Social Inclusion Action Groups

Guidelines for Local Governments

Second edition (2025)

VICTORIA
State Government

These guidelines are to be used by funded local governments to support the delivery of Social Inclusion Action Groups (SIAGs). Guidelines are developed and updated in consultation with SIAGs and approved by Victoria's State Wellbeing Promotion Adviser. Further updates will follow completion of the final evaluation report.

For more information, please contact the Wellbeing Promotion Office: wellbeingpromotion@health.vic.gov.au

To receive this document in another format email the Wellbeing Promotion Office, <wellbeingpromotion@health.vic.gov.au>.

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In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. 'Indigenous' or 'Koori/Koorie' is retained when part of the title of a report, program or quotation.

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Available at the Department of Health website < https://www.health.vic.gov.au/mental-health-wellbeing-reform/social-inclusion-action-groups>.

Acknowledgement of Country

The Department of Health respectfully acknowledges all Countries of the Kulin Nation and pays its respects to their Spiritual Ancestors, Elders, families, children and young people of past, current and future generations. This acknowledgement also extends to the Traditional Custodians protecting and nurturing its lands, waters and other significant sites.

We also acknowledge Aboriginal[1] ways of knowing, being and doing[2] as a key self-determining component in challenging deficit discourses and thinking labelled on Aboriginal and Torres Strait Islander cultures across mental health and social and emotional wellbeing, and other social determinant areas such as social, political and economic, media, and everyday conversations[3].

Recognition of lived experience

We welcome people with lived and living experiences who contribute to Social Inclusion Action Groups. Thank you for putting your hand up to improve the wellbeing of others, and for helping to build more inclusive and connected communities in Victoria.

Contents

1. Context 4

1.1 Local governments and communities play an important role in promoting mental wellbeing 6

1.2 SIAGs are a key initiative in Victoria's Wellbeing Strategy 7

1.3 The Wellbeing Promotion Office plays a leadership role in Victoria 7

1.4 SIAGs should align with and support municipal public health and wellbeing plans 7

2. Purposeand principles 10

2.1 Purpose 11

2.2 Core objectives 12

2.3 Principles 12

3. Program model 13

3.1 Overview of the program model 14

3.2 Aboriginal cultural safety and self-determination are integral to SIAGs 14

3.3 Overview of the Local Social InclusionInvestment Fund 16

3.4 First Nations stream should be self-determined 16

3.5 The role of government is to enable communities to lead change 16

4. Needs analysis 17

4.1 The importance of priority groups 18

4.2 SIAGs are required to complete a needs analysis 18

4.3 SIAG members should be involved in the completion of a needs analysis 19

4.4 Needs analysis should draw on a wide range of data 19

5. Develop local investment plan 20

5.1 SIAGs are required to develop a local investment plan 21

5.2 Local investment plan must align with SIAG investment principles 21

5.3 SIAGs to determine local investment priorities 23

5.4 SIAGs to determine preferred local investment approaches 24

5.5 SIAGs to develop assessment criteria and decision-making processes 24

6. Accountability, learning and adapting 25

6.1 Steering Group 27

6.2 Meetings and six-monthly reporting requirements 27

6.3 Investment recipients must contribute to SIAG reporting processes 28

7. SIAG membership and development 29

7.1 SIAG should be comprised of community members 30

7.2 Broad and targeted approaches are needed for recruitment 30

7.3 SIAG membership should reflect local community and priority groups 30

7.4 Core components for terms of reference 31

7.5 Remuneration and reimbursement for SIAG members 31

7.6 SIAG Member support, learning and development 32

7.7 SIAG member alumni 32

8. SIAG Staffing and coordination 33

8.1 LGA staffing requirements 34

8.2 SIAG staff support, learning and development 34

9. Communications 35

Appendix 1: Glossary 36

Appendix 2: Investment categories and examples 37

Appendix 3: Director of a public entity 38

Appendix 4: Resources 39

References 40

1.

Context

Wellbeing is a positive, holistic state of being where a person feels well and can function productively in their personal lives, in relationships with others, and as members of their communities and society more broadly.[4]

Wellbeing is also a major personal and community asset. Supporting people to achieve and maintain high levels of wellbeing has considerable personal, social and economic benefits.[5] **Good mental health and wellbeing drives social and economic prosperity, contributing to better learning, increased creativity, greater productivity, better quality relationships, improved physical health and longer life expectancy.**[6] **High levels of wellbeing also reduce the risk of developing mental illness up to 8 times and improve recovery from mental illness up to 7 times.**[7,8]

The Royal Commission into Victoria's Mental Health System (Royal Commission) recognised that vibrant and resilient communities are the foundation of individual and collective wellbeing. It also understood that communities are best placed to drive social inclusion and connection to improve mental health and wellbeing outcomes at a local level.

The Royal Commission recommended the Victorian Government establish and resource 'community collectives' (now known as Social Inclusion Action Groups – SIAGs) in each of Victoria's 79 local government areas (Recommendation 15, Volume 2, Chapter 11 of the Royal Commission's **final report**).

The Victorian Government is providing funding to 10 local governments for staffing, remuneration and a Local Social Inclusion Investment Fund.

1.1 Local governments and communities play an important role in promoting mental wellbeing

Communities are part of the first level of the reformed mental health and wellbeing system and are experts in their own right. Local governments (LGAs) are auspiced to deliver SIAGs. LGAs will employ staff to bring together community members and leaders to form a SIAG. SIAGs will identify local needs related to social inclusion and connection and flexibly fund wellbeing promotion initiatives in their local area.

Figure 1. The six levels of the reformed mental health and wellbeing system

Families, carers and supporters, informal supports, virtual communities, and communities of place, identity and interest

Broad range of government and community services

Primary and secondary mental health and related services

Local Mental Health and Wellbeing Services

Area Mental Health and Wellbeing Services

Statewide services

1.2 SIAGs are a key initiative in Victoria's Wellbeing Strategy

SIAGs are a valuable initiative that supports implementation of Victoria's first strategy to improve wellbeing. ***Wellbeing in Victoria: a strategy to improve mental health 2025 – 2035*** (Wellbeing Strategy) seeks to establish a robust and enduring wellbeing promotion system and guide coordinated action to embed wellbeing in the places where we live, learn, work and play. It is a systematic approach involving the whole of government, all sectors, all services and all communities.

The Wellbeing Strategy outlines eight priorities for action. SIAGs relate to several of these priorities, particularly priorities 5, 6 and 7 (see Figure 2):

1. Prioritise wellbeing in decision making across economic and social systems
2. Promote wellbeing centred leadership in institutions
3. Integrate wellbeing in the design and development of physical, social and natural infrastructure
4. Increase access and participation in natural and cultural spaces
5. Learn from community wisdom, including Aboriginal and Torres Strait Islander peoples' experience and expertise
6. Embed respect and inclusion in communities and organisations
7. Support connected communities
8. Strengthen people's agency over their wellbeing.

1.3 The Wellbeing Promotion Office plays a leadership role in Victoria

Part of the Victorian Department of Health, the **Wellbeing Promotion Office** is dedicated to the promotion of good mental wellbeing and the prevention of mental illness in the places where people live, learn, work and play. The Wellbeing Promotion Office's role is to lead, activate and work in partnership, striving for all Victorians to have the best possible mental wellbeing. The work of the Wellbeing Promotion Office is guided by the ten-year Wellbeing Strategy and rolling action plans.

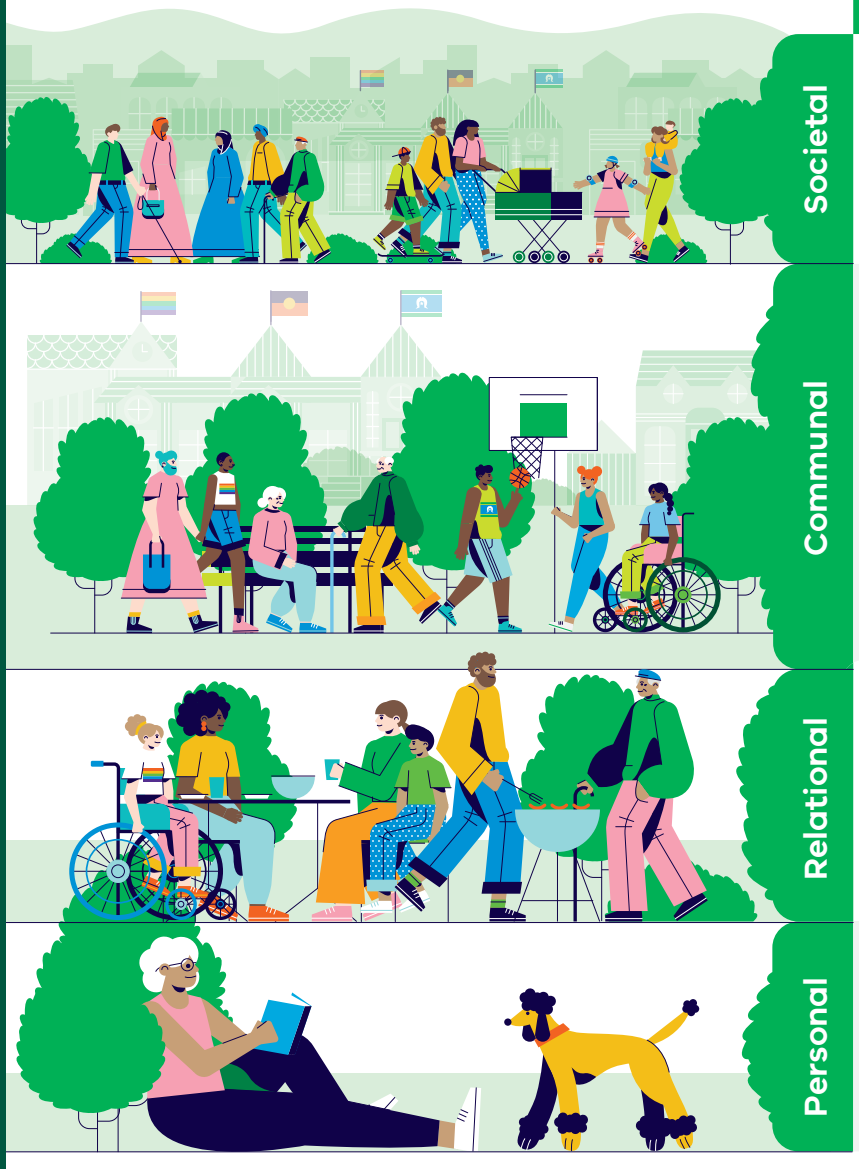
The Wellbeing Promotion Office is responsible for implementation, contract management, continuous improvement and governance of all Social Inclusion Action Groups.

