



Shire of Dardanup

12.2 Development Services
Directorate

APPENDICES

ORDINARY COUNCIL MEETING

TO BE HELD

24th June 2026

Commencing at 5:00pm

AT

ADMINISTRATION CENTRE EATON
1 Council Drive – EATON

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Public Health Plan

2026–2030

*A plan to protect, improve and promote public health and wellbeing
amongst all residents of the Shire of Dardanup.*

**DRAFT for
Council Endorsement**

DOCUMENT HISTORY

| Version | Status | Date | Prepared By | Notes |
|---------|-------------------------------|-----------|--|---|
| 0.1 | Initial Draft | 31/3/2026 | Principal Environmental Health Officer | Draft for internal review prior to community consultation, peer review and Council workshopping |
| 0.2 | Working Draft | 20/4/2026 | Principal Environmental Health Officer | Draft for internal review prior to community consultation, peer review and Council workshopping |
| 1.0 | Draft for Council endorsement | 12/6/2026 | Principal Environmental Health Officer | Draft for Council endorsement at 24 th June 2026 OCM |

This Plan was formally adopted by the Shire of Dardanup Council at the Ordinary Council Meeting on [INSERT DATE].

MESSAGE FROM THE SHIRE PRESIDENT AND CHIEF EXECUTIVE OFFICER

Nothing matters more to us than the health and wellbeing of our community. It sits behind everything the Shire 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.

This Plan is a significant step forward from the plan it replaces. It is built on the most current evidence available about our community's health, shaped by genuine community consultation, and 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 Bunbury Outer Ring Road and our growing residential areas are bringing new residents, new opportunities and new demands. This Plan has been written with that 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

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SECTION 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. The Shire recognises and respects the Noongar people’s continuing culture, their deep and enduring connection to Country, and the significant contribution they make to the life and character of this region. The Shire pays its respects to Noongar Elders past, present and emerging, and extends that respect to all Aboriginal¹ peoples who live, work and raise families within our community.

The Shire of Dardanup recognises that the health and wellbeing of Aboriginal people is inseparable from cultural identity, connection to Country, family and community. 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.

SECTION 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 asks 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.

A Prevention Focus

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. That gives 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 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. Growth brings new pressure on services — and a once-in-a-generation opportunity to build health into our neighbourhoods from the ground up. This Plan is designed for that reality.

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.

SECTION 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 briefly 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 — the wider health and wellbeing of the community, and the safeguards, policies and programs that protect, maintain, promote and improve it. This Plan reflects the Act’s 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.

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 together 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.

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.

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.

SECTION 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. Each action was rated as:

- **On Track** — confirmed active and delivering throughout the plan period
- **Partial** — some evidence of activity, but outcomes or metrics incomplete
- **Outstanding** — not progressed during the plan period, with explanation
- **Data Needed** — activity plausible but not confirmed through available records
- **Completed** — fully delivered during the plan period

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

Of the 22 actions: 7 were rated On Track, 8 Partial and 3 Outstanding, 1 needed further internal data to confirm, and 3 were completed or in good standing throughout the plan period.

Action Status Summary

Public Health Plan 2021–2025 — Shire of Dardanup

22 actions reviewed



7 On Track
32% of all actions

8 Partial
36% of all actions

3 Outstanding
14% of all actions

1 Data Needed
5% of all actions

3 Completed
14% of all actions

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 best where actions lined up with our statutory duties or established services. The Leschenault CLAG mosquito control program ran every season. Statutory environmental health services were delivered consistently, at growing volume as our population grew. The FOGO kerbside collection service launched in October 2021 with strong recovery rates. The Eaton Recreation Centre kept delivering a broad, well-attended program of activity and wellbeing services. Our major community events: the Tronox Spring Out Festival, the Bull and Barrel Festival and the Eaton Foreshore Festival drew tens of thousands of people each year. Emergency management and community resilience capability was strengthened. The Age-Friendly Communities Connectivity program achieved all six grant outcomes, reaching over 80 participants aged 65 to 85 across five locations. And our partnership with Healthway delivered Summer in Your Park with 28 free family-friendly health and wellness events across Burekup, Eaton and Dardanup laying a proven foundation for the health promotion partnerships in Action 3.3 of this Plan.

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.

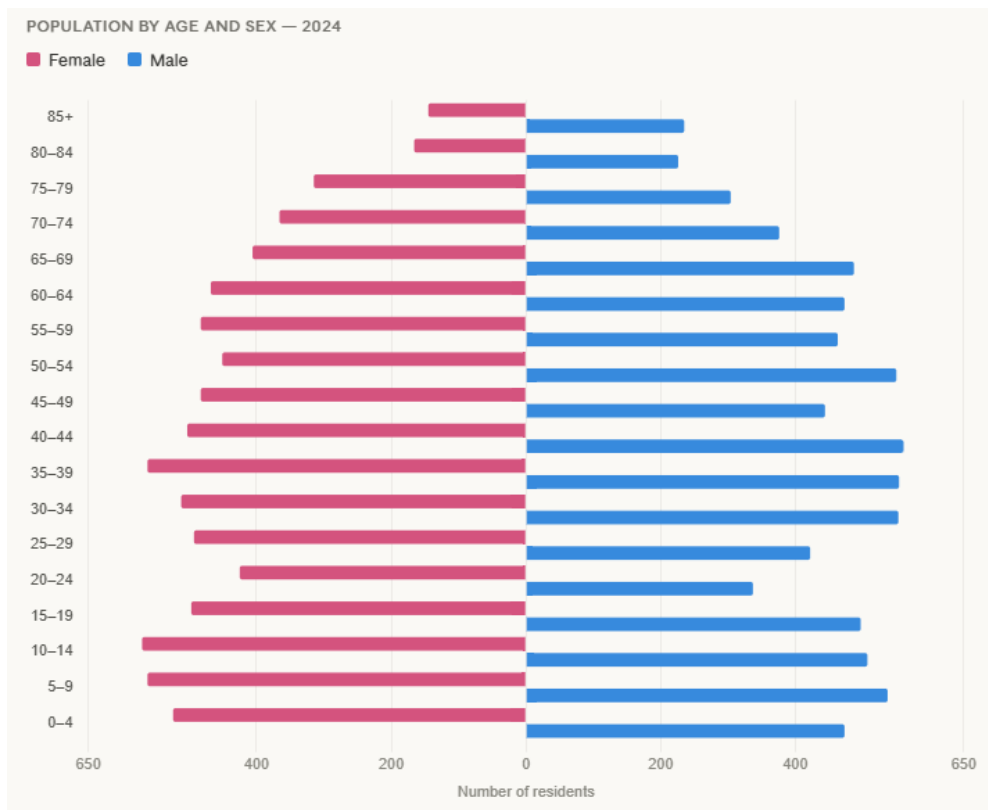
SECTION 5 — OUR COMMUNITY PROFILE 2026

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.

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.

Population Profile



Source: 2024 Estimated Resident Population, Australian Bureau of Statistics.

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.

Socioeconomic Profile

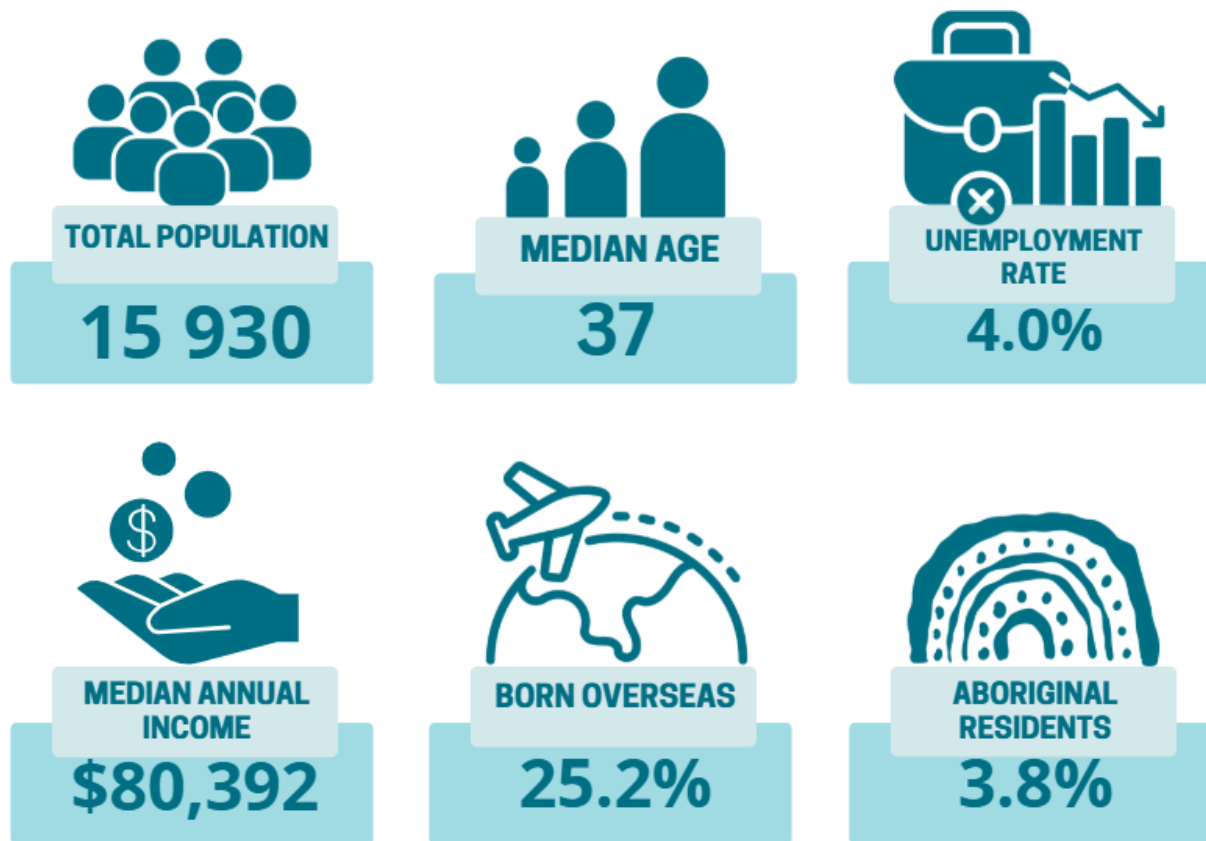
Our median household income is \$80,392, a working and middle-income community. Employment is strong: 54.7% of workers are full-time and 32.2% part-time, with unemployment around 4.0%. Even so, about 24.3% of families live on less than \$64,999 a year, and some households, particularly those with children, experience low income and welfare dependence.

Selected population measures, Shire of Dardanup (2021)

| 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 |

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

Population Metrics



Source: Table 1, Health and Wellbeing Profile: Shire of Dardanup 2015–2024 (page 7)

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, only 2.8% of us catch public transport to work, and just 1.5% walk. The Bunbury Outer Ring Road, opened in December 2024, has changed how we connect with the region. The Shire manages 57.63 kilometres of pathways, with a further 14.38 kilometres planned over the coming decade.

The independent MARKYT® Community Scorecard (606 residents, 2021) adds the community’s voice to the numbers. Health and community services ranked tenth of 40 service areas, a clear signal that health matters to our community. The top three priorities, youth services and facilities, family and children’s services, and seniors’ services and care are reflected directly in our Connected and Resilient Community priority area. Food, health, noise, pest and pollution services ranked twentieth. These statutory services are valued, but much of this work happens out of public view.

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.

SECTION 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

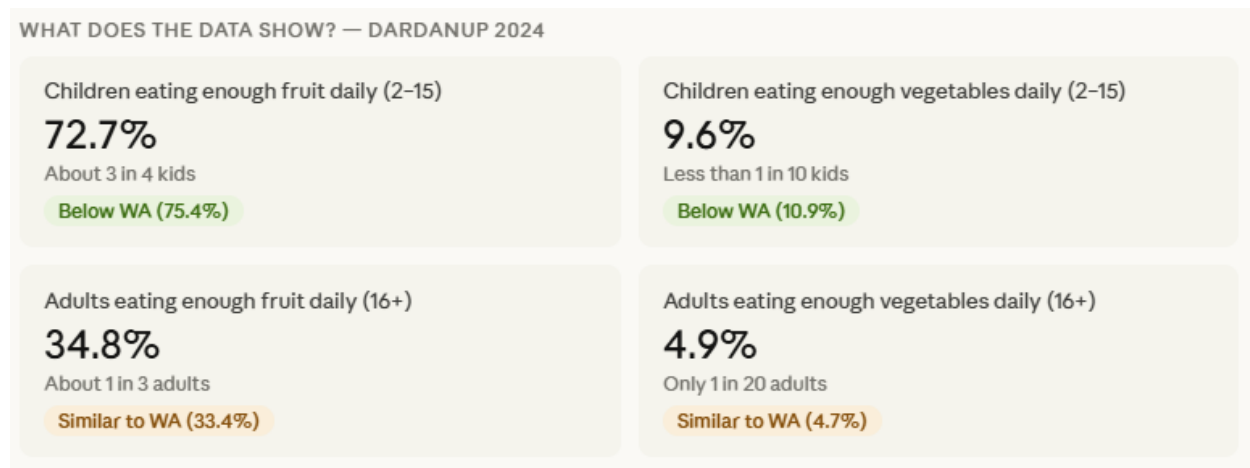
In many ways, we are a healthy and active community. Illicit drug-related hospitalisations and deaths are below the state average. Assault-related hospitalisations are well below the state average. Blood-borne disease and sexually transmitted infection rates are lower than the state average. These are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

But the data also shows areas where our community carries a heavier health burden than Western Australia 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).

Nutrition Indicators



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

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.

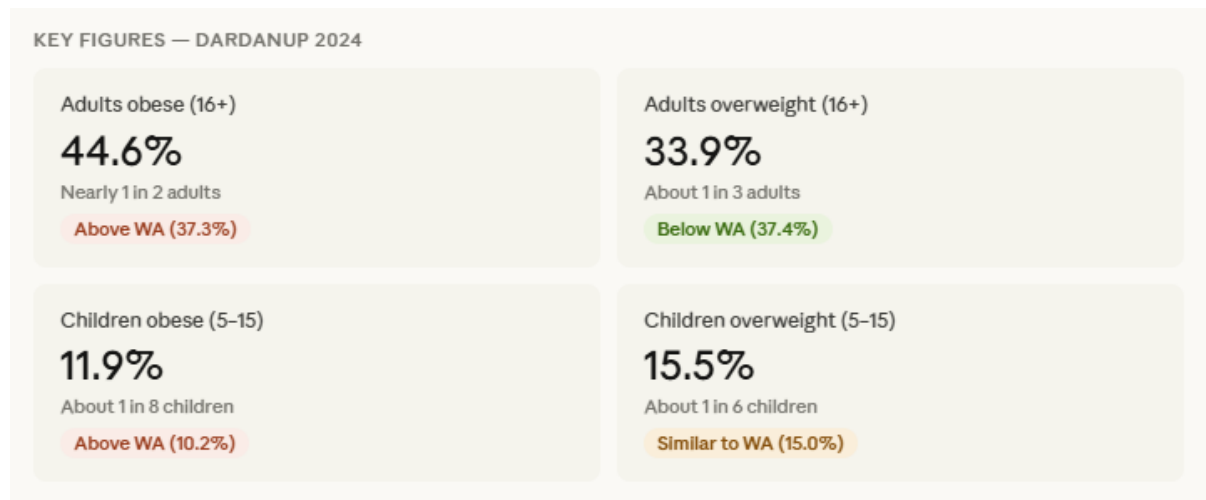
Overweight and Healthy Weight

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 above.

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.

Overweight and Obesity



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

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.

