for inspection.

This licence is void if the work covered by it is not substantially
commenced within twelve months of the date of the issue of this
licence.

Building Area 37 (m2)
Estimated Value \$2000

FEE PAYABLE

BUILDING LICENCE-RES \$ 40.00

Work type NEW
Building type GARAGE
No. of units
Wall material METAL WALL
Roof material METAL
Storeys

TOTAL \$ 40.00

REFUNDABLE BONDS

TOTAL \$ 0.00

.....
BUILDING SURVEYOR
04 Jul 01



SHIRE OF DARDANUP

CONDITIONS OF APPROVAL

BUILDING LICENCE No.0090102

BUILDER.NAME P T GREEN

LOT NO.391 13 CAMFIELD ST
EATON 6232

- 1 24 HOURS NOTICE OF ALL CONCRETE POURS IS REQUIRED
- 2 SLAB AND FOOTINGS DESIGN ARE APPROVED SUBJECT TO CONFORMITY
WITH THE SITE CLASSIFICATION AS DETERMINED BY A STRUCTURAL
ENGINEER IN ACCORDANCE WITH AS 2870 1996.
- 3 GROUND UNDER SLAB & FOOTINGS TO BE PREPARED IN ACCORDANCE
WITH AS 2870 1996.
- 4 BUILDING DISCLAIMER
THE ATTACHED DISCLAIMER FORMS A CONDITION OF THIS LICENCE
- 5 RETAINING SAND FILL
SAND FILL SHALL BE RETAINED TO PREVENT IT FROM ENCROACHING
OVER BOUNDARIES AND IN PARTICULAR TO PREVENT IT FROM
ENCROACHING ONTO THE ROAD RESERVE OR INTO COUNCILS STORM
WATER DRAINS AND TO PREVENT IT CAUSING A NUISANCE TO
NEIGHBOURING PROPERTIES. THE BUILDER/PERMIT HOLDER SHALL
CLEAN ANY SAND FROM THE ROAD RESERVE TO THE SATISFACTION OF
COUNCIL BEFORE A FINAL CERTIFICATE IS ISSUED. WHERE SAND
ENTERS COUNCILS STORM WATER DRAINS, THESE SHALL BE CLEANED
BY THE BUILDER/PERMIT HOLDER OR AT THE BUILDER/PERMIT
HOLDERS EXPENSE
- 6 RUBBISH CONTAINMENT
BUILDER/PERMIT HOLDER IS RESPONSIBLE FOR CONTAINMENT OF
RUBBISH ON SITE
- 7 PROTECTION OF ROAD RESERVE
DAMAGE TO KERBS, FOOTPATHS, CYCLEWAYS AND ROADWAYS IS TO BE
REPAIRED BY THE BUILDER TO THE SATISFACTION OF THE COUNCIL.
IT IS THE BUILDER/PERMIT HOLDERS RESPONSIBILITY TO NOTIFY
THE SHIRE OF DARDANUP OF ANY DAMAGE TO KERBS ETC PRIOR TO
COMMENCEMENT OF WORKS-PATCH UP REPAIRS WILL NOT BE ACCEPTED



Shire of Dardanup

SHIRE OF DARDANUP

CONDITIONS OF APPROVAL

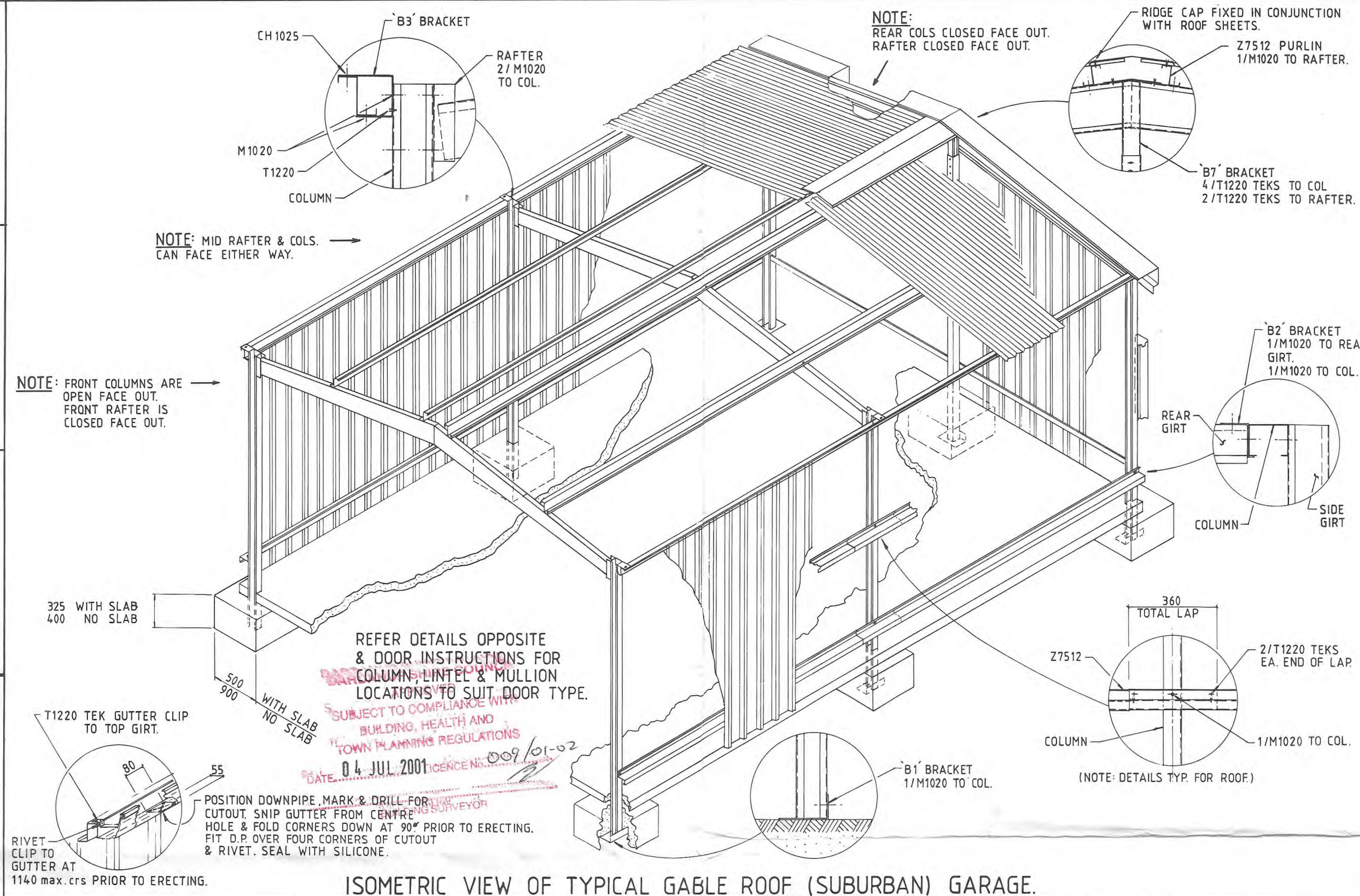
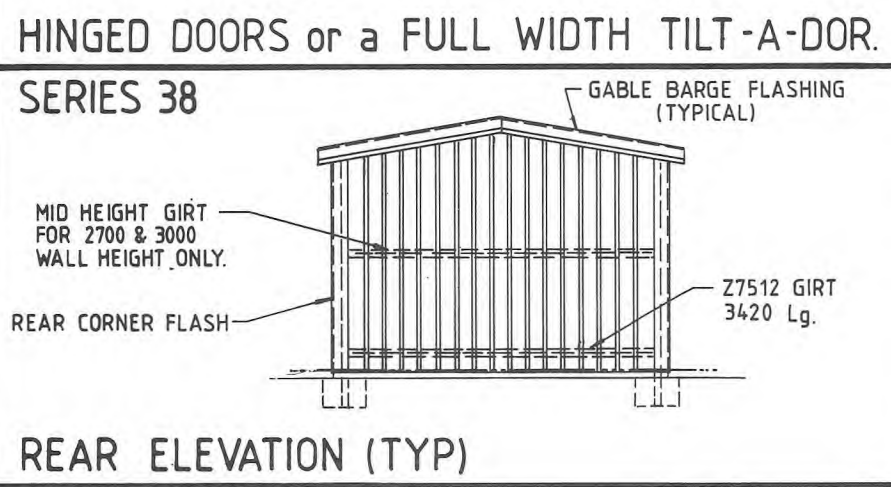
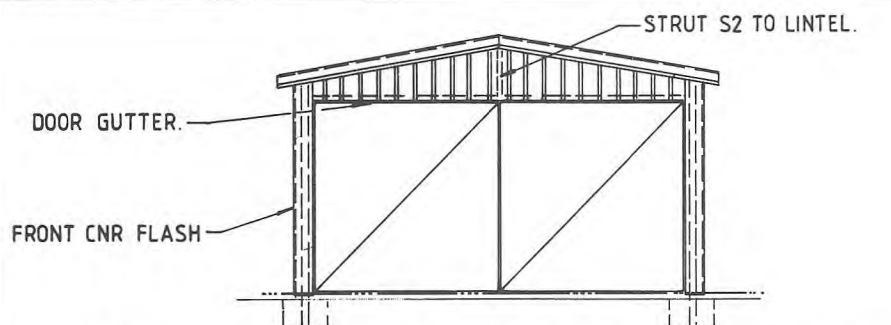
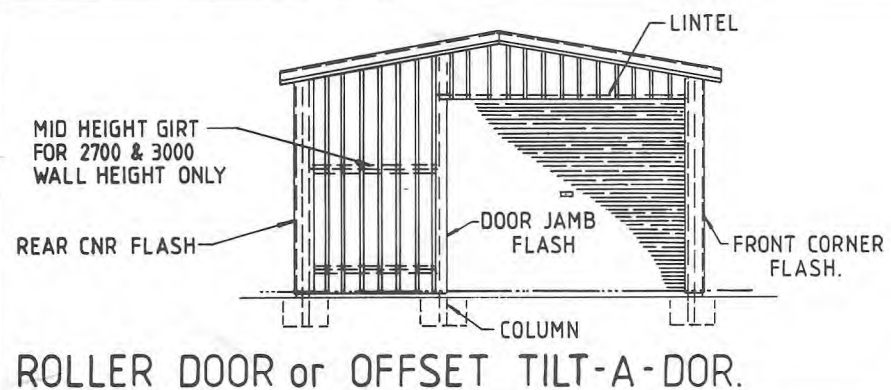
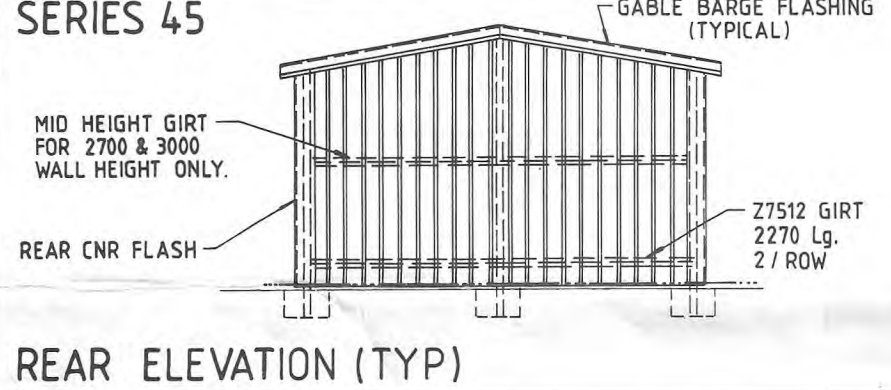
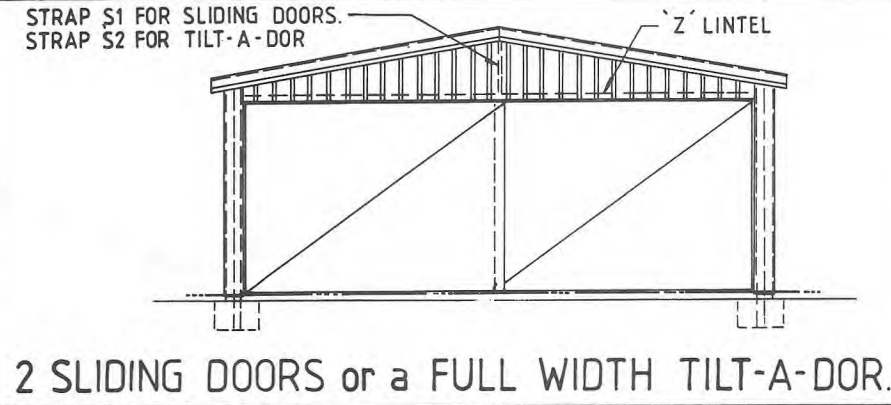
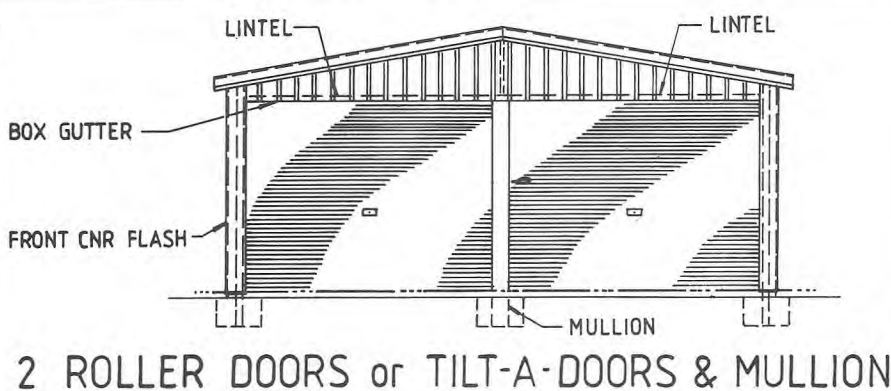
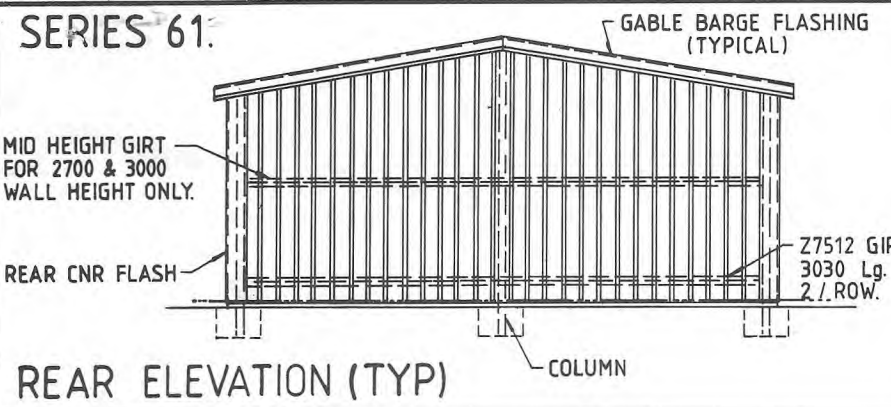
BUILDING LICENCE No.0090102