1.4 SIAGs should align with and support municipal public health and wellbeing plans

The Royal Commission recommended that SIAGs align with municipal planning. SIAGs have the potential to support a wide range of priorities in Municipal Public Health and Wellbeing Plans. Funded LGAs are strongly encouraged to include a priority related to wellbeing promotion in their Municipal Public Health and Wellbeing Plan. Further information is available at **Department of Health webpage**.

Figure 2. Overview of the Wellbeing Strategy

An outline of Wellbeing in Victoria: A strategy to promote good mental health



Needs

Societal

We need our basic needs met before we can focus on other aspects of our wellbeing

Communal

We need to feel connected to each other, our communities, cultures and the spaces around us

We need to feel our lives have worth and meaning

Relational

We need to be safe and respected for who we are

Personal

We need the capabilities to navigate the ups and downs of life

Approach

System foundations	Leadership	Resourcing: Prevention at the core	
Lifecourse	Pre-natal & early childhood		
Life settings	Local neighbourhoods	Sports, recreation & leisure	Arts & culture

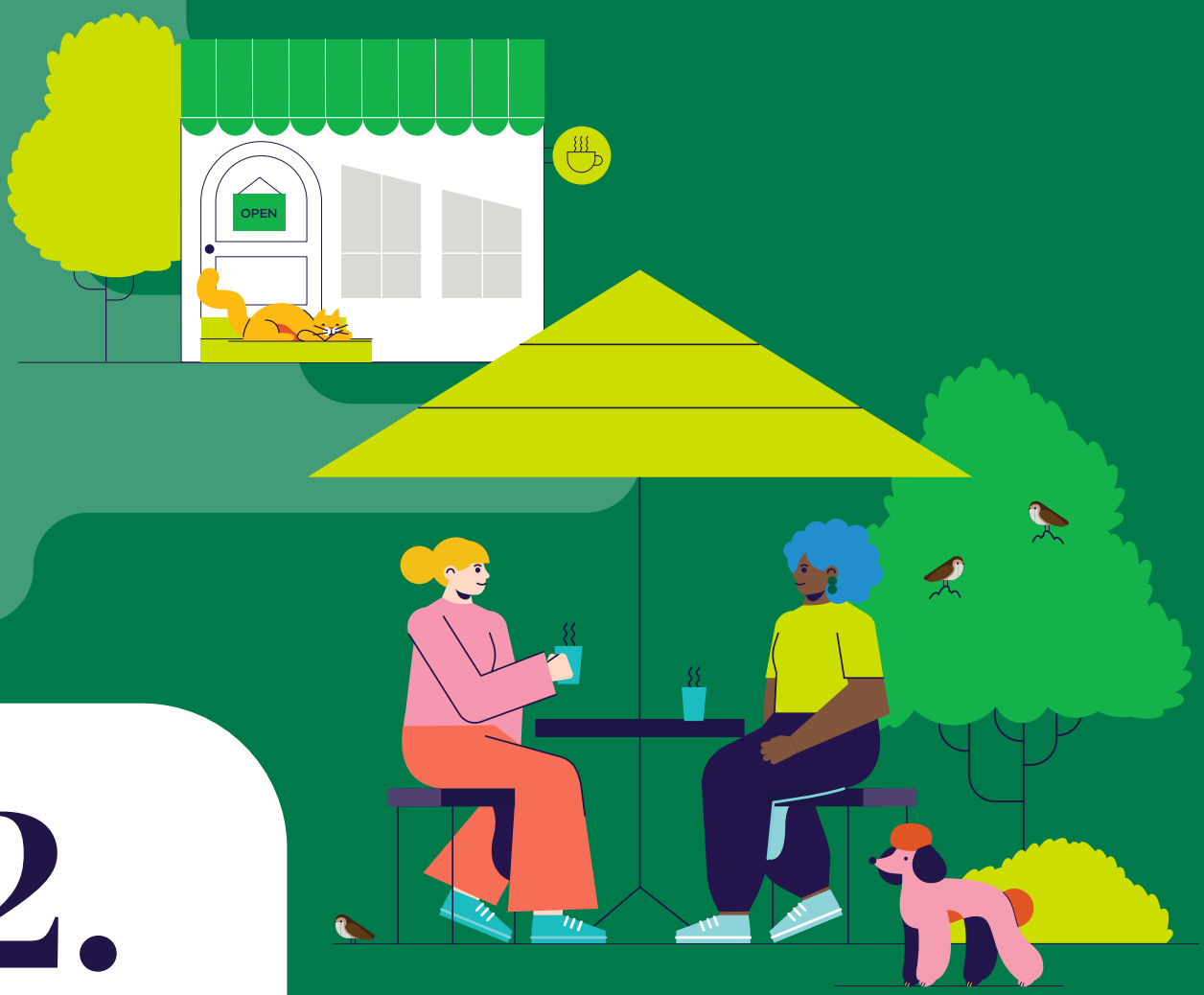
Vision: All people and communities have what they need to thrive, both now and for future generations

Aspirations	Priorities
People's life conditions support individual and collective wellbeing	**1** Prioritise wellbeing in decision-making across economic and social systems
	2 Promote wellbeing-centred leadership in institutions
Our physical, natural and cultural spaces support wellbeing	**3** Integrate wellbeing in the design and development of physical, social and natural infrastructure
	4 Increase access to and participation in natural and cultural spaces
Community wisdom is valued and supported	**5** Learn from community wisdom, including Aboriginal experience and expertise
Our communities are inclusive, connected, and respectful	**6** Embed respect and inclusion in communities and organisations
	7 Support connected communities
Our ability to nurture our personal and collective wellbeing is strong	**8** Strengthen people's agency over their wellbeing

Collaborative relationships | Capability | Evidence, data & monitoring

Childhood & adolescence | Adulthood | Late adulthood

Education & training | Workplaces | Digital platforms | Nature & country



2.

Purpose and principles

Strengthened community participation, inclusion and connection can boost people's wellbeing and sense of identity, agency and belonging. This helps to reduce psychological distress, feelings of isolation, disengagement and alienation, which can prevent and reduce mental distress, and support recovery for those experiencing mental ill-health and addiction.[9,10]

In addition, strong social bonds, high levels of trust and reciprocity in local communities can be key to people's resilience and wellbeing in disaster preparedness and recovery.[11,12]

> "[P]eople with higher levels of social capital – especially in terms of social participation and networks – engage in healthier behaviours and feel healthier both physically and psychologically."[13]

2.1 Purpose

SIAGs aim to strengthen the wellbeing and resilience of local communities. They do this by enhancing the protective factors of mental wellbeing, with particular emphasis on positive social supports, social environments and social norms (as part of the Five Ss Framework).

Figure 3. The mental health promotion Five Ss Framework developed by Prevention United[14]

Skills building	Promote wellbeing literacy and self-care skills that empower people to look after their own mental wellbeing and stay well, and support parents to learn parenting strategies that help their children to thrive.
Social supports	Promote equal and respectful relationships and support people to build strong social support networks and community connections.
Social environments	Create positive online, home, education, work, and community environments that promote good mental health and reduce risk.
Social norms	Counter negative social attitudes that contribute to violence, discrimination, and exclusion (racism, homophobia, transphobia, gender inequality).
Social determinants	Equitably distribute access to critical resources like education, work, income, and housing, and address socioeconomic disadvantage and power imbalances.

Source: Prevention United

2.2 Core objectives

While there are multiple concepts that underpin the purpose and rationale for SIAGs, the three core objectives for SIAGs are to **systematically** improve mental wellbeing by:

a. strengthening community participation

b. enhancing social inclusion

c. improving social connection.

2.3 Principles

SIAG members will lead decisions and fund initiatives that aim to strengthen community participation and promote social inclusion and connection. Specifically, SIAGs will:

a. be **community-led and owned**, empowering communities to identify their own needs, make decisions and develop solutions at a local level

b. consider **equity and inclusion** for SIAG membership and when making decisions about the use of the Local Social Inclusion Investment Fund. The SIAG needs to reflect the diversity of the community it serves

c. apply a **place-based approach**

d. be **informed by evidence and local knowledge**

e. operate from **community development** and **collective impact** approaches and principles.

3.

Program model

3.1 Overview of the program model

1. The Victorian Government provides LGAs with operational funding for staffing and remuneration and a Local Social Inclusion Investment Fund. Funding is tiered according to population size.
2. SIAG is a **circular model of continuous adaptation and improvement**. Figure 4 outlines key elements and processes that are interrelated and contribute to ongoing learning, development and program maturation.
3. The essential elements that underpin the SIAG program model are:
   - **Section 4. Needs analysis:** identifying local needs, existing initiatives and gaps
   - **Section 5. Local investment plan:** to test, support and fund a range of local initiatives
   - **Section 6. Accountability, learning and adapting:** to support accountability, financial oversight, continuous learning and improvement.