Mental Health, Shire of Dardanup — prevalence (%) among residents aged 16+, 2024

Dardanup residents with any mental health condition

27.2%

That's roughly 1 in 4 people

Above WA average (25.0%)

Females vs males locally

33.7% vs 20.5%

Women are significantly more affected

Both above WA rates

BREAKDOWN BY CONDITION — DARDANUP 2024

Anxiety

Female 23.4%
Male 13.2%
All 18.4%

Above WA (16.3%)

Depression

Female 18.5%
Male 11.4%
All 15.0%

Similar to WA (13.7%)

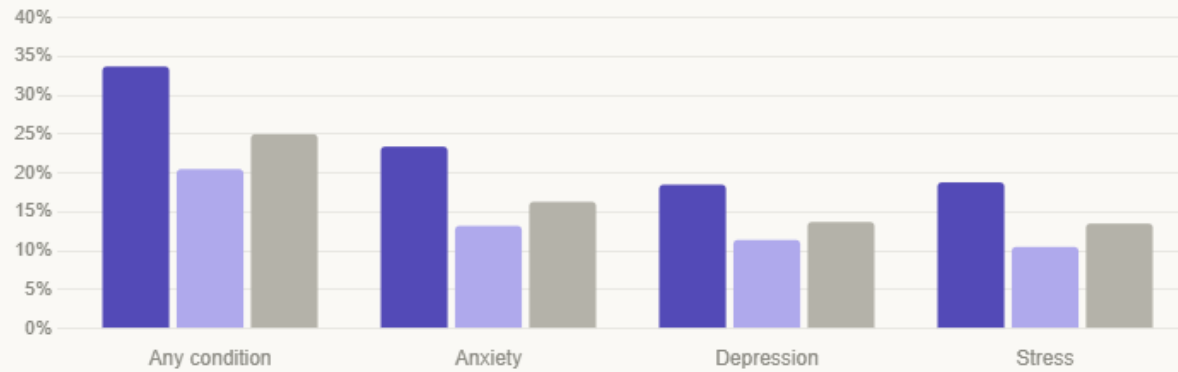
Stress

Female 18.8%
Male 10.5%
All 14.8%

Above WA (13.5%)

DARDANUP VS WA — ALL CONDITIONS COMPARED

■ Dardanup — female ■ Dardanup — male ■ WA state average



Source: WA Health and Wellbeing Surveillance System, Epidemiology Directorate, DOH WA, 2024. Data covers residents aged 16 and above who were told by a doctor they had a mental health condition in the past 12 months.

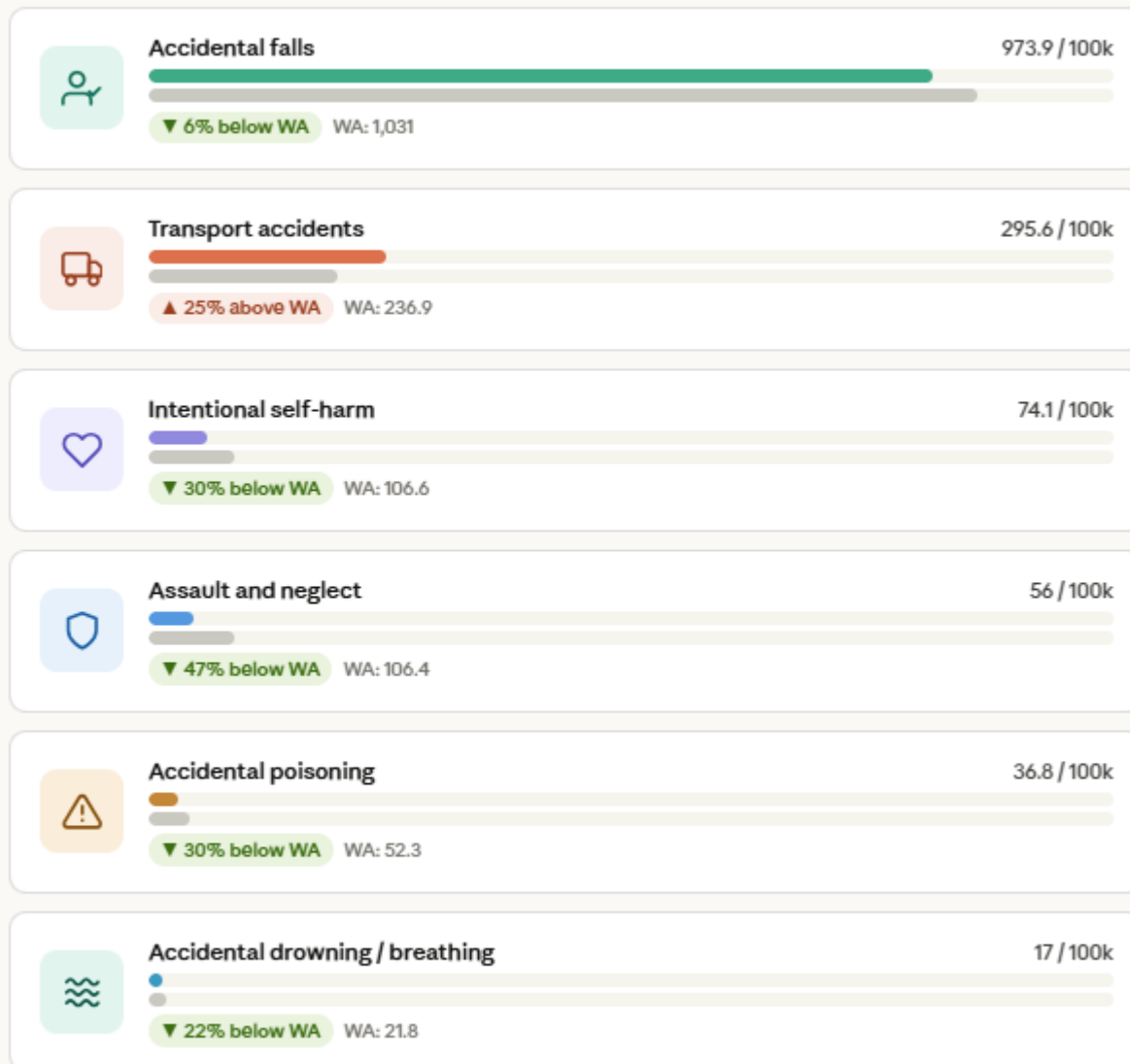
Source: Health and Wellbeing Profile: Shire of Dardanup 2015–2024, page 32

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.

Injury-related hospitalisations

Shire of Dardanup — age-standardised rate (ASR) per 100,000 residents, 2024



■ Dardanup ASR ■ WA state ASR

Source: WA Hospital Morbidity Data Collection, DOH WA. Only causes amenable to local government prevention are shown.

Source: Health and Wellbeing Profile: Shire of Dardanup 2015–2024, page 38

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.

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

SECTION 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, not a weaker one. 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 the limits of our influence, and advocating actively beyond them, is how this Plan makes the biggest difference it can.

SECTION 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. They build on the three pillars of the 2021–2025 Plan, 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 new developments, public open spaces, pathways and community facilities so they actively support physical activity, walkability, social connection and access to nature.
- **Environmental health statutory functions** — delivering our core services: food safety regulation, drinking water quality monitoring, noise complaint 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** — continuing and promoting our FOGO kerbside collection service and other waste minimisation initiatives.
- **Climate change and health** — monitoring and responding to local climate-health impacts — heat-related risks, expanding mosquito-borne disease range, air quality and the mental health effects of climate events.
- **Green space, natural areas and mental health** — caring for our parks, reserves, foreshores and natural open spaces as places that support health and wellbeing.

This priority area 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 a named, explicit priority — strengthening partnerships with mental health promotion organisations and improving community 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 youth-specific programs, events and initiatives, and continued regional youth strategy work.
- **Healthy ageing** — supporting our growing older population with programs, services and environments for active, connected, healthy ageing.
- **Early childhood development** — advocating for and supporting programs that address developmental vulnerability in our youngest residents, and pursuing renewed regional collaboration on an early years strategy.
- **Aboriginal health and wellbeing** — ensuring our public health programs and services are culturally respectful, accessible and responsive to the needs of our Aboriginal community.
- **Emergency management and community resilience** — strengthening our capacity to support community health and wellbeing during and after emergencies.
- **Pandemic preparedness** — embedding the lessons of the COVID-19 pandemic in our emergency planning and community resilience frameworks.

This priority area 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.

SECTION 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.

Priority Area 1 — Sustainable and Healthy Environments

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 Planning and Design |
| 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 |

Priority Area 2 — Connected and Resilient Community

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 / Governance |
| 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 |

Priority Area 3 — Healthy and Safe Amenity

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 Planning and Design / Development Services |
| 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 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 Planning and Design |
| 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 |

SECTION 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 Geographe 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 Principal Environmental Health Officer (PEHO) 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 on an ongoing basis 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. 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 genuine, ongoing engagement with our community on public health. This Plan was informed by an online community survey, summarised in Appendix D, and we will keep seeking community feedback through our existing engagement channels throughout the plan period.

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.

SECTION 11 —

MONITORING, EVALUATION AND REVIEW

Introduction

A plan that isn't measured can't improve. That 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.

Monitoring Framework

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** — the action is progressing in accordance with its defined timeframe and success indicators
- **Partial** — the action has commenced or is partially progressed, but outcomes or milestones are incomplete
- **Not Yet Commenced** — the action has not yet commenced, consistent with its defined timeframe
- **Delayed** — the action has not commenced or progressed as expected, with explanation provided
- **Completed** — the action has been 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** — to be updated at the mid-plan review point in 2028 where data availability permits
- **WA Health and Wellbeing Surveillance System** — providing 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 to be incorporated at the mid-plan review
- **Shire of Dardanup internal service data** — including EH inspection volumes, complaint data, grant records, event attendance and program participation figures

Key Performance Indicators

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 | 2024-25 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 will review 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 will go to Council through the Corporate Business Plan reporting cycle and be published on the Shire’s website within 30 days of its presentation.

- **Mid-Plan Review — 2028**

A mid-plan review in 2028 will bring in updated population health data – including, where available, the 2026 Census and refreshed health profile data from the Epidemiology Directorate – assess overall progress against the Plan’s objectives and KPIs, and be reported to Council and made public.

- **Full Plan Review — 2029–2030**

Development of the next plan will begin in 2029–2030, consistent with the five-year cycle established by the Public Health Act 2016, with the new plan adopted by Council before this Plan expires on 30 June 2031.

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.

Limitations and Honest Expectations

We are upfront about the limits. Population health outcomes are shaped by many factors beyond the Shire’s control or influence. Health data for a community our size carries statistical limitations that affect the precision of local estimates. And we are a small organisation with finite resources in a fast-growing Shire, where demand sometimes grows faster than capacity.

None of that diminishes the value of public health planning. Our commitment is to do what we can, with the resources we have, as effectively and transparently as possible – and to be honest when circumstances change, when actions are delayed, or when outcomes fall short. That honesty is itself a mark of good public health governance.

2026-2030 ACTION PLAN AT A GLANCE

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 & 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 & 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 & Community | Ongoing | |
| 3.4 | Physical Activity and Recreation | PA 3 | Deliver / Facilitate / Partner | Sport & 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.

Aboriginal¹ — 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 Emergency Management Act 2005, 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.

| # | Priority Area | Action (2021–2025) | Status | Carry-Forward Decision |
|---|-------------------------|---|----------|---|
| 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 |
| 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 |

Summary Statistics

| 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 |

Strategic Alignment Table – Broad View

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.

| 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 | 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 |

| 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 |
|---|---|---|--|---|---|--|---|
| | | | | 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 | | | |
| | Objective 4 – Partner with state agencies, NGOs, regional local governments and community organisations to extend the reach of public health action. | Section 51 – collaborative health planning functions | 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 |
| 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 chronic disease burden Priority 4 – Healthy environments | Target 14 – Healthy and safe environments | Recommendation 9 – Prevention-first Recommendation 12 – Healthy environments |

| 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 |
|---------------|--|--|--|--|---|--|--|
| | 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

APPENDIX D — CONSULTATION SUMMARY

Note to author: This appendix is to be completed following the community consultation process. The structure below sets out what the appendix should contain. Substantive content — survey results, themes, participant numbers and Council workshopping outcomes — is to be inserted by the PEHO following completion of the consultation process.

Introduction

The Public Health Act 2016 requires that local public health plans be developed in consultation with the community. This appendix documents the consultation process undertaken in the development of the Shire of Dardanup Public Health Plan 2026–2030, including the methods used, the reach of the consultation, the key themes that emerged, and how those themes have been reflected in the Plan.

Consultation Methods

Online Community Survey

An online community health survey was conducted during [INSERT MONTH AND YEAR]. The survey was open to all residents of the Shire of Dardanup and was promoted through the Shire’s website, social media channels, e-newsletter and community noticeboard. To maximise participation, the survey was incentivised through [INSERT INCENTIVE]. The survey was open for [INSERT NUMBER] weeks and received [INSERT NUMBER] responses.

Council Workshop

A brief workshop was conducted with Council and Councillors on [INSERT DATE] to provide elected members with an overview of the draft Plan’s priority areas and directions, and to invite their input on community health issues of particular local significance.

Stakeholder Engagement

The following stakeholder organisations were consulted or engaged during the development of this Plan: [INSERT LIST]

Community Survey — Key Findings

[INSERT survey participation data, demographic breakdown, priority health issues identified by the community, and open-ended feedback themes — to be completed following survey analysis.]

Council Workshop — Key Findings

[INSERT key issues raised by Councillors and how they have been addressed in the Plan — to be completed following Council workshop.]

Peer Review

An independent peer review of this Plan was conducted by [INSERT NAME AND CREDENTIALS] in [INSERT MONTH AND YEAR].

[INSERT peer review findings, recommendations and amendments made in response — to be completed following peer review.]

Department of Health WA Review

This Plan was submitted to the Department of Health WA Public Health Planning division for review and feedback in [INSERT MONTH AND YEAR].

[INSERT DoH feedback and amendments — to be completed following DoH review.]

WACHS South West — Feedback

Feedback was sought from WA Country Health Service South West in [INSERT MONTH AND YEAR].

[INSERT WACHS feedback and amendments if applicable — to be completed following WACHS engagement.]

How Consultation Has Shaped This Plan

| Consultation Input | Key Themes or Findings | How Reflected in the Plan |
|-------------------------|------------------------|---------------------------|
| Online Community Survey | [To be completed] | [To be completed] |
| Council Workshop | [To be completed] | [To be completed] |
| Peer Review | [To be completed] | [To be completed] |

| | | |
|-----------------------------------|-------------------|-------------------|
| Department of Health WA Review | [To be completed] | [To be completed] |
| WACHS South West Feedback | [To be completed] | [To be completed] |

Strategic Objectives & Actions Alignment Matrix

Mapping each Health Plan action against relevant Shire strategic plans — prepared for Director review

Purpose: To confirm that no Health Plan action conflicts with or contradicts the objectives of any other Shire strategic plan.

| Action | Action Description | Related Shire Plan | Relevant Plan Objective / Outcome | Relationship | Notes & Commentary (conflict assessment) |
|---|--|---|--|-------------------------|---|
| Priority Area 1 — Sustainable and Healthy Environments | | | | | |
| Objective 1: Prevent and reduce health risks through effective statutory environmental health services and proactive health protection measures. | | | | | |
| 1.1 | Statutory Environmental Health Services Deliver statutory EH services: food safety, drinking water, noise, wastewater, asbestos, contamination response. Maintain volumes commensurate with population growth. | Council Plan 2022–2032 | Outcome 1 — A safe community | Directly aligned | Statutory EH services are the primary local government delivery mechanism for community safety. This action directly operationalises Outcome 1. No conflict. |
| | | Strategic Community Plan 2020–2030 | Outcome 3.5 — A healthy place to live | Directly aligned | SCP Outcome 3.5 is explicitly cited in the action's SCP alignment. This is the SCP commitment being fulfilled. No conflict. |
| | | DAIP 2023–2028 | Outcome 1 — Equal access to services and events Outcome 2 — Equal access to buildings and facilities | Complementary | EH services must be delivered accessibly in accordance with DAIP commitments. No conflict — DAIP strengthens the equity dimension of delivery. |
| 1.2 | Vector-Borne Disease Management Maintain participation in Leschenault CLAG mosquito program including ground treatments, larval surveys, aerial coordination and community education. (continued) | Council Plan 2022–2032 | Outcome 1 — A safe community Outcome 5 — The natural environment is managed responsibly | Directly aligned | Vector-borne disease control is a direct environmental health safety function. The Leschenault estuary context makes this a local environmental management priority too. No conflict. |
| | | Strategic Community Plan 2020–2030 | Outcome 2.1 — Enhanced and responsibly managed natural environment and public open spaces Outcome 3.5 — A healthy place to live | Directly aligned | Both SCP outcomes are explicitly cited in this action's SCP alignment field. No conflict. |
| Objective 2: Promote healthy behaviours, healthy environments and healthy lifestyles, with a focus on identified priority health issues. | | | | | |
| 1.3 | Healthy Active by Design Advocate for and facilitate Healthy Active by Design principles in new residential developments, public open spaces, pathways and community facilities. | Council Plan 2022–2032 | Outcome 2 — A healthy and active community Outcome 5 — The natural environment is managed responsibly | Directly aligned | Embedding health-by-design in planning decisions is the built-environment mechanism for a healthy and active community. No conflict. |
| | | Strategic Community Plan 2020–2030 | Outcome 2.1 — Enhanced and responsibly managed natural environment and public open spaces Outcome 2.3 — Land use provisions that reflect current and future needs | Directly aligned | Both SCP outcomes explicitly cited in this action. The Health Plan's advocacy role in planning referrals and structure plans directly supports these SCP commitments. No conflict. |