8 NOTATION IN RED

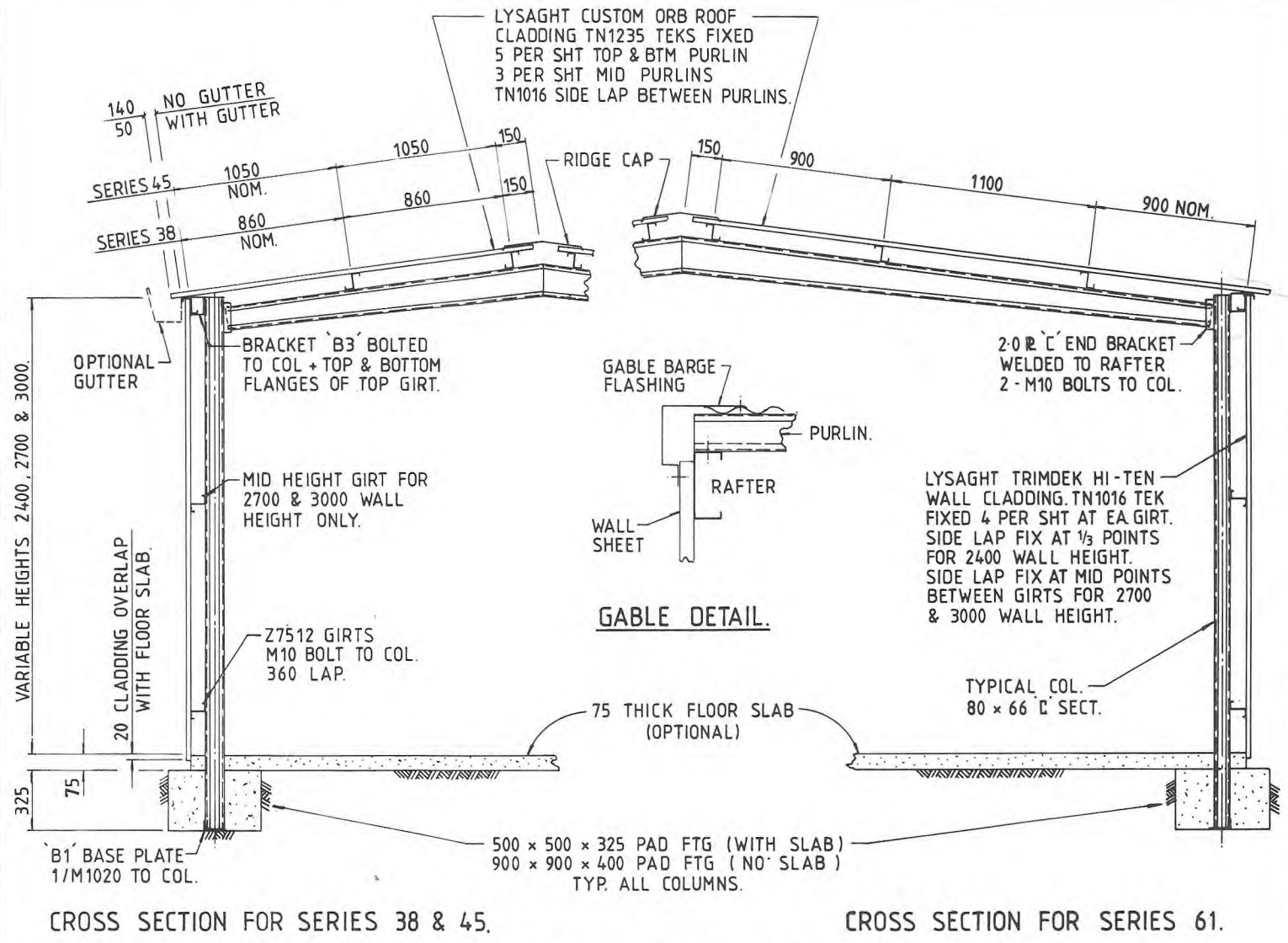
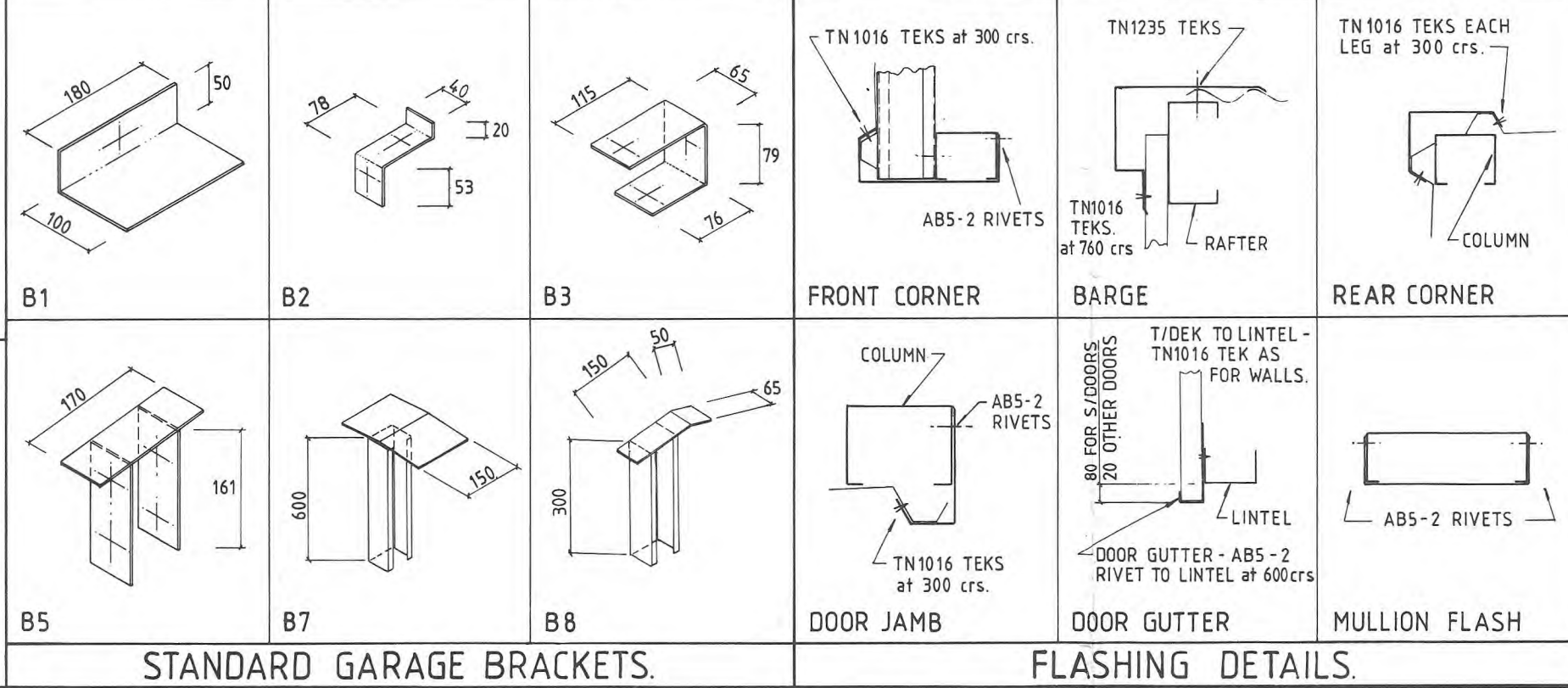
ALL NOTATIONS MARKED IN RED ON THE APPROVED PLANS AND SPECIFICATIONS ARE TO BE COMPLIED WITH AS WELL AS ANY CONDITIONS ON THE LICENCE ITSELF

.....
PRINCIPAL BUILDING SURVEYOR

04 Jul 01



- GABLE GARAGE — SUGGESTED ERECTION SEQUENCE**
- Refer to the enclosed set-out drawing for all dimensions.
 - Check off on stores lists that all listed parts have been supplied.
 - Before proceeding READ THE REMAINDER OF THESE INSTRUCTIONS carefully
 - Identify all parts so you know where they fit.
- STEP 1 — SETTING OUT and DIGGING FOOTINGS**
- Locate the position of one side and one end ensuring they are correctly positioned from boundaries and square to one another.
 - Mark out the remaining two sides and check the setout for square.
 - Mark out the column positions and dig the footings to sizes shown on the isometric detail drawing below.
 - Level the bottom of all footing holes to the same level (it is a good idea to place a brick or similar in each to level on).
- STEP 2 — FRAME ASSEMBLY and ERECTION**
- Bolt a base plate B1 to each column (tek to mullions)
 - Bolt and tek a B3 bracket to each SIDE wall column
 - Bolt columns to the rafters ensuring that the front columns are open face out and the rafter is closed face out.
 - Join purlins or girts into pairs — lapping 360mm before erecting to eliminate additional work when erected.
 - Only the laps for a garage 3 or 4 bays long need some laps taking after erection.
 - Prepare the mullion or front columns by cutting or notching as shown but do not fix to rafters at this stage.
 - Rafter and column assembly should be positioned adjacent to the footing holes for ease of erection.
 - Erect one frame at a time sliding bottom of column into footing hole as the frame is raised to a vertical position.
 - Prop each frame securely and erect the top girt each side then the purlins starting at the ridge and finally the side girts.
 - Reasonably square and plumb framework at this stage and prop as req'd from the inside so props will not need removal during cladding.
 - Now erect rear columns, mullion, front and rear girts and lintels referring to the isometric detail below and the door instructions.
 - Now finally level, square and plumb — if this is not done correctly trouble may be encountered fitting doors, roof and flashing.
- STEP 3 — CLADDING WALLS and ROOF**
- The walls are clad firstly and then the roof.
 - The side wall is an exact number of sheets and no cuts are required.
 - Start at the front positioning the first sheet so that the req'd flashing is a neat fit around the first rib — see detail.
 - Proceed along one wall laying sheets and partly fixing with teks.
 - Now clad the rear wall using the stepped sheet lengths — one sheet will need a double lap — do this at the last sheet.
 - Clad the remaining long side as for the first clad wall.
 - The front wall sheets can now be erected — refer also to the door instructions for locating sheets over doors.
 - (TAKE NOTE OF THE POSITION OF THE eal ON THE SHEETS).
 - Fully tek walls now one tek per pan at each girt and at side laps — AT 1/2 POINTS FOR 2400 WALL HEIGHT — AT MID POINT BETWEEN GIRTS FOR 2700 AND 3000 WALL HEIGHTS.
 - Flashing can now be erected NOTE that they are tek fixed except for the edges in the door openings which are riveted.
 - Roof can now be clad — position sheets with over hang to suit. — 50 past edge of top girt where no gutters used. — 140 past edge of top girt where no gutters used.
 - Fix the ridge cap with the roof sheet to top purlin. (NOTE IF THERE ARE GUTTERS FIX THEM PRIOR TO ROOFING).
- STEP 4 — ERECTION OF OPTIONAL EXTRAS**
- Roller door(s) — refer to instructions with lock kit.
 - Sliding doors — refer to instructions with lock kit.
 - Personal door — refer to instructions with lock kit.
 - Al window — refer to enclosed separate detail.
 - Light sheets — erect with roof sheets positioning as required with light sheet over the top of metal roofing on both sides and fix using roof teks fitted with large sealing washer.
 - Gutters and downpipes. — cut gutters to length of the overall of the side walls and allow 40 mm for a lap joint if required. — join gutters if required, fit stop ends and mastic joints (mastic not supplied) — fit gutter clips to gutter at 1140 max centres and rivet through back of gutter into clip, this supports and holds up back of gutter. — cut downpipe holes as shown prior to erecting. — erect gutter, laying clips onto top of top girt and tek fix. — erect downpipes — mastic joint and rivet to tabs on gutter. — bend downpipe straps to suit and rivet to wall sheet.
- STEP 5 — FOOTINGS and FLOOR SLAB**
- Clean out and dampen footing holes.
 - Fill footings with concrete to ground level.
 - Floor slab — these garages have been designed to have a floor slab unless the larger footings are used.
 - Floor slab level should finish 20mm above the bottom of wall sheets.
 - Where roller doors are used do not cut locking bar holes in guide tracks until after floor is poured to give a good weather seal.
 - For sliding doors floor slab should finish flush with the flat section of the end guides tek fixed to columns.



RISK ASSESSMENT TOOL**OVERALL RISK EVENT:** Management of Reserve 131787**RISK THEME PROFILE:**

Choose an item.

3 - Failure to Fulfil Compliance Requirements (Statutory, Regulatory)

Choose an item.

Choose an item.

RISK ASSESSMENT CONTEXT: Operational

CONSEQUENCE CATEGORY	RISK EVENT	PRIOR TO TREATMENT OR CONTROL			RISK ACTION PLAN (Treatment or controls proposed)	AFTER TREATMENT OR CONTROL		
		CONSEQUENCE	LIKELIHOOD	INHERENT RISK RATING		CONSEQUENCE	LIKELIHOOD	RESIDUAL RISK RATING
HEALTH	No risk event identified for this category.	Not Required - No Risk Identified	N/A	N/A	Not required	Not required.	Not required.	Not required.
FINANCIAL IMPACT	Additional expenditure for maintenance of the reserve and possible compensation claims by community members on installed gates and fences	Minor (2)	Likely (4)	Moderate (5 - 11)	Increase budget of Parks & Maintenance Reserve in LTFP.	Minor (2)	Likely (4)	Moderate (5 - 11)
SERVICE INTERRUPTION	No risk event identified for this category.	Not Required - No Risk Identified	N/A	N/A	Not required.	Not required.	Not required.	Not required.
LEGAL AND COMPLIANCE	There are ongoing compliance issues in regard to unrestricted access, illegal dumping and structures	Moderate (3)	Possible (3)	Moderate (5 - 11)	Ensure that the Reserve is free of any encumbrances and available to access the infrastructure owned by SOD and WaterCorp with regular inspections	Moderate (3)	Possible (3)	Moderate (5 - 11)
REPUTATIONAL	Community pushback taking back management of the reserve after a long period of lapsed time as landowners have effectively annexed the reserve as part of those properties	Moderate (3)	Possible (3)	Moderate (5 - 11)	Write to all the landowners and engage with them to explain the reasons for reinstating the management of the Reserve by the SOD]	Moderate (3)	Possible (3)	Moderate (5 - 11)
ENVIRONMENT	No risk event identified for this category.	Not Required - No Risk Identified	N/A	N/A	Not required.	Not required.	Not required.	Not required.