3.2 Aboriginal cultural safety and self-determination are integral to SIAGs

The Wellbeing Strategy recognises that reforms are underway to embed Voice, Treaty and Truth-telling to advance Aboriginal self-determination in Victoria. It acknowledges the importance of these developments in achieving equity and justice for Aboriginal and Torres Strait Islander peoples. Improving wellbeing for all in Victoria cannot be achieved without this.

As an initiative supporting the Wellbeing Strategy, LGAs are required to embed Aboriginal self-determination and cultural safety in the design and implementation of SIAGs.

1. **Everyone has a responsibility** for the cultural safety of Aboriginal and Torres Strait Islander people

   The Department of Health's **Aboriginal and Torres Strait Islander cultural safety framework** provides a continuous quality improvement model to strengthen the cultural safety of individuals and organisations. To support ongoing learning, SIAGs are encouraged to actively engage with:

   - **Part 1: Aboriginal and Torres Strait Islander cultural safety framework**
   - **Part 2: Reflective tool.**

2. The Local Social Inclusion Investment Fund contains a First Nations stream that constitutes 20% of the total fund, to be invested through **self-determined approaches** (see section 3.3).
3. SIAGs and First Nations partners are encouraged to develop a **collaborative relationship** that fosters shared learning about their local communities, social inclusion and connection in their local areas.
4. SIAGs are also encouraged to learn about **Treaty, truth and self-determination** in Victoria.
   - **Treaty Victoria** and **resources**
   - **Yoorook Justice Commission** and **build your knowledge**
   - **First Peoples Assembly** and **frequently asked questions.**

Figure 4. Social Inclusion Action Group program model

Needs analysis (section 4)

- Identify and understand local priority groups, community needs, existing opportunities and gaps
- Support SIAG members to learn from and translate findings from needs analysis into action with community partners

First Nations stream (section 3)

- Identify key partnerships and investment opportunities
- Discuss proposed approach with WPO
- Allocate funding and share learning between SIAG and First Nations partners

SIAG membership and development (section 7)

- Determine group design and ways of working
- Manage recruitment, onboarding and cessation
- Support SIAG members to form their group identity, learning and development to deliver Local Social Inclusion Investment Fund

Develop a local investment plan (section 5)

- Support SIAG members to develop a local investment plan to guide investment decisions
- Determine investment priorities and approaches, assessment criteria and decision-making processes
- Investment plan must align with investment principles

SIAGs engage local communities to build its profile and to enhance local networks

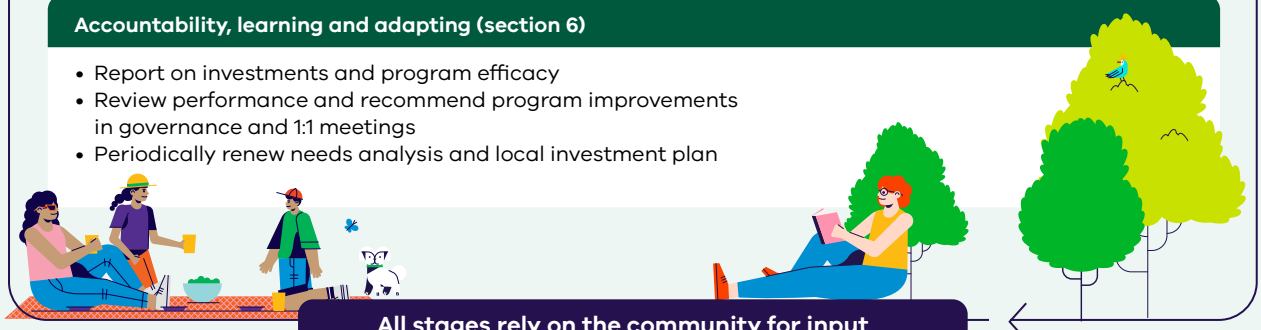
- Deliver whole of community engagement opportunities
- Identify and build relationships with partner organisations
- Promote the SIAG and funding opportunities

SIAGs decision making and funding allocation in accordance with local investment plan

- Fund local projects and initiatives (supporting innovation and maturation of initiatives)

Accountability, learning and adapting (section 6)

- Report on investments and program efficacy
- Review performance and recommend program improvements in governance and 1:1 meetings
- Periodically renew needs analysis and local investment plan



All stages rely on the community for input

Key touchpoints with Wellbeing Promotion Office

- LGAs to submit needs analysis, local investment plan and 6 monthly reports and acquittals to WPO
- LGAs to participate in regular 1:1 meetings and statewide governance meetings
- LGAs to inform WPO of engagement opportunities for the Minister for Mental Health and/or the State Wellbeing Promotion Advisor
- WPO inbox: wellbeingpromotion@health.vic.gov.au

3.3 Overview of the Local Social Inclusion Investment Fund

1. The role of SIAGs is to **consider, assess and determine** how the Local Social Inclusion Investment Fund can be allocated to promote wellbeing in local communities, by enhancing community participation, social inclusion and connection.
2. The main role of SIAGs is to develop and implement the local investment plan. While SIAG coordinators and members are not expected to lead the delivery of funded initiatives, they may play a supportive and facilitative role to enable local partnerships.
3. Each Local Social Inclusion Investment Fund (LSIIF) is tiered based on the size of the LGA. Each LGA's investment fund is split into two streams:
    a. General stream – 80 per cent of investment fund
        - The General stream may be used to support initiatives that are inclusive of the Aboriginal community. SIAGs should continue to seek Aboriginal representation within their membership.
    b. First Nations stream – 20 per cent of investment fund.
4. SIAGs and First Nations partners are encouraged to engage with each other to promote greater understanding of community needs, and the scope, rationale and impact of investments made in the different investment streams.

3.4 First Nations stream should be self-determined

1. LGAs will consider the local context and partner with First Nations communities and organisations to support funding allocation in line with the principles of self-determination.
2. The First Nations stream should align with the core objectives of the SIAG program: strengthening community participation, enhancing social inclusion and improving social connection of / for First Nations people.
3. Decision about the use of the First Nations stream should be made by community members and leaders representative of First Nation communities. This may include Aboriginal community controlled organisations, established Aboriginal Advisory Group or other local Aboriginal community networks.
4. First Nations community members supporting decision making who are not representatives of organisations, should be remunerated as per these guidelines.
5. LGAs are required to discuss their approach to the First Nations stream with the Wellbeing Promotion Office prior.
6. To account for public funding, recipients of the First Nations stream must contribute to SIAG reporting processes by completing a *partner* survey. Completion of *participant* surveys are strongly encouraged (see section 6.3).
7. LGAs will maintain financial oversight of the First Nations stream.

3.5 The role of government is to enable communities to lead change

1. The role of the Wellbeing Promotion Office and LGAs is to design, deliver and provide support to SIAGs in a way that best **enables SIAG members to effect change** in their local communities.
2. The Wellbeing Promotion Office and LGAs are committed to **place-based, community-led and owned approaches** that:
    a. value community knowledge and decision-making
    b. provide sufficient guidance while allowing for flexible, adaptable and iterative development
    c. provide appropriate measures to prioritise community participation and contribution.
3. The Wellbeing Promotion Office is responsible for **statewide** program design, oversight and performance monitoring. The key mechanisms that support these functions include governance meetings and 6 monthly reports by LGAs (see section 8).
4. **As auspice**, LGAs will provide support and coordination and administer funds on behalf of the SIAG. LGAs are responsible for local design, delivery and oversight of initiatives funded by the SIAG.

4.

Needs analysis

4.1 The importance of priority groups

1. SIAGs are encouraged to identify, understand and respond to the needs of priority groups in their communities.
2. Priority groups reflect the characteristics and circumstances of people at higher risk of social exclusion and isolation. This may be due to trauma, discrimination, poverty, chronic health conditions, or multiple forms of disadvantage.
3. Priority groups are outlined in these guidelines to support SIAGs to take an inclusive and equitable approach to meeting the needs of members of their community.
4. SIAGs are encouraged to consider these characteristics and circumstances in an intersectional way (overlapping and intersecting) rather than as distinct and separate categories.
5. Priority groups include:
    a. people with a variety of lived and living experiences that may be the subject of stigma and discrimination, including mental illness, psychological distress, addiction, and chronic health conditions
    b. people of different cultural or faith backgrounds, from LGBTIQA+ communities or experiencing disability or impairment
    c. Aboriginal and Torres Strait Islander people
    d. people at key life transition points (e.g. school leavers, new parents, recent retirees, people experiencing loss of significant relationships)
    e. people living or working in solitary or isolating conditions
    f. people experiencing barriers to participation (e.g. low income, caring responsibilities, lack of housing, mobility or transport)
    g. people who are not in education, training or employment
    h. people who are otherwise disengaged from community.

4.2 SIAGs are required to complete a needs analysis

1. The needs analysis should describe the **needs, strengths, gaps and opportunities** in local communities for enhanced community participation, social inclusion and connection.
2. The needs analysis will draw on quantitative and qualitative data to help SIAGs to better understand:
    a. Socio-demographic profile of community
    b. People experiencing barriers to community participation, social exclusion and social isolation (e.g. priority groups outlined in section 4.1)
    c. Strength and gaps in community capitals[15]
    d. Local systems, structures and cultures that enhance or limit people's willingness or ability to participate and contribute
    e. Existing funding opportunities, programs or initiatives that support community participation, social connection and inclusion, and mental health promotion
    f. Evaluation and impact of above initiatives (where available)
    g. Gaps in current responses.
3. The needs analysis should contain **actionable insights** for SIAGs over an appropriate course of time.
4. SIAGs are encouraged to consider suitable timing for **revisiting and updating** the needs analysis and building this into the SIAG's ways of working.