| Action | Action Description | Related Shire Plan | Relevant Plan Objective / Outcome | Relationship | Notes & Commentary (conflict assessment) |
|--|---|---|---|---|--|
| | | Local Bike Plan 2023 | Objective: Improved connections and access to strategic destinations including sporting, recreational and shopping facilities Objective: Encouraging a more active population through recreational walking and cycling | Directly aligned | Action 1.3 references pathway network in planning referrals. The Bike Plan provides the route hierarchy and infrastructure standards that Healthy Active by Design should reference. The two are mutually reinforcing. No conflict. |
| | | Standards of Provision Plan (under development — due Dec 2026) | Under development. Will establish standards for parks, POS and facilities based on population, demographics and catchment distance. | Acknowledged — under development | Once adopted, the SoP Plan will directly inform what 'Healthy Active by Design' means in a Dardanup context — establishing the baseline standards against which new developments should be assessed. Action 1.3 should be reviewed against SoP standards on adoption. No conflict anticipated. |
| 1.4 | Food Safety Rating System Investigate and assess feasibility of a voluntary food safety rating system for food premises, report to Council with recommendations. (continued) | Council Plan 2022–2032 | Outcome 1 — A safe community | Directly aligned | Food safety regulation is a core statutory safety function. A rating system extends transparency and community confidence in food safety. No conflict. |
| | | Strategic Community Plan 2020–2030 | Outcome 3.5 — A healthy place to live | Directly aligned | Explicitly cited in action SCP alignment. No conflict. |
| 1.5 | Climate Change and Health Develop a climate-health monitoring framework identifying local health risks from heat events, vector-borne disease, air quality and bushfire smoke. Advocate to State Government for resources. (continued) | Council Plan 2022–2032 | Outcome 5 — The natural environment is managed responsibly Outcome 7 — A resilient community equipped to respond to natural disasters | Directly aligned | Climate-health monitoring directly supports environmental management and community resilience outcomes. No conflict. |
| | | Strategic Community Plan 2020–2030 | Outcome 2.1 — Enhanced and responsibly managed natural environment and public open spaces Outcome 2.2 — Environmental sustainability embedded within practices and procedures | Directly aligned | Both SCP outcomes explicitly cited in this action. The climate-health framework operationalises the SCP's environmental sustainability commitment through a public health lens. No conflict. |
| 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. | | | | | |
| 2.1 | Mental Health and Wellbeing Partnerships Establish structured partnerships with at least two mental health promotion organisations to deliver awareness programs, community education and referral pathway information. | Council Plan 2022–2032 | Outcome 4 — A compassionate and inclusive community | Directly aligned | Mental health promotion partnerships are a direct delivery mechanism for a compassionate and inclusive community. No conflict. |
| | | Strategic Community Plan 2020–2030 | Outcome 3.5 — A healthy place to live Outcome 3.6 — Access to adequate health, community and social services | Directly aligned | Both SCP outcomes explicitly cited. Mental health partnerships extend community access to health services and promotion. No conflict. |

| Action | Action Description | Related Shire Plan | Relevant Plan Objective / Outcome | Relationship | Notes & Commentary (conflict assessment) |
|------------|---|---|---|-------------------------|--|
| | | Place & Community Plan 2020–2030 | Focus: A Sustainable and Resilient Community Strategy: To encourage lifelong learning, resilience and the sharing of knowledge | Complementary | The Place and Community Plan explicitly hands off health and wellbeing programming to the Health Plan. Mental health partnerships are delivered in concert with the Place and Community team (co-lead). No conflict — co-designed delivery. |
| 2.2 | Community Events and Social Connectedness Deliver and support inclusive cross-generational community events including Tronox Spring Out Festival and Australia Day events. Incorporate health promotion messaging as standard practice. | Council Plan 2022–2032 | Outcome 4 — A compassionate and inclusive community | Directly aligned | Community events are the primary vehicle for community connectedness and inclusion. No conflict. |
| | | Strategic Community Plan 2020–2030 | Outcome 3.1 — A creative community that fosters cultural and artistic activity Outcome 3.2 — An inclusive community that promotes active involvement in community life | Directly aligned | Both SCP outcomes explicitly cited. This action is co-delivered with Place and Community Engagement. No conflict. |
| | | Place & Community Plan 2020–2030 | Strategy: Deliver and support a calendar of Shire-wide events and programs that appeal to diverse demographics Strategy: Deliver and encourage place-based activities that activate spaces and promote connectedness | Directly aligned | This action is effectively a joint delivery between the Health Plan and the Place and Community Plan. The PCP hands off health promotion programming to the Health Plan; this action accepts that handoff. No conflict — directly co-designed. |
| | | Library Strategy 2021–2026 | PACE Strategy: Deliver and support a calendar of Shire-wide events and programs that appeal to diverse demographics PACE Strategy: Deliver and encourage place-based activities that activate spaces and promote connectedness | Complementary | The Library Strategy operates within the same Place and Community framework and contributes community programming that supports social connectedness. No conflict. |
| 2.3 | Youth Health and Development Deliver and support youth health programs including YouthFest. Pursue regional collaboration on a successor Greater Bunbury Youth Strategy. Advocate for continued State funding. | Council Plan 2022–2032 | Outcome 4 — A compassionate and inclusive community | Directly aligned | Youth programs are a core component of an inclusive community. No conflict. |
| | | Strategic Community Plan 2020–2030 | Outcome 3.2 — An inclusive community that promotes active involvement in community life Outcome 3.6 — Access to adequate health, community and social services | Directly aligned | Both SCP outcomes explicitly cited. Co-led with Place and Community Engagement. No conflict. |
| | | Place & Community Plan 2020–2030 | Strategy: To support and encourage volunteer groups to deliver events and programs Strategy: To provide events, programs and services that are accessible, inclusive and encourage cultural awareness | Directly aligned | Youth programming is delivered through the Place and Community team. Health Plan's role is to provide the strategic health framing and advocacy function. No conflict. |

| Action | Action Description | Related Shire Plan | Relevant Plan Objective / Outcome | Relationship | Notes & Commentary (conflict assessment) |
|--------|---|---|--|-------------------------|---|
| 2.4 | Healthy Ageing and Age-Friendly Community Deliver and support programs for active, connected and healthy ageing including seniors programs and digital literacy. Pursue grant funding and advocate for adequate aged care services. | Council Plan 2022–2032 | Outcome 4 — A compassionate and inclusive community | Directly aligned | Healthy ageing programs directly serve the compassionate and inclusive community outcome. No conflict. |
| | | Strategic Community Plan 2020–2030 | Outcome 3.2 — An inclusive community that promotes active involvement in community life Outcome 3.6 — Access to adequate health, community and social services | Directly aligned | Both SCP outcomes explicitly cited. No conflict. |
| | | Library Strategy 2021–2026 | Goal 2 — CONNECTION: Encourage and facilitate the free exchange of ideas through community and digital connection Program: Tech for Beginners — digital literacy for seniors PACE Strategy: To support people who are isolated and vulnerable | Complementary | The Library Strategy's digital literacy program for seniors (Tech for Beginners) and its inclusion focus directly complement this action. The library is a delivery partner for healthy ageing outcomes. No conflict. |
| | | DAIP 2023–2028 | Outcome 1 — Equal access to services and events Outcome 2 — Equal access to buildings and facilities | Complementary | Age-friendly programs must be accessible consistent with DAIP commitments. No conflict. |
| 2.5 | Early Childhood Development Advocate for renewal of a regional early years strategy. Support collaboration with Cities of Bunbury and Shires of Capel and Harvey. Support Better Beginnings literacy programs through the library. | Strategic Community Plan 2020–2030 | Outcome 3.6 — Access to adequate health, community and social services | Directly aligned | Explicitly cited in action SCP alignment. Early childhood development is a direct access-to-services commitment. No conflict. |
| | | Place & Community Plan 2020–2030 | Strategy: To encourage lifelong learning, resilience and the sharing of knowledge Strategy: To participate in regional and state community development initiatives | Directly aligned | The regional collaboration element of this action aligns with Place and Community's regional participation strategy. Co-led with Place and Community. No conflict. |
| | | Library Strategy 2021–2026 | Goal 1 — DISCOVERY: Inspire creativity, reflection and understanding through literacy, personal growth and learning Programs: Story Time, Toddler Time, Junior Sing and Dance Sessions, Summer Reading Program PACE Strategy: To encourage lifelong learning, resilience and the sharing of knowledge | Directly aligned | The Library Strategy's early literacy programs (Better Beginnings, Story Time, Toddler Time) are the primary local delivery mechanism for this action. The Health Plan's Action 2.5 explicitly references the library. This is intentional co-delivery. No conflict — directly aligned. |

| Action | Action Description | Related Shire Plan | Relevant Plan Objective / Outcome | Relationship | Notes & Commentary (conflict assessment) |
|--|---|---|--|-------------------------|---|
| 2.6 | Emergency Management and Community Resilience Maintain and strengthen emergency management capacity through LEWSP, LEMC, mutual aid arrangements and community resilience programs. Embed pandemic preparedness into planning frameworks. | Council Plan 2022–2032 | Outcome 7 — A resilient community equipped to respond to natural disasters | Directly aligned | Emergency management and community resilience is the direct delivery mechanism for Outcome 7. No conflict. |
| | | Strategic Community Plan 2020–2030 | Outcome 3.4 — A safe and secure community | Directly aligned | Explicitly cited in action SCP alignment. No conflict. |
| Priority Area 3 — Healthy and Safe Amenity | | | | | |
| Objective 5 Advocate, where health outcomes depend on the actions of others, for the policies, investments and services the community needs. | | | | | |
| 3.1 | Transport Safety and Transport Strategy Progress development of a comprehensive Transport Strategy integrating road safety, active transport, pathway network, public transport advocacy and population growth implications. Advocate to State Government for road safety improvements. | Council Plan 2022–2032 | Outcome 10 — It is safe and easy to move around the Shire Outcome 1 — A safe community | Directly aligned | Transport strategy development and road safety advocacy are the direct mechanisms for Outcome 10. Transport accident hospitalisation rates in Dardanup are 25% above the state average — this action is evidence-driven. No conflict. |
| | | Strategic Community Plan 2020–2030 | Outcome 5.1 — An inter-connected community Outcome 3.5 — A healthy place to live | Directly aligned | Both SCP outcomes explicitly cited. The Transport Strategy will inform the SCP's inter-connected community outcome. No conflict. |
| | | Local Bike Plan 2023 | Vision: A safe, comfortable, attractive, direct and integrated route network connecting activity centres and regional attractions Objective: Increased safety for people on bikes Objective: Connecting communities | Directly aligned | Action 3.1 explicitly references maintaining pathway network investment consistent with the Local Bike Plan. The Transport Strategy and Bike Plan are directly complementary — the Transport Strategy will subsume and extend the Bike Plan's scope. No conflict — the Bike Plan is an input to the Transport Strategy. |
| Objective 4: Partner with state agencies, NGOs, regional local governments and community organisations to extend the reach and effectiveness of public health action. | | | | | |
| 3.2 | Cancer Council WA Engagement and Cancer Prevention Establish structured engagement with Cancer Council WA for cancer awareness, prevention and screening promotion. Priority: SunSmart, breast and prostate screening awareness, shade infrastructure standards. | Council Plan 2022–2032 | Outcome 2 — A healthy and active community | Directly aligned | Cancer prevention and screening promotion directly contributes to a healthy and active community. No conflict. |
| | | Strategic Community Plan 2020–2030 | Outcome 3.5 — A healthy place to live Outcome 3.6 — Access to adequate health, community and social services | Directly aligned | Both SCP outcomes explicitly cited. Partnership with Cancer Council WA extends community access to cancer prevention services. No conflict. |

| Action | Action Description | Related Shire Plan | Relevant Plan Objective / Outcome | Relationship | Notes & Commentary (conflict assessment) |
|--------|---|---|--|---|---|
| 3.3 | Health Promotion Partnerships Maintain and develop partnerships with Healthway, Diabetes WA, Heart Foundation, Injury Matters and Regional Men's Health Initiative to deliver programs on healthy weight, nutrition, physical activity, tobacco and alcohol harm reduction. | Council Plan 2022–2032 | Outcome 2 — A healthy and active community | Directly aligned | Health promotion partnerships are the primary mechanism for behaviour change across the community's key modifiable health risks. No conflict. |
| | | Strategic Community Plan 2020–2030 | Outcome 3.5 — A healthy place to live Outcome 3.6 — Access to adequate health, community and social services | Directly aligned | Both SCP outcomes explicitly cited. Co-led with Place and Community Engagement. No conflict. |
| | | Place & Community Plan 2020–2030 | Strategy: To increase the capacity of community groups to deliver their services and events Strategy: To provide events and programs that are accessible and inclusive | Complementary | Health promotion partnerships extend the Place and Community plan's community capacity building intent into the public health domain. No conflict. |
| 3.4 | Physical Activity and Recreation Support physical activity through the Eaton Recreation Centre, community sport and recreation programs, maintenance of parks and open spaces as active recreation environments, and support for local sporting clubs. | Council Plan 2022–2032 | Outcome 2 — A healthy and active community | Directly aligned | Physical activity and recreation is the most direct delivery mechanism for a healthy and active community. No conflict. |
| | | Strategic Community Plan 2020–2030 | Outcome 3.2 — An inclusive community that promotes active involvement in community life Outcome 5.2 — A liveable community | Directly aligned | Both SCP outcomes explicitly cited. No conflict. |
| | | Sport & Recreation Plan 2020–2030 | Vision: Provide and maintain sport and recreation facilities, infrastructure and services that promote the Shire as an attractive and desirable place to live by connecting and promoting the economic and social value of sport and recreation to health and wellbeing | Directly aligned | The Health Plan's Action 3.4 is explicitly described as aligned with the Sport and Recreation Plan 2020–2030. The S&R Plan's vision is health-oriented; the Health Plan's action operationalises that vision from a population health perspective. The two plans are deliberately co-designed. No conflict. |
| | | Local Bike Plan 2023 | Objective: Encouraging a more active population through recreational walking and cycling Objective: Improved connections to sporting and recreational facilities | Complementary | The Bike Plan's active recreation objectives support the physical activity promotion intent of this action. Cycling infrastructure investment makes recreational physical activity more accessible. No conflict. |
| | | Standards of Provision Plan (under development — due Dec 2026) | Under development. Will establish standards for parks, POS and facility provision based on population and demographics. | Acknowledged — under development | The SoP Plan will directly inform the standard of parks and open spaces maintained as active recreation environments under this action. Once adopted, Action 3.4 resourcing decisions should be reviewed against SoP standards. No conflict anticipated. |

| Action | Action Description | Related Shire Plan | Relevant Plan Objective / Outcome | Relationship | Notes & Commentary (conflict assessment) |
|--------|---|---|---|----------------------|--|
| 3.5 | Healthy Workplaces Support a healthy, safe and positive working environment for Shire staff focused on physical and mental wellbeing, work-life balance and professional development. Maintain Employee Assistance Program and wellbeing initiatives. | Council Plan 2022–2032 | Outcome 2 — A healthy and active community Objective: Strong civic leadership — responsible corporate governance | Complementary | Healthy workplace commitments reflect both the Shire's duty of care to staff and its broader commitment to a healthy community. Staff wellbeing directly impacts service quality. No conflict. |
| | | Strategic Community Plan 2020–2030 | Outcome 3.5 — A healthy place to live | Complementary | Explicitly cited in action SCP alignment. Healthy workplace extends the 'healthy place' objective into the Shire's own organisational culture. No conflict. |
| | | DAIP 2023–2028 | Outcome 7 — Shire employees have the same opportunities as other people to gain and maintain employment | Complementary | Healthy workplace programs must be inclusive and accessible to employees with disability consistent with DAIP commitments. No conflict. |

Legend — Relationship Types

Directly aligned:

Health Plan action uses or closely mirrors the language/intent of the other plan's objective.

Complementary:

Health Plan action supports and is consistent with the other plan's objectives without directly replicating them.

Reframed:

Health Plan action draws from another plan's objective but reframes it through a public health lens.

Acknowledged — under development: Related plan is still under development; formal alignment to be confirmed on adoption.

Conflict assessment:

No conflict was identified between any Health Plan action and the objectives of any current Shire strategic plan. The Standards of Provision Plan is under development (due December 2026); alignment will be confirmed on adoption. The Corporate Business Plan is a delivery vehicle for the SCP and is not mapped as a source of independent strategic objectives.