CONSEQUENCE CATEGORY	RISK EVENT	PRIOR TO TREATMENT OR CONTROL			RISK ACTION PLAN (Treatment or controls proposed)	AFTER TREATMENT OR CONTROL		
		CONSEQUENCE	LIKELIHOOD	INHERENT RISK RATING		CONSEQUENCE	LIKELIHOOD	RESIDUAL RISK RATING
PROPERTY	Reinstating the management and control over the Reserve to minimise the risks associated with any liability that may exist in relation to the use of the Reserve to ensure that the SOD obligations that the Reserve remains capable of use for its dedicated purpose, being a drainage reserve with Water Corporation infrastructure and overland flow path.	Moderate (3)	Possible (3)	N/A	Not required.	Not required.	Not required.	Not required.



Public Health Plan

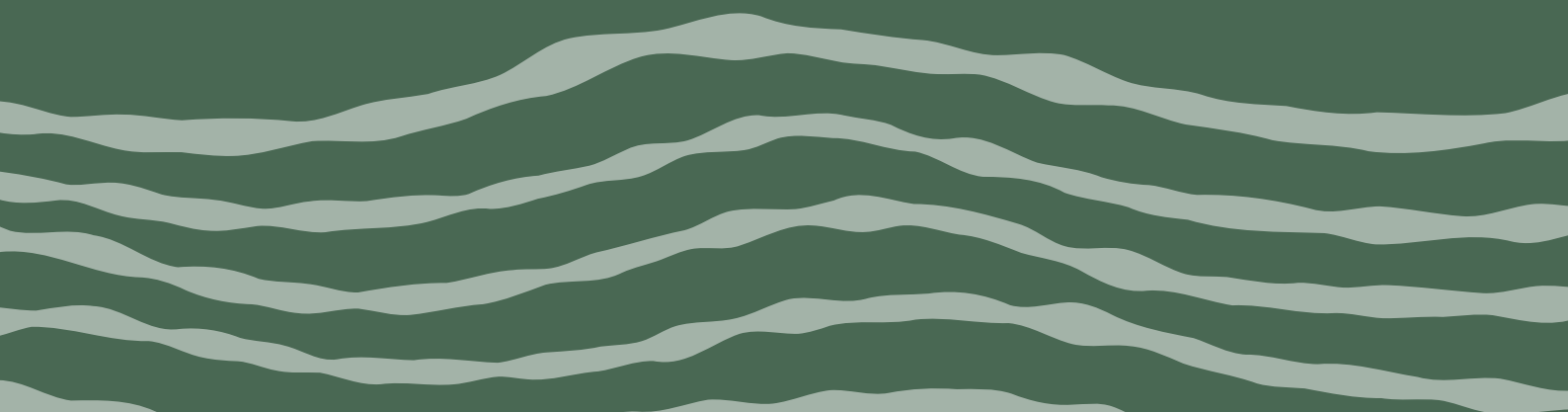
2026 - 2030

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1. Acknowledgement of country

The Shire of Dardanup acknowledges the Noongar people as the traditional owners of the land upon which the Shire is situated.

In doing this, we recognise and respect their continuing culture and the contribution they make to the life of this region and pay our respects to their elders, past, present and emerging. The Shire of Dardanup also respects and celebrates all cultures of all our residents and visitors to our Shire.

This Public Health Plan 2026-2030 is committed to supporting the health and wellbeing of all residents of the Shire, including its Aboriginal community, in a manner that is culturally respectful and inclusive.

¹ Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. Aboriginal and Torres Strait Islander may be referred to in the national context. No disrespect is intended to Torres Strait Islander colleagues and community members. This convention is consistent with that adopted by the WA Department of Health in the State Public Health Plan for Western Australia 2025-2030 and the Shire of Dardanup Health and Wellbeing Profile 2015–2024.

Executive message

Nothing matters more to us than the health and wellbeing of our community.

It sits behind everything the Shire of Dardanup does: the parks we maintain, the events we put on, the facilities we build and the places we plan. A healthy community is a more connected, more resilient and more productive one, and investing in public health is one of the most enduring things a local government can do for its people.

The Shire's Public Health Plan 2026-2030 (the Plan) is a significant step forward from the plan it replaces (2021-2025).

It is built on the most current evidence available about our community's health, shaped by genuine community consultation, and is designed to be measured and reported on openly.

It is honest about where we have done well and where we can do better, and it sets out specific, realistic commitments for the next five years that we intend to deliver.

Our Shire is growing faster than almost any other in Western Australia.

The Waterloo Industrial Park, the Wilman Wadandi Highway (formerly Bunbury Outer Ring Road) and our growing residential areas are bringing new residents, new opportunities and new demands.

This Plan has growth firmly in mind, because the wellbeing of thousands of new residents over the coming decade will be shaped by the choices we make now.

We are proud of what this Plan represents: our commitment to protecting, improving and promoting the health and wellbeing of everyone who lives, works and raises a family in the Shire of Dardanup.

We look forward to bringing it to life with our community, our partners and our staff.



Cr Tyrrell Gardiner

Shire President, Shire of Dardanup



André Schönfeldt

Chief Executive Officer, Shire of Dardanup

2. Introduction

Purpose of this plan

We have prepared this Public Health Plan 2026–2030 (the Plan) under the *Public Health Act 2016 (WA)*, which requires every local government in Western Australia to plan for the health of its community. It sets out how we will protect, improve and promote the health and wellbeing of everyone who lives, works and raises a family in the Shire of Dardanup.

This Plan replaces our Public Health Plan 2021–2025 and reflects how much our community and the public health landscape have changed since then.

Focus on prevention

Prevention is at the heart of this Plan. The biggest gains in community health come not from treating illness, but from creating the conditions for healthier, more active and more connected lives in the places we live, work, play and age. Healthy choices should be within everyone's reach, whatever their income, background or circumstances.

This Plan is not about clinical treatment. It focuses on the parts of community life the Shire can directly deliver, make easier, partner on or advocate for.

The role of local government in public health

Local governments sit closer to their communities than any other level of government, giving us both the responsibility and the practical ability to shape many of the everyday conditions that influence health.

Some of this work is long-established. Food safety, drinking water quality, noise management, mosquito control and managing public health risks remain core business for our Environmental Health team, delivered under the *Public Health Act 2016*, the *Food Act 2008*, the Environmental Protection (Noise) Regulations 1997 and related laws.

The *Public Health Act 2016* has also broadened our role into health promotion, chronic disease prevention, mental health and wellbeing, communicable disease management, and designing healthier neighbourhoods. This Plan embraces that wider role while staying realistic about what a Shire of our size can do.

A community that is growing and changing

The Shire of Dardanup is one of the fastest-growing local governments in the South West of Western Australia, and the pace is accelerating. We are a very different community from the one our last plan described.

The future Wanju residential area could one day be home to around 60,000 people across up to 20,000 dwellings. The Waterloo Industrial Park is growing as a nationally significant hub in the critical minerals supply chain. The Wilman Wadandi Highway (formerly Bunbury Outer Ring Road), opened in December 2024, has reshaped how we move around the region. The decade ahead places our Shire at the centre of one of Western Australia's most strategically significant growth corridors.

Growth is central to public health planning, not incidental to it. New residents need to be welcomed into a healthy, connected community, and growth brings new pressure on services alongside a once-in-a-generation opportunity to build health into our neighbourhoods from the ground up.

How to read this plan

Sections 3 and 4 set the scene: where this Plan fits, and an honest account of how we performed against our last plan. Sections 5, 6 and 7 present the evidence: who we are, what the health data tells us, and the bigger social factors shaping health in Dardanup. Section 8 sets out our vision, objectives and three priority areas. Section 9 is our action plan: specific, measurable commitments with named leads and clear timeframes. Sections 10 and 11 explain how we will work with partners, and how progress will be tracked and reported.

This is a living document. We will review progress internally every year, report to Council annually, complete a mid-plan review in 2028, and begin developing the next plan in 2029-2030.

3. Strategic alignment

This Plan does not stand alone; it draws its direction and authority from laws and strategies at the local, state and national level. This section explains **how it all connects**.

Legislative framework

Public Health Act 2016 (WA)

This Plan meets our obligations under Part 5 of the Public Health Act 2016 (WA), which requires local governments to develop, implement and review local public health plans.

The Act defines public health broadly as the wider health and wellbeing of the community, and the safeguards, policies and programs that protect, maintain, promote and improve it.

This Plan reflects that emphasis on prevention, health promotion and health protection.

Food Act 2008 (WA)

Our food safety work, registering and inspecting food businesses, is carried out under the Food Act 2008 and sits within this Plan's Healthy and Safe Amenity priority area.

Environmental Protection (Noise) Regulations 1997 (WA)

Noise management and complaint investigation are ongoing statutory functions of our Environmental Health service and are reflected in this Plan's commitments.

Disability Inclusion Act 2014 (WA)

Our obligations under the Disability Inclusion Act 2014, including our Disability Access and Inclusion Plan, support this Plan's commitment to equity, inclusion and access for all residents.



Local strategic documents

Shire of Dardanup Strategic Community Plan 2020-2030

This Plan is an informing strategy within our Integrated Planning and Reporting Framework, sitting beneath the Strategic Community Plan 2020-2030 (SCP) and the Corporate Business Plan. The SCP carries the community's vision: balanced growth that recognises the diverse needs of our community through five objectives: Leadership, Environment, Community, Prosperity and Amenity.

This Plan most directly supports the SCP's Community objective, particularly a safe and secure community (3.4), a healthy place to live (3.5) and access to health, community and social services (3.6) along with the Environment and Amenity objectives. Every action in this Plan identifies the SCP outcome it contributes to.

Shire of Dardanup Corporate Business Plan

The Corporate Business Plan is the four-year delivery vehicle for the SCP. Actions from this Plan that need dedicated resourcing will flow through the Corporate Business Plan and the annual budget so that commitments are funded and tracked.

Shire of Dardanup Council Plan 2022-2032

The Council Plan 2022-2032 brings the Strategic Community Plan and Corporate Business Plan together into a single document, shaped by more than 600 community members. Its vision: 'a healthy, self-sufficient and sustainable community, that is connected and inclusive' is directly reflected in this Plan.

The most relevant Council Plan outcomes are a safe community (Outcome 1), a healthy and active community (Outcome 2), a compassionate and inclusive community (Outcome 4), a responsibly managed natural environment (Outcome 5), a community resilient to natural disasters (Outcome 7) and safe, easy movement around the Shire (Outcome 10). SCP outcome references in our action tables correspond to these Council Plan outcomes.

Shire of Dardanup Sport and Recreation Plan

The Sport and Recreation Plan 2020-2030 guides our investment in active recreation facilities and programs, recognising the value of sport and recreation to physical health, mental wellbeing and social connection. This Plan aligns its relevant actions, particularly Action 3.4 with that plan's objectives and infrastructure priorities.

Shire of Dardanup Place and Community Plan

The Place and Community Plan 2020-2030 guides community development, events, social programs and placemaking. Many of the connection and wellbeing actions in this Plan are delivered with the Place and Community team.

The Place and Community Plan explicitly identifies the Shire's health plan as the vehicle for community health and wellbeing programming, a handoff this Plan accepts through its Connected and Resilient Community priority area.

Shire of Dardanup Disability Access and Inclusion Plan 2023-2028

Our Disability Access and Inclusion Plan (DAIP) 2023-2028, prepared under the Disability Services Act 1993 (WA), shares this Plan's commitment to equity and inclusion. The DAIP covers seven outcome areas, from access to services, events, buildings and information through to consultation and employment.

We are committed to ensuring that health programs, events and services delivered under this Plan are accessible to people with disability, their families and carers.

State strategic documents

State Public Health Plan for Western Australia 2025-2030

The State Public Health Plan 2025-2030 (SPHP), prepared by the WA Chief Health Officer, sets the strategic framework for public health planning across the state. It has four core objectives: Promote, Prevent, Protect and Enable, plus two that run through everything: Aboriginal health and wellbeing, and equity and inclusion. It also names two new priorities: managing the health effects of climate change, and pandemic preparedness.

This Plan aligns with the SPHP 2025-2030.
Our three priority areas: Sustainable and Healthy Environments, Connected and Resilient Community, and Healthy and Safe Amenity, address all four of the State Plan's core objectives. Appendix C maps this alignment in full.

WA Sustainable Health Review 2019

The WA Sustainable Health Review 2019 remains a landmark statement of strategic direction for health in this state. Its emphasis on prevention, community-centred care and the social determinants of health is reflected throughout this Plan.

National strategic documents

National Preventive Health Strategy 2021-2030 (Commonwealth)

The National Preventive Health Strategy 2021-2030 sets the national direction for preventive health. Its priorities: reducing chronic disease, improving mental health and wellbeing, and addressing health inequities are reflected in this Plan's priority areas and actions.

Closing the Gap National Agreement 2020

The Closing the Gap National Agreement 2020 commits governments and Aboriginal and Torres Strait Islander community-controlled organisations to improving life outcomes for Aboriginal and Torres Strait Islander peoples. This Plan's commitment to Aboriginal health and wellbeing, and to culturally respectful and inclusive service delivery, is consistent with its principles and targets.

This Plan is also consistent with United Nations 'Sustainable Development Goal 3 - Good Health and Wellbeing' which the Council Plan 2022-2032 adopts as part of its global planning framework.

Appendix C provides a full table mapping each of this Plan's objectives to the legislative and strategic documents above.



4. Review of the 2021-2025 plan

What the 2021-2025 plan set out to do

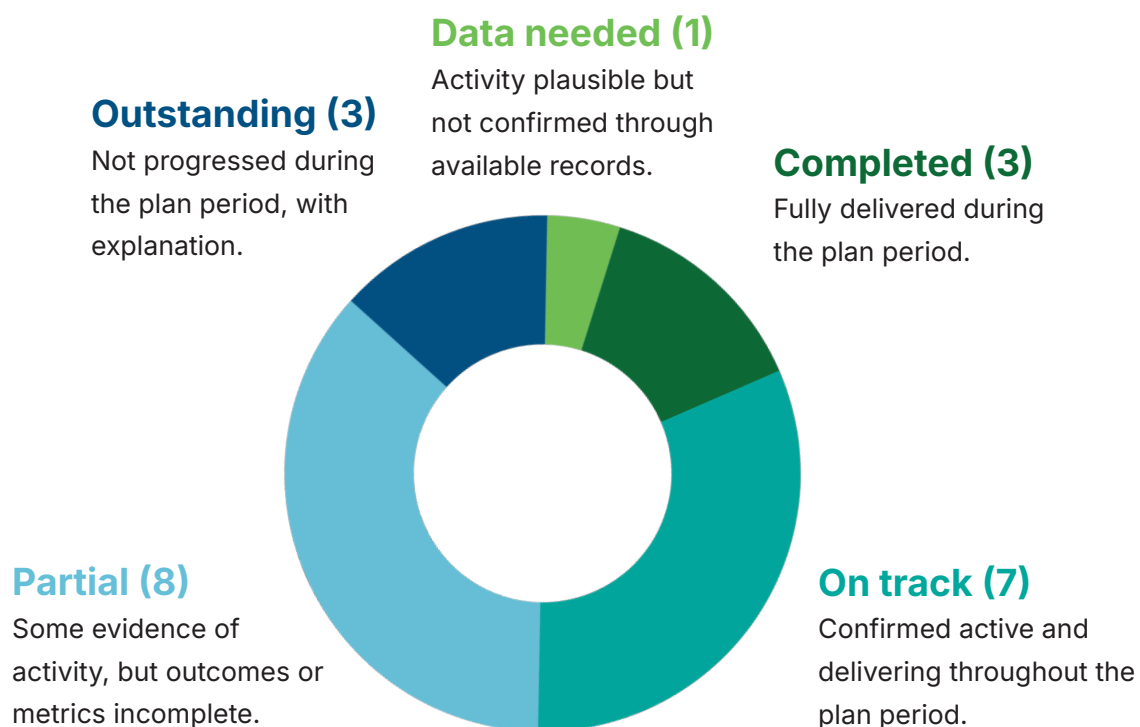
Our first Public Health Plan under the Public Health Act 2016 was adopted by Council on 25 August 2021. Its vision: to protect, improve and promote public health and wellbeing amongst all residents was pursued through three priority areas: Sustainable Environment, Connected Community, and Healthy Amenity.