4.3 SIAG members should be involved in the completion of a needs analysis

1. SIAG members, supported by the coordinator, will lead a needs analysis of the current state of social exclusion, community participation and connectedness in the local community. This includes gaining insights into the **needs, unique strengths, gaps and opportunities** of the LGA, understanding local influences and identifying levers, pathways and potential partners.
2. The coordinator should support SIAG members to **work in partnership** with the broader community to inform the needs analysis. Engagement with the broader community should be accessible and provide a range of participation options. It may also build on existing engagement efforts in some communities.
3. Where a **consultant** is engaged to undertake the needs analysis, SIAG members should be involved in the development including providing input and guiding the direction of the needs analysis. The consultant should be supported to share findings with SIAG members including actionable insights to inform local priorities.

4.4 Needs analysis should draw on a wide range of data

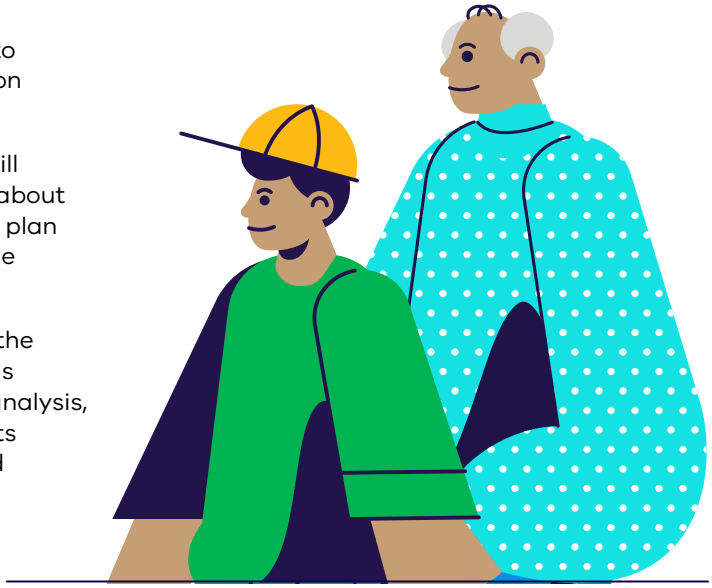
1. The needs analysis shall take a **whole-of-community approach** that analyses a broad range of population-level data, combined with an **equitable approach** that examines the experiences of people at greater risk of social exclusion and isolation (e.g. priority groups outlined in section 4.1).
2. SIAG coordinators should identify information and data available to support this process. This may include information available to council (e.g. through catchment planning and municipal public health and wellbeing plans) or Local Public Health Units.
3. Suggested minimum datasets to inform the needs analysis may include, but are not limited to:
   - Australian Bureau of Statistics
   - Victorian Population Health Survey
   - The Household, Income and Labour Dynamics in Australia (HILDA) Survey
   - .id (informed decisions) community profiles
   - Australian Institute of Health and Welfare
   - Scanlon Foundation Mapping Social Cohesion reports
   - Ending Loneliness Together State of the Nation reports
   - VCOSS 2023 Voices of Victoria Listening Tour
   - VCOSS Mapping poverty in Victoria report, interactive map and interactive dashboard (2023)
   - Annual Australian Youth Survey

5.

Develop local investment plan

5.1 SIAGs are required to develop a local investment plan

1. SIAGs must develop a local investment plan to support allocation of the Local Social Inclusion Investment Fund.
2. A local investment plan outlines how SIAGs will focus their investments and make decisions about initiatives to be funded. The local investment plan should respond to the findings and actionable insights from the needs analysis.
3. SIAGs are encouraged to review and refresh the local investment plan on a periodic basis. This should reflect findings from updated needs analysis, learning and outcomes from past investments (through reports as outlined in section 6) and other relevant insights.



5.2 Local investment plan must align with SIAG investment principles

1. The local investment plan must align with SIAG investment principles, and include:
   a. Local investment priorities (based on findings and actionable insights from the needs analysis)
   b. Preferred investment approaches that enhance collaboration and impact
   c. Assessment criteria and decision-making processes to enable SIAG members to determine eligibility and alignment with local investment priorities and investment approaches.

Table 1. SIAG investment principles

a. Partnership with Aboriginal communities to support self-determination	• Each LGA should work to identify suitable Aboriginal partners to determine the best use of the First Nations Social Inclusion Investment stream, supporting the principles of self-determination. This may include an ACCO, a partnership of ACCOs or an established Aboriginal Advisory Group. Decision about the use of the First Nations Social Inclusion Investment stream should be made by community members and leaders representative of the Aboriginal community in each LGA. • SIAGs do not have a role in decision making in relation to the First Nations fund. However, they are encouraged to build relationships and share learning with the local Aboriginal group or organisation leading the funding allocation. LGAs are required to discuss their approach with the Wellbeing Promotion Office prior. • Community members supporting decision making of the First Nations funding stream that are not members of organisations, should also be remunerated as per these guidelines. • The General Social Inclusion Investment stream may still be used to support initiatives that are inclusive of the Aboriginal community, and SIAGs should continue to seek Aboriginal representation within their membership.

Table 1. SIAG investment principles *(continued...)*

b. Shared and informed decision making	• LGAs will support SIAG members to engage in informed, collective decision-making processes to decide how the Local Social Inclusion Investment Fund is used. • SIAGs should be supported to have the decision-making power sit with community members.
c. Values based	• SIAGs are encouraged to develop a set of shared values and priorities to guide their work to promoting social inclusion and connection, including the allocation of the Local Social Inclusion Investment Fund. • Shared values can be established through the process of developing a shared vision, objectives, principles or a similar as decided by the SIAG to act as a foundation for guiding the priorities and focus of the group.
d. Evidence based	• SIAGs should consider current research, evidence and local knowledge to inform decision making for funding local initiatives. This may include scaling up or replicating past or existing initiatives. • Where there is a gap in evidence, SIAGs may choose to test ideas and evaluate learnings to contribute to the evidence base. • SIAGs are encouraged to consult with local and statewide organisational and expert partners as needed to support informed decision making.
e. Promoting equity	• SIAGs must consider how funded initiatives contribute to promoting equitable and inclusive communities. This may include tailored initiatives for people from priority groups (outlined in section 4.1), or targeted approaches for reducing inequities (e.g. focusing on geographic regions or initiatives that are under-resourced).
f. Collective impact	• SIAGs should consider how local investments can strengthen existing initiatives by enhancing their focus on community participation, social inclusion and connection. • This includes taking a structured approach to facilitating and mobilising activities, leveraging existing community strengths, resources and assets, and supporting partnership, collaboration and engagement across local efforts.
g. Supporting sustainability	• SIAGs should consider how the Local Social Inclusion Investment Fund can be used to support sustained delivery of new and existing initiatives. • Where possible, long-term funding and support is encouraged to enable sustained outcomes. This may include practical supports to build self-sustained delivery of initiatives and trialling new and innovative approaches.
h. Continuous learning	• SIAGs are encouraged to consider testing new ideas and applying iterative approaches to the delivery of initiatives. • A 'safe to fail, free to learn' environment is encouraged. SIAGs should also share learnings with funded initiatives, the broader community and other SIAGs. • A SIAG Coordinators' Community of Practice established by the Wellbeing Promotion Office will support shared learning across SIAGs (see section 8).

5.3 SIAGs to determine local investment priorities

1. SIAG members should be supported to determine the SIAG's local investment priorities. These priorities should be based on the findings and recommendations of the needs analysis.
2. In determining local investment priorities, coordinators and LGAs will support SIAGs to:
   a. take a **systemic approach** to strengthening community capital by focusing on the **five SIAG investment categories** (Figure 5 below, these are not mutually exclusive), which should be used to guide the type of initiatives to be funded
   b. consider opportunities to **strengthen intergroup relations** (e.g. promoting intercultural or intergenerational interaction), to enhance social ties between different communities and priority groups
   c. consider establishing formal and informal pathways to connect community members and leaders to **share learning and collaborate** across funded initiatives and other related projects
   d. consider the Guide to Disaster Recovery Capitals (for SIAGs in areas experiencing or likely to experience **natural disasters**).[16]

Figure 5. SIAG investment categories (see Appendix 2 for examples)

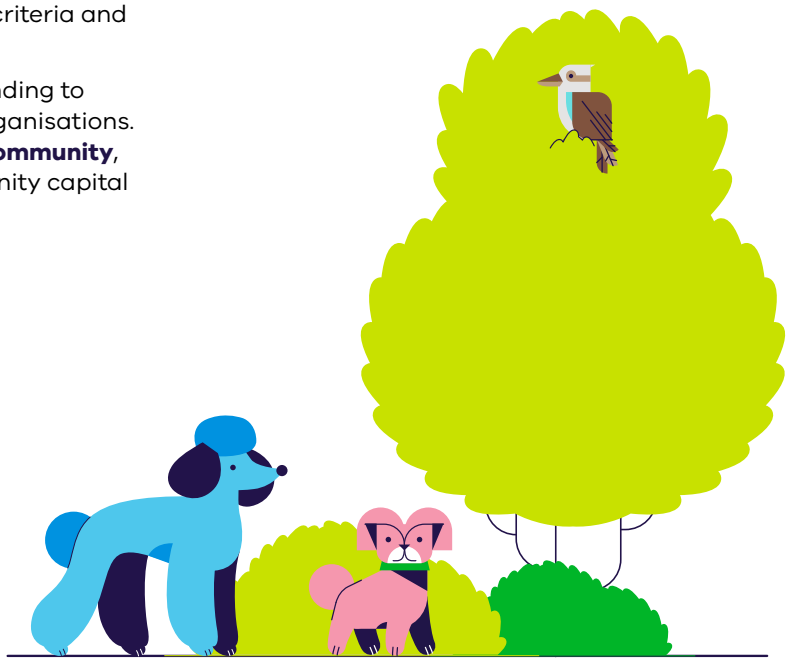
1. More accessible facilities and places	Improving the availability and accessibility of safe and inclusive facilities and public places (e.g., sporting facilities, parks, ovals, blue and green spaces, art and cultural spaces, public transport hubs, schools, farmers markets, community clubs and halls).
2. Improving skills and knowledge	Increasing the understanding and capabilities of SIAG and community to promote community participation and connection (e.g., social inclusion, belonging, leadership, governance).
3. Enhancing opportunities for connection	Supporting local communities and organisations to bring people together in welcoming and inclusive environments.
4. Strengthening social inclusion and community participation	Suporting inclusive practices to enhance opportunities for participation, shared purpose and places where people feel valued and safe to contribute meaningfully.
5. Influencing policies, practices and social norms	Strengthening the capability and commitment of local government, local organisations, businesses and communities to drive systems change for socially inclusive and connected communities.

