

Department for Environment and Heritage
Healthy Parks,
Healthy People Program



Strategic Plan 2007-2010



Government
of South Australia



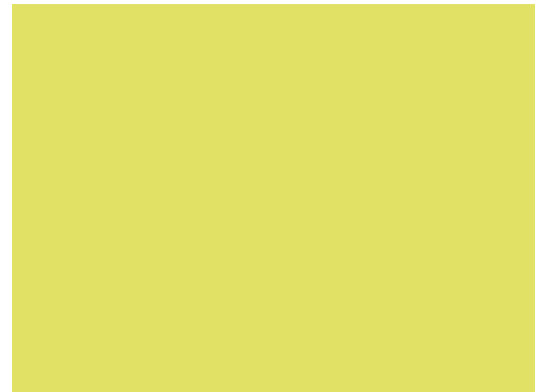


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Vision for the *Healthy Parks, Healthy People* Program

The vision proposed for the *Healthy Parks, Healthy People* program is:
'South Australians will value and benefit from DEH managed parks through improved physical, social, mental and spiritual health'.



Executive Summary

The *Healthy Parks, Healthy People* program is an initiative of the Department for Environment and Heritage (DEH) aimed at improving the quality of life of South Australians by encouraging greater use of DEH managed parks* and improving community awareness of the health benefits (physical, social, mental or spiritual) associated with visiting a healthy environment.

The *Healthy Parks, Healthy People* program is connected to South Australia's Strategic Plan through:

- Objective 1: Growing Prosperity (T1.15);
- Objective 2: Improving Wellbeing (T2.2, T2.3, T2.4, T2.7, and T2.12); and
- Objective 5: Building Communities (T5.6).

Research demonstrates that there are significant health benefits associated with interacting with the natural environment. Therefore a number of health organisations, recreation, environmental and education groups, as well as Government departments have been targeted to form partnerships to assist in the delivery of the *Healthy Parks, Healthy People* program.

The vision for the *Healthy Parks, Healthy People* program is that:

'South Australians will value and benefit from DEH managed parks through improved physical, social, mental and spiritual health'.

The key objectives of the program are:

- to increase the number of South Australians who engage in recreational and environmental activities in DEH managed parks;
- to improve the community's awareness and knowledge about the health benefits of parks.

These objectives will be achieved by developing recreational and environmental programs and events with partners using DEH managed parks and promoting the link between interacting with nature and health.



Introduction

Australia is experiencing a growth in urbanisation, increasing demand for more residential and commercial development and more pressure being placed on the natural environment. Many people are becoming distanced from the natural environment, therefore contributing to a rapid growth in chronic social and health problems. The current health issues are outlined in Appendix A.

Research has shown that access to and interaction with a healthy natural environment can have a positive effect on the physical, social, mental and spiritual health of individuals, reduce crime, enhance productivity and lead to a stronger sense of connection to the natural environment.¹ An overview of the health benefits associated with interacting with nature is provided in Appendix B.

Parks Victoria implemented the *Healthy Parks, Healthy People* initiative in Victoria in May 2000 and, with the success of the program, invited other park agencies within Australia to join them in adopting the *Healthy Parks, Healthy People* concept as a national campaign. Queensland, New South Wales and Western Australia have since adopted similar programs.

In 2005 – 2006, the South Australian Department for Environment and Heritage (DEH) introduced the *Healthy Parks, Healthy People* program with the aim of improving the quality of life of South Australians by encouraging greater use of DEH managed parks and improving community awareness of the health benefits associated with recreating in a healthy environment. By providing opportunities for the general community to participate in recreational and environmental activities, the *Healthy Parks, Healthy People* program will promote greater use of DEH managed parks in South Australia.

South Australia boasts an extensive and comprehensive park system, with over 300 reserves encompassing over 20% of the state. DEH is responsible for managing this park system for conservation and public enjoyment. DEH managed parks are an ideal location for the *Healthy Parks, Healthy People* program as they provide visitors with the opportunity to connect with the natural environment through a wide range of facilities and services.