Summary of Independent Peer Review: Shire of Dardanup Public Health Plan 2026-2030

Date: 2 June 2026

| | |
|--|---|
| Current situation | <p>R.A.Janes Consultancy has been engaged to provide an independent peer review of the draft Public Health Plan 2026-2030 for Shire of Dardanup.</p> <p>This summary document has been requested ahead of the full review report to update the Council for progress endorsement.</p> |
| Background | <p>The draft PHP 2026-2030 has been developed by the Shire’s officers, as coordinated by the Principal Environmental Health Officer (PEHO) to amend and replace the previous PHP 2021-2025.</p> <p>The Shire has identified that independent peer review is appropriate to determine that the PHP is of sufficient quality and meets the statutory requirements of the <i>Public Health Act 2016</i>.</p> |
| Public Health Act 2016 requirements | <p>Under s.45 of the Act, a local government must prepare a public health plan that applies to its district and must be consistent with the State Public Health Plan. In this it must:</p> <ul style="list-style-type: none">• Identify the public health needs of the district• Examine relevant health data• Establish objectives and policy priorities to promote and protect public health, and deliver public health services, including how these services will be delivered• Describe how the LG will collaborate with stakeholders to achieve objectives and priorities• Include a framework for the assessment and management of public health risks• Include a progress report on the LG’s performance after implementation of the PHP |



| | |
|-------------------------|--|
| General comments | <p>The Shire’s Draft Public Health Plan (PHP) 2026–2030 presents a comprehensive and well-structured framework, underpinned by robust evidence-based analysis. It demonstrates a thoughtful and contemporary approach to public health planning, with strong alignment between identified priorities, proposed actions, and intended outcomes.</p> <p>Compared with the previous PHP, which was relatively straightforward in scope and ambition, the draft plan identifies a broader range of priorities and sets more aspirational objectives for achieving improved public health outcomes.</p> <p>The draft serves as an excellent example of a regional local government public health plan, effectively integrating with other strategic Shire documents and recognising environmental health and community development as essential and interconnected components of public health planning.</p> |
| Review findings | <ul style="list-style-type: none">• Noting that 9 actions are recorded as ‘on track’ and ‘completed’; 7 actions are recorded at ‘partial’ completion and have been carried over to the draft PHP.• Alignment with the State PHP can be demonstrated through the identified objectives with clear priorities listed under ‘Promote’, ‘Protect’, ‘Prevent’ and ‘Enable’. Some further clarification will be beneficial to expand on actions/priorities specific to certain vulnerable community/population groups as the Office of the Chief Health Officer will be scrutinising PHPs for priorities for Indigenous, young, elderly, immunocompromised, LGBTI+ and similar groups.• <u>Priority area 1 – 5</u> proposed actions covering both existing and aspirational priorities. Ensure that actions not only describe the existing level of service delivery, but expansion and improvement. E.g. KPI: ‘Vector-borne disease notification rate per 100,000’ is subject to factors outside the Shire’s control. A reworded KPI for this may |



| | |
|---------------------------------|--|
| | <p>be: to focus on the mosquito monitoring and management program (and linking with the Shire’s MMP)</p> <ul style="list-style-type: none">○ Percentage of priority mosquito breeding areas monitored and treated in accordance with the Mosquito Management Program. <p>To retain the original intent of referring to epidemiological rates:</p> <ul style="list-style-type: none">○ Percentage change in the rate of locally acquired vector-borne disease notifications per 100,000 population from the baseline rate. <ul style="list-style-type: none">● <u>Priority area 2</u> – 5 proposed actions centred on community development and activations with a focus on vulnerable populations/groups. Proposed outcomes may include Shire facilitation or support for a program, not just service delivery.<ul style="list-style-type: none">○ E.g. KPI 2.4: minimum one seniors program delivered per year, can be reworded to include ‘delivered and/or supported per year’ to clarify that an outside program being delivered in the district also contributes to this KPI. Such as, an independent OT/Physio provider can be engaged to operate regular seniors clinics at the ERC, for the prevention of slips, trips and falls.● <u>Priority area 3</u> – 5 proposed actions related to community improvements from stakeholder engagement in health promotion and similar to expand existing services. Stakeholder engagement objectives determined by the author to be reasonable and relevant to the district. |
| <p>For consideration</p> | <p>1. Much of the existing draft supporting information and text can be excised into an evaluation report of the previous PHP 2021-2025. The remaining sections should relate to the PHP actions, assessment framework and KPIs.</p> |



R.A.JANES CONSULTANCY

2. The content of the draft is likely too text heavy for the audience, consider converting to further infographics and similar formatting.
3. Ensure that identified KPIs are measurable, achievable and relevant to the proposed outcome. This may require the addition of financial values, expenditure or similar; or a change in epidemiological rate and similar.
4. Given the likely increase in PHP data collection for reporting purposes, this will create much additional work for the Shire. Consideration should be given to a full-time Project Officer (at least 1.0 FTE) or similar to assist the PEHO in the generated duties related to the ongoing PHP process.

This summary is provided to the Shire of Dardanup Council in lieu of a full review report, which will be provided by the proposed end date in July 2026. The principal consultant disclaims liability for any loss or damage arising from misinterpretation or unauthorised use of the material contained herein.

A handwritten signature in black ink, appearing to read 'Ryan Janes', with a long horizontal stroke extending to the right.

Ryan Janes, BSc (EH), GradCert(Risk Assessment), MID
Principal Consultant

Public Health Plan 2026–2030

Consultation & Delivery Plan

How the Shire will consult its community and deliver the Plan to adoption

This document is in three parts:

Part A — Community and Stakeholder Consultation

How the consultation will be run — its scope, method, boundaries, and how results are brought back to Council.

Part B — Delivery Plan

The path from draft to adoption, within the deadline granted by the Department of Health.

Part C — Stakeholder Consultation Register

The organisations to be consulted, with the engagement level and method for each. A more detailed working register is maintained separately by officers.

| | |
|-----------------------|--|
| Prepared by | Neil Nicholson, Principal Environmental Health Officer |
| Directorate | Development Services |
| Date | June 2026 |
| Status | Draft for Executive review and Council endorsement |
| Related report | PHP 2026–2030 Draft — OCM 24 June 2026 (Item 12.2.1) |

PART A

Community and Stakeholder Consultation

1. Purpose

This Consultation Plan sets out how the Shire of Dardanup will consult its community, stakeholders, government agencies, non-government organisations and Council on the draft *Public Health Plan 2026–2030* (the Plan), following Council endorsement of the draft for the purpose of consultation.

This document outlines how that consultation will be run – its scope, its method, its boundaries, and how the results will be presented back to Council.

2. Context — where consultation sits

Under the *Public Health Act 2016* (WA), a local government must develop its public health plan **in consultation with the community**, and must deliver the plan within the timeframe set by the Chief Health Officer. The Act does **not** prescribe a single method for that consultation. This gives the Shire flexibility to design a process that is proportionate to its size, resources and community — provided the process is genuine, documented, and reported to Council.

Consultation will commence after Council endorses the draft Public Health Plan and approves the parameters set out in this Plan. This sequencing protects both the community (who consult on a Council-supported document) and Council (who retain final decision-making authority).

3. Consultation Principles

The consultation will be conducted on five principles. These keep it authentic, while keeping it controlled and deliverable within the Shire’s resources:

- **Authentic** – We consult to improve the Plan, not to tick a box. Feedback that can strengthen the Plan will be incorporated; where it cannot, we will explain why.
- **Proportionate** – The method is matched to the Shire’s size, budget and timeframe. We will require a targeted, well-run process.
- **Framed** – Every session is run to clear, pre-agreed parameters: what the Plan can influence, and what sits outside its scope – to prevent the process being captured by single issues.
- **Transparent** – We record who we spoke to, what we heard, and what we did with it, so the Shire and Council are clear on the full picture before adopting the Plan.
- **Council-led** – Council is the decision-maker. Officers facilitate; the community informs; Council decides.

4. Scope — what consultation will and will not consider

This is the single most important control in the Plan. Before any session is held, Council will be asked to note the parameters below.

| In scope – we will actively consider | Out of scope – noted and referred to Council |
|---|---|
| <ul style="list-style-type: none"> • Priority health issues and whether they reflect community experience • The three priority areas and their balance • Specific actions – refinements, additions, gaps • Local knowledge of at-risk groups and places • Partnership and delivery opportunities • Plain-language clarity and accessibility | <ul style="list-style-type: none"> • Matters outside local government’s public health role (e.g. clinical service delivery, hospital funding) • Commitments requiring resources the Shire has not allocated • Individual disputes, complaints or operational grievances • Changes inconsistent with the Public Health Act 2016 or the State Public Health Plan • Matters already governed by other Shire strategies or statutory processes |

Out-of-scope items are not dismissed — they are logged in the consultation record and presented to Council, who may choose to act on them through other channels. This protects the integrity of the Plan while respecting every contribution.

5. Who we will consult

Consultation reaches four audiences. Each is engaged in the way most likely to produce useful input from that group.

| Audience | Who | Method |
|--|--|--|
| Community | All residents, with targeted reach to the priority groups named in the Plan (Aboriginal residents, older residents, young people, culturally and linguistically diverse communities, rural and outlying residents, and lower-income households). | Hosted online survey (open minimum 21 days) plus one to two facilitated community drop-in / workshop sessions. |
| Stakeholder and community groups | Sporting and recreation clubs, seniors’ and youth groups, service clubs, cultural and faith groups, disability and carer organisations, and local schools. | Facilitated stakeholder workshop, in person or hosted online. |
| Government and NGOs / not-for-profits | Department of Health (Epidemiology Directorate and PHP Planning), WACHS South-West, South-West PHN, Cancer Council WA, Healthway, Mental Health Commission, CLAG partners, and neighbouring local governments. | Direct written invitation and targeted briefing, with the option to attend the stakeholder workshop. |
| Council | Elected members. | Workshops (pre-consultation parameters, and final outcomes). |

Note: the stakeholder and agency lists already compiled during Plan development (the engagement list and stakeholder register) are provided as the attached Stakeholder Consultation Register, which records the consultation audience and method for each organisation.

6. How the consultation will run

6.1 Methods

- **Hosted online survey** – structured questions tied to the Plan’s priority areas and actions, open for a minimum of 21 days, promoted through the Shire’s website, social media, e-newsletter and community noticeboards.
- **Facilitated workshops** – officer-led sessions (community, stakeholder, and Council). Each runs to a set agenda, with the scope parameters displayed up front. Officers facilitate; they do not advocate positions.
- **Direct agency / NGO engagement** – written invitations and short briefings to government and not-for-profit partners, who often prefer to respond in writing or in a focused meeting rather than a public forum.

6.2 Facilitation and control

Every facilitated session follows the same structure, which keeps energy productive and the process defensible:

- Welcome and purpose – why we are here.
- The parameters – what the Plan can and cannot influence (Section 4), shown on screen.
- Structured discussion – working through the priority areas and actions, not open-ended.
- **The “noted and referred” rule** – out-of-scope items are recorded respectfully and noted ‘to be resolved’, not debated on the spot.
- Close – what happens next, and when participants will see the outcome.

6.3 Recording and analysis

All input (survey responses, workshop notes, and written submissions) is collated into a single consultation record. Officers analyse it thematically, identify where the draft Plan can be strengthened, and prepare a clear summary of what was heard and how it has been addressed. This becomes Appendix D of the final Plan and the basis of the final Council workshop.

7. Roles and responsibilities

| Role | Responsibility |
|---|---|
| Council | Endorses the draft for consultation; notes the scope parameters; receives consultation outcomes; adopts the final Plan. |
| Executive Manager Development Services | Oversight and accountability; approves the approach; reports to CEO and Council. |
| Principal Environmental Health Officer | Designs and coordinates consultation; facilitates or co-facilitates sessions; collates and analyses input; prepares the consultation summary and final draft. |
| Place & Community Engagement team | Supports promotion, venue/online hosting, and reach to community and priority groups. |

8. Resourcing and honest limitations

This consultation is designed to be delivered **within existing officer resources**, without a dedicated community engagement consultant or a separate budget allocation. That is a deliberate, proportionate choice for a Shire of our size, and a legitimate basis on which to consult.

| Limitation | How we manage it |
|---|---|
| No dedicated engagement budget or consultant | Officer-facilitated sessions and a hosted online survey; existing Shire channels for promotion. |
| Compressed timeframe (set by statutory deadline) | Tight, structured sessions; a single well-run survey window of at least 21 days; clear scope to avoid drift. |
| Risk of the process being captured by single issues | Pre-agreed parameters and the “noted and referred” rule keep discussion productive. |
| Smaller reach than a fully resourced campaign | Targeted invitations to priority groups and the existing stakeholder list to ensure breadth, not just volume. |

9. Indicative timing

Consultation sits inside the broader delivery schedule set out in **Part B — Delivery Plan** of this document. The community and stakeholder consultation window runs for a minimum of 21 days during July–August 2026, ahead of the final Council workshop and adoption at the 26 August 2026 Ordinary Council Meeting. The full dated schedule, covering every stage from endorsement to publication, is provided in Part B, Section 5.

10. What success looks like

- Council is satisfied that genuine consultation has occurred and is documented.
- The community and stakeholders have had a real opportunity to shape the Plan.
- The final Plan is demonstrably stronger for the input received.
- The process was delivered within resources, on time, and without being derailed.
- A clear consultation record (Appendix D) supports the final Plan and meets the Public Health Act requirement.

PART B**Delivery Plan**

Path from draft to adoption, within the deadline granted by the Department of Health.

1. Purpose

This Delivery Plan sets out the path to complete and adopt the *Public Health Plan 2026–2030* from this point forward. It incorporates the additional community, stakeholder and Council consultation set out in Part A, and schedules every remaining stage – consultation, final drafting, graphic design, and adoption by Council – to meet the deadline extended by the Department of Health.

2. Where we are now

- **The draft Plan is complete** and was presented to the Agenda Review Forum ahead of the 24 June 2026 OCM.
- **The draft’s content and structure drew no adverse comment** — the matter raised was the depth of community and Council consultation, which Part A addresses.
- **Consultation has not yet begun.** The 24 June OCM seeks Council’s endorsement of the draft so that it can go out to consultation. Endorsement is the trigger, not the conclusion.
- **The Department of Health has granted an extension** (Director General’s letter, 12 June 2026), giving the Shire room to run a deeper, in-person consultation without compromising the deadline.

3. The deadline

The Chief Executive Officer wrote to the Director General on 4 June 2026 seeking an extension of time, and by letter dated 12 June 2026 the Director General confirmed that the Chief Health Officer has granted the extension. This Delivery Plan works to a 26 August 2026 Ordinary Council Meeting for adoption, with submission to the Department of Health and publication by 30 September 2026. The exact adoption date will be confirmed by the CEO against the Director General’s correspondence; the schedule below delivers within the extension granted.

4. Delivery phases

The remaining work falls into five phases. Each has a clear owner and output.

| | Phase | What happens | Output |
|----------|-----------------------------------|---|---|
| A | Endorsement | Council endorses the draft for consultation and notes the consultation scope parameters. | <i>Endorsed draft; noted parameters</i> |
| B | Consultation | Community, stakeholder, agency/NGO and Council consultation, run per Part A. Minimum 21-day window. | <i>Consultation record</i> |
| C | Analysis & final draft | Officers collate and analyse all input, refine the Plan, and prepare Appendix D (Consultation Summary). | <i>Final draft Plan</i> |

| | Phase | What happens | Output |
|----------|-----------------------|---|-------------------------------------|
| D | Graphic design | Professional layout and design of the final, consulted Plan into the public-friendly format. | <i>Designed final Plan</i> |
| E | Adoption | Council receives consultation outcomes (workshop), then formally adopts the Plan at the OCM. Submission to DoH and publication. | <i>Adopted & published Plan</i> |

5. Delivery schedule

The schedule below works backwards from a 26 August 2026 OCM adoption to deliver the Plan within the extension granted by the Director General.

| Phase | Activity | Date | Lead |
|------------|---|--------------------------------|--------------------------|
| A | CEO–Councillors Concept Forum | 1 July 2026 | CEO / Councillors |
| A | OCM — Council endorses draft for consultation | 24 June 2026 | Council |
| A→B | Officer amendments & consultation preparation | 9–15 July 2026 | PEHO |
| B | Community & stakeholder consultation (min. 21 days) | 16 July – 5 August 2026 | PEHO / Place & Community |
| C | Collation & analysis of submissions | 6–14 August 2026 | PEHO |
| C | Final draft prepared (incl. Appendix D) | by 18 August 2026 | PEHO |
| E | Councillor Workshop — consultation outcomes & final draft | 19 August 2026 | PEHO / Council |
| D | Graphic design of final Plan | 19–24 August 2026 | PEHO / designer |
| E | Agenda publication | 21 August 2026 | Governance |
| E | OCM — Council adopts final Plan | 26 August 2026 | Council |
| E | Submission to Department of Health / final publication | by 30 September 2026 | PEHO / CEO |

Note on parallel activities: graphic design (Phase D) begins in parallel with the final Councillor workshop on the near-final draft, so the publication-ready document is ready immediately after adoption. The phase letters indicate the type of work; the schedule is ordered by date.