That plan drew on community consultation undertaken for the Strategic Community Plan, Vision 2050, Place and Community Plan and Sport and Recreation Plan, supplemented by an online survey and our Community Advisory Group. It identified six priority health issues: physical activity, healthy eating, mental health and wellbeing, youth initiatives, early childhood development and environmental health, and set 22 actions.

Review of actions: 2021-2025 plan

In preparing this Plan, we reviewed all 22 of those actions against service records, Corporate Business Plan reporting, budget data, grant records, Council minutes and publicly available information.

The results of this review are summarised in the graph below, and presented in full in Appendix B.



Source: Shire of Dardanup Public Health Plan 2021-2025 - Review of Actions. Assessed against internal service records, Corporate Business Plan reporting, annual budget data, grant records, Council minutes and publicly available information.

What the 2021-2025 plan did well

We delivered strongest where actions aligned with statutory duties or established services. The Leschenault CLAG mosquito control program ran each season, environmental health services expanded with population growth, and FOGO launched in October 2021 with strong recovery rates. The Eaton Recreation Centre continued providing well-attended activity and wellbeing programs. Major community events, including the Tronox Spring Out Festival, Bull and Barrel Festival and Eaton Foreshore Festival, attracted tens of thousands each year, while emergency management and community resilience capability strengthened.

The Age-Friendly Communities Connectivity program achieved all six grant outcomes, reaching over 80 people aged 65 to 85 across five locations. Our Healthway partnership delivered 28 free Summer in Your Park events across Burekup, Eaton and Dardanup, laying the foundation for future health promotion partnerships under Action 3.3.

Where the 2021-2025 plan fell short

Three actions did not progress. Direct engagement with Cancer Council WA gave way to competing demands. A Shire-wide Transport Strategy was not completed, although real progress was made on individual components, including a Local Bike Plan adopted in 2023. And regional collaboration on early years lapsed after the Greater Bunbury Early Years Strategy and Action Plan ended in 2023.

One further action: 'structured partnerships with mental health organisations' was only partly progressed due to resourcing constraints. That gap matters, because mental health conditions in our Shire consistently sit above the state average. These shortfalls were not failures of intent. They reflect a small Environmental Health team carrying a significant and growing statutory workload in a rapidly growing Shire.

Section 10 addresses the resourcing implications directly.

Honest assessment of the plan's design

We have also been honest with ourselves about the design of the last plan: its actions were often broad rather than specific and measurable; it had no monitoring, evaluation or KPI framework; its community data was already five years old when it was adopted; and accountability was often assigned to a directorate rather than a named lead. This Plan fixes all four.

What carries forward

We carry forward: statutory environmental health services; the Leschenault CLAG mosquito control program; food safety regulation and the investigation of a voluntary food safety rating system; community physical activity and recreation programs; mental health and wellbeing initiatives; youth development programs; cross-generational community events; active transport infrastructure and advocacy; emergency management and community resilience; and regional collaboration on early years, age-friendly communities and youth strategies.

The three Outstanding actions: Cancer Council engagement, the Transport Strategy and regional early years collaboration return as priorities in this Plan, with clearer delivery expectations and named leads. Appendix B summarises the full review.

5. Our 2026 community profile

Population and growth

At 30 June 2024, our estimated population was 15,930, up from 14,969 at the 2016 Census, with growth continuing year on year.

We are almost evenly split between males (49.8%) and females (50.2%). The Shire covers 525.8 square kilometres, taking in the suburbs of Eaton and Millbridge, the townsites of Burekup and Dardanup, and substantial rural and industrial land including the Waterloo Industrial Park.

Strong growth is expected to continue well beyond the life of this Plan, driven by ongoing residential development in Millbridge and surrounds and, over the longer term, by the future Wanju residential area.

Age profile

Our median age is 37, a young, family-oriented community. Around a third of residents (33.6%) are aged 50 or over, and the number of residents aged 60 and over, a group with distinct and growing health needs, is rising steadily. As today's families age in place, this trend will strengthen across the life of this Plan.

Household and family composition

We are a community of families: 78.2% of households are family households, and couples with children make up 44.5%. Most of us live in separate houses (93.1% of dwellings). Around 78.4% of homes are owned or being purchased, and 21.6% are rented.

Cultural diversity

Around a quarter of residents (25.2%) were born overseas, and 15.4% speak a language other than English at home. Aboriginal residents make up about 3.8% of our population based on the 2021 Census, likely an undercount, given known Census limitations for Aboriginal populations.

(Appendix ORD: 12.2.2A)

This section paints a picture of who we are as a community, using the most recent data available: the Australian Bureau of Statistics 2021 Census and the ABS estimated resident population figures for 2024.

We will refresh this profile with 2026 Census data at our mid-plan review in 2028.

Total population
15.930

Total coverage
525.8km²

49.8%
Male residents

50.2%
Female residents

37
Median age

33.6%
Aged 50+

4% **Unemployment rate**

78.2%
Family households

25.2%
Born overseas

Socioeconomic profile

Our median household income is \$80,392, a working and middle-income community. Employment is strong: 54.7% of workers are full-time and 32.2% part-time, with unemployment around 4.0%.

Even so, about 24.3% of families live on less than \$64,999 a year, and some households, particularly those with children, experience low income and welfare dependence.

Cost-of-living pressure has intensified across Australia since 2021 and has become a health issue in its own right: housing affordability, energy costs, food costs and financial stress all have direct, measurable effects on health and wellbeing.

Transport and mobility

We are a car-dependent community: 97.8% of households have a vehicle, while just 2.8% use public transport and 1.5% walk to work. The Wilman Wadandi Highway, opened in December 2024, has changed regional connectivity. The Shire manages 57.63 kilometres of pathways, with a further 14.38 kilometres planned over the next decade.

The independent MARKYT® Community Scorecard (894 respondents, 2025) shows health and community services ranked equal 16th of 40 service areas, reflecting strong community confidence in local health and wellbeing support. Family and children's services and seniors' services were in the Shire's higher-performing community services, aligning with our Connected and Resilient Community priority. Environmental health services, including food, noise, pest and pollution functions, ranked 31st of 40 service areas, reflecting the important but often less visible role of statutory public health services.

Population Measure	Count	Percentage
Aboriginal	584	3.8%
Persons born overseas	3,833	25.2%
Persons who do not speak english at home	2,263	15.4%
Persons who are unemployed	327	4.0%
Families with annual income < \$64,999	995	24.3%

Selected population measures, Shire of Dardanup (2021)

Source: 2021 Census Population and Housing, Australian Bureau of Statistics

Priority population groups

Some groups in our community face higher health risks or extra barriers to good health, and deserve particular attention in this Plan. They include:

Aboriginal residents — who experience significant health disparities relative to non-Aboriginal Australians, and whose health and wellbeing is shaped by cultural determinants that require a culturally safe and responsive approach.

Older residents — the proportion of residents aged 60 and over is growing, bringing with it increased risk of chronic disease, social isolation, falls and age-related functional decline.

Children and young people — early childhood developmental vulnerability and youth mental health are identified priority concerns in the Shire's health data.

Residents experiencing socioeconomic disadvantage — including low-income households, welfare-dependent families and those experiencing housing stress or food insecurity.

Residents from culturally and linguistically diverse backgrounds — who may face barriers to health literacy and access to culturally appropriate services.

Residents in rural and outlying areas — including Burekup, Dardanup townsite and surrounding rural areas, who may have reduced access to health-supporting services and infrastructure compared to residents in the Eaton and Millbridge suburban areas.

6. Our health and wellbeing profile, 2026

This section looks at the health of our community. It draws primarily on the 'Health and Wellbeing Profile: Shire of Dardanup 2015-2024' prepared by the Department of Health WA's Epidemiology Directorate and published in January 2026, making it the most current population health data available for our Shire.

It is supported by the WA Health and Wellbeing Surveillance System, hospital morbidity records, the WA Notifiable Infectious Diseases Database and the Australian Bureau of Statistics.

A note on data interpretation

A quick note on the numbers. Much of this data is statistically modelled by the Department of Health. For smaller local governments like ours, survey-based estimates draw on broader regional data to stabilise the results, so they are best read as reliable indicators of direction rather than precise local counts. Data drawn from actual records, e.g. hospital admissions and disease notifications is more locally specific, and we give it particular weight in identifying priority health issues.

Population health summary

In many ways, we are a healthy and active community. Illicit drug-related hospitalisations and deaths are below the state average. Assault-related hospitalisations are well below the state average. Blood-borne disease and sexually transmitted infection rates are lower than the state average. These are meaningful signs of a community with real social strengths.

But the data also shows areas where our community carries a heavier health burden than the state as a whole, or where local trends warrant targeted action.

Nutrition

Our eating habits are a mixed picture. Fruit and vegetable consumption is broadly in line with the state.

But more of our adults eat fast food more than twice a week (6.9%, against 6.0% statewide), and more of our children drink sugary soft drinks or energy drinks more than twice a week (9.9% of children aged 1-15, against 8.5% statewide).

72.7%

**Children (2-15)
eating enough
fruit daily**

9.6%

**Children (2-15)
eating enough
vegetables daily**

34.8%

**Adults (16+)
eating enough
fruit daily**

4.9%

**Adults (16+)
eating enough
vegetables daily**

Source: Nutrition indicators for children (1-15 years or 2-15 years) and adults (16 years and above) by sex, Shire of Dardanup (2024), Health and Wellbeing Profile: Shire of Dardanup 2015-2024, page 9.

MOVING MORE



LIVING MORE

Physical activity

About 40.7% of adults don't reach the recommended 150 minutes of moderate physical activity a week, close to the state average of 39.1%. Among children aged 5-15, 62.2% fall short of recommended activity levels, again similar to the state. That is a large share of our community at higher risk of chronic disease, and a strong case for continued investment in recreation facilities, programs and active transport.

Overweight and healthy weight

Healthy weight is the single biggest gap between our community's health and the state average, and one of the most changeable. An estimated 44.6% of adults are in the obese range, well above the state figure of 37.3% and consistent across both sexes. A further 33.9% are overweight. Together, around 78.5% of our adults are above a healthy weight. Among children aged 5-15, 11.9% are in the obese range, above the state figure of 10.2%. These are modelled estimates and should be read as directional, consistent with the data note on the previous page.

Being above a healthy weight raises the risk of type 2 diabetes, cardiovascular disease, some cancers, muscle and joint problems and poor mental health. Healthy weight is a named priority of this Plan, and it runs through our actions on nutrition, physical activity, neighbourhood design and health promotion.

Source: Prevalence (%) of overweight and above healthy weight range in children and adults by sex, Shire of Dardanup (2024), Health and Wellbeing Profile: Shire of Dardanup 2015-2024, page 16

72.7%

**Children (5-15)
classed as obese**

11.9%

**Children (5-15)
classed as
overweight**

33.9%

**Adults (16+)
classed as obese**

72.7%

**Adults (16+)
classed as
overweight**

Tobacco-related harm

About 12.5% of our adults smoke, close to the state average of 13.5%. But tobacco-related hospitalisations are higher than the state average (390.2 against 366.8 per 100,000), and so are tobacco-related deaths, for both men and women.

That gap likely reflects a legacy of past smoking, or heavier use among current smokers, and it warrants continued attention through health promotion partnerships.

Alcohol-related harm

Our drinking patterns are broadly similar to the rest of WA, but alcohol-related deaths are higher (29.5 against 26.0 per 100,000), for both men and women.

This supports continued advocacy for alcohol harm reduction programs with our partners.

Mental health and psychological wellbeing

Mental health is a sustained and significant concern for our community. Across a full decade of data, mental health conditions in our Shire have consistently tracked above state averages.

In 2024, an estimated 27.2% of residents aged 16 and over had been told by a doctor in the past year that they had a mental health condition (state: 25.0%). Anxiety stands out: 18.4% of residents were diagnosed in the past year, compared with 16.3% statewide. Stress-related conditions are also higher (14.8% against 13.5%), and around 22.7% of adults experience high or very high psychological distress, similar to, but trending above, the state.

27.2%
**Dardanup residents
with any mental
health condition**

(above WA average 25%)

33.7%
vs 20.5%

**Females vs
men locally**

(both above WA average)

18.4%
**Dardanup residents
reporting anxiety**

(above WA average 25%)

Source: Health and Wellbeing Profile: Shire of Dardanup 2015–2024, page 32



Vector-borne disease

Our mosquito-borne disease rates run well above the state average. In 2022 we recorded 50.6 notifications per 100,000, more than double the state rate of 21.1.

This reflects our location in the Leschenault estuary catchment, with its extensive mosquito breeding habitat, and confirms why the Shire's role in the Leschenault CLAG mosquito control program matters so much.

Enteric disease

Gastrointestinal (enteric) disease notifications were also above the state average in 2022: 250.5 against 218.9 per 100,000.

These illnesses connect directly to food safety, reinforcing our continued focus on inspection, education and compliance.

Injury - transport accidents

Transport accidents are one of our clearest and most locally specific health risks. In 2024, our residents were hospitalised after transport accidents at a rate of 295.6 per 100,000, about 25% above the state rate of 236.9. Transport accident deaths are also higher: 10.2 against 7.2 per 100,000. These figures come from actual hospital and death records, so they carry strong local reliability, and they make a compelling public health case for road safety and a comprehensive Transport Strategy for the Shire.

Early childhood development

The 2015–2024 health profile does not cover early childhood development, but earlier Australian Early Development Census data showed a significant share of our children were developmentally vulnerable in one or more areas, particularly language and cognitive skills. Early childhood development remains a priority health issue for this Plan.