5.4 SIAGs to determine preferred local investment approaches

1. SIAGs are encouraged to adopt investment approaches that are:
   a. **Flexible, collaborative and promote collective impact** (which are preferred to competitive processes) to deliver on local SIAG investment priorities and statewide SIAG objectives – e.g. negotiated or allocated funding methods, open or targeted expressions of interest, preliminary roundtable discussions to support partnership-based approaches, participatory budgeting approaches[17].
   b. **Targeted at different stages in the investment cycle** to support innovation and maturation – i.e. seed funding for new initiatives; expansion funding to grow and fully realise new initiatives; replication funding to spread the initiative to different locations or to different groups; continuation funding to sustain initiatives for a period of time.
   c. **Focused on promoting more concentrated effort and deeper impact** – e.g. in selected locations, priority groups or investment categories.

5.5 SIAGs to develop assessment criteria and decision-making processes

1. Local assessment criteria and decision-making processes should give effect to SIAG investment principles (section 5.2), local investment priorities (section 5.3) and investment approaches (section 5.4).
2. In relation to eligibility, SIAGs may direct funding to local organisations and community groups for a range of initiatives:
   a. The decision to provide such funding must be **wholly led and owned by SIAG community members** against established investment priorities and agreed assessment criteria and decision-making processes.
   b. SIAGs are encouraged to direct funding to community groups, networks or organisations. By **investing locally and through community**, SIAGs can help strengthen community capital and capabilities.
   c. **Further criteria or considerations** can be applied (e.g. the extent to which priority groups are likely to benefit from the initiative, the nature of the group or organisation seeking funding, applicant's funding base, potential to secure funding from sources other than through SIAG).

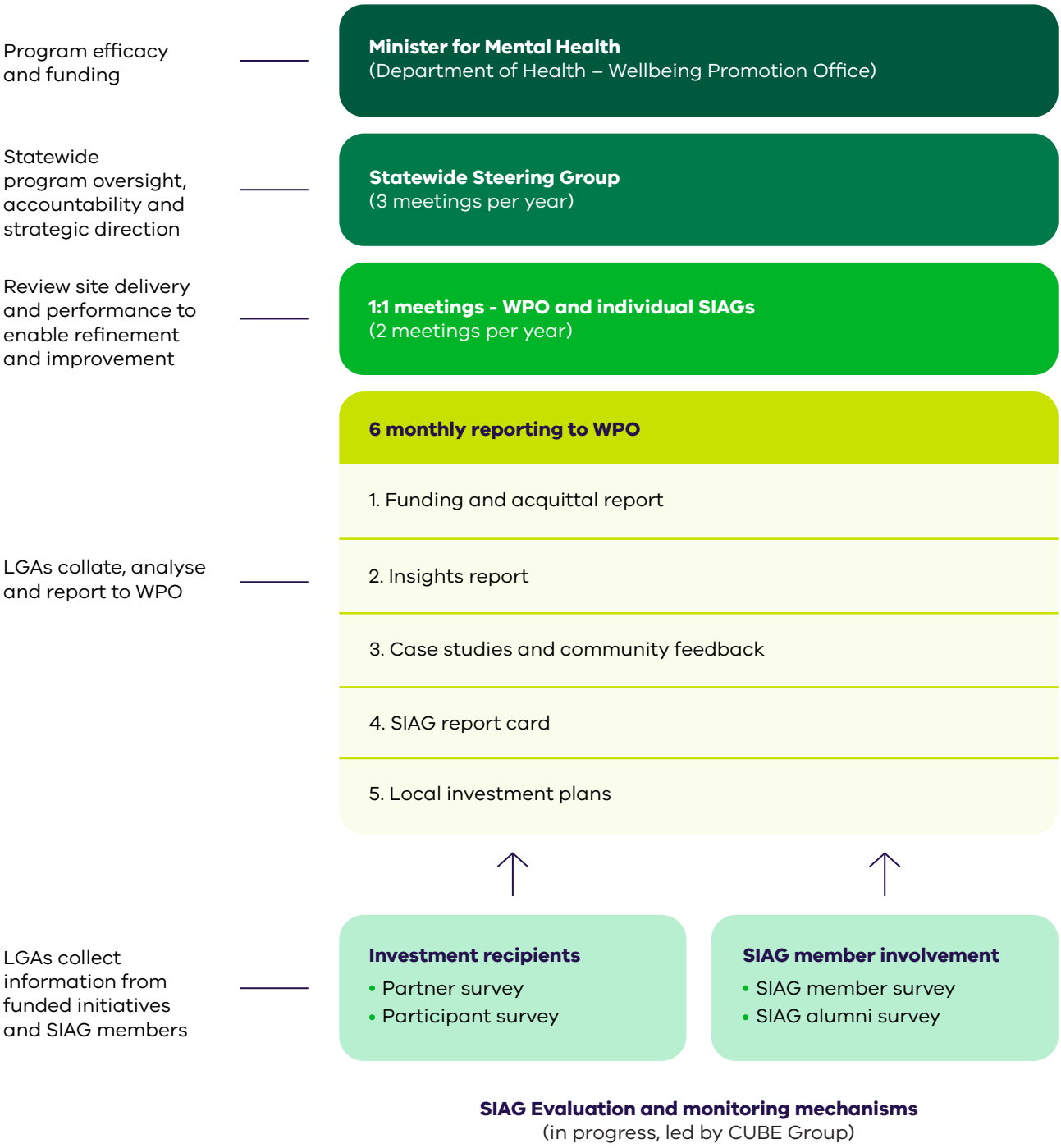


6.

Accountability, learning and adapting

Regular and detailed reporting supports accountability, performance management, oversight, continuous learning and improvement. The information SIAGs provide will be key to program evaluation and assessment, financial management and reporting to the Department of Treasury and Finance, Minister for Mental Health, and to the Victorian Parliament as appropriate.

Figure 6. Governance and reporting overview



6.1 Steering Group

1. Up to two managers or executives from each funded LGA are required to attend Steering Group meetings. The purpose of the Steering Group is to provide program oversight, accountability and strategic direction. This includes:
   - **a.** Reviewing and recommending changes to enable continuous improvement of SIAGs design and delivery
   - **b.** Analysis of funded initiatives to identify opportunities for replication and scaling, and appropriate mechanisms to support this
   - **c.** Collaborative learning and problem solving to address common barriers and challenges
   - **d.** Learning from and contributing to evidence and contemporary practice in place-based and community-owned approaches
   - **e.** Enabling strategic connection to local government priorities and other relevant areas of work.
   - **f.** Contributing to program reporting that informs departmental and ministerial priorities.
2. The Steering Group will meet at least three times per year or as otherwise agreed by members and the Wellbeing Promotion Office.
3. Council managers and executives shall comply with standards of conduct, conflict of interest and confidentiality in accordance with the *Public Administration Act 2004* (see Appendix 3).

6.2 Meetings and six-monthly reporting requirements

1. LGAs must submit reports and attend prescribed meetings with the Wellbeing Promotion Office. These measures support accountability for public funding, continuous learning and improvement.
2. Reporting requirements enable financial and program oversight and are in accordance with the SIAG evaluation and monitoring framework. This includes:
   - **a.** Funding and acquittal report on operational funding (staffing and remuneration) and the Local Social Inclusion Investment Fund
     - Funds are expected to be expended within the year allocated. Where underspend is unavoidable, LGAs are required to submit a proposal to the Wellbeing Promotion Office outlining reasons for underspend and a proposal for carry-over and expending funds in the next financial year. All proposals are subject to approval by the Wellbeing Promotion Office.
   - **b.** Insights report on SIAG achievements and outcomes, learning, barriers and enablers to SIAG operation
   - **c.** Case studies and community feedback
   - **d.** SIAG report card, which collates data on funded initiatives.
3. Evaluation monitoring mechanisms have been developed to support reporting and oversight. This includes:
   - **a.** SIAG report card
   - **b.** Partner survey
   - **c.** Participant survey
   - **d.** SIAG member survey
   - **e.** SIAG Alumni survey
4. Reporting templates will be provided to LGAs.
5. SIAGs are encouraged to review and refresh their needs analysis and local investment plan on a periodic basis.

6.3 Investment recipients must contribute to SIAG reporting processes

1. All recipients of the Local Social Inclusion Investment Fund are required to contribute to the reporting process determined by LGAs. This applies to recipients of the general stream and First Nation partners under the First Nations stream.
2. At a minimum, all recipients must complete the *partner survey*.
3. LGAs may recommend recipients complete a minimum number of *participant surveys*. This can be determined according to the amount of funding provided, complexity of funded initiatives, nature of the organisation or community group receiving funding.
    a. While full completion of participant surveys is encouraged, the number of fields for completion may be reduced to reflect the nature of the funded initiative.
    b. Support can be provided to recipients to enhance completion of participant surveys (e.g. increased funding to recipients to enable them to meet reporting requirements).
4. Reporting frequency is **six monthly** and **ongoing**. Reports are due on **23 January** and **18 July** each year, and are to be submitted to **wellbeingpromotion@health.vic.giv.au**.
5. SIAGs will participate and contribute to evaluation. The Wellbeing Promotion Office has engaged an independent evaluator to assess the adherence of SIAG processes and outcomes against program objectives, report on benefits and early outcomes, and provide recommendations to improve the SIAG program. Evaluation will also consider how SIAGs support the outcomes as defined in new Mental Health and Wellbeing Outcomes Framework. Evaluation will help inform the potential expansion of SIAGs for other areas in Victoria.