6. Maintaining quality within constraints

The compressed timeframe and limited resources do not lower the standard of the final Plan. Quality is protected by:

- **A strong starting point** — the draft is already complete, evidence-based, peer-reviewed, and well-received on content.

- **Independent review retained** — the existing peer review (R.A. Janes Consulting) and agency engagement (DoH, WACHS South-West) remain part of the record.
- **Consultation that improves, not just validates** — feedback is used to refine actions and priorities, with changes documented in Appendix D.
- **Design last** — professional layout is applied only once content is final, protecting both quality and cost.
- **A single accountable officer** — the PEHO coordinates every phase, keeping the Plan coherent end to end.

7. Key risks and controls

| Risk | Likelihood / impact | Control |
|---|------------------------|--|
| Consultation runs over time or scope, delaying adoption | Medium / High | Fixed 21-day window; pre-agreed scope parameters; “noted and referred” rule; single coordinating officer. |
| Deadline confirmation | Low / Medium | CEO confirms operative date with DoH; schedule built to the conservative calendar with buffer to 30 September. |
| Low consultation turnout | Medium / Medium | Targeted invitations to priority groups and existing stakeholder register; multiple channels; hosted survey plus sessions. |
| Consultation surfaces significant change late | Low / Medium | Outcomes workshop before OCM; design deferred until content is final; buffer to 30 September. |
| Officer capacity (single point of delivery) | Medium / Medium | Place & Community support for promotion/hosting; Executive oversight; realistic, sequenced schedule. |

8. Recommendation

That the Executive and Council note this Consultation & Delivery Plan and:

- endorse the draft Plan for consultation at the 24 June 2026 OCM;
- endorse the consultation approach set out in Part A, and note the consultation scope parameters;
- note the delivery schedule, working to a 26 August 2026 OCM adoption and publication by 30 September 2026; and
- note that the CEO will confirm the operative deadline with the Department of Health.

Prepared by Neil Nicholson, Principal Environmental Health Officer, Shire of Dardanup — June 2026. Draft for Executive review and Council endorsement.

PART C

Stakeholder Consultation Register

Who will be consulted, and how

This part lists the organisations the Shire will engage during consultation on the draft Public Health Plan 2026–2030, grouped by type, and records the consultation method for each. It supports Part A (Community and Stakeholder Consultation) of this Plan.

A more detailed working register – including named contacts, contact details, and fields to record invitation dates, responses and response status – is maintained separately by officers as a live document and is provided as an accompanying schedule. *This part presents the pertinent information for Council and the public; contact-level detail is held in the working register.*

Engagement levels

Must consult – statutory or professional health partners central to the Plan.

Should consult – health promotion and advocacy organisations relevant to priority actions.

Invite and record – community, education and service organisations invited to contribute.

Inform only – agencies notified for awareness; no active consultation required.

Government and Statutory Agencies

| Organisation | Engagement level | How they will be consulted |
|--|------------------|--|
| WA Country Health Service South-West | Must consult | Direct written invitation and targeted briefing; option to attend stakeholder workshop |
| WA Primary Health Alliance (Country WA PHN – South-West) | Must consult | Direct written invitation and targeted briefing; option to attend stakeholder workshop |
| Department of Health WA – Public Health Planning | Must consult | Direct written invitation; statutory plan submitted to the Department for review post-adoption |
| City of Bunbury (Leschenault CLAG partner) | Must consult | Direct written invitation to CLAG partner; focused meeting or written response |
| Shire of Harvey (Leschenault CLAG partner) | Must consult | Direct written invitation to CLAG partner; focused meeting or written response |
| Healthway (WA Health Promotion Foundation) | Should consult | Direct written invitation; written submission invited (grants and partnerships focus) |
| Mental Health Commission WA | Should consult | Direct written invitation; written submission invited on mental health actions |

| Organisation | Engagement level | How they will be consulted |
|------------------------------|------------------|--|
| DWER South-West | Inform only | Notification only; no active consultation required |
| Department of Communities WA | Inform only | Notification only; no active consultation required |
| Building and Energy WA | Inform only | Notification only; no active consultation required |

Health NGOs and Not-for-Profit Organisations

| Organisation | Engagement level | How they will be consulted |
|---|-------------------|---|
| South West Aboriginal Medical Service (SWAMS) | Must consult | Direct written invitation and targeted briefing; culturally appropriate engagement on Aboriginal health actions |
| Cancer Council WA – South-West (Dot's Place) | Should consult | Direct written invitation; written submission or attendance at stakeholder workshop |
| Diabetes WA | Should consult | Direct written invitation; written submission invited |
| Heart Foundation WA | Should consult | Direct written invitation; written submission invited |
| Injury Matters WA | Should consult | Direct written invitation; written submission invited |
| Regional Men's Health Initiative | Should consult | Direct written invitation; written submission invited (men's health actions) |
| headspace Bunbury | Should consult | Direct written invitation; written submission invited (youth mental health actions) |
| Local GP practices – Eaton and Dardanup | Invite and record | Written invitation to practice managers; written submission invited |
| St John of God Bunbury Hospital | Invite and record | Written invitation; written submission invited |

Community, Education and Service Organisations

| Organisation | Engagement level | How they will be consulted |
|-------------------------|-------------------|---|
| Eaton Community College | Invite and record | Written invitation to stakeholder workshop; or written submission |

| Organisation | Engagement level | How they will be consulted |
|--|-------------------------|---|
| Bethanie Fields / Bethanie Esprit Village | Invite and record | Written invitation to stakeholder workshop; or written submission (healthy ageing focus) |
| Eaton Recreation Centre | Invite and record | Invitation to stakeholder workshop; internal Shire coordination |
| South West Sports Council | Invite and record | Written invitation to peak body; workshop or written submission (preferred over individual clubs) |
| Local Sporting Club Representatives (peak-body level) | Invite and record | Written submission; PHP scope clearly stated in invitation to manage expectations |
| Dardanup Community Advisory Groups (Place-based and DAIP) | Invite and record | Engaged via internal Shire coordination; invited to provide input |

Note: this list reflects the stakeholders identified at the commencement of consultation. Officers may add organisations as consultation proceeds; any additions will be recorded in the working register and reflected in the consultation summary (Appendix D of the final Plan).

RISK ASSESSMENT TOOL**OVERALL RISK EVENT:** Draft Public Health Plan 2026–2030 –Endorsement to Advertise**RISK THEME PROFILE:**

4 - Document Management Processes

Choose an item.

6 - Community Engagement

Choose an item.

RISK ASSESSMENT CONTEXT: Strategic

| 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 | Health and Wellbeing needs of the community not addressed to the extent it could with a Public Health Plan in place. | Minor (2) | Likely (4) | Moderate (5 - 11) | Implement Public Health Plan in compliance with the Public Health Act 2016. | Minor (2) | Unlikely (2) | Low (1 - 4) |
| FINANCIAL IMPACT | N/A | Choose an item. | Choose an item. | Choose an item. | N/A | Choose an item. | Choose an item. | Choose an item. |
| SERVICE INTERRUPTION | N/A | Choose an item. | Choose an item. | Choose an item. | N/A | Choose an item. | Choose an item. | Choose an item. |
| LEGAL AND COMPLIANCE | Non-compliance with s.45 of the Public Health Act 2016 (obligation to prepare and maintain a public health plan). | Moderate (3) | Possible (3) | Moderate (5 - 11) | Implement Public Health Plan in compliance with the Public Health Act 2016. | Minor (2) | Unlikely (2) | Low (1 - 4) |
| REPUTATIONAL | Reputational – Delay or absence of completed plan to Council or the community | Moderate (3) | Possible (3) | Moderate (5 - 11) | Implement Public Health Plan in compliance with the Public Health Act 2016. | Minor (2) | Unlikely (2) | Low (1 - 4) |
| ENVIRONMENT | N/A | Choose an item. | Choose an item. | Choose an item. | N/A | Choose an item. | Choose an item. | Choose an item. |
| PROPERTY | N/A | Choose an item. | Choose an item. | Choose an item. | N/A | Choose an item. | Choose an item. | Choose an item. |

OFFICER BRIEFING NOTE AND RECOMMENDATION TO COUNCIL

Beekeeping Approval BK-009 — 59 Pratt Road, Eaton

| | |
|-------------------------|--|
| Matter reference | BK-009 |
| Subject property | Lot 60 (No. 59 Pratt Road), Eaton WA 6232 |
| Approval holders | Owner/occupier of 59 Pratt Road, Eaton |
| Complainant | Owner/occupier of 61 Pratt Road, Eaton |
| Prepared by | Neil Nicholson, Principal Environmental Health Officer |
| Prepared for | Council, for determination |
| Date | 10 June 2026 |
| Status | Pending Council determination — referred for OCM consideration |

1. OFFICER RECOMMENDATION AND CONCLUSION**RECOMMENDED OUTCOME: Amendment of Approval BK-009**

The PEHO has formed the opinion, pursuant to section 6.7.2(2) of the Shire of Dardanup Health Local Law 2000 and section 4.5 of Council Policy SDev CP005, that the approved beehives at 59 Pratt Road, Eaton may have been causing a nuisance to the occupants of the adjoining property at 61 Pratt Road, Eaton.

Rather than revocation, the PEHO recommends amendment of Approval BK-009. In particular, the amendment will include relocation of the hives to the centre of the property. In the PEHO's opinion, relocation of the hives away from the shared eastern boundary reduces the proximity of the hives to the adjoining property and, in conjunction with the other proposed conditions, represents a reasonable mitigation measure.

The owner/occupier of 59 Pratt Road has a seven-year prior compliance history. This is not in dispute. In light of evidence provided by the complainants, and accounts, responses and details provided by Adam Maskew and the approval holders disputing the alleged nuisance, amendment with enforceable conditions is a proportionate and defensible response. Revocation remains available if a further substantiated complaint is received following recommencement.

1.1 Proposed Amended Conditions

The PEHO recommends to Council that Approval BK-009 be amended to incorporate the following four conditions:

| | |
|---|--|
| 1 | <p>Recommencement conditions</p> <p>Beekeeping activity shall not recommence at the property until the approval holder has demonstrated compliance with the WAAS Best-Practice Guidelines for Urban Beekeeping (2020), the amended conditions of this approval, and Council Policy SDev CP005.</p> |
| 2 | <p>Hive Management Plan</p> <p>Prior to recommencement, the approval holder must submit a written Hive Management Plan to the Shire, prepared in accordance with the WAAS Best-Practice Guidelines for Urban Beekeeping (2020). Beekeeping activity shall not recommence until the Plan has been approved in writing by the Principal Environmental Health Officer.</p> |
| 3 | <p>Hive relocation</p> <p>All hives must be relocated to the centre of the property, away from the eastern boundary adjoining 61 Pratt Road, Eaton. The approved hive location must be shown on a revised site plan submitted with the Hive Management Plan and approved by the Principal Environmental Health Officer prior to recommencement.</p> |
| 4 | <p>Maximum hive numbers</p> <p>No more than three (3) hives shall be maintained at the property at any one time, consistent with the existing approval. A fourth hive is permitted temporarily during a colony split, provided the additional hive is removed or consolidated within 60 days.</p> |

1.2 Summary of Key Findings

Finding 1 — Alleged nuisance

Based on evidence presented by the complainants, including a documented incident chronology, pharmacy receipts, veterinary records, and the contemporaneous observations of Ron Smith of the South West Apiary Association, the PEHO is of the opinion that the occupants of 61 Pratt Road may have experienced significant interference with their ordinary use and enjoyment of their property between November and December 2025. No direct officer observation of the alleged events was made. The reasonable person standard is considered met on the available evidence.

Finding 2 — Causation

Based on the available evidence, the PEHO is of the opinion that the approved hives at 59 Pratt Road may have been a material contributing factor to the alleged nuisance experienced at 61 Pratt Road. The PEHO acknowledges that causation is contested — the approval holders and their expert Adam Maskew have strongly disputed any direct link, and no officer directly observed the alleged events. The causation standard under the Local Law does not require proof of exclusive causation. On balance and having considered the evidence and accounts presented by both parties, the PEHO considers this opinion supportable on the available evidence.

Finding 3 — Management practices

The evidence presented by both parties reveals differing accounts of the approval holders' hive management practices during the relevant period. The complainants allege that hive monitoring, flight-path management, and neighbour notification fell short of the proactive standard required by the WAAS Best-Practice Guidelines. The approval holders and Adam Maskew strongly contest this, maintaining that the approval holders responded reasonably and promptly to the poisoning event under difficult circumstances. The PEHO notes both positions and makes no definitive finding of management failure. However, the proposed amended conditions are designed to provide clearer, enforceable obligations going forward — regardless of what occurred during the relevant period.

1.3 SAT Considerations

If the approval holders appeal the decision at SAT, SAT will review it 'de novo'. This means SAT will not check the Shire's decision for errors. Instead, it will set our decision aside and make the whole decision again from scratch, looking at all the evidence fresh.

What wins at SAT is the strength of the evidence, not the quality of the process. (Regardless, the investigation file is strong on both counts).

Amendment is also a safer outcome than revocation in this context: if we revoke, the Tribunal may decide that was too harsh and substitute a lighter outcome. If we amend with sensible, evidence-based conditions, the approval holders would need to argue that even reasonable conditions should not apply — a much harder case to make.

The Council Agenda Report and proposed conditions will be reviewed by Tim Beckett of McLeods prior to submission.

2. BACKGROUND

Approval BK-009 was granted by Council at the Ordinary Council Meeting of 20 September 2017 (confirmed 11 October 2017), permitting the owner of 59 Pratt Road, Eaton to keep one (1) bee hive at the property. The approval was subject to conditions including compliance with the Western Australian Apiarists' Society (WAAS) Best-Practice Guidelines for Urban Beekeeping, as referenced in Council Policy SDev CP005.

The approval was subsequently amended on 29 September 2020 to permit three (3) hives, issued under officer delegated authority in accordance with Clause 5(5) of Council Policy SDev CP005. Prior to determination, the Shire formally notified the occupant of 61 Pratt Road at that time, providing a site plan showing the location of the hives on the eastern boundary of the property. No objection was received; the occupant at that time indicated support for the application. The current complainants were not the occupants of 61 Pratt Road at the time of the 2020 amendment, having settled on that property on 30 September 2021, more than twelve months after the amended approval was granted.

The approval holders are registered beekeepers under the Biosecurity and Agriculture Management Act 2007, and are current members of WAAS, holding public liability insurance through that membership. Beekeeping has been conducted at the property since 2017.

In December 2025, the Shire received a formal complaint from the occupants of the adjoining property at 61 Pratt Road, alleging repeated aggressive bee incidents causing physical harm to themselves and

their dog, and rendering their outdoor living space effectively unusable. The complaint triggered a formal investigation under section 6.7.2 of the Shire of Dardanup Health Local Law 2000.

Council Policy SDev CP005 section 4.5 provides that where a new concern is raised regarding an existing beekeeping approval, the matter is to be reconsidered by Council. Accordingly, this matter is being referred to Council for determination.

3. INVESTIGATION SUMMARY

The investigation has been extensive and has included the following:

- Receipt and assessment of a 93-page evidence package submitted by the complainant, including a formal statement, incident chronology, veterinary records, pharmacy receipts, and third-party correspondence.
- Attendance at 61 Pratt Road on 13 December 2025 by Ron Smith, President of the South West Apiary Association, who provided contemporaneous observations regarding hive conditions and bee activity at 59 Pratt Road on that date.
- Liaison with James Sheehan (Project Officer — Bees, DPIRD), who attended 59 Pratt Road on 13 January 2026 in a biosecurity advisory capacity to the approval holders following the poisoning event. Mr Sheehan's written observations regarding hive conditions on that date were obtained by the Shire and form part of the investigation record.
- Engagement of external solicitors McLeods (Tim Beckett) for legal advice on the evidentiary requirements for a defensible determination.
- Formal notice to the approval holders of intention to revoke or amend Approval BK-009, with a 28-day show-cause opportunity (issued 12 March 2026).
- Receipt of the approval holders' formal written response (24 March 2026).
- Two on-site meetings at 59 Pratt Road: 22 May 2026 (PEHO and Principal Building Surveyor) and 3 June 2026 (Acting Director, PEHO, and Principal Building Surveyor), both attended by Adam Maskew (President, WAAS) as technical representative and advocate for the approval holders, and by the approval holders.
- Written responses from Adam Maskew to seven questions formulated by Tim Beckett, received 7 June 2026.

4. KEY FINDINGS — DETAIL

4.1 The Alleged Nuisance

The complainants have provided a documented chronology of alleged bee-related incidents between 2 November and 13 December 2025, including multiple alleged sting incidents affecting themselves and their dog, a clinically verified anaphylactic reaction requiring urgent veterinary treatment on 8 December 2025, and a reported mass bee event on 13 December 2025 that the complainants say rendered their backyard inaccessible.

