

Supporting the work of Local Government Health and Wellbeing Officers

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The observations in this paper are formed by conversations with council officers working in roles variously described as community engagement, community development and community health and wellbeing. They include discussions from the recent June forums and a specific exercise at the Devonport forum. That was a force analysis process of individuals locating personal satisfaction with their work on a continuum from the best it could be to 'a struggle'. Each person located their judgement in the top third of the continuum. The group had worked together for several hours and there was a positive and collaborative approach to the exercise. Another forum of 12 officers from five councils did not do the same exercise but officers' presentations and conversations raised similar points of view.

The factors identified were checked during the analysis for levels of agreement and those with high levels are included here. The exercise was well received by the group and this approach and the forces identified are a foundation for similar investigation with more health and wellbeing officers.

This study is part of the Local Government Community Health and Wellbeing Project. It informs how actions are chosen that best match the purpose of the Project to improve the explicit focus in councils on community health and wellbeing.

Participant Observations

Most influential positive forces in their work.

- Partnerships. The increasing level of interest support from agencies and community groups with ideas and passion wanting to work with us.
- The impact of our work in the community. Our job is worthwhile and community people say we are making a difference.
- Support from our peers and our community networks 'fill up the bottle'.
- The team inside council hold similar views. Similar people are attracted to these jobs and we share a positive faith in people.
- Feedback from the community provides the support we need to improve and grow.

Most influential forces acting as barriers in their work.

- The nature of 'community services' is so diverse and there are conflicting priorities. This occurs in councils with and without formal plans.
- A lack of understanding about our work in council, but outside our department. This lack of understanding can lead to 'unfair use of opinions and power over our funding'.
- Lack of time and resources from within council and competition for funding means that 'you have to be a continual high achiever to get a gold star'.
- External control of our services from outside council is characterized by
 - Unsuitable conditions of grants.
 - External control of services and lack of transparency from independent government funded service providers contracted to provide services to people in our community.
 - New directions for funding come 'all of a sudden'.

Reflections

The strong positive views about the purposes and intrinsic value of their work, and their relationships with immediate colleagues and the community appear to be the most powerful drivers. Officers did not volunteer a view that the barriers to their work are strong enough to have much influence over their commitment and enthusiasm. However, they clearly identified several factors inside and outside councils that may have a negative influence on their work. These factors may be outside the influence of the officers and their immediate line managers. Consequently, the most effective approach to increasing the explicit importance of health and wellbeing outcomes in council strategic and operational plans and budgets may include working directly with elected representatives and senior council officers.

There appears to be three broad action areas for increasing the formal and strategic importance of community health and wellbeing outcomes in Local Government.

1. Direct support for community health and wellbeing officers.
 - a. Tailored learning support and skill development for officers working in community health and wellbeing and engagement.
 - b. Development of role descriptions and narratives describing the nature and value of the work, including role clarity and unique/ particular work of officers working in community health and wellbeing and engagement.
2. Whole of Local Government acknowledgement of the relevance, value, and importance of community health and wellbeing outcomes to Local Government core purposes.
 - a. Build the economic business case for building community health and wellbeing as a rationale for social and wellbeing indicators and outcomes included across council plans.
 - b. Review internal council culture, organisation, and decision making informed by complex systems thinking and adaptive leadership.
 - c. Align whole of council community engagement practices with evidence of most effective methodologies.
3. Shared understanding about how best to align funding methods, the nature of partnerships agreements, and service providers' actions with council placed projects and officers' best work practices.
 - a. Establish this as a shared challenge across peak bodies (Premier's Advisory Council), leading organisations (Heart Foundation) key government departments (State Growth) and major funding agencies (DHS).

Additional Notes

Understanding resources from the community's perspective, a study by The Australian Prevention Partnership Centre, found that resources important to a community's capacity to adapt and change include "trust, relationships, social networks, hope, and confidence".

Council officers' perceptions of their work acknowledge the importance of these and identify them as valuable assets. This view of their work is supported by the Tasmanian Department of Health Report, *Community Innovations Grants Program, Sharing Stories, 2017 Grants in Action* (19 June 2019), Healthy Tasmania. *Building community capacity: making an economic case* (www.pssru.ac.uk/pdf/dp2772.pdf), is an example of the argument that there are pragmatic economic reason for investing in community development.