Priority health issues for this plan

Drawing all of this together with the community profile in Section 5, this Plan focuses on the following priority health issues:

Obesity and healthy weight: across both adults and children, consistently above state averages.

Mental health and psychological wellbeing: with anxiety as a named focus, above state averages across the decade.

Tobacco and alcohol-related harm: where harm outcomes exceed state averages despite broadly similar prevalence rates.

Transport safety: with hospitalisation and death rates from transport accidents significantly above the state average.

Vector-borne disease: with notification rates more than double the state average.

Nutrition and healthy eating: particularly fast food consumption among adults and sugar-sweetened drink consumption among children.

Physical activity: with a significant proportion of both adults and children not meeting recommended activity guidelines.

Early childhood development: a persistent concern requiring regional collaboration and advocacy.

Climate change and health: an emerging and growing priority consistent with the State Public Health Plan 2025–2030.

Pandemic preparedness: consistent with the State Public Health Plan 2025–2030 and the lessons of the COVID-19 pandemic.

7. Social determinants of health

What are the social determinants of health?

Health is shaped by much more than personal choices about diet, exercise or lifestyle. The conditions in which we are born, grow, live, work and age, known as the 'social determinants of health', have a profound, well-documented influence on how long and how well we live. They include:

- Employment and economic security.
- Education and early childhood development.
- Housing affordability and quality.
- Access to health care and community services.
- Transport and mobility.
- Food security and access to nutritious food.
- Community safety and freedom from violence.
- Social connection and community cohesion.
- The built and natural environments in which people live.

These factors interact and reinforce one another, for better or worse. Improving health takes more than encouraging healthier individual choices; it means creating the conditions where healthy choices are accessible, affordable and supported for everyone, regardless of income, background or circumstance.

The social determinants in the Dardanup context

Our community has real social strengths: strong employment, high home ownership, active community organisations and volunteer networks, a busy and well-loved recreation centre, and a calendar of events that consistently draws large and diverse crowds. At the same time, the profile in Sections 5 and 6 points to several pressures shaping health outcomes in our Shire, and this Plan responds to them.

Cost of living and economic stress

Cost-of-living pressure is a health issue. Rising housing, energy and food costs, and financial stress, increase the risk of poor nutrition, push preventive health down the priority list, worsen mental health and limit participation in community life. It is an emerging determinant that this Plan takes seriously.

Housing

Most of us live in detached houses on suburban lots (93.1% of dwellings). That brings space and privacy but also car dependence, less walkability and fewer casual social connections, which can contribute to inactivity and isolation. Rental households (21.6% of dwellings) are more exposed to housing insecurity and the health effects that come with it.

Transport and mobility

Car dependence is one of the most significant health factors in the Dardanup context. With 97.8% of households owning a vehicle and only 2.8% of residents commuting by public transport, our transport culture is overwhelmingly car-based. That means less incidental exercise, greater exposure to road trauma, already well above the state average, and isolation for residents who don't drive.

Social connection and community cohesion

Loneliness and social isolation are now well recognised as risks to both mental and physical health, and the COVID-19 pandemic made connection harder in many communities. The Shire has responded with a strong program of community events, library programs, youth initiatives and welcoming community spaces.

This Plan builds on those assets, with a particular focus on reaching the people most at risk of isolation. Rapid growth itself can affect health. New residents in growing areas like Millbridge may not yet have the networks, local knowledge and connections that support wellbeing. Welcoming newcomers into a connected, healthy community is a health strategy as much as a community development one.

Early childhood development and education

The early years matter more than any other stage of life for lifelong health. Quality early childhood education and care, maternal and child health services, and family support sit largely with state and federal governments, so the Shire's role here is mainly to advocate, facilitate and collaborate regionally.

Climate change as a social determinant

Climate change is now firmly established as a determinant of health, and its effects are already being felt in the South-West: hotter and more frequent heat events, shifting mosquito-borne disease patterns, air quality impacts from industry and bushfire smoke, and the mental health toll of climate-related events. The State Public Health Plan 2025-2030 names climate change and health as a priority for every level of government.

The Shire's sphere of influence

Not everything that shapes health is within the Shire's control, and saying so plainly makes for a better plan. Throughout this plan, our role in each action is identified as one of four:

Deliver: to provide a service, program, event or initiative directly.

Facilitate: to make it easier for others to act or for residents to access health-supporting options.

Partner: to work directly with other organisations to achieve shared health outcomes.

Advocate: to voice support for, or actively promote, action by other levels of government or agencies where the determinant falls outside the Shire's direct control.

This distinction matters in a fast-growing community, where the pace of change can outstrip what we can deliver directly. Being clear about our limits, and advocating actively beyond them, is how this plan makes the biggest difference it can.

8. Vision, objectives, and priority areas (2026-2030)

Vision

To protect, improve and promote public health and wellbeing amongst all residents of the Shire of Dardanup, a community that is growing, connected and healthy.

Our objectives

To achieve this vision, we commit to six objectives:

- 1.** Prevent and reduce health risks through effective statutory environmental health services and proactive health protection.
- 2.** Promote healthy behaviours, healthy environments and healthy lifestyles, focused on the priority health issues identified in Section 6.
- 3.** Strengthen community connection, resilience and mental wellbeing - because social cohesion is a foundation of good health.
- 4.** Partner with state agencies, non-government organisations, regional local governments and community organisations to extend the reach of public health action beyond what the Shire can achieve alone.
- 5.** Advocate for the policies, investment and services our community needs, where health outcomes depend on the actions of others.
- 6.** Implement, monitor, report on and review this plan in a transparent and accountable way.

These objectives align with the four core objectives of the **State Public Health Plan for Western Australia 2025-2030**: Promote, Prevent, Protect and Enable, and support its overarching objectives of Aboriginal health and wellbeing, and equity and inclusion. Appendix C maps this alignment in full.

Our three strategic priority areas

This Plan is structured around three priority areas, building on the three pillars of the 2021-2025 Plan and strengthened in response to the data, our community's growth and the changed public health landscape.

Priority Area 1: sustainable and healthy environments

Evolution of: Sustainable Environment (Health Plan 2021-2025).

Healthy communities need healthy places: built, natural and social environments that get people moving, protect against health risks, bring people together, and respond to climate change and rapid growth. Under this priority, we commit to:

- **Healthy and active by design:** Planning developments, public spaces, pathways and community facilities that promote physical activity, walkability, social connection and access to nature.
- **Environmental health statutory functions:** Delivering core services including food safety, drinking water monitoring, noise management, onsite wastewater assessment, asbestos management and environmental contamination response.
- **Vector-borne disease management:** Continuing our role in the Leschenault CLAG mosquito control program.
- **Waste and environmental sustainability:** Delivering and promoting the FOGO kerbside collection service and other waste reduction initiatives.
- **Climate change and health:** Monitoring and responding to local climate-health impacts including heat, mosquito-borne disease, air quality and the mental health impacts of climate events.
- **Green space, natural areas and mental health:** Caring for parks, reserves, foreshores and natural spaces that support health and wellbeing.

Supports SCP Outcomes 2.1, 2.2, 2.3 and 3.5.

Priority Area 2: connected and resilient community

Evolution of: Connected Community (Health Plan 2021-2025).

A connected community is a healthier community. Social connection, mental wellbeing, access to programs and services, and the capacity to recover from adversity are all things local government can genuinely influence. Under this priority, we commit to:

- **Mental health and psychological wellbeing:** Making mental health an explicit priority, strengthening partnerships with mental health organisations, and improving access to information and programs.
- **Social connection and community cohesion:** Delivering and supporting events, programs and spaces that bring residents together, reduce isolation and build belonging.
- **Youth health and development:** Supporting young people's health and wellbeing through targeted programs, events and regional youth strategy initiatives.
- **Healthy ageing:** Supporting older residents with programs, services and environments that promote active, connected and healthy ageing.
- **Early childhood development:** Supporting programs that address developmental vulnerability and advancing regional collaboration on an early years strategy.
- **Aboriginal health and wellbeing:** Ensuring programs and services are culturally respectful, accessible and responsive to Aboriginal community needs.
- **Emergency management and community resilience:** Strengthening community health and wellbeing before, during and after emergencies.
- **Pandemic preparedness:** Embedding lessons from COVID-19 into emergency planning and resilience.

Supports SCP Outcomes 3.1, 3.2, 3.3, 3.4, 3.5 and 3.6.

Priority Area 3: healthy and safe amenity

Evolution of: Healthy Amenity (Health Plan 2021-2025).

A healthy community is one where the everyday environment supports health- where food is safe, transport is safe, health information is easy to find, and the services that protect public health are delivered well. Under this priority, we commit to:

- **Food safety and nutrition:** delivering high-quality food safety services, investigating a voluntary food safety rating system, and partnering with health promotion organisations to build healthy eating knowledge.
- **Transport safety and active transport:** prioritising a comprehensive Transport Strategy for the Shire, in recognition that our transport accident hospitalisation and death rates are significantly above state averages.
- **Health literacy and preventive health:** partnering with health advocacy organisations on preventive health knowledge, cancer screening, healthy weight, and tobacco and alcohol harm reduction.
- **Alcohol and tobacco harm reduction:** supporting community access to information and programs that address alcohol and tobacco-related harm, where our harm outcomes exceed state averages.
- **Community safety and injury prevention:** supporting programs and initiatives that promote community safety and reduce injury risk across all age groups.
- **Healthy workplaces:** fostering a healthy, safe and positive working environment for Shire staff - because staff wellbeing underpins service quality.

This priority area supports SCP Outcomes 3.4, 3.5, 3.6, 5.1 and 5.2.

Equity and inclusion

Equity and inclusion are not a separate priority area - they run through everything in this Plan, consistent with the State Public Health Plan 2025-2030.

We are committed to making this Plan's health benefits accessible to all residents: Aboriginal residents, people from culturally and linguistically diverse backgrounds, people experiencing socioeconomic disadvantage, older residents, young people, people living with disability, and residents in our rural and outlying areas.



9. Our action plan (2026-2030)

This is where the Plan gets practical. The actions below translate our vision, objectives and priority areas into specific, measurable commitments, each with a clear owner, a defined timeframe and a stated measure of success.

We have deliberately chosen fewer, sharper actions than the last plan. Experience taught us that a smaller number of well-defined, properly resourced commitments achieves more than a long list of broad intentions. Every action is realistic within our current and projected capacity, and ambitious enough to make genuine progress on our priority health issues.

Each action sets out: what we will do; the priority area; SCP alignment; our role (Deliver, Facilitate, Partner or Advocate); the responsible lead; the timeframe (Short: 0-2 years, Medium: 2-4 years, or Ongoing); the success indicator; and how it will be reported.



Action 1.1: Statutory environmental health services

Action	Deliver statutory environmental health services in accordance with legislative requirements, including food safety inspections, drinking water sampling, noise complaint management, onsite wastewater assessment, asbestos management and environmental contamination response. Maintain service volumes commensurate with population growth.
SCP alignment	3.5: Our community will be a healthy place to live.
Role	Deliver.
Lead	Development Services.
Timeframe	Ongoing.
Success indicator	Statutory inspection and service programs delivered annually at volumes consistent with legislative requirements and population growth. Complaint response times within Shire service standards. Annual EH service data reported to Council.
Reporting mechanism	Annual service report to Council; Corporate Business Plan reporting.

Action 1.2: Vector-borne disease management

Action	Maintain and actively participate in the Leschenault Contiguous Local Authorities Group (CLAG) mosquito surveillance and control program, including ground treatments, larval surveys, aerial treatment coordination and community education. Pursue opportunities to expand community engagement including at high-attendance community events.
SCP alignment	2.1: Enhanced and responsibly managed natural environment and public open spaces; 3.5: Our community will be a healthy place to live.
Role	Deliver/Partner.
Lead	Development Services.
Timeframe	Ongoing.
Success indicator	CLAG program participation maintained annually. Larval survey and treatment program completed each season. Vector-borne disease notification rate monitored against state average. Community education delivered at minimum one major community event per year.
Reporting mechanism	Annual CLAG program report; Annual service report to Council.

Action 1.3: Healthy active by design

Action	Advocate for and facilitate the incorporation of Healthy Active by Design principles into the planning and design of new residential developments, public open spaces, pathways and community facilities within the Shire, with particular reference to planning referrals, developer contribution plan negotiations and structure plan assessments.
SCP alignment	2.1: Enhanced and responsibly managed natural environment and public open spaces; 2.3: Land use provisions that reflect current and future needs.
Role	Facilitate/Advocate.
Lead	Development Services/Infrastructure.
Timeframe	Ongoing.
Success indicator	Healthy Active by Design principles referenced in planning referral responses and structure plan submissions. At least one formal internal guidance note or checklist developed for use in planning referral assessments by end of Year 1.
Reporting mechanism	Annual service report to Council; Corporate Business Plan reporting.

Action 1.4: Food safety rating system

Action	Progress the investigation and feasibility assessment of a voluntary food safety rating system for food premises in the Shire, including consultation with food businesses, assessment of administrative and resourcing implications, and a report to Council with recommendations.
SCP alignment	3.5: Our community will be a healthy place to live.
Role	Deliver.
Lead	Development Services.
Timeframe	Short (0-2 years)
Success indicator	Feasibility report with recommendations presented to Council by end of Year 2. If endorsed by Council, implementation framework developed and consultation with food businesses commenced by end of Year 3.
Reporting mechanism	Council report; Annual service report.

Action 1.5: Climate change and health

Action	Develop and implement a climate-health monitoring framework for the Shire, identifying the key local health risks associated with climate change including heat events, expanded vector-borne disease range, air quality impacts and bushfire smoke and establishing baseline monitoring protocols. Advocate to State Government for resources and guidance to support local government climate-health response.
SCP alignment	2.1: Enhanced and responsibly managed natural environment and public open spaces; 2.2: Environmental sustainability embedded within practices and procedures.
Role	Deliver/Advocate.
Lead	Development Services.
Timeframe	Short (0-2 years) for framework development; Ongoing for monitoring.
Success indicator	Climate-health risk register developed and endorsed internally by end of Year 2. Annual monitoring report produced from Year 3 onwards. At least one submission or representation made to State Government on climate-health resourcing for local governments during the plan period.
Reporting mechanism	Annual service report to Council; Corporate Business Plan reporting.



Action 2.1: Mental health and wellbeing partnerships

Action	Establish and maintain structured partnerships with at least two mental health promotion organisations, including but not limited to the Mental Health Commission WA, Headspace, Act Belong Commit and Beyond Blue, to deliver or facilitate mental health awareness programs, community education and referral pathway information to Shire residents.
SCP alignment	3.5: Our community will be a healthy place to live; 3.6: Our community will have access to adequate health, community and social services.
Role	Partner/Facilitate
Lead	Development Services/Place and Community Engagement.
Timeframe	Short (0-2 years) to establish; Ongoing.
Success indicator	Formal partnership or engagement agreement in place with minimum two mental health promotion organisations by end of Year 2. Minimum one community mental health awareness activity delivered per year from Year 2 onwards.
Reporting mechanism	Annual service report to Council; Corporate Business Plan reporting.