Ron Smith, President of the South West Apiary Association, attended the site on 13 December 2025 and reported finding: one hive extremely full and in need of urgent attention; remaining hives in distress with robber bee activity; a flight path directed at low level toward the complainants' property; and a failure by the approval holders to notify neighbours before working the hives — the sole occasion this occurred was on 13 December, only after Mr Smith's attendance.

4.2 Causation

The approval holders and their expert (Adam Maskew, WAAS President) contest causation, arguing that individual sting incidents cannot be attributed to the approved hives given the possible presence of feral bee colonies in the area. This argument has been carefully considered.

The causation standard under section 6.7.2(2) of the Health Local Law does not require proof of exclusive causation. It requires the EHO to form an opinion that the approved hives were causing or materially contributing to the alleged nuisance. The following supports that opinion:

- The hives were located immediately adjacent to the shared boundary with 61 Pratt Road.
- Ron Smith reported a low flight path directed at the complainants' property and hive conditions consistent with elevated stress and aggression.
- Maskew's own written responses acknowledge that bees from the approved hives were present in the complainants' garden during the 13 December mass event.
- Maskew confirmed at the 3 June meeting that the robbing event produced a bee 'tail' extending over a wide area — it was noted at that meeting that the presence of the hives was the necessary condition for this broader activity.
- The feral colony hypothesis, while possible, is unsubstantiated. No independent evidence of a feral colony at or near 61 Pratt Road was produced.

4.3 Compliance with Approval Conditions

The approval holders' compliance history from 2017 to mid-2025 is positive and is not in dispute. Adam Maskew has known the approval holders as beekeepers since late 2017, has attended their property on multiple occasions, and has described them as knowledgeable, capable and responsible beekeepers who have undertaken WAAS training courses and regularly requeened their hives with docile queens. In relation to the period immediately prior to and during the complaint, the following observations are noted based on accounts and evidence presented during the investigation:

- Ron Smith reported that neighbours were not notified before the hives were worked on 13 December 2025. Adam Maskew disputes that there is any legal requirement to do so, noting that WAAS regards neighbour notification as good practice rather than a legislative obligation under the BAM Act or the Shire's local laws.
- Ron Smith reported one hive as extremely full and in need of urgent attention at the time of his attendance on 13 December 2025. Adam Maskew has provided context that Ron's attendance occurred during or immediately following the poisoning event — a short, unavoidable situation in which tens of thousands of bees died in front of each hive. The approval holders provided video footage of this distressing event to Adam at his January 2026 attendance. Adam's view is that the hive conditions observed by Ron were a direct consequence of the poisoning event rather than ongoing mismanagement.

4.4 Current Site Status

The hives have been inactive since the December 2025 poisoning event. Equipment has been cleaned and is ready for recommencement. The approval holders have formally requested their approval remain unchanged.

This matter is therefore both backward-looking, in assessing whether an alleged nuisance occurred, and forward-looking, in determining what conditions, if any, should apply to any recommencement of beekeeping activity at the property.

At the 3 June 2026 meeting, Adam Maskew stated that relocating hives to another position along the eastern boundary would not resolve the alleged nuisance impacts. The PEHO notes this observation and has recommended relocation to the centre of the property rather than to an alternative eastern boundary position.

5. LEGAL BASIS FOR DETERMINATION

Section 6.7.2(2) of the Shire of Dardanup Health Local Law 2000 provides:

“If, in the opinion of an Environmental Health Officer, the approved beehives are causing a nuisance, the Council may direct any bees or approved beehives to be removed.”

Council Policy SDev CP005, section 4.5 mirrors this provision and adds:

“If Council is notified of a new concern regarding the keeping of bees on a particular property, the application will be reconsidered by Council and approval may be revoked.”

The trigger is the EHO’s opinion — not a court finding. That opinion must be reasoned and evidence based. The PEHO is of the opinion, based on the evidence and accounts presented during the investigation, that the threshold is met. Council is the decision-maker under both the Local Law and the Policy, and this matter is referred to Council accordingly.

Consistent with Condition 4 of the original OCM resolution (20 September 2017), Council retains the power to revoke the approval at any time should the hives have the potential to cause a health or safety hazard to a resident in the locality.

5.1 Rationale for Amendment over Revocation

The PEHO has considered revocation as an alternative outcome. In the PEHO’s opinion, the available evidence could support revocation, and this remains a defensible position. Amendment is preferred for the following reasons:

- The approval holders have a seven-year prior compliance history and are experienced and trained beekeepers known to WAAS.
- The alleged nuisance is linked to identifiable physical and situational factors — including hive proximity to the shared eastern boundary and conditions during the poisoning event — that the proposed conditions are reasonably designed to address.
- Amendment with targeted conditions is proportionate and consistent with good regulatory practice, demonstrating the Shire acted reasonably before resorting to revocation.
- If the approval holders recommence and a further substantiated nuisance complaint is received, the amended approval provides a clear basis for escalation to revocation at that point.

1. Was there an adequate water supply at the property for the hives?

Yes, there is a permanent water supply maintained through their reticulation system. It is placed within the required distance from the hives. There is also additional water sources on the property (plants with saucers, bird baths, etc).

2. Were the hives located in suitable positions consistent with the approved site plan?

Yes, I have viewed the site with active bee hives and believe it is in a suitable site and consistent with the approved site plan and the WA Apiarists Society Best Practice Guidelines for Urban Beekeeping (2020).

3. Were the owners conducting regular inspections of the hives?

Yes

4. Were the owners aware that the hives were stressed and that robber bees were attacking?

They were aware of a poisoning event on 13 December 2025 and took steps to manage the situation as soon as they were aware. They were aware that the neighbours had complained about aggressive bees on their property. The Dyers' believed that the source of these were not from the managed hives kept in accordance with the legislation, Shire approval and WAAS Best Practice Guidelines for Urban Beekeepers (2020). This was further supported by the fact the Dyers could sit or stand near their hives to observe their activity.

5. If so, what action did they take prior to the formal complaint being lodged?

In response to the poisoning event they removed the dead bees, reduced entrances, covered hives with wet sheets and when apparent each hive was not functioning closed the entrances to stop robbing.

6. What is the current status of the site? Are the hives fully removed and is there any ongoing managed bee activity?

The site has been cleared of the hives as a response to the poisoning event. There is no managed bee hives on the property at the moment. The hives and components have been cleaned and are ready to be used again.

7. Is the bee activity reported by the neighbour consistent with activity from the Dyers' hives, feral colonies in the area, or both?

It is useful to answer this question in response to each part of the chronology relating to the observed bee activity by the [REDACTED] on their property.

- **2 November 2025** — [REDACTED] stung on the neck while on the rear patio. Complainants began keeping a written record from this date.

It is not possible to determine whether it was a bee from the Dyers' Hives or Feral colonies. It sounds like an accidental sting from a foraging bee accessing the yard to collect nectar and/or pollen.

- **13 November 2025** — [REDACTED] attacked while gardening; multiple bees became entangled in [REDACTED] hair requiring [REDACTED] to intervene.

It is not possible to determine whether these bees were from the Dyers' Hives or Feral colonies. Based on the keeping of the bees inline with the legislative requirements, Shire approval and the genetics of the Dyers' hives it is unlikely to be guard bees from their hives.

- **14 November 2025** — Dog [REDACTED] (5-month-old English Staffy) stung on the hind leg while in the rear yard.

It is not possible to determine whether it was a bee from the Dyers' Hives or Feral colonies. It sounds like an accidental sting from a foraging bee accessing the yard to collect nectar and/or pollen.

- **24 November 2025** — [REDACTED] stung again on the head while playing in the backyard.

It is not possible to determine whether it was a bee from the Dyers' Hives or Feral colonies. It sounds like an accidental sting from a foraging bee accessing the yard to collect nectar and/or pollen.

- **8 December 2025** — [REDACTED] stung by multiple bees.

It is not possible to determine whether these bees were from the Dyers' Hives or Feral colonies. It sounds like an accidental event from a foraging bee accessing the yard to collect nectar and/or pollen.

- **13 December 2025 (approx. 6:30am)** — Large numbers of dead and dying bees found throughout the rear yard.

Given the Dyers' hives suffered a poisoning event, this likely extended to other bees in the area. The bees are likely both from feral colonies and from the Dyers' Hives. It is not possible to determine the ratio from which source.

Although not a question about bee activity within the [REDACTED] property I would like to address several matters raised in this part of the chronology of events.

- **13 December 2025 (same day)** — Complainants contacted Ron Smith (SW Apiary Association President), who attended and inspected the Dyers' hives. Ron found one hive very full and in need of attention, with the remaining hives in distress and robber bee activity present. He advised Trevor the flight path was

too low and directed toward the neighbouring property, and reminded him of the obligation to notify neighbours when working the hives.

As previously advised Mr Smith is a member of Western Australian Apiary Society (WAAS) and did, and does, not hold any position with the Association.

Rons inspections were external only and he would have been unable to make the determination that one hive was very full and the actions required. To do so would have required an internal inspection of the hive, both the honey supers and brood box.

His external observations about the poisoning event were consistent with that of the Dyers and the actions they were taking.

Mr Smiths observation about the flight path and the notification of neighbours were personal ones only. They are not informed or consistent with the requirements of the Legislation, Shire approval or the WAAS Best Practice Guidelines for Urban Beekeeping (2020).

Furthermore I understand that Mr Smith informed the Dyers that based on his observations of their hives that they did not pose any issues for the [REDACTED]

Division 4 - Cockroaches

Interpretation

6.4.1 In this Division, unless the context otherwise requires -

“**cockroach**” means any of the various orthopterous insects commonly known as cockroaches.

Measures to be taken to eradicate Cockroaches

6.4.2 (1) An owner or occupier of premises shall take effective measures to eradicate any cockroaches in or on the premises.

(2) An Environmental Health Officer may direct, orally or in writing, an owner or occupier of premises to take whatever action that, in the opinion of the Environmental Health Officer, is necessary or desirable to prevent or deter the presence of cockroaches in or on the premises.

(3) An owner or occupier shall within the time specified comply with any direction given by an Environmental Health Officer under this Section.

Division 5 - Argentine Ants

Interpretation

6.5.1 In this Division, unless the context otherwise requires -

“**Argentine Ant**” means an ant belonging to the species ‘*Limepithema humile* (formerly *Irdomyrmex humilis*)’.

Measures to be taken to keep premises free from Argentine Ants

6.5.2 An owner or occupier of premises shall ensure that the premises are kept free from Argentine Ant colonies and shall -

- (a) take all steps to locate any nests, if Argentine Ants are noticed in, on or about the premises;
- (b) properly treat all nests of Argentine Ants with an approved residual based insecticide; and
- (c) whenever required by an Environmental Health Officer -
 - (i) treat any area or infestation with an insecticide referred to in paragraph (b); and
 - (ii) remove any objects, including timber, firewood, compost or pot plants in accordance with a direction from the Environmental Health Officer.

Division 6 - European Wasps

Interpretation

6.6.1 In this Division, unless the context otherwise requires -

“**European Wasp**” means a wasp *Vespula germanica*.

Measures to be taken to keep premises free from European Wasp Nests

6.6.2 An owner or occupier of premises shall ensure that the premises are kept free from European Wasp nests and shall -

- (a) follow any direction of an Environmental Health Officer for the purpose of destroying the wasps and their nest; and
- (b) assist an Environmental Health Officer to trace any nest that may be present in, on or about the premises.

Division 7 - Bee keeping

Interpretation

6.7.1 In this Division, unless the context otherwise requires -

“**bees**” means an insect belonging to any of the various hymenopterous insects of the super family Apoidea and commonly known as a bee.

Restrictions on keeping of Bees in Hives

6.7.2 (1) A person shall not keep or permit the keeping of bees anywhere within the district unless approval to do so has been given by the Council.

(2) If, in the opinion of an Environmental Health Officer, the approved beehives are causing a nuisance, the Council may direct any bees or approved beehives to be removed.

(3) A person shall comply with a direction within the time specified.

Division 8 - Arthropod Vectors of Disease

Interpretation

6.8.1 In this Division, unless the context otherwise requires -



POLICY NO:

SDev CP005 – KEEPING OF BEES

GOVERNANCE INFORMATION

| | | | |
|-----------------|----|-----------------------------|----|
| Procedure Link: | NA | Administrative Policy Link: | NA |
|-----------------|----|-----------------------------|----|

ADMINISTRATION INFORMATION

| Version | 1 | New | OCM | 26/06/19 | Res: 181-19 | Synopsis | Policy created. |
|---------|---|------------|-----|----------|-------------|----------|----------------------------------|
| Version | 2 | SDev CP005 | OCM | 30/09/20 | Res: 270-20 | Synopsis | Reviewed and adopted by Council. |
| Version | 3 | SDev CP005 | OCM | 28/09/22 | Res: 243-22 | Synopsis | Reviewed and adopted by Council. |
| Version | 4 | SDev CP005 | OCM | 23/10/24 | Res: 275-24 | Synopsis | Reviewed and Adopted by Council |

1. RESPONSIBLE DIRECTORATE

Sustainable Development

2. PURPOSE OR OBJECTIVE

The purpose of this Policy is to provide direction to Council in the processing of applications to keep bees in accordance with the Shire of Dardanup *Health Local Law 2000 (amended 2014)*.

The objectives of this Policy include:

- To provide an objective framework for the assessment and processing of applications to keep bees within the District.
- To require beekeepers to operate in compliance with specified industry codes.
- To permit the keeping of bees where this is consistent with public safety and social amenity.

3. DEFINITIONS

The terms used in this Policy are defined as follows, consistent with the Local Law.

| | |
|-------------------------|---|
| Apiary | A place where honey bees are kept in hives |
| Bee Hive | Housing for a Bee Colony |
| Rural Beekeeping | Beekeeping on land that is not zoned Residential, Small Holding or Industry (Light/General) |
| Urban Beekeeping | Beekeeping on non-rural sites (Residential, Small Holding and Industry) |

4. POLICY

This policy applies to the keeping of bees within the Shire of Dardanup. The Local Law prohibits the keeping of bees anywhere within the District unless approval to do so has been granted by the Council.

4.1 Rural Beekeeping

1. Applications to keep bees within rural areas (expected to be mainly rural sites in the General Farming zone under TPS3) are expected to comply with the *“National Best Management Practice for Beekeeping in the Australian Environment”*.
2. Applications shall be in writing (‘Form 204 – Application Form – Keeping of Bees’ or similar information), with plans and supporting information to show how the *“National Best Management Practice for Beekeeping in the Australian Environment”* will be met.
3. Applications from landowners to have less than 20 self-managed hives will not be notified to neighbours, provided the hives are located more than 50m from any neighbouring dwellings and *“National Best Management Practice for Beekeeping in the Australian Environment”* will be met.
4. Applications from landowners for 20 or more hives, and all situations where hives will be 50m or less from neighbouring dwellings will be notified to neighbours. Where Development Approval is required for the use or works associated with the keeping of bees, notification may be combined with Town Planning notification.

5. Applications under 3 above, or 4 above where no objections are received, and where the activity will be managed in accordance with the *“National Best Management Practice for Beekeeping in the Australian Environment”* may be granted approval by Environmental Health Officers under delegated authority.
6. Where objections have been received or the applicant has not demonstrated that the activity will be managed in accordance with the *“National Best Management Practice for Beekeeping in the Australian Environment”*, the application will be determined by Council. It is expected that these applications will not be supported unless the applicant is able to demonstrate that the activity will not result in adverse off-site impacts.
7. Applications from Registered Commercial beekeepers to temporarily locate hives on property within the Shire must contain beekeeper name and contact details, property address, number of hives and approximate dates that hives will be present on the property. Applications may be approved by Environmental Health Officers under delegated authority, and approvals will specify that all hives must be located a minimum of 50m from adjoining dwellings, and all DPIRD requirements including the display of signage at the entry to the property must be met.

4.2 Conditions of Approval - Rural Beekeeping

If Council (or staff under delegated authority) determines to approve an application to keep bees, conditions may be imposed on the approval including, but not limited to, the following:

1. Compliance with the *“National Best Management Practice for Beekeeping in the Australian Environment”*, including the provision of water close to the hive location.