7.

SIAG membership and development

7.1 SIAG should be comprised of community members

1. The preferred SIAG model is one that is **wholly comprised of community members**, with membership reflecting the requirements as defined in these guidelines. In this model, SIAGs may invite organisational representatives to join meetings to share information or expertise where appropriate.
2. SIAG membership may include organisational representatives, so long as community members constitute a **significant majority** of the membership. In this model, community members will be supported to retain ownership and decision-making power.
    a. The voting rights of organisational representatives should be limited to prevent an imbalance of power and undue influence.
    b. Organisational representatives must take active steps to avoid conflicts-of-interest. For example, excluding themselves from decisions that may involve potential, perceived or actual conflict with their official or professional roles.
3. Where organisational representatives are included, it is recommended that they be assessed for membership based on their **specific expertise** in promoting the mental wellbeing of individuals and/or communities. For example, based on their professional role in:
    - Primary health, community health, mental health or allied health
    - Aboriginal health, Aboriginal social and emotional wellbeing
    - Supporting or representing people in priority groups
    - Arts, nature, sports and recreation, volunteering or community development.

7.2 Broad and targeted approaches are needed for recruitment

1. LGAs will undertake an expression of interest (EOI) process to recruit members. The EOI process should be **fair, equitable and accessible**, with flexibility in how they can be submitted, including a range of written and verbal submissions. LGAs should:
    a. Advertise the EOI through a broad range of local and community networks
    b. Facilitate engagement opportunities to share information about the role
    c. Actively support community members and community leaders from priority groups to apply, including emerging leaders
    d. Consider additional or tailored measures to recruit people who are less engaged in community
    e. Ensure membership reflects the demographics of the community.

7.3 SIAG membership should reflect local community and priority groups

1. In accordance with the objectives of SIAG, membership should reflect the demographics of the local community and priority groups (outlined in section 4.1).
    a. SIAG membership should comprise a mixture of experienced community participants and people who less commonly participate in community.
    b. Where people from priority groups are not sufficiently reflected in the membership, additional or tailored measures may be needed to engage and support their participation and contribution.
    c. Membership is expected to evolve over time, informed by local needs analysis and work to understand and support people to participate, especially people who have a greater likelihood of experiencing social exclusion and isolation.

7.4 Core components for terms of reference

The SIAG member Terms of Reference should contain core components such as minimum and maximum membership numbers, maximum term, member succession and transition, decision-making styles (e.g. by consensus or by majority), remuneration, conflict resolution, processes for avoiding and managing perceived, potential and actual conflicts of interest.

7.5 Remuneration and reimbursement for SIAG members

1. The Royal Commission's final report states that community members should be remunerated for their time and the contribution they make to SIAGs, recognising their unique role as a decision-making body. SIAGs are funded to remunerate all community members who are not participating as part of their role in an organisation.
2. LGAs may consider a tiered approach to remuneration to recognise the different roles and level of responsibility that community members may have. Remuneration for additional work should fairly reflect the type of work, the level of skills and contributions required and the individual circumstances of the SIAG member.
   a. A minimum remuneration rate of $35 per hour should be offered for governance and other core meetings in recognition of the skills, expertise, and lived experience that members contribute.
   b. Engagements outside of governance meetings such as learning and development, mentoring opportunities or desktop-based work may be remunerated at the discretion and agreement of the coordinator and SIAG members.
   c. Coordinators are encouraged to have open discussions with members to allow considerations for individual circumstances where required, including additional non-financial supports.
3. Members may choose to decline remuneration.
4. Remuneration should be:
   - clearly communicated during the EOI process
   - discussed and agreed upon before commencing the engagement
   - offered to all SIAG community members.
5. LGAs will need to manage program funding to ensure sufficient funds are available for remuneration.
6. Methods of remuneration can be tailored to meet local needs and contexts. Considerations should be made for the challenges some remuneration methods may present. This may include consideration of flexible remuneration methods in line with organisational payment processes. Further considerations may be required for members who have barriers to using technology.
7. For some people, the payments they are given may affect their government benefits or tax. Members receiving payments should be encouraged to seek independent financial and tax advice on any impacts extra income may have. Members may also be directed to the **Australian Tax Office's Tax Help program**.
8. In addition to remuneration, group members may require reimbursements to support them to fully participate and ensure they are not financially disadvantaged. Community members may be compensated for costs they incur as part of their contribution, such as travel costs. Additional supports may also be arranged as required.

7.6 SIAG Member support, learning and development

1. LGAs are required to provide appropriate supports for their group members. This may include onboarding, access to peer-support, de-briefing and access to employee assistance program or similar.
2. SIAG members bring valuable strengths, experiences and perspectives. As an initiative that promotes continuous learning and development in a supportive environment, LGAs are encouraged to build on SIAG members' existing skills and insights to amplify their contribution.
    a. Learning and development opportunities should be flexible to meet local contexts and individual interests that are in accordance with SIAG program objectives. This may involve self-paced learning and reflection, group learning, mentoring, skills training and network building.
    b. SIAG Community members should be supported to understand and prepare for decision making meetings ahead of time. This may include information sharing, pre-briefings and de-briefings, and the provision of additional supports to address perceived or potential power imbalances.
    c. The Wellbeing Promotion Office will organise core training on mental health promotion, social inclusion and connection.
    d. A SIAG member manual will be available in 2026. The manual aims to strengthen SIAG members' understanding of mental health promotion, community participation, social inclusion and connection.

7.7 SIAG member alumni

LGAs may consider appropriate ways to support SIAG member alumni to continue their interest and contribution to mental health promotion, social inclusion and connection. This may include supporting their engagement with community participation, volunteering, training, employment or leadership pathways.

8.

SIAG Staffing and coordination

8.1 LGA staffing requirements

1. Each LGA is funded to employ 1.0 FTE coordinator at the recommended level of Band 7 (minimum Band 6) and project support to lead and support the SIAG. Project support funding will vary depending on the size of the LGA.
    a. Where the coordinator is engaged on a part-time basis, the LGA is required to expend the remaining funding for staffing in ways that best support delivery (e.g. job share, additional staff or top-up of another role)
d. Project or administrative support may be used flexibly to support SIAGs.
2. The SIAG coordinator is critical to the success of SIAGs. SIAG coordinators will be experienced leaders who will be required to:
    a. apply community development and collective impact approaches to establishing the SIAG
    b. lead needs analysis and understanding of social inclusion and connection activities in their community, including understand and applying relevant data
    c. identify and engage partners, including a diversity of community members and leaders, organisations and other experts
    d. ensure that SIAG membership reflects the community
    e. advocate for and support the elevation of community voices
    e. create safe and welcoming spaces to ensure all groups and individuals within the community may participate in and drive local governance of the SIAGs
    f. provide leadership, including in the areas of co-design, cultural safety and being an advocate and ally for diversity
    g. lead management and delivery of the Local Social Inclusion Investment Fund to support social inclusion and connection initiatives, including understanding of evidence-based solutions
    h. support SIAGs to align with the Wellbeing Strategy and Municipal Public Health and Wellbeing Planning.
3. Skills required of the coordinator role include:
    a. collective impact, community development and engagement, including working with and engaging diverse communities
    b. understanding community participation, the importance of social inclusion and connection to individual and community wellbeing, and wellbeing promotion more broadly
    c. leadership and project management skills
    d. the ability to oversee place-based funding.

8.2 SIAG staff support, learning and development

1. LGAs should provide ongoing training, supervision and professional development to support coordinators in their role.
    a. practice development should be ongoing and tailored to the unique skills and needs of the coordinators and the communities they support.
    b. specialised external supervision is strongly encouraged for coordinators
    c. feedback and continuous improvement for the SIAG Coordinators Practice Guide (*Community wisdom in action: A practitioner's guide to place-based decision making*) is encouraged. This can be provided to the Wellbeing Promotion Office as needed.
2. The **SIAG Coordinators' community of practice** is an ongoing resource to support information sharing and practice development for coordinators. Project support staff may also attend the community of practice alongside the coordinator. It is intended that this group will:
    a. meet regularly to provide a reflective space to share learning, challenges and successes
    b. learn from experts in mental health promotion, community participation, social inclusion and connection
    c. support collaboration between LGAs and the Wellbeing Promotion Office.

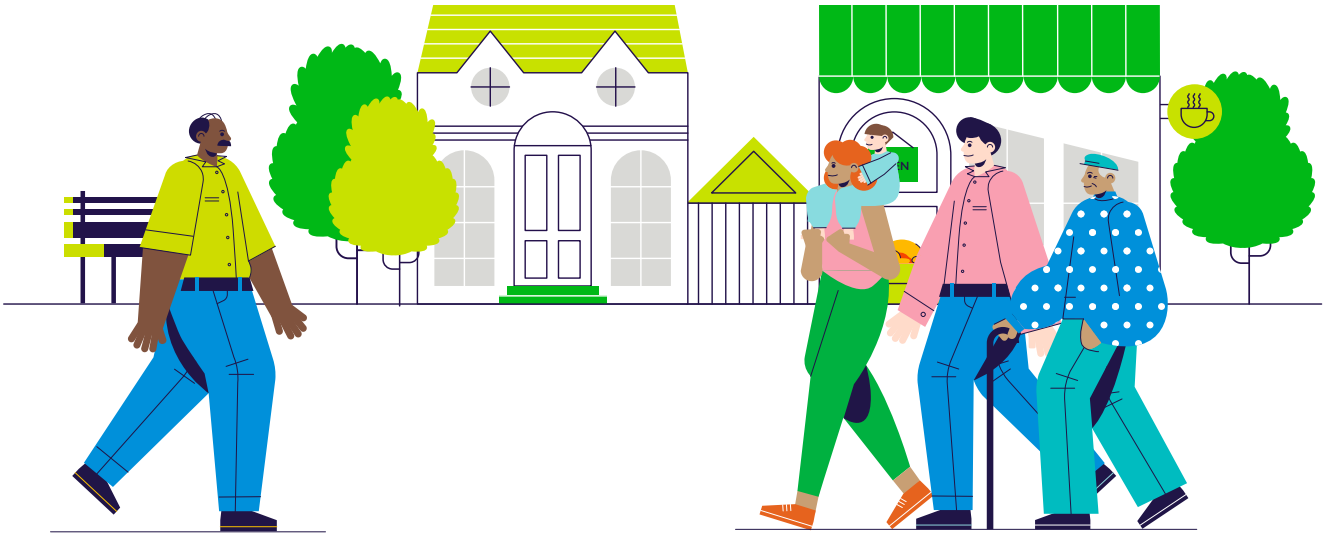
9.