Action 2.2: Community events and social connectedness

Action	Deliver and support a program of inclusive, cross-generational community events and programs throughout the plan period, including the Tronox Spring Out Festival, Australia Day community events and other Shire-delivered events. Incorporate health promotion messaging and activities into Shire-delivered events as standard practice.
SCP Alignment	3.2: An inclusive community that promotes active involvement in community life; 3.1: A creative community that fosters cultural and artistic activity and diversity.
Role	Deliver/Partner.
Lead	Place and Community Engagement.
Timeframe	Ongoing.
Success indicator	Minimum three major community events delivered or supported annually. Health promotion activity incorporated into at least two Shire-delivered events per year. Post-event attendance and participant feedback recorded annually.
Reporting mechanism	Annual service report to Council; Annual Report.

Action 2.3: Youth health and development

Action	Deliver and support youth health and development programs throughout the plan period, including YouthFest and other Youth Week WA activities. Pursue renewed regional collaboration on a successor Greater Bunbury Youth Strategy, and advocate to State Government for continued funding of youth development programs in the Shire.
SCP alignment	3.2: An inclusive community that promotes active involvement in community life; 3.6: Our community will have access to adequate health, community and social services.
Role	Deliver/Partner/Advocate.
Lead	Place and Community Engagement.
Timeframe	Ongoing.
Success indicator	YouthFest or equivalent youth health event delivered annually. Regional youth strategy engagement commenced by end of Year 2. Grant funding for youth development programs sought annually.
Reporting mechanism	Annual service report to Council; Corporate Business Plan reporting.

Action 2.4: Healthy ageing and age-friendly community

Action	Deliver and support programs that promote active, connected and healthy ageing for the Shire's growing older population, including continuation of seniors-specific programs, digital literacy initiatives and age-friendly community activities. Pursue grant funding for age-friendly community programs and advocate for adequate aged care and community services in the Shire.
SCP alignment	3.2: An inclusive community that promotes active involvement in community life; 3.6: Our community will have access to adequate health, community and social services.
Role	Deliver/Partner/Advocate.
Lead	Place and Community Engagement.
Timeframe	Ongoing.
Success indicator	Minimum one seniors-specific program or initiative delivered per year. Grant funding for age-friendly programs sought during the plan period. Advocacy to State Government for aged care services maintained where gaps are identified.
Reporting mechanism	Annual service report to Council; Corporate Business Plan reporting.

Action 2.5: Early childhood development

Action	Advocate for the renewal of a regional early years strategy to replace the Greater Bunbury Early Years Strategy and Action Plan 2018–2023, which lapsed in 2023. Support collaboration with the Cities of Bunbury and Shires of Capel and Harvey to progress a successor strategy. Support local early childhood programs and Better Beginnings literacy initiatives through the Shire's library and community services.
SCP alignment	3.6: Our community will have access to adequate health, community and social services.
Role	Partner/Advocate.
Lead	Place and Community Engagement/Development Services.
Timeframe	Short (0-2 years) for regional strategy engagement; Ongoing for local programs.
Success indicator	Formal engagement with regional local government partners on early years strategy renewal commenced by end of Year 1. Better Beginnings and equivalent library-based early literacy programs delivered annually.
Reporting mechanism	Annual service report to Council.

Action 2.6: Emergency management and community resilience

Action	Maintain and strengthen the Shire's emergency management and community resilience capacity, including through the Local Emergency Welfare Support Plan, the Local Emergency Management Committee, mutual aid arrangements with neighbouring local governments, and community resilience programs. Embed pandemic preparedness considerations into emergency planning frameworks consistent with the State Public Health Plan 2025-2030.
SCP alignment	3.4: To be a safe and secure community.
Role	Deliver/Partner.
Lead	Development Services.
Timeframe	Ongoing.
Success indicator	LEMC meetings maintained quarterly. Local Emergency Welfare Support Plan reviewed and current throughout the plan period. Pandemic preparedness annex incorporated into emergency planning framework by end of Year 2. Annual exercise or training activity conducted.
Reporting mechanism	Annual LEMC report; Annual service report to Council.

Action 3.1: Transport safety and transport strategy

Action	Progress the development of a comprehensive Transport Strategy for the Shire of Dardanup, integrating road safety, active transport, pathway network expansion, public transport advocacy and the transport implications of population growth. Advocate to State Government for road safety improvements on high-risk routes within the Shire. Maintain annual investment in the pathway network consistent with the Local Bike Plan and Corporate Business Plan commitments.
SCP alignment	5.1: An inter-connected community; 3.5: Our community will be a healthy place to live.
Role	Deliver/Advocate.
Lead	Infrastructure.
Timeframe	Short (0-2 years) for strategy commencement; Medium (2-4 years) for completion.
Success indicator	Transport Strategy project scoped and approved by Council by end of Year 1. Strategy completed and adopted by Council by end of Year 3. Pathway network capital investment maintained annually consistent with CBP commitments. At least one road safety advocacy submission made to State Government during the plan period.
Reporting mechanism	Council report; Annual service report; Corporate Business Plan reporting.



Action 3.2: Cancer council WA engagement and cancer prevention

Action	Establish a structured engagement framework with Cancer Council WA to deliver community cancer awareness, prevention and screening promotion activities. Priority areas include skin cancer prevention (SunSmart), breast and prostate cancer screening awareness, and shade infrastructure standards for outdoor Shire events and facilities.
SCP alignment	3.5: Our community will be a healthy place to live. 3.6: Our community will have access to adequate health, community and social services.
Role	Partner/Facilitate.
Lead	Development Services.
Timeframe	Short (0-2 years) to establish; Ongoing.
Success indicator	Initial engagement with Cancer Council WA South West completed by end of Year 1. Minimum one cancer awareness or screening promotion activity delivered per year from Year 2 onwards. SunSmart policy for outdoor Shire events developed and adopted by the end of Year 2.
Reporting mechanism	Annual service report to Council.

Action 3.3: Health promotion partnerships

Action	Maintain and develop partnerships with health advocacy and promotion organisations to deliver programs and initiatives that build community knowledge and capability on priority health topics including healthy weight, nutrition, physical activity, tobacco harm reduction and alcohol harm reduction. Partner organisations to include Healthway, Diabetes WA, Heart Foundation, Injury Matters and Regional Men's Health Initiative.
SCP alignment	3.5: Our community will be a healthy place to live. 3.6: Our community will have access to adequate health, community and social services.
Role	Partner/Facilitate.
Lead	Development Services/Place and Community Engagement
Timeframe	Ongoing.
Success indicator	Active partnership or grant arrangement maintained with minimum two health promotion organisations at any time during the plan period. Minimum two health promotion activities delivered or facilitated per year. Grant funding through Healthway or equivalent sought annually.
Reporting mechanism	Annual service report to Council; Grant acquittal reporting.

Action 3.4: Physical activity and recreation

Action	Support and promote physical activity across the community through the operation of the Eaton Recreation Centre, delivery of community sport and recreation programs, maintenance of parks and open spaces as active recreation environments, and support for local sporting clubs and associations through grants, facility leases and capacity building.
SCP alignment	3.2: An inclusive community that promotes active involvement in community life. 5.2: A liveable community; aligned with Shire of Dardanup Sport and Recreation Plan 2020-2030.
Role	Deliver/Facilitate/Partner.
Lead	Sport and Recreation/Infrastructure.
Timeframe	Ongoing.
Success indicator	ERC program of group fitness, sport and community health activities maintained and expanded annually in line with membership and community demand. Community grants to sporting and recreation organisations maintained annually. Parks and reserves capital investment maintained consistent with CBP commitments.
Reporting mechanism	Annual Report; Corporate Business Plan reporting.

Action 3.5: Healthy workplaces

Action	Support a healthy, safe and positive working environment for all Shire staff, with a focus on physical and mental wellbeing, work-life balance and professional development. Implement and maintain an Employee Assistance Program and staff wellbeing initiatives, and report on staff wellbeing outcomes as part of annual internal reporting.
SCP alignment	3.5: Our community will be a healthy place to live.
Role	Deliver
Lead	Governance and Human Resources.
Timeframe	Ongoing.
Success indicator	Employee Assistance Program maintained and promoted to all staff annually. At least one staff wellbeing initiative delivered per year. Staff wellbeing outcomes included in annual internal reporting from Year 2 onwards.
Reporting mechanism	Internal annual reporting; Annual Report

10. Partnerships and governance

Introduction

Public health is a team effort. The Shire cannot, and does not try to, meet our community's health needs alone. Many of the biggest influences on health sit outside local government control, and the most effective public health work happens through sustained partnership with state agencies, non-government organisations, neighbouring local governments, community organisations and the private sector.

Key partner organisations

Department of Health WA - Epidemiology

Directorate: Our primary source of population health data. We will maintain this relationship to ensure access to current data, guidance on plan development and review, and connection to the broader WA public health planning framework.

WA Country Health Service - South West:

The primary provider of public health and clinical services to our community. We will maintain a working relationship on shared public health interests, recognising that WACHS engagement with local governments is necessarily limited.

South West Primary Health Network:

Commissions and coordinates primary health care across the region, including mental health, chronic disease and preventive health programs. An important partner for mental health promotion and preventive health.

Cancer Council WA: A priority new partnership for this Plan, with a South West regional support centre and community programs in cancer prevention, awareness and screening promotion.

Healthway: Our most established health promotion partner. We will continue to pursue Healthway grant and partnership opportunities across this Plan's priority areas.

Mental Health Commission WA: The state agency for mental health, alcohol and other drug policy and service commissioning. An important advocacy target and potential program partner, given our above-average rates of mental health conditions.

Leschenault Contiguous Local Authorities

Group (CLAG): Our longest-standing and most operationally critical public health partnership, addressing one of our clearest elevated health risks through the mosquito control program.

Regional Local Government Partners:

We collaborate with neighbouring local governments through regional forums including the Bunbury Geopraphe Economic Alliance and South West Zone Councils - particularly for regional health services advocacy and collaborative strategies.

Community and Non-Government

Organisations: Including Diabetes WA, Heart Foundation, Injury Matters, Regional Men's Health Initiative, South West Cancer Services, Eaton Community College, Bethanie Fields, and local sporting clubs and community associations.

Governance

- **Responsible officer:** The Coordinator of Environmental Health Services is responsible for coordinating, implementing and reporting on this Plan, overseeing the action plan, working with internal teams, managing external partnerships, preparing annual progress reports and initiating reviews at the scheduled intervals.
- **Director-level accountability:** The Director responsible for Development Services holds director-level accountability for this Plan, ensuring its commitments are reflected in the Corporate Business Plan, adequately resourced, and reported to Council in line with the review schedule in Section 11.
- **Cross-directorate coordination:** Several actions are led by or involve teams beyond Development Services, including Place and Community Engagement, Sport and Recreation, Infrastructure Planning and Design, and Governance and Human Resources. The PEHO will coordinate with these teams to keep actions moving, gather reporting data, and identify and escalate any resourcing or delivery issues early.
- **Council reporting:** Council will receive an annual progress report through the Corporate Business Plan reporting cycle. It will show each action's status against its success indicators, flag anything needing change or additional resourcing, and note any material shifts in the community health context. Its format will follow the Action Plan at a Glance table in this Plan.
- **Resourcing:** Good plans need adequate resourcing. Our environmental health and community development functions face growing demand as the Shire grows, and Council is asked to note that delivering this Plan's commitments, particularly new partnerships, programs and monitoring frameworks, may require additional resourcing through the Corporate Business Plan and annual budget process.

Community engagement

We are committed to ongoing and meaningful engagement with our community on public health matters.

The development of this Plan has been informed by extensive community consultation, including an online survey and a series of community workshops. The feedback has helped identify the health, wellbeing and environmental health issues that are most important to our residents. We are committed to genuine, ongoing engagement with our community on public health.

Budget interface

Actions will be funded through a mix of existing operational budgets, grants and, where needed, new allocations approved through the Corporate Business Plan and annual budget.

Ongoing actions led by Development Services or Place and Community Engagement are expected to fit within existing budgets, subject to annual approval. Short and medium-term actions involving new programs or partnerships may need specific allocations, and will be identified in Corporate Business Plan submissions.

We will actively pursue external grant funding wherever actions exceed existing capacity.

11. Monitoring, evaluation and review

Introduction

A plan that isn't measured can't improve, which is why a robust monitoring, evaluation and review framework is one of this Plan's highest priorities. This section explains how we will track progress, evaluate what is working, report openly to Council and the community, and keep the Plan relevant across its five-year life.

Action-level monitoring

Action-level monitoring asks: are we delivering what we said we would? The Principal Environmental Health Officer will gather progress data from each team annually, assess it against the defined success indicators, and prepare a consolidated annual progress report.

Each action will be rated as:

On track	Progressing in accordance with its defined timeframe and success indicators.
Partial	Commenced or partially progressed, but outcomes or milestones are incomplete.
Not yet commenced	Not yet commenced, consistent with its defined timeframe.
Delayed	Not commenced or progressed as expected, with explanation provided.
Completed	Fully delivered.

Outcome-level monitoring

Outcome-level monitoring asks the bigger question: is community health improving?

We will draw on the following data sources:

Shire of Dardanup Health and Wellbeing Profile:

Updated at the mid-plan review point in 2028 where data availability permits.

WA Health and Wellbeing Surveillance System :

Annual updates on key lifestyle risk factors and health conditions.

WA Notifiable Infectious Diseases Database: For vector-borne disease monitoring.

WA Hospital Morbidity Data Collection: For transport accident and injury monitoring.

Australian Bureau of Statistics: With the 2026 Census incorporated at the mid-plan review.

Shire of Dardanup internal service data: EH inspection volumes, complaint data, grant records, event attendance and program participation.

Key performance indicators

Indicators are grouped by priority area. Baselines reflect the most recent confirmed data available at the time of drafting, and are reviewed at the frequency shown.

Priority Area 1: Sustainable and Healthy Environments

KPI	Baseline (2024 - 2026)	Data source	Review frequency
Statutory EH inspections and services delivered annually at volumes consistent with requirements and population growth.	2024-2025 service volumes as recorded in internal EH data.	Internal EH service data.	Annual.
Vector-borne disease notification rate per 100,000.	50.6 per 100,000 (2022).	WA Notifiable Infectious Diseases Database.	Annual.
Number of community education activities on vector-borne disease prevention.	Baseline to be established in Year 1.	Internal EH service data.	Annual.
Climate-health risk register developed and endorsed.	Not yet developed.	Internal.	Year 2 milestone.