4.3 Urban Beekeeping

This applies to applications for beekeeping on non-rural sites (expected to be mainly residential, small holding and industrial):

1. Hive density and location in urban areas are expected to meet the *“Western Australian Apiarists’ Society Best-Practice Guidelines for Urban Beekeeping (2020)”*.
2. All applications must be in writing (*‘Form 204 – Application Form – Keeping of Bees’* or the equivalent information), with plans and supporting information to show how the application will meet the *“Western Australian Apiarists’ Society Best-Practice Guidelines for Urban Beekeeping (2020)”*.
3. Management of hives by the site occupier is encouraged. Applications where the hives be managed by a person not living on the property will still be accepted but are not able to be approved through staff delegated authority and must be considered by Council.
4. All applications will be assessed and the owners and occupiers of adjoining properties and any schools, childcare centres, or aged care facilities within 100m of the lot are to be notified. Where Development Approval is required for the use or works associated with the keeping of bees, notification may be combined with Town Planning notification.
5. Applications with no objections, a maximum hive density consistent with the *“Western Australian Apiarists’ Society Best-Practice Guidelines for Urban Beekeeping (2020)”* (the Guidelines), not within 100m of a Reserve, school, childcare centre, aged care facility, or other public space, and managed by the occupier with full compliance with the Guidelines are able to be approved by an Environmental Health Officer under delegated authority.
6. Council will determine applications that have one or more of the following elements:
 - Objections.
 - A greater hive density than specified in the Guidelines.
 - A hive placement other than as specified in the Guidelines.
 - Within 100m of a Reserve, or other public space.
 - Hives that will not be managed by the site occupier.
 - Do not comply with the *“Western Australian Apiarists’ Society Best-Practice Guidelines for Urban Beekeeping (2020)”*.

It is expected that these applications will not be supported unless the applicant is able to demonstrate that the activity will not result in off-site impacts.

4.4 Conditions of Approval (Urban Beekeeping)

If Council (or staff under delegated authority) determines to approve an application to keep bees, conditions may be imposed on the approval including, but not limited to, the following:

1. The maximum number of hives permitted.
2. The activity must comply with the “Western Australian Apiarists’ Society Best-Practice Guidelines for Urban Beekeeping (2020)” at all times.
3. Advice notes:
4. It is the responsibility of the operator to comply with the requirements of other legislation.
5. Where building work is carried out, or the use of a building changes, a Building Application or evidence of compliance with the Building Code of Australia may be required.
6. Processing of all bee or honey products intended to be sold for human consumption (honey, royal jelly and propolis) will require food business approval, in accordance with the *Food Act 2008*.
7. A Development Application approval under TPS3 will be required when building works are carried out in association with the beekeeping activity, or the processing or sale of bee products, or when the extraction, bottling or packaging of honey occurs for the purpose of sale.
8. Permission will not be granted for the keeping of hives on Shire reserves or other public places administered by the Shire unless a lease or similar agreement has been made with the Shire as the administrator of the land giving the legal right to use the land for beekeeping purposes.
9. All beekeepers in Western Australia are required to register with the Department of Primary Industries and Regional Development (DPIRD) and comply with all DPIRD requirements.

4.5 Revocation of Approval

- If it is the opinion of an Environmental Health Officer the approved beehives are causing a nuisance, the Council may direct any bees or approved beehives to be removed.
- If Council is notified of a new concern regarding the keeping of bees on a particular property, the application will be reconsidered by Council and approval may be revoked.

5. REFERENCE DOCUMENTS

The Shire of Dardanup Health Local Law 2000

“National Best Management Practice for Beekeeping in the Australian Environment”

“Western Australian Apiarists Society Best-Practice Guidelines for Urban Beekeeping (2020)”

Shire of Dardanup Town Planning Scheme No. 3 (TPS3).

- iv) **The applicant is advised that this is not a Building Permit. A Building Permit should be obtained prior to the commencement of construction.**

CARRIED
8/0

12.7 Title: Application to Keep Bees (Urban Bee Hive) – Lot 60 (No. 59) Pratt Road, Eaton (Mr Trevor Dyer)

Reporting Department: Engineering & Development Services
Reporting Officer: Mr Neil Nicholson - Principal Environmental Health Officer
Legislation: Shire of Dardanup Health Local Laws 2000 (As Amended)

DECLARATION OF INTEREST

Cr. M T Bennett declared a Proximity Interest in Item 12.7 as he owns the property next door.

Cr. M T Bennett left the room [5.11pm] and Cr. P S Robinson assumed the role of Chairperson.

Location Plan



Background

On 14 March 2017 the Shire of Dardanup received an email request from Mr Trevor Dyer of 59 Pratt Road, Eaton to keep a bee hive on the premises. Mr Dyer stated the reason for the request was that a swarm of bees had settled in a vacant possum box located in a tree at the rear of his premises. Mr Dyer stated that he wished to keep the bees and relocate them into a proper (purpose-built) bee hive.

Clause 6.7.2 (1) of the *Shire of Dardanup Health Local Law 2000 (As Amended)* states that

“A person shall not keep or permit the keeping of bees anywhere within the district unless approval to do so has been given by the Council” (Appendix ORD: 12.7A).

A site inspection by the Shire’s Environmental Health Officers on 28 April 2017 revealed the following:

- The hive was located within a possum box at the rear of the property;
- The box was approximately 4.5m above the ground fixed to the branches of a large tree (Appendix ORD: 12.7B);
- The box was located approximately 2.5m above an existing tree house;
- The tree house had a floor area of approximately 2.8m x 1.5m, a corrugated iron roof, and wood-slat railing (but no walls). The treehouse was accessible by an extendable aluminium ladder; and
- The box was approximately 3m away from the southern boundary of the property, and approximately 20m away from the eastern boundary (Appendix ORD: 12.7C).

The subject property is 1507m² and zoned ‘Residential’. It is on a street corner with residential properties along the eastern and southern boundaries. The Eaton Bowling Club lies to the west (on the opposite side of Bobin Street), and the Collie River foreshore lies to the north on the opposite side of Pratt Road.

The applicant has indicated that there is no commercial aspect to his application, and the honey will not be for sale.

The applicant has also indicated his genuine intention to ensure the bees are responsibly kept. He has joined the West Australian Apiarist’s Society (WAAS) and attended their course “101 – Introduction to Responsible Bee Keeping” on 22 April 2017. He has stated that he will purchase a purpose-built hive, and register with the Department of Agriculture and Food (DAFWA) if he is granted Council approval to keep the hive.

He has proposed to keep the purpose-built hive on the platform of the treehouse (directly beneath the possum box). The tree house is approximately 2.2m to 2.5m above the ground. Mr Dyer commented this elevated position would keep the flight path of the bees well above the height of people.

Legal Implications

The requirements of the *Shire of Dardanup Health Local Laws 2000 (As Amended)* apply to this application.

The applicant is also required to register with Department of Agriculture and Food WA (DAFWA) within 14 days of becoming a beekeeper.

Compliance with the Biosecurity and Agriculture Management (Identification and Movement of Stock and Apiaries) Regulations 2013.

Strategic Community Plan - None.

Environment - None.

Precedents - None.

Budget Implications - None.

Budget – Whole of Life Cost - None.

Council Policy Compliance - None.

Risk Assessment - Low.

Risk level is low based on the applicant complying with the conditions of good bee keeping.

Officer Comment

The keeping of bees falls under “Part 6 - Pest Control” of the *Shire of Dardanup Health Local Laws 2000 (As Amended)*. The local laws prohibit any person from keeping bees, or allowing bees to be kept, anywhere within the Shire unless they have obtained formal approval from Council. The primary reason for this is that bees can swarm, and/or sting people if not responsibly managed.

Experts indicate that approximately 2% of the population is allergic to bee stings. Bee stings can cause anaphylaxis (severe allergic reaction) in people who are allergic. Anaphylaxis can be fatal. Based on the 2% figure, there would be approximately 160 people in Eaton who are allergic to bee stings (if the total population is 8000 people).

Environmental Health Services have sought suitable advice from the West Australian Apiary Society (WAAS) with respect to the application, and whether keeping an urban hive presents an undue risk to public safety. The WAAS is a member of the Bee Industry Council of Western Australia (BICWA) which is the peak beekeeping body in WA.

The WAAS indicated urban bee keeping presents no significant risk to public health or safety so long as the bees are kept in a responsible manner. The WAAS provided Environmental Health Services with their code of practice for urban beekeeping, the “*Draft Urban Beekeeping Code, to be recommended to the Western Australian Apiarist Society (WAAS), for all Local Government areas in WA*” (Appendix ORD: 12.7D). The code is specifically written for local government, to assist in the assessment of bee keeping applications. The code specifically states:

“Very few Local Authorities employ inspectors or decision-makers with beekeeping expertise. The Code establishes the principal criteria which all beekeepers should follow, thereby relieving Local Authorities of the need to have in-house expertise”

The code specifically applies to the European Honey Bee (*Apis mellifera*) and no other type of bee.

Responsible beekeeping

The Code states the following key principles to responsible bee keeping:

- 1. All beekeepers in Western Australia must be registered with the Department of Agriculture and Food WA (DAFWA), and registration must be renewed annually for as long as the beekeeper keeps bees.*

2. *In accordance with Part 9 of the Biosecurity and Agriculture Management (Identification and Movement of Stock and Apiaries) Regulations 2013 beekeepers are to brand their hives with the unique identifying brand given to them by DAFWA*
3. *Beekeepers are to comply with the Biosecurity and Agriculture Management (Identification and Movement of Stock and Apiaries) Regulations 2013 at all times.*
4. *Urban bee keepers are strongly encouraged to join the WAAS. It provides technical support and training for amateur and hobby beekeepers.*
5. *If swarming occurs, the applicant should access the WAAS website for the contact details of registered beekeepers who can collect the swarm.*
6. *Hives in urban and suburban areas should not exceed the figures in the following table:*

| <i>Allotment area</i> | <i>Maximum number of hives</i> |
|--|--------------------------------|
| <i>Up to 400m²</i> | <i>1</i> |
| <i>400-1000m²</i> | <i>4</i> |
| <i>1000-2000m²</i> | <i>8</i> |
| <i>2000-4000m²</i> | <i>16</i> |
| <i>>4000m², if urban zoned</i> | <i>Seek advice from WAAS</i> |
| <i>For hives on rooftops:</i> | <i>Seek advice from WAAS</i> |

Note:

- *The table (above) complies with the National Best Management Practice for Beekeeping in the Australian Environment (from the Australian Honey bee Council). The figures are based on the assumption that the beekeeper is registered (with DAFWA) and also observes the recommendations of the WAAS Code of Practice.*
 - *If a hive needs to be split, some additional hives should be permitted for short periods.*
 - *The Code notes figures in the table are “recommended maximum hive numbers” and “the configuration of surrounding dwellings and their surroundings, including gradients of terrain, will influence the actual suitable maximum number of hives on a particular block of land”.*
 - *The Code also notes “The flight path to and from hives will also need consideration”.*
7. *Hives must be in a dry, quiet area, out of sight from roads and footpaths. This means hives are typically in rear gardens, and not front gardens.*
 8. *The hive should be positioned so that a person’s approach is from the side or rear (of the hive); and that the hive will be maintained from the side or the rear.*
 9. *Hives should be at least 3m from the property boundary.*
 10. *Hives should be kept away and out of site from outdoor eating areas, doors and openable windows of buildings.*
 11. *The entrance should be positioned so that bees must fly across the property before crossing the boundary. If this cannot be done, then barriers should be placed along the boundary. These can be in the form of hedges and shrubs, or instant barriers consisting of shade cloth fixed to a trellis high enough to*

ensure that bees crossing the boundary are well above head height. Bees will then fly up and over these structures and should not worry neighbours.

12. *Bee flight paths should be at least 3m above public footpaths or recreational areas.*
13. *Hives should be positioned so there is adequate space for maintenance. The Code states:*

“A space of a minimum 1m wide will be needed along one side of the hive and a minimum of 60cm wide along the opposite side. A space of approximately 1.5m wide is needed behind the hive and the bees will need at least 30cm clear (preferably 50cm) in front of the hive entry. In total these dimensions mean that the hive and working area around it will total about 2.5m by 2.1m”
14. *If the hive swarms (a natural occurrence), the swarm should be collected in the cluster stage. This is to stop bees flying to nearby properties and establishing in houses, trees or similar sites.*
15. *Old or failing queen bees should be replaced with new queens with a low genetic predisposition to swarming.*
16. *The hive should be re-queened every 12 to 24 months with a healthy queen of a docile strain. The Queen should be obtained from a reputable bee breeder. Preferably one which sources its queens from the Rottnest Island “Better Bee” program. This is a highly controlled program which produces queens of a docile strain (non-aggressive).*
17. *If the hive’s behaviour is aggressive, the queen should be replaced with a queen of a docile strain.*
18. *The new hive the applicant is proposing to re-home the wild hive in must be placed directly below the possum box (on the treehouse platform), and no more than 3m away from the hive’s current location.*
19. *There must always be a supply of water within 5m of the hive. The water should be in a sunny place, and have capillary moisture (e.g. wet sand or gravel).*
20. *If the hive swarms, the beekeeper must capture and hive it as soon as it has formed into a cluster.*
21. *Honey (from the hive) should never be exposed in the open.*
22. *If the beekeeper notices honey being robbed (by other bees) after opening a hive, the hive should be reassembled and closed as quickly as possible. Robbing can quickly escalate to a frenzy.*
23. *Hives should not be worked in cold, windy or wet conditions. Bees can become aggressive.*
24. *The beekeeper must ensure hives are not worked when neighbours are working or relaxing outdoors, or when domestic animals and pets are outdoors.*
25. *Hive manipulations should be done as quickly as possible to ensure minimum disturbance to the bees.*
26. *The beekeeper should use “clearer boards” to prepare honey supers for harvest. This is less disruptive to the bees than shaking, brushing or blowing methods.*

Note: "Supers" are the rectangular wooden racks in a bee hive within which the honeycomb (and honey) attaches to.

27. *If possible, there should be a physical barrier blocking line-of-sight between the hive entrance and neighbour's lights.*
28. *The beekeepers should ensure the flight path of the bees does not cross over neighbour's properties. Bees should also be kept healthy to ensure there is no "bee poo" problem.*
29. *If the hive is to be shifted off the property, it should be done so in accordance with the WAAS Urban beekeeping code.*
30. *Avoid using lawn mowers or weed slashers near the hive as this will disturb the bees.*
31. *Bee smokers must not be used during a total fire ban, but in all other occasions, is acceptable. Smokers should be used in accordance with the Code.*
32. *Honey extraction should take place in a room, and that room should be bee proof. Sticky frames (post honey-extraction) should not be left in the open.*
33. *The hive is to be actively managed at all times. If a hive is not being actively managed, the owner is to arrange a registered beekeeper to remove it, or actively manage it on their behalf.*
34. *The beekeeper should always inform neighbours of beekeeping activities, and reassure them that they will always comply with the Code.*

- **Application Assessment**

The application was advertised to surrounding residences on 9 May 2017. Letters were sent out to all residences within 60m of the applicant's premises with comment/s requested by 31 May 2017. No comments or objections were received. (Appendix ORD: 12.7E).

The WAAS Draft Urban Beekeeping Code is only applicable to the European Honey Bee (*apis mellifera*). As such, it is important that the species of bees on Mr Dyer's property be identified. The WAAS has been queried about this, and a response is pending.

The application was referred to the Shire's Planning and Environmental sections for comment:

- *Planning Officer Comment*

The proposal is for 'hobby' purposes with no apparent commercial aspects and as such, does not require Development Approval under the *Planning and Development (Local Planning Scheme) Regulations 2015*.

- *Environment Officer Comment*

The applicant is a long term Eaton resident with a good understanding of the ecology of the local area and has volunteered his time to assist with restoration activities along the foreshore.

European honey bees (*Apis mellifera*) play an integral role in the fertilisation of 200 Australian plant genera and interact with a wide diversity of native flower-visiting animals.

The applicant wishes to keep bees as a hobby, not as a commercial venture and has completed an "Introduction to Responsible Beekeeping" course. The Environment Officer supports the application to keep bees.

Council Role - Quasi-judicial.

Voting Requirements - Simple Majority.

OFFICER RECOMMENDED RESOLUTION

THAT Council approve the request from Mr Trevor Dyer to keep one (1) bee hive at Lot 60 (No. 59) Pratt Road, Eaton subject to the following conditions:

1. The applicant is to register the hive with the Department of Agriculture and Food WA (DAFWA) within 14 days of this Council Approval. Registration is to be in accordance with the *Biosecurity and Agriculture Management (Identification and Movement of Stock and Apiaries) Regulations 2013*.
2. This approval applies only to the applicant (Mr Trevor Dyer) at the approved address (59 Pratt Road, Eaton) and is not transferrable to any other person or premises.
3. Council may revoke the approval at any time should the applicant fail to comply with these conditions.
4. Council may revoke the approval at any time should it be brought to Council's attention that the existence of the hive has the potential to cause a health or safety hazard to a resident in the locality.