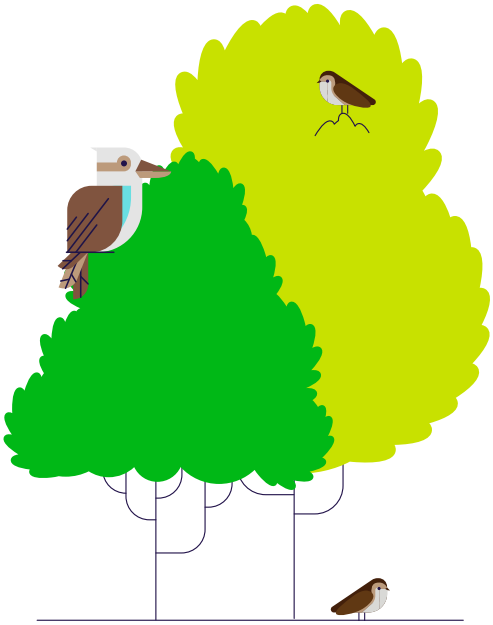
Communications

Communications

1. Councils must acknowledge the Department of Health in all public facing communications, and in accordance with **Brand Victoria guidelines**. The Department of Health logo can be obtained by contacting the Wellbeing Promotion Office.

2. LGAs are encouraged to notify the Wellbeing Promotion Office of significant milestones or events, so that opportunities for engagement and media can be considered and discussed.





Appendix 1: Glossary

Aboriginal self-determination: the ability of Aboriginal peoples to freely determine their own political, economic, social, and cultural development as an essential approach to overcoming Indigenous disadvantage.

Collective impact: is a collaborative approach to addressing complex social issues, consisting of five conditions: a common agenda; continuous communication; mutually reinforcing activities; backbone support; and shared measurement.[18]

Community-led: an approach where local community members and organisations are active leaders in the development of goals, policies and programs that impact their respective communities.

Community capitals: refers to seven indicators of a community's assets (natural, cultural, human, social, political, financial, and built capital), which can be used to analyse community and economic development efforts from a systems perspective.[19]

Community development: a process where community members are supported by agencies to identify and take collective action on issues which are important to them. Community development empowers community members and creates stronger and more connected communities.[20]

Community participation: processes that enable community members to have active roles in the community, including being involved in issues that affect them and shared decision making.[21]

Equity: equity recognises that everyone has different needs and interactions of power, which should be identified and addressed to allow everyone to experience their full potential for wellbeing. Equity is the absence of unfair and preventable differences between groups of people, whether on the basis of social, economic, geographical or other attributes (for example, gender, ethnicity or disability).[22]

Inclusion: where regardless of personal characteristics or circumstance, people feel, and are, valued, respected and afforded the opportunity to fulfil their individual or combined potential.[23]

Intersectionality: refers to the ways in which different aspects of a person's identity can expose them to overlapping forms of discrimination and marginalisation.[24]

Loneliness: a subjective unpleasant or distressing feeling of a lack of connection to other people, along with a desire for more, or more satisfying, social relationships.[25]

Mental health: A person's level of emotional, psychological, and social wellbeing that it is reflected in their thoughts, feelings and behaviours, and how well they handle stress, relate to others and function in society.

Mental health promotion or wellbeing promotion: the process of enabling people to increase control over their mental health and its determinants, and thereby improve their mental health.[26]

Place-based approach: targets the specific circumstances of a place and engages local people from different sectors as active participants in development and implementation of policies and initiatives.[27]

Prevention (primary): Strategies that aim to prevent or delay the onset of a health condition from occurring by addressing the underlying causes of that condition. Primary prevention is distinct from secondary prevention (also referred to as early intervention, which aims to minimise the progress of a condition at an early stage) and tertiary prevention (which aims to stop further progression of the condition and address the impacts that have already occurred).

Social Capital: the value that is inherent in the bonds and connections among people who live and work in a particular society, which enables that society to function effectively.

Social connection: a continuum of the size and diversity of one's social network and roles, the functions these relationships serve, and their positive or negative qualities.[28]

Social inclusion: a "population or community-level approach to not leaving anybody behind",[29] it is about all people being able to participate in society and creating the conditions for equal opportunities for all.[30]

Social exclusion: the process of being shut out from the social, economic, political and cultural systems that help a person integrate into the community.[31]

Social isolation: Social isolation refers to having objectively fewer social relationships, social roles, group memberships, and infrequent social interaction.[32]

Appendix 2: Investment categories and examples

	Description	Examples
1. More accessible facilities and places	**Improving the availability and accessibility of safe and inclusive facilities and public places** (e.g. sporting facilities, parks, ovals, blue and green spaces, art and cultural spaces, public transport hubs, schools, farmers markets, community clubs and halls).	• Strengthening community infrastructure (e.g. elevating community garden beds to enable older people and wheelchair users to participate in gardening activities) • Providing information to promote greater use of public facilities (e.g. maps and signage in different languages) • Improving facility design to be inclusive (e.g. sensory spaces for neurodiverse people) • Placemaking activities to enliven public places and community facilities.
2. Improving skills and knowledge	**Increasing the understanding and capabilities of SIAG and community to promote community participation and connection** (e.g. social inclusion, belonging, leadership, governance).	• Providing training on cultural competency and inclusive practices – both for SIAG members and the wider community • Translating knowledge and evidence to support shared understanding and action about community participation • Empowering people who are otherwise excluded to become leaders through SIAG.
3. Enhancing opportunities for connection	**Supporting local communities and organisations to bring people together in welcoming and inclusive environments.**	• Encouraging people to try facilities, activities and social groups (e.g. vouchers or incentives to attract newcomers to activities, community group 'open days', 'meet and greet' local traders) • Strengthening the ability of community groups to deliver activities (e.g. supporting local groups to build stronger collaborative networks so that they can share resources and complement each other's activities where appropriate) • Supporting existing social groups to reach people who would not otherwise be able to participate (e.g. providing child care or respite care so that parents and carers can participate in activities)
4. Strengthening social inclusion and community participation	**Supporting inclusive practices to enhance opportunities for participation, shared purpose and places where people feel valued and safe to contribute meaningfully.**	• Promoting a culture of collaboration and shared purpose between community groups (e.g. through funded partnerships, joined-up delivery of initiatives by different groups, inviting participants from a range of community groups to attend the same training session) • Fostering opportunities for intercultural and intergenerational interaction (e.g. encouraging art activities that bring people from different ages together, community cooking classes led by people from different cultural backgrounds) • Encouraging community groups and local organisations to consult with people to improve their activities or services (e.g. consulting with groups who are commonly excluded to find out how activities or facilities can be safer or more inclusive)
5. Influencing policies, practices and social norms	**Strengthening the capability and commitment of local government, local organisations, businesses and communities to drive system change for socially inclusive and connected communities.**	• Supporting organisations and communities to improve their policies, processes and ways of working (e.g. including people with a wide range of lived experiences in governance and in decision making) • Promoting the benefits of social inclusion and connection, including related research, stories and insights (e.g. excerpts from SIAG needs analysis) • Increasing awareness of SIAG and local initiatives (funded/unfunded) that aim to strengthen social inclusion and connection. Sharing learning and best practice and providing opportunities for collective impact

Appendix 3: Director of a public entity

Standards of conduct

Members of the Steering Group and Implementation Committee are expected to comply with the following obligations in the *Public Administration Act 2004* that apply to a Director of a 'public entity', as if they are a Director:

- the public sector values (section 7)
- the duties of Directors (section 79) and the Directors' Code of Conduct.

Steering Group and Implementation Committee members are also expected to comply with any directions or guidance provided by the Minister for Mental Health or the department.

The *Public Administration Act 2004* is available via the Victorian Government legislation website (**www.legislation.vic.gov.au**).

Conflict of interest

All Steering Group and Implementation Committee members will sign a conflict-of-interest disclosure form specific to the project and update this form when any relevant circumstances change. Steps taken to manage all reported conflicts of interest are to be recorded in governance meeting minutes and the project conflict of interest register.

All Steering Group and Implementation Committee members are expected to understand and adhere to the **model conflict of interest (COI) policy** and framework. In addition, the following specific actions should be followed to identify and mitigate against conflict of interest in their respective roles and to manage conflict of interest generally:

- reporting and management of conflict of interest will be a standing agenda item at each meeting, with all meetings to commence with reporting, disclosure and management of members' actual, potential or perceived conflict of interest.
- any actual, potential or perceived conflict of interest identified by members is to be reported to the Chair at or prior to the meeting. Strategies to manage such conflict of interest are to be noted in minutes and the conflict of interest register.
- the conflict of interest register will be available for access by any member of the Steering Group and Implementation Committee from the secretariat.
- the Chair is responsible for determining any action to manage disclosed conflict of interest and must be satisfied that the management actions are appropriate to enable the member to continue consideration of specific agenda items and/or membership of the Steering Group or Implementation Committee. Alternatively, if the Chair is not confident that the risk of conflict is appropriately mitigated, the Chair should determine a procedure to exclude the Member from consideration of specific agenda items and/or membership of the Steering Group or Implementation Committee where a real or perceived conflict persists.
- the Chair will regularly monitor the conflicts identified.
- advice in relation to any disclosed conflict of interest will be sought from the appointed probity advisor.