Priority Area 2: Connected and Resilient Community

KPI	Baseline (2024-2026)	Data source	Review frequency
Prevalence of mental health conditions in the Shire (adults 16+).	27.2% (2024).	WA HWSS/Health Profile.	At mid-plan review (2028).
Number of structured mental health promotion partnerships active.	0 confirmed (2025).	Internal.	Annual.
Number of major community events delivered or supported annually.	3+ confirmed annually (2021-2025).	Internal/Annual Report.	Annual.
Youth development programs delivered or supported annually.	YouthFest and equivalent delivered annually (2021-2025).	Internal.	Annual.
Regional early years strategy engagement commenced.	Not commenced (2025).	Internal.	Year 1 milestone.

Priority Area 3: Healthy and Safe Amenity

KPI	Baseline (2024-2026)	Data source	Review frequency
Transport accident hospitalisation rate per 100,000.	295.6 per 100,000 (2024).	WA Hospital Morbidity Data Collection.	At mid-plan review (2028).
Transport Strategy commenced.	Not commenced (2025).	Internal.	Year 1 milestone.
Cancer Council WA engagement framework established.	Not established (2025).	Internal.	Year 2 milestone.
Number of health promotion partnership activities delivered per year.	Baseline to be established in Year 1.	Internal.	Annual.
Adults living above a healthy weight range.	Above state average (2024).	WA HWSS/Health Profile.	At mid-plan review (2028).

Review schedule

Annual	Internal progress review.	The Principal Environmental Health Officer reviews progress against the action plan each financial year, completing the review by 31 October for the preceding financial year.
Annual	Report to Council.	An annual progress report goes to Council through the Corporate Business Plan reporting cycle and is published on the Shire's website within 30 days of its presentation.
2028	Mid-plan review.	Brings in updated population health data - including, where available, the 2026 Census and refreshed health profile data - assesses progress against the Plan's objectives and KPIs, and is reported to Council and made public.
2029-2030	Full plan review.	Development of the next plan begins, consistent with the five-year cycle established by the <i>Public Health Act 2016</i> , with the new plan adopted by Council before this Plan expires on 30 June 2031.



Limitations and honest expectations

Population health outcomes are shaped by many factors beyond the Shire's control or influence, and health data for a community our size carries statistical limitations that affect the precision of local estimates. We are also a small organisation with finite resources in a fast-growing Shire.

None of that diminishes the value of public health planning. Our commitment is to do what we can, with the resources we have, and to be honest when circumstances change, actions are delayed, or outcomes fall short.

Public reporting

We are committed to reporting openly.

Annual progress reports will be published on the Shire's website, the mid-plan review will be made public on adoption by Council, and a plain-language summary of the Plan and its key commitments will be published following adoption.

12. Action plan at a glance (2026-2036)

This table presents all 16 actions of the Shire of Dardanup Public Health Plan 2026–2030 in consolidated form. It is intended as a working reference for Council, staff and the community, and as the primary tool for annual progress monitoring and reporting. Full action details, including success indicators and reporting mechanisms, are set out in Section 9.



Action	Description	Priority Area	Role	Lead	Timeframe	Status
1.1	Statutory Environmental Health Services	PA 1	Deliver	Development Services	Ongoing	
1.2	Vector-Borne Disease Management	PA 1	Deliver/ Partner	Development Services	Ongoing	
1.3	Healthy Active by Design	PA 1	Facilitate/ Advocate	Dev Services/ Infrastructure	Ongoing	
1.4	Food Safety Rating System	PA 1	Deliver	Development Services	Short (0-2 yrs)	
1.5	Climate Change and Health	PA 1	Deliver/ Advocate	Development Services	Short/ongoing	
2.1	Mental Health and Wellbeing Partnerships	PA 2	Partner/ Facilitate	Dev Services/Place and Community	Short/ongoing	
2.2	Community Events and Social Connectedness	PA 2	Deliver/ Partner	Place and Community Engagement	Ongoing	
2.3	Youth Health and Development	PA 2	Deliver/ Partner/ Advocate	Place and Community Engagement	Ongoing	
2.4	Healthy Ageing and Age-Friendly Community	PA 2	Deliver/ Partner/ Advocate	Place and Community Engagement	Ongoing	
2.5	Early Childhood Development	PA 2	Partner/ Advocate	Place and Community/ Dev Services	Short/ongoing	
2.6	Emergency Management and Community Resilience	PA 2	Deliver/ Partner	Dev Services/ Governance	Ongoing	
3.1	Transport Safety and Transport Strategy	PA 3	Deliver/ Advocate	Infrastructure/ Dev Services	Short / Medium	
3.2	Cancer Council WA Engagement	PA 3	Partner/ Facilitate	Development Services	Short/ongoing	
3.3	Health Promotion Partnerships	PA 3	Partner/ Facilitate	Dev Services/ Place and Community	Ongoing	
3.4	Physical Activity and Recreation	PA 3	Deliver/ Facilitate/ Partner	Sport and Recreation/ Infrastructure	Ongoing	
3.5	Healthy Workplaces	PA 3	Deliver	Governance and HR	Ongoing	

Symbol	Status
✓ On Track	Action progressing in accordance with defined timeframe and success indicators.
▲ Partial	Some progress; milestone(s) incomplete.
× Delayed	Not progressing as expected; explanation required.
⌂ Not Yet Commenced	Consistent with defined timeframe.
☑ Completed	Fully delivered.

Appendix A: Glossary

The following terms are used throughout the Shire of Dardanup Public Health Plan 2026–2030. Definitions are provided to assist readers who may be unfamiliar with public health, local government planning or legislative terminology.

Aboriginal	Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. See footnote 1 for the full terminology note.
Act, Belong, Commit	A Healthway-funded mental health promotion program that encourages Western Australians to stay mentally healthy by being active, belonging to groups and committing to meaningful activities.
Age-Standardised Rate (ASR)	A statistical measure that adjusts crude rates to account for differences in the age structure of populations, enabling meaningful comparisons between different geographic areas or population groups over time.
Bayesian Modelling	A statistical method used by the WA Department of Health Epidemiology Directorate to produce smoothed, stable population health estimates for local government areas. For smaller LGAs such as the Shire of Dardanup, Bayesian modelling draws on broader regional data to stabilise estimates where local sample sizes are small.
Built Environment	The human-made surroundings in which people live, work and play - including buildings, roads, pathways, parks, public open spaces and community facilities.
CLAG (Contiguous Local Authorities Group)	A formal collaborative arrangement between neighbouring local governments and the Department of Health WA for the management of a shared public health risk. The Leschenault CLAG — comprising the Shire of Dardanup, Shire of Harvey, City of Bunbury and the Department of Health — coordinates the mosquito surveillance and control program.
Closing the Gap	The National Agreement on Closing the Gap 2020 is a formal agreement between Australian governments and Aboriginal and Torres Strait Islander community-controlled organisations to improve life outcomes for Aboriginal and Torres Strait Islander peoples.
Corporate Business Plan (CBP)	The Shire of Dardanup's four-year operational planning document, which translates the Strategic Community Plan into specific projects, services and actions.
Developer Contribution Plan (DCP)	A planning mechanism under which developers of new residential or industrial land contribute financially to the provision of community infrastructure required to service new development.
FOGO	Food Organics, Garden Organics. A three-bin kerbside collection system that separates food and garden organic waste from general waste for processing into compost, reducing the volume of organic material sent to landfill.
Health Literacy	The ability of individuals to obtain, understand and use health information to make informed decisions about their health and the health of their families.
Health Promotion	Action directed at improving the health of individuals and communities by addressing the social, environmental and behavioural determinants of health.
Healthway	The Western Australian Health Promotion Foundation, a state government statutory authority that funds health promotion programs, community events and research across Western Australia.
Healthy Active by Design	A framework developed by the Heart Foundation Australia that provides guidance on how the built environment can be designed to support physical activity and healthy lifestyles.
HWSS (Health and Wellbeing Surveillance System)	The WA Health and Wellbeing Surveillance System, managed by the Epidemiology Directorate, DOH WA. The largest ongoing population health survey in Western Australia.
Integrated Planning and Reporting (IPR) Framework	The Western Australian State Government framework, introduced in 2012, that requires each local government to have a Strategic Community Plan, a Corporate Business Plan and a suite of informing strategies.

Kessler Psychological Distress Scale (K10)	A validated 10-item questionnaire used to measure levels of psychological distress, including anxiety and depressive symptoms experienced in the past four weeks.
LEMC (Local Emergency Management Committee)	A statutory committee established under the <i>Emergency Management Act 2005</i> , responsible for ensuring that effective local emergency management arrangements are in place within the local government area.
Local Government Area (LGA)	A defined geographic area administered by a local government authority. The Shire of Dardanup is a local government area covering 525.8 square kilometres in the South West of Western Australia.
Mental Health Commission WA	The Western Australian state agency responsible for mental health, alcohol and other drug policy, planning, purchasing and coordination of services across Western Australia.
Notifiable Infectious Disease	An infectious disease that must, by law, be reported to the Department of Health WA when diagnosed. Ross River virus and Barmah Forest virus are the vector-borne diseases of primary concern in the Shire.
PHN (Primary Health Network)	Australian Government-funded organisations responsible for commissioning and coordinating primary health care services at a regional level. The South West PHN covers the Shire of Dardanup.
Preventive Health	Action taken to reduce the risk of disease, illness and injury before it occurs, rather than treating conditions after they develop.
Priority Population Groups	Population groups that may experience greater health risks or face additional barriers to accessing health-supporting services and environments.
Public Health Act 2016 (WA)	The primary public health legislation in Western Australia. Part 5 requires local governments to develop and implement local public health plans.
Social Determinants of Health	The conditions in which people are born, grow, live, work and age that have a significant and well-documented influence on health outcomes, life expectancy and quality of life.
Strategic Community Plan (SCP)	The Shire of Dardanup's highest-level strategic planning document, covering the period 2020 to 2030. This Public Health Plan is an informing strategy within the SCP framework.
Transport Strategy	A comprehensive strategic document integrating road network planning, road safety, active transport, public transport advocacy and transport infrastructure investment to guide transport decision-making.
Vector-Borne Disease	A disease caused by pathogens transmitted to humans through the bite of an infected arthropod — primarily mosquitoes in the Dardanup context. Ross River virus and Barmah Forest virus are the vector-borne diseases of primary concern, with rates more than double the state average.
WACHS (WA Country Health Service)	The Western Australian Country Health Service, responsible for delivery of public health and clinical health services across regional and rural Western Australia. WACHS South West is the relevant provider for the Shire of Dardanup.
Wanju	A major approved future residential development located within the Shire of Dardanup, planned to accommodate up to 20,000 dwellings and a future population of approximately 60,000 residents.
Waterloo Industrial Park	A significant industrial land area within the Shire of Dardanup, growing as a nationally significant node in the critical minerals supply chain connecting the Greenbushes lithium mine to the Port of Bunbury.

Appendix B: Summary of 2021-2025 action completion

This appendix presents the results of the structured review of the Shire of Dardanup Public Health Plan 2021–2025 action plan, conducted as part of the preparation of this Plan. It provides the evidential basis for the assessment in Section 4 and documents the carry-forward decisions reflected in the 2026–2030 action plan in **Section 9**.

#	Description	Priority Area	Role	Lead
1	Sustainable Environment	Incorporate Healthy Active by Design principles into natural areas and public open spaces.	Partial	Carried forward as Action 1.3.
2	Sustainable Environment	Provide diverse waste disposal and processing options including recycling and FOGO.	On Track	Ongoing operational activity – not a specific PHP action.
3	Sustainable Environment	Ensure local planning framework reviewed and updated per statutory requirements.	On Track	Completed. Health-by-design interface carried forward as Action 1.3.
4	Connected Community	Deliver and promote activities contributing to increased physical activity.	On Track	Carried forward as Action 3.4.
5	Connected Community	Deliver and promote activities contributing to mental health and wellbeing.	Partial	Carried forward and strengthened as Action 2.1.
6	Connected Community	Build the capacity of local clubs and groups to deliver health and wellbeing activities.	Partial	Carried forward as part of Actions 3.4 and 2.2.
7	Connected Community	Contribute to development of a collaborative Greater Bunbury Youth Strategy.	Partial	Carried forward as Action 2.3.
8	Connected Community	Develop and support events encouraging inclusive cross-generational interactions.	On Track	Carried forward as Action 2.2.
9	Connected Community	Contribute towards a welcome pack for new residents.	On Track	Ongoing operational activity – not a specific PHP action.
10	Connected Community	Contribute towards development of a Transport Strategy for the Shire.	Outstanding	Carried forward as priority Action 3.1.
11	Connected Community	Support programs and events that promote active transport.	Partial	Carried forward as part of Action 3.1.

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#	Description	Priority Area	Role	Lead
12	Healthy Amenity	Encourage healthy food options at Shire events.	Partial	Carried forward as part of Action 2.2.
13	Healthy Amenity	Support a healthy and happy workplace for Shire staff.	Data Needed	Carried forward as Action 3.5
14	Healthy Amenity	Partner with health advocacy organisations (Healthway, Diabetes WA, Heart Foundation, Injury Matters, RMHI).	Partial	Carried forward and strengthened as Action 3.3.
15	Healthy Amenity	Partner with mental health advocacy organisations (Headspace, Mental Health Commission WA).	Partial	Carried forward and strengthened as Action 2.1.
16	Healthy Amenity	Engage Cancer Council WA on cancer prevention, screening and recovery.	Outstanding	Carried forward as priority Action 3.2.
17	Healthy Amenity	Reduce mosquito-borne disease risk via Leschenault CLAG partnership.	On Track	Carried forward as Action 1.2.
18	Healthy Amenity	Provide environmental health services per statutory requirements.	On Track	Carried forward as Action 1.1.
19	Healthy Amenity	Investigate feasibility of a voluntary food safety rating system.	Outstanding	Carried forward as Action 1.4.
20	Healthy Amenity	Collaborate with other LGAs on Greater Bunbury Early Years Strategy.	Outstanding	Carried forward as Action 2.5.
21	Healthy Amenity	Collaborate with other LGAs on Greater Bunbury Age-Friendly Communities Strategy.	Completed	Completed. Ongoing work embedded in Action 2.4.
22	Healthy Amenity	Increase community capacity to recover from emergency events (IHeartDardanup).	On Track	Carried forward as Action 2.6.

Status	Count	Percentage (%)
On Track	7	32%
Partial	8	36%
Outstanding	3	14%
Data Needed	1	5%
Completed	3	14%
Total	22	100%

No action was found to have zero activity during the plan period. The three outstanding actions: the Transport Strategy, Cancer Council WA engagement, and renewal of the regional early years strategy are all carried forward as priority actions in this Plan with specific delivery milestones. The doubling of environmental health complaints and service requests over the plan period is noted as a significant indicator of growing demand on the Development Services team and is relevant to the resourcing considerations discussed in **Section 10**.