Advice Note:

The keeping of bees is to be accordance with the 'Draft Urban Beekeeping Code, to be recommended to the Western Australian Apiarist Society (WAAS), for all Local Government areas in WA'.

- ii) The applicant is recommended to become a member of the West Australian Apiarist Society (WAAS).

Discussion:

Cr. P S Robinson – The officer report advises that the species of bee was not known. The species of bee has now been established and it is the European Honey Bee.

Cr. C N Boyce – I refer to the WASS guidelines, that states that for a block the size of Mr Dyer's, the property could have up to four hives. I would like to move this resolution with a change to the approval being for two hives not

one. Mr Dyer is diligent in his beekeeping and if the hive grows it may need to be split.

Cr. P S Robinson – The applicant has only asked for approval for one hive.

Cr. C N Boyce – This is the first application for a bee hive to come to Council and this will set the scene for other beekeepers in Eaton. I would like to change resolution from one hive to two. Encourage responsible beekeeping.

Cr. A Mountford – I don't think we want to encourage too many more hives in a backyard.

Cr. J Lee – I question point 4 regarding the hive potentially being a safety hazard.

Manager Development Services, Mr Steve Potter – The reason that condition was included is because it was advertised to landowners within 60m. We can't pre-empt who moves in next door later down the track, eg if it's someone with a bee allergy. We have received no objections to this application.

Cr. P S Robinson – One objection that was sent to Councillors directly. They aren't saying that anyone they know of is allergic, but that it could pose a safety problem later.

FORESHADOWED MOTION

Cr. T G Gardiner – I believe there should only be one hive. If you have two hives, you may then need to split them into four etc. I think we need to see if there is any impact on neighbours first. If this resolution is lost I foreshadow a motion to put the Officer Recommended Resolution as listed, for approval of only one hive.

Change to Officer Recommendation

As per Local Government (Administration) Regulations 1996 11(da) Council records the following reasons for amending the Officer Recommended Resolution:

The applicant is diligent in his application and if the hive grows, it may need to be split. This sets a precedent for future applications.

OFFICER RECOMMENDED & COUNCIL RESOLUTION

MOTION MOVED - Cr. C N Boyce SECONDED - Cr P Perks
LOST

THAT Council approve the request from Mr Trevor Dyer to keep two (2) bee hives at Lot 60 (No. 59) Pratt Road, Eaton subject to the following conditions:

1. The applicant is to register the hive with the Department of Agriculture and Food WA (DAFWA) within 14 days of this Council Approval. Registration is to be in accordance with the *Biosecurity and Agriculture Management (Identification and Movement of Stock and Apiaries) Regulations 2013.*

2. This approval applies only to the applicant (Mr Trevor Dyer) at the approved address (59 Pratt Road, Eaton) and is not transferrable to any other person or premises.
3. Council may revoke the approval at any time should the applicant fail to comply with these conditions.
4. Council may revoke the approval at any time should it be brought to Council's attention that the existence of the hive has the potential to cause a health or safety hazard to a resident in the locality.

Advice Note:

- i) The keeping of bees is to be accordance with the *'Draft Urban Beekeeping Code, to be recommended to the Western Australian Apiarist Society (WAAS), for all Local Government areas in WA'*.
- ii) The applicant is recommended to become a member of the West Australian Apiarist Society (WAAS).

MOTION LOST
2/5

Process:

As the previous resolution was lost, Chairperson, Cr. P S Robinson put the Foreshadowed Motion.

**OFFICER RECOMMENDED RESOLUTION
FORESHADOWED MOTION & COUNCIL RESOLUTION**

249-17 MOVED - Cr. T G Gardiner SECONDED - Cr. A Mountford

THAT Council approve the request from Mr Trevor Dyer to keep one (1) bee hive at Lot 60 (No. 59) Pratt Road, Eaton subject to the following conditions:

1. **The applicant is to register the hive with the Department of Agriculture and Food WA (DAFWA) within 14 days of this Council Approval. Registration is to be in accordance with the *Biosecurity and Agriculture Management (Identification and Movement of Stock and Apiaries) Regulations 2013.***
2. **This approval applies only to the applicant (Mr Trevor Dyer) at the approved address (59 Pratt Road, Eaton) and is not transferrable to any other person or premises.**
3. **Council may revoke the approval at any time should the applicant fail to comply with these conditions.**

4. Council may revoke the approval at any time should it be brought to Council's attention that the existence of the hive has the potential to cause a health or safety hazard to a resident in the locality.

Advice Note:

- i) The keeping of bees is to be accordance with the 'Draft Urban Beekeeping Code, to be recommended to the Western Australian Apiarist Society (WAAS), for all Local Government areas in WA'.
- ii) The applicant is recommended to become a member of the West Australian Apiarist Society (WAAS).

CARRIED
7/0

Note: Cr. M T Bennett returned to the room and assumed the Chair [5.20pm].

12.8 Title: Strategic Community Plan Review

Reporting Department: Corporate & Community Services

Reporting Officer: Mr Phil Anastasakis – Director Corporate & Community Services

Legislation: Local Government Act 1995; Local Government (Financial Management) Regulations 1996

Background -

This report recommends Council endorse the continuing engagement and facilitation process associated with the review of its Strategic Community Plan and Corporate Business Plan.

Council adopted its Strategic Community Plan 2013 – 2023 on 28 November 2012, which runs for a 10 year period. The statutory requirement is for the Strategic Community Plan to be fully reviewed every 4 years (minimum), with a desktop review after 2 years.

A desktop review of the plan was undertaken in late 2014 which was received and endorsed by Council on the 17 December 2014.

A full review of the Strategic Community Plan was scheduled for early 2017. This is consistent with the Department of Local Government & Communities Integrated Planning and Reporting Framework and Guidelines – September 2016.

Our Ref: [HIV-R0807514](#)

NN: td

☎: 9724 0340

neil.nicholson@dardanup.wa.gov.au

29 September 2020

Trevor & Jane Dyer
59 Pratt Road
EATON WA 6232

Dear Mr and Mrs Dyer

RE: APPROVAL TO KEEP THREE BEE HIVES – 59 PRATT RD, EATON

I am pleased to advise that your application to keep bees on Lot 60 (No. 59) Pratt Rd, Eaton is hereby approved under officer delegated authority, in accordance with Clause 5 (5) of 'Council Policy 005 – Keeping of Bees'.

Details of this approval:

| Approval to keep bees | |
|--|--|
| Shire Approval No: | BK-009 |
| DPIRD Registration No: | 37623 |
| Hive Brand: | T2H |
| Date of Approval: | 29 September 2020 |
| Person approved to keep bees: | Trevor and Jane Dyer |
| Property where bees are approved to be kept: | Lot 60 (No. 59) Pratt Road, Eaton |
| Number of hives approved: | 3 Hives Note: hive numbers may temporarily increase where beehives need to be split. |
| Conditions: | a) The keeping of bees is to be in accordance with Council Policy 'CP005 – Keeping of Bees' and the WAAS Best-Practice Guidelines for Urban Beekeeping. b) This approval does not include the sale of honey, the processing of honey (for the purpose of sale), or other commercial activity pertaining to the keeping of bees. |

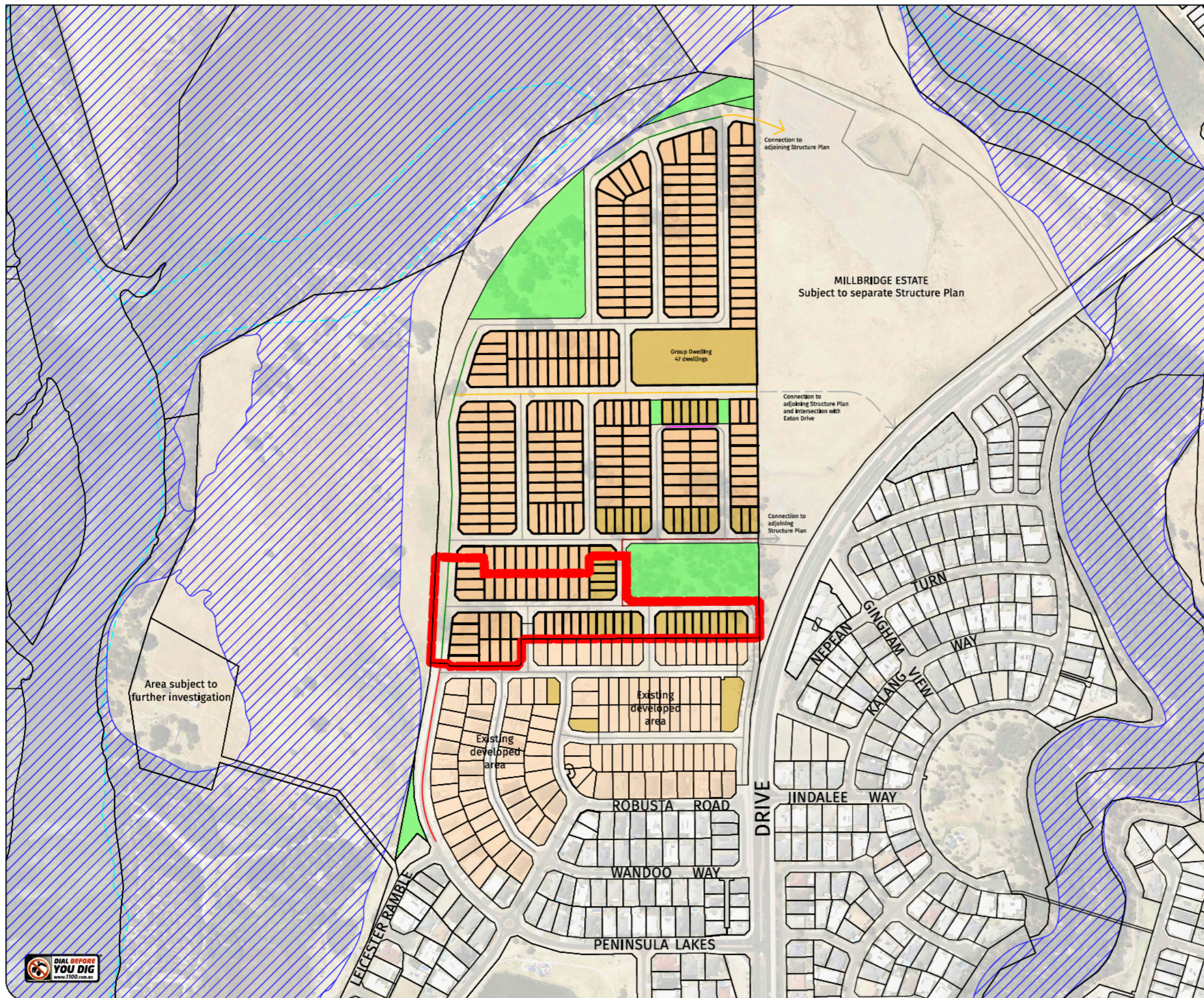
If you have any queries, please contact Environmental Health Services on (08) 9724 0340.

Yours sincerely



MR NEIL NICHOLSON
Principal Environmental Health Officer

| RISK ASSESSMENT TOOL | | | | | | | | |
|---------------------------------|---|---|-----------------|----------------------|--|----------------------------|-----------------|----------------------|
| OVERALL RISK EVENT: | | Beekeeping Approval BK-009, 59 Pratt Road, Eaton, Amendment or Revocation of Approval | | | | | | |
| RISK THEME PROFILE: | | 7 - Environment Management Choose an item. | | | | | | |
| | | 6 - Community Engagement 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 | Future nuisance event from bees affecting neighbouring property | Moderate (3) | Possible (3) | Moderate (5 - 11) | Amend beekeeping approval BK009 to ensure best practice, and suitable risk mitigation. | Minor (2) | Unlikely (2) | Low (1 - 4) |
| FINANCIAL IMPACT | N/A | Choose an item. | Choose an item. | Choose an item. | N/A | Choose an item. | Choose an item. | Choose an item. |
| SERVICE INTERRUPTION | N/A | Choose an item. | Choose an item. | Choose an item. | N/A | Choose an item. | Choose an item. | Choose an item. |
| LEGAL AND COMPLIANCE | Non-compliance with Approval BK-009 conditions, as Amended | Moderate (3) | Possible (3) | Moderate (5 - 11) | Amend beekeeping approval BK009 to ensure best practice, and suitable risk mitigation. | Minor (2) | Unlikely (2) | Low (1 - 4) |
| REPUTATIONAL | Inaction on formal complaint alleging nuisance from bees. | Moderate (3) | Possible (3) | Moderate (5 - 11) | Amend beekeeping approval BK009 to ensure best practice, and suitable risk mitigation. | Minor (2) | Unlikely (2) | Low (1 - 4) |
| ENVIRONMENT | N/A | Choose an item. | Choose an item. | Choose an item. | N/A | Choose an item. | Choose an item. | Choose an item. |
| PROPERTY | N/A | Choose an item. | Choose an item. | Choose an item. | N/A | Choose an item. | Choose an item. | Choose an item. |



LEGEND

- EXISTING CADASTRE
- STRUCTURE PLAN MODIFICATION BOUNDARY
- PROPOSED CADASTRE
- RESIDENTIAL: R40
- RESIDENTIAL: R30
- RESIDENTIAL: R20
- PUBLIC OPEN SPACE
- MANAGED LOW FUEL ZONE
- * RESIDENTIAL DENSITY TO BE CONSISTENT WITH ADJOINING STRUCTURE PLAN
- ⋯ PATH NETWORK
- PATH NETWORK & FIRE SERVICE ACCESS ROUTE
- ▨ FLOODWAY
- CONSERVATION CATEGORY WETLAND
- LOCAL ROADS**
- 25.6m Reserve (includes Drainage)
- 21m Reserve
- 18m Reserve
- 15m Reserve
- 12.5m Reserve
- 9m Reserve

OVERALL CONCEPT PLAN

Robusta Road, Eaton
PARKRIDGE

Plan No. | 22294-07
Date | 21/08/25
Drawn | NP
Checked | KS
Revision | N

BUNBURY OFFICE:
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BUNBURY WA 6230
T: 08 9792 6000
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Scale | 1:5000@A3



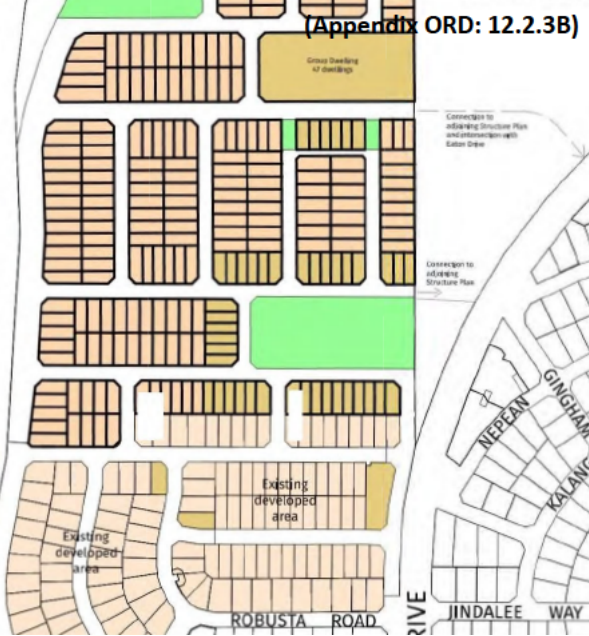
NOTE: This plan has been prepared for planning purposes. Areas, Contours and Dimensions shown are subject to survey



Harley Dykstra

PLANNING & SURVEY SOLUTIONS

(Appendix ORD: 12.2.3B)



| RISK ASSESSMENT TOOL | | | | | | | | |
|---------------------------------|--|---|--------------------|----------------------|--|----------------------------|---------------|----------------------|
| OVERALL RISK EVENT: | | Stage 5 Parkridge Estate Subdivision WAPC202190 | | | | | | |
| RISK THEME PROFILE: | | 3 - Failure to Fulfil Compliance Requirements (Statutory, Regulatory) | | | | | | |
| 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 | No risk event identified for this category. | Not Required - No Risk Identified | N/A | N/A | Not required. | Not required. | Not required. | Not required. |
| SERVICE INTERRUPTION | Unable to locate property if it has no road name | Moderate (3) | Likely (4) | Moderate (5 - 11) | Not required. | Not required. | Not required. | Not required. |
| LEGAL AND COMPLIANCE | No risk event identified for this category. | Not Required - No Risk Identified | N/A | N/A | Not required. | Not required. | Not required. | Not required. |
| REPUTATIONAL | Risk of criticism in the media for not naming road | Minor (2) | Almost Certain (5) | Moderate (5 - 11) | Not required. | Not required. | Not required. | Not required. |
| 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. |
| PROPERTY | No risk event identified for this category. | Not Required - No Risk Identified | N/A | N/A | Not required. | Not required. | Not required. | Not required. |