Confidentiality

This information on confidentiality applies to all Steering Group and Implementation Committee members and invited persons. The detail of deliberations and any material provided to the Steering Group and Implementation Committee that is marked confidential, must be treated confidentially in order to provide a forum for frank and fearless advice and debate.

Confidential information includes, but is not limited to:

- Cabinet in Confidence information
- Commercial in Confidence information; and
- personal information.

At the discretion of the Chair, invited persons attending the Steering Group and Implementation Committee meetings must leave the meeting for confidential deliberations, if so directed.

Members of the Steering Group and implementation Committee must not discuss any deliberations or circulate any meeting agendas, minutes, papers or other materials publicly, or in any other forum, without the consent of the department.

Appendix 4: Resources

The resources listed below are not exhaustive. SIAG coordinators, LGAs and local communities are encouraged to share knowledge and resources to support each other to advance the objectives and outcomes of the SIAG program.

Ending Loneliness Together

Ending Loneliness Together delivers workshops that are drawn from the latest loneliness and social isolation evidence-based research. These workshops explore the impact of loneliness and social isolation on the community. The workshops will address questions including:

a. What is loneliness and social isolation?

b. Why is loneliness harmful? What implications can it have on health?

c. What are the risk factors of loneliness?

d. How can barriers to connection be overcome?

Prevention United

Prevention United supports communities and organisations to better understand wellbeing as an important part of our health, and to take action to improve the wellbeing of individuals and communities. Training on mental health promotion is available to SIAG coordinators and members as part of their core learning.

VicHealth Local Government Partnerships

The **VicHealth Local Government Partnership** (VLGP) includes a range of health promotion modules that inform planning and implementation of health policy and practice change for LGAs. The VLGP includes modules about connected and supportive communities and supporting healthy and climate resilient communities which may support councils to deliver the SIAG. All LGAs are encouraged to engage with this module at a minimum, and can access all modules.

The VLGP has a specific focus on Including the voices of children and young people aged 0-25 in council processes, including the implementation of actions through the Municipal Public Health and Wellbeing Plans 2021-25. Funded LGAs are encouraged to engage with the online modules and resources.

Please note that VicHealth will release updated resources in early 2026.

Place-based approaches in action

Local Public Health Units – work with the Department of Health to keep their local communities healthy, safe and well. They use local knowledge, community-based relationships and direct engagement to effectively tailor and deliver public health initiatives and respond to incidents and issues within their local area.

Place-based research hub (Centre for Just Places) – provides case studies, research and toolkits to enable strong, healthy, and equitable communities.

Place-based reform

The Victorian Government has developed a series of guides and toolkits to support place-based reforms. The resources have been developed for Victorian Public Service employees, with relevance for other sectors and stakeholders of place-based approaches.

LGAs delivering SIAGs are encouraged to consider using the place-based approaches framework, tools and guidance to support the implementation of SIAGs and management of Local Social Inclusion Investment Funds.

See Victorian Government guidance on **place-based approaches**, which includes:

- **Framework for place-based approaches**
- Best practice guide
- Funding toolkit
- Capability Framework
- **Monitoring, Evaluation and Learning toolkit**
- **Local data collection**

Additional resources

These additional resources may support implementation and ongoing delivery of SIAGs and understanding of the broader mental health and wellbeing reform context.

- **Collective Impact: Evidence and Implications for practice**
- **Mental Health and Wellbeing Outcomes and Performance Framework** (Recommendation 1)
- **Recommendation 1, Supporting good mental health and wellbeing**

References

1 The term 'Aboriginal' used in this document refers to Aboriginal and/or Torres Strait Islander individuals, families and communities unless stated or referenced otherwise

2 Muller, L. (2014). A Theory for Indigenous Australian Health and Human Service Work – Connecting Indigenous knowledge and practice. Allen & Unwin, New South Wales.

3 Fogarty, W., Bulloch, H., McDonnell S., & Davis, M. (2018). Deficit discourse and Indigenous Health: How narrative framings of Aboriginal and Torres Strait Islander people are reproduced in policy. The Lowitja Institute, Melbourne

4 Wellbeing in Victoria: a strategy to promote good mental health 2025 – 2035, Victorian Government, 2025

5 J Kansky and E Diener, 'Benefits of well-being: health, social relationships, work, and resilience', Journal of Positive Psychology and Wellbeing, 2017, 1(2):129–169.

6 J Kansky and E Diener, 'Benefits of well-being: health, social relationships, work, and resilience', *Journal of Positive Psychology and Wellbeing*, 2017, 1(2):129–169.

7 CLM Keyes, SS Dhingra and EJ Simoes, 'Change in level of positive mental health as a predictor of future risk of mental illness', American Journal of Public Health, 2010, 100:2366–2371.

8 M Iasello, J van Agteren, CLM Keyes and EM and Cochrane, 'Positive mental health as a predictor of recovery from mental illness', Journal of Affective Disorders, 2019, 251:227–230.

9 J Holt-Lunstad and S Golant, **Our epidemic of loneliness and isolation: the U.S. Surgeon General's advisory on the healing effects of social connection and community**, Office of the U.S. Surgeon General, 2023

10 JC Badcock, J Holt-Lunstad, E Garcia, P Bombaci and MH Lim, **Position statements: addressing social isolation, loneliness and the power of human connection**, Global Initiative on Loneliness and Connection (GILC), 2022

11 Relationships matter: the application of social capital to disaster resilience, Australian Red Cross, 2021

12 Quinn P et al, Guide to Post-Disaster Recovery Capitals (ReCap). Bushfire and Natural Hazards Cooperative Research Centre, 2021

13 Curtis, P et al, The Preventative State, Rebuilding our local, social and civic foundations, Demos, 2023

14 Martin, L, and Carbone, S, A practitioner's short guide to mental health promotion, Prevention United, 2022

15 See overview of community capitals in Beaulieu, L, Promoting Community Vitality and Sustainability, The Community Capitals Framework, Purdue University, 2024, <**https://cdextlibrary.org/wp-content/uploads/resource-media/2020/12/Community-Capitals-Beaulieu.pdf**

16 see Guide to Post-Disaster Recovery Capitals (ReCap). Melbourne, Australia: Bushfire and Natural Hazards Cooperative Research Centre; May 2021, <**https://www.phoenixaustralia.org/disaster-hub/wp-content/uploads/2021/05/ReCap_2022.pdf**>, and resources at **https://www.phoenixaustralia.org/disaster-hub/resources/recovery-capitals/**

17 see example **Citizens' Jury for Participatory Budgeting in Darebin, Australia – Participedia**, https://participedia.net/case/darebin-participatory-budgeting-citizens-jury

18 Smart, Jessica, *Collective Impact: Evidence and implications for practice*, October 2017, <**https://aifs.gov.au/resources/practice-guides/collective-impact-evidence-and-implications-practice#:~:text=Collective%20impact%20is%20a%20collaborative,as%20a%20framework%20for%20change**>

19 Emery M, Flora C. Spiraling-up: Mapping community transformation with community capitals framework. Journal of the Community Development Society; Columbus Vol. 37, Iss. 1, 2006, <https://www.researchgate.net/publication/254909093_Spiraling-Up_Mapping_Community_Transformation_with_Community_Capitals_Framework>

20 Australian Institute of Family Studies, *What is community development?*, https://aifs.gov.au/resources/practice-guides/what-community-development

21 Institute for Social Capital, definition of participation, <https://www.socialcapitalresearch.com/designing-social-capital-sensitive-participation-methodologies/definition-participation/>

22 World Health Organisation, *Health Promotion Glossary of Terms 2021*, 2021 **https://www.who.int/publications/i/item/9789240038349**

23 Department of Premier and Cabinet Victoria, *What do we mean by diversity and inclusion?*, <https://www.vic.gov.au/dpc-diversity-and-inclusion-strategy-2019-2021/what-do-we-mean-diversity-and-inclusion>

24 Understanding intersectionality, Victorian Government, accessed 2 July 2025, < https://www.vic.gov.au/understanding-intersectionality>

25 Ending Loneliness Together, *Strengthening Social Connection to Accelerate Social Recovery: A White Paper*, July 2022, < **https://endingloneliness.com.au/wp-content/uploads/2022/08/ELT_Whitepaper_July2022-1.pdf**>

26 Prevention United, what is mental health promotion? <https://preventionunited.org.au/how-prevention-works/what-is-mental-health-promotion/>

27 Victorian Government, *A framework for place-based approaches*, <https://www.vic.gov.au/framework-place-based-approaches>

28 Ending Loneliness Together, *Strengthening Social Connection to Accelerate Social Recovery: A White Paper*, July 2022, < **https://endingloneliness.com.au/wp-content/uploads/2022/08/ELT_Whitepaper_July2022-1.pdf**>

29 Quote from Ms Hatfield Dodds, Final Report of the Royal Commission into Victoria's Mental Health System. Volume 2, Chapter 11, February 2021, < **https://finalreport.rcvmhs.vic.gov.au/download-report/**>

30 Australian Human Rights Commission, < **https://humanrights.gov.au/about/news/speeches/social-inclusion-and-human-rights-australia**>

31 As referenced in the Final Report of the Royal Commission into Victoria's Mental Health System. Volume 2, Chapter 11, p. 26, February 2021, <**https://finalreport.rcvmhs.vic.gov.au/download-report/**

32 Ending Loneliness Together, *Strengthening Social Connection to Accelerate Social Recovery: A White Paper*, July 2022, < **https://endingloneliness.com.au/wp-content/uploads/2022/08/ELT_Whitepaper_July2022-1.pdf**>

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