Appendix C: strategic alignment table

This appendix presents a full strategic alignment mapping for the Shire of Dardanup Public Health Plan 2026–2030. It demonstrates how each of the Plan's three priority areas and their associated objectives aligns with the relevant legislative and strategic documents at local, state and national levels.

Alignment with State Public Health Plan 2025–2030: Detailed mapping

SPHP 2025–2030 Objective	SPHP Priority	Aligned Plan Action(s)
Promote	Optimise mental health and wellbeing.	Action 2.1 – Mental Health and Wellbeing Partnerships.
Promote	Foster strong, connected communities.	Actions 2.2, 2.3, 2.4, 2.5.
Promote	Encourage healthy eating and active living.	Actions 3.3, 3.4.
Prevent	Prevent injuries and promote safer communities.	Action 3.1 – Transport Safety and Transport Strategy.
Prevent	Improve access to population-based screening programs.	Action 3.2 – Cancer Council WA Engagement.
Prevent	Reduce use of tobacco; reduce harm due to alcohol use.	Action 3.3 – Health Promotion Partnerships.
Prevent	Prevent, monitor and control notifiable infectious diseases.	Action 1.2 – Vector-Borne Disease Management.
Protect	Ensure access to safe food and water; administer public health legislation.	Action 1.1 – Statutory Environmental Health Services.
Protect	Ensure public health risks considered in planning processes.	Action 1.3 – Healthy Active by Design.
Protect	Manage the effects of climate change on people's health.	Action 1.5 – Climate Change and Health.
Protect	Enhance pandemic preparedness and response.	Action 2.6 – Emergency Management and Community Resilience.
Enable	Develop partnerships with key agencies and communities.	Actions 2.1, 3.2, 3.3.
Enable	Attract, develop and retain a public health workforce.	Action 3.5 – Healthy Workplaces.
Overarching – Aboriginal health and wellbeing.	Apply an Aboriginal cultural lens to all public health initiatives.	Embedded across all priority areas; explicit in Actions 2.2, 2.3, 2.4, 2.5.
Overarching – Equity and inclusion.	Empower community groups at risk of greater health inequities.	Embedded across all priority areas; explicit in Actions 2.3, 2.4, 2.5, 3.3.

Legislative Compliance Summary: *Public Health Act 2016*

Legislative Requirement	How This Plan Addresses It
Local government must prepare a local public health plan.	This plan fulfils that requirement for the period 2026–2030.
The plan must identify the health status of the local population.	Addressed in Section 6 – Our Health and Wellbeing Profile.
The plan must identify priority health issues for the local population.	Addressed in Section 6 – Priority Health Issues.
The plan must set out the strategies the local government will use to address those issues.	Addressed in Sections 8 and 9 – Vision, Priority Areas and Action Plan.
The plan must be consistent with the State Public Health Plan.	Addressed through the alignment demonstrated in this Appendix and throughout the Plan.
The plan must be reviewed at least every five years.	Addressed in Section 11 – Monitoring, Evaluation and Review.
The plan must be developed in consultation with the community.	Addressed in Section 10 and Appendix D – Consultation Summary.
The plan must be adopted by the local government.	To be confirmed upon adoption by Council.



This table maps each of the Shire of Dardanup Public Health Plan 2026–2030's three priority areas and their associated plan objectives against the relevant legislative and strategic documents at local, state and national levels. ✓ indicates alignment; where specific provisions or outcomes are noted, these are listed within the cell.

Strategic Alignment Table: Broad View

Priority Area	Plan Objective	Public Health Act 2016 (WA)	State Public Health Plan 2025–2030	Shire of Dardanup SCP 2020–2030	National Preventive Health Strategy 2021–2030	Closing the Gap National Agreement 2020	WA Sustainable Health Review 2019
Priority Area 1 Sustainable and Healthy Environments	Objective 1 – Prevent and reduce health risks through effective statutory environmental health services and proactive health protection.	Part 5 obligations – local public health planning. Food Act 2008 – food safety regulatory functions. EP (Noise) Regulations 1997 – noise management.	Protect objective. Prevention and health protection priority.	Outcome 2.1 – A well-managed natural environment. Outcome 2.2 – Protection of natural open spaces. Outcome 3.5 – A healthy place to live.	Priority 1 – Reduce burden of chronic disease. Priority 4 – Healthy environments.	Target 14 – Healthy environments for Aboriginal communities.	Recommendation 9 – Prevention-first system. Social determinants focus.
	Objective 2 – Promote healthy behaviours, healthy environments and healthy lifestyles, with a focus on priority health issues.	Section 51 – health promotion functions of local government.	Promote objective. Climate change and health – new SPHP priority.	Outcome 2.3 – Land use supports community needs. Outcome 3.5 – A healthy place to live.	Priority 2 – Healthy weight and physical activity. Priority 4 – Healthy environments.	Target 14 – Reduce environmental health disparities.	Recommendation 3 – Prevention and wellbeing. Recommendation 12 – Climate and sustainability.
	Objective 5 – Advocate for policies, investments and services that the community needs, where outcomes depend on the actions of others.	Section 51 – health promotion and advocacy role.	Enable objective – systems and advocacy.	Outcome 2.1, 2.2, 2.3 – Environment outcomes.	Governance and systems strengthening priority.	Shared decision-making and advocacy principles.	Recommendation 26 – Advocacy and partnerships.
Priority Area 2 Connected and Resilient Community	Objective 3 – Strengthen community connection, resilience and mental wellbeing, recognising that social cohesion is a foundation of good health.	Part 5 – public health planning includes social determinants.	Promote objective. Pandemic preparedness – new SPHP priority. Aboriginal health and wellbeing overarching objective.	Outcome 3.1 – A creative and vibrant community. Outcome 3.2 – Community involvement in community life. Outcome 3.3 – A caring and inclusive community. Outcome 3.4 – A safe and secure community. Outcome 3.6 – Access to adequate health and social services.	Priority 3 – Mental health and wellbeing. Priority 6 – Reducing health inequities.	Target 9 – Aboriginal children thriving. Target 11 – Youth education and employment. Target 16 – Reduce rate of family violence	Recommendation 5 – Mental health system reform. Recommendation 7 – Social determinants.
	Objective 4 – Partner with state agencies, NGOs, regional local governments and community organisations to extend the reach of public health action.	Section 51 – health promotion and advocacy role.	Enable objective – partnerships and systems.	Outcome 3.2 – Community involvement. Outcome 3.6 – Access to services.	Governance priority – cross-sector partnerships.	Formal partnerships with Aboriginal community-controlled organisations. Shared accountability mechanisms.	Recommendation 26 – Partnerships. Recommendation 28 – Workforce and collaboration.
	Objective 6 – Ensure Plan commitments are implemented, monitored, reported and reviewed in a transparent and accountable manner.	Section 52 – monitoring and review obligations. Section 53 – reporting requirements.	Enable objective – accountability and governance.	Integrated Planning and Reporting Framework obligations.	Measurement and accountability framework.	Shared accountability and review mechanisms.	Recommendation 32 – Accountability and outcomes focus.

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Priority Area	Plan Objective	Public Health Act 2016 (WA)	State Public Health Plan 2025–2030	Shire of Dardanup SCP 2020–2030	National Preventive Health Strategy 2021–2030	Closing the Gap National Agreement 2020	WA Sustainable Health Review 2019
Priority Area 3 Healthy and Safe Amenity	Objective 1 – Prevent and reduce health risks through effective statutory environmental health services (food safety, transport safety, amenity).	Part 5 – public health planning. Food Act 2008 – food safety EP (Noise) Regulations 1997	Protect objective. Prevention priority.	Outcome 3.4 – A safe and secure community. Outcome 3.5 – A healthy place to live. Outcome 5.1 – Maintained assets and infrastructure. Outcome 5.2 – A liveable and attractive Shire.	Priority 1 – Reduce burden of chronic disease. Priority 4 – Healthy environments.	Target 14 – Healthy and safe environments.	Recommendation 9 – Prevention–first. Recommendation 12 – Healthy environments.
	Objective 2 – Promote healthy behaviours and health literacy, with a focus on cancer prevention, physical activity, nutrition, tobacco and alcohol.	Section 51 – health promotion functions.	Promote objective. Prevention priority areas including tobacco, alcohol, cancer screening.	Outcome 3.5 – A healthy place to live. Outcome 3.6 – Access to health services.	Priority 1 – Chronic disease reduction. Priority 2 – Healthy weight and activity. Priority 5 – Tobacco, alcohol and other drugs.	Target 14 – Closing health gap for Aboriginal people.	Recommendation 3 – Prevention and health promotion. Recommendation 10 – Cancer and screening.
	Objective 5 – Advocate for policies, investments and services that the community needs (transport strategy, health infrastructure, services).	Section 51 – health promotion and advocacy.	Enable objective.	Outcome 5.1 – Maintained assets. Outcome 5.2 – Liveable and attractive Shire.	Governance and advocacy priority.	Shared commitments and advocacy for service equity.	Recommendation 26 – Advocacy. Recommendation 13 – Transport and built environment

Sources: *Public Health Act 2016 (WA)*; State Public Health Plan for Western Australia 2025–2030 (WA Chief Health Officer); Shire of Dardanup Strategic Community Plan 2020–2030; Shire of Dardanup Council Plan 2022–2032; Shire of Dardanup Place and Community Plan 2020–2030; Shire of Dardanup Disability Access and Inclusion Plan 2023–2028; National Preventive Health Strategy 2021–2030 (Commonwealth); Closing the Gap National Agreement 2020; WA Sustainable Health Review 2019.



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Public Health Plan 2026–2030

Summary of community and stakeholder consultation outcomes

Prepared for the Councillor Workshop – Wednesday, 9 September 2026

Prepared by: Neil Nicholson, Principal Environmental Health Officer

A visual summary of these outcomes is provided separately as a companion piece.

Reminder – Council's determination of 24 June 2026

- **Resolution 137-26:** endorsed the draft Plan for public consultation and set a conditional adoption pathway
- CEO may adopt under delegation – if the Workshop has occurred and no significant amendments are needed; or
- Plan reverts to Council for formal adoption – if either condition is not met.

Change of approach: the Plan will go to Council for formal adoption on 23 September 2026 regardless of today's outcome. A plan of this significance should receive Council's formal endorsement either way.

How consultation was promoted

The consultation period was promoted across approximately fourteen channels to maximise reach and encourage broad participation:

- Media release
- Shire website consultation page
- Facebook, Instagram and LinkedIn posts
- Community SMS messages and eNewsletter
- Internal and external digital signage, and posters with QR codes displayed throughout the community
- Staff email and intranet article
- Direct stakeholder invitations, and promotion through Councillor and staff networks
- Dardanup Times advertising and editorial coverage

Consultation sessions – 24 to 28 August 2026

Session	Date	Format	Themes raised
Government and NGO stakeholder session	Monday, 24 August 2026, 10.00am	In person and Teams, recorded	Interest in Healthway's local government plan activation funding stream; need for Engineering and Assets involvement in road safety actions
Community workshop — Dardanup	Monday, 24 August 2026, 6.00pm	In person, recorded	Dementia-friendly community spaces; road safety at the Banksia Road and Panizza Road intersection; interest in traffic-calming measures

Community workshop — Eaton	Tuesday, 25 August 2026, 6.00pm	In person, recorded	Alcohol harm reduction; e-scooter and e-bike safety; pollution mitigation near the waste facility; support for a dementia-friendly framework
Community workshop — Burekup	Thursday, 27 August 2026, 6.00pm	In person, recorded	Positive feedback on existing community events, particularly Summer in the Park
Community Groups session	Friday, 28 August 2026, 10.00am	In person and Teams, recorded	Welcome pack content; verge and street tree greening; grant funding timing; Ageing in Place initiatives for seniors

The most consistent theme across sessions was road and traffic safety, raised independently at three of the five sessions. This has been noted for the Manager Assets' input into finalising any related actions.

Online community survey

The online survey ran for the duration of the consultation period and received 113 responses at its peak question.

- **Top priorities selected:** Sustainable and Healthy Environments (71.6 per cent), Connected and Resilient Community (69.5 per cent)
- **Satisfaction highest:** parks and green spaces (7.1 out of 10), community events (7.07 out of 10)
- **Satisfaction lowest:** mental health support (5.39 out of 10)
- **Mental health – most valued response:** more free or low-cost activities (40 per cent), community support groups (25.6 per cent)
- **Physical activity:** 49.4 per cent report nothing stops them from being active; of those who identified a barrier, lack of time (23.6 per cent) was most common
- **Highest-rated concerns:** waste and environment (7.98 out of 10), climate and extreme heat (6.9 out of 10)
- **Groups identified as needing more support:** young people (36.1 per cent), older residents (31.3 per cent)

A substantial volume of open-text feedback concerned footpath and cycle path connectivity, and specific road safety locations, consistent with the themes raised at the community workshops.

Independent peer review

Mr Ryan Janes of R.A. Janes Consultancy completed a final independent peer review of the draft Plan on Friday, 4 September 2026, following the community survey and further refinement of the action plan. His review found:

- each action in the Plan is directly related to a Priority Area and has an achievable and quantifiable success indicator;
- the Plan's actions include a balance of expanding existing services and pursuing new initiatives; and
- the identified actions to engage community groups and support organisations demonstrate the Shire's commitment to protecting and promoting community health.

Mr Janes' professional opinion is that the Public Health Plan 2026–2030 demonstrates alignment with the current WA State Public Health Plan's objectives of promote, protect, prevent and enable. He has recommended that future summary material link survey results directly to specific Plan actions, to

demonstrate the Shire's responsiveness to identified community priorities – a recommendation for implementation rather than a precondition of adoption.

Matters for Council's consideration

In weighing whether feedback warrants amendment, Council may wish to keep in mind:

- Cost and resourcing – the Plan has been developed within the existing allocated budget; additional or expanded actions carry a cost implication.
- Statutory timeline – submission to the Department of Health is due by the revised target of 30 September 2026.
- Strategic alignment – the Plan needs to remain consistent with the Shire's other major strategic plans and existing service commitments.

None of the consultation feedback is proposed for direct inclusion in the Plan. As advised to the community and stakeholders during the sessions, feedback is tested against the district's health and wellbeing priority set, in consultation with WACHS, before being considered for any objective or action.

Pathway to adoption

- Councillor Workshop – Wednesday, 9 September 2026 (today)
- Consultation feedback tested against the district health priority set, in consultation with WACHS
- Formal Council consideration and adoption – Ordinary Council Meeting, Wednesday, 23 September 2026
- Submission to the Department of Health – target Wednesday, 30 September 2026

Date: 4 September 2026

My observations in addition to the full review report:

- A final recommendation to add to the review report:

- It is my professional opinion that the Shire of Dardanup Public Health Plan 2026-2030 demonstrates alignment with the current WA State Public Health Plan objectives of promote, protect, prevent and enable.



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