The *Healthy Parks, Healthy People* program has two overarching messages:

- '*Healthy Parks*' – communicates the role that DEH plays in conserving, protecting and enhancing the environmental and cultural attributes of parks in South Australia.
- '*Healthy People*' – communicates the physical, social, mental and spiritual health benefits associated with using DEH managed parks as venues for undertaking recreational and environmental activities.

The tag-line **Healthy Parks, Healthy People** conveys the idea that the environmental health of parks can result in a healthy community and that spending active recreation time in DEH managed parks can lead to greater health, fitness and overall wellbeing. Appendix C summarises the contribution that parks can make to the health and wellbeing of both people and the environment.

This document provides the framework for the development of the *Healthy Parks, Healthy People* program over the next four years (2007 – 2010). It summarises the vision, objectives and strategies of the program. At the end of 2009 – early 2010, the program will be evaluated to determine its success against the objectives and the future of the program.

A separate marketing/communication action plan for the *Healthy Parks, Healthy People* program has also been developed outlining the methodology for promoting and communicating the key messages of the *Healthy Parks, Healthy People* program to the South Australian community. This plan will be the key driver for promoting the *Healthy Parks, Healthy People* program to the South Australian community.

¹ See page 16



South Australian *Healthy Parks, Healthy People* Program in Context

South Australia's Strategic Plan

The development of the *Healthy Parks, Healthy People* program will contribute to meeting the following key objectives and targets of South Australia's Strategic Plan.²

Objective 1:

Growing Prosperity Target

Tourism Industry

Increase visitor expenditure in South Australia's tourism industry from \$3.7 billion in 2002 to \$6.3 billion by 2014. (Target 1.15)

Objective 2:

Improving Wellbeing

Healthy Weight

Increase the proportion of South Australians 18 and over with healthy weight by 10 percentage points by 2014. (Target 2.2)

Sport and Recreation

Exceed the Australian average for participation in sport and physical activity by 2014. (Target 2.3)

Healthy South Australians

Increase the healthy life expectancy of South Australians by 5% for males and 3% for females by 2014. (Target 2.4)

Psychological Wellbeing

Equal or lower than the Australian average for psychological distress by 2014. (Target 2.7)

Work-life Balance

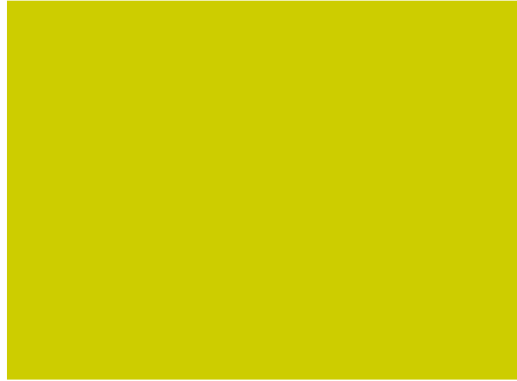
Improve the quality of life of all South Australians through maintenance of a healthy work-life balance. (Target 2.12)

Objective 5:

Building Communities

Volunteering

Maintaining the high level of volunteering in South Australia at 50% participation rate or higher. (Target 5.6)



Physical Activity Strategy for South Australians

The *Healthy Parks, Healthy People* program will contribute to meeting a number of the key goals in the Physical Activity Strategy for South Australians, being managed by the Office of Recreation and Sport.³ In particular:

Goal 1:

Targeted Program and Services

Support, develop, deliver and evaluate programs designed to increase physical activity within targeted populations.

Goal 2:

Research and Evaluation

Ensure that initiatives to increase physical activity are based on sound research into factors that influence participation.

Goal 3:

Coordination

Employ a coordinated, cross-sectoral approach, to the planning, delivery and review of initiatives that impact on physical activity.

Goal 6:

Awareness and Promotion

Motivate individuals to be active and experience the multiple benefits associated with participation in physical activity.

Eat Well Be Active – Healthy Weight Strategy for South Australia

The *Healthy Parks, Healthy People* program will also assist the Eat Well Be Active – Healthy Weight Strategy for South Australia, being managed by the Department of Health to meet a number of their objectives.⁴ In particular:

Objective 3:

To increase the number of people who are physically active in line with the Physical Activity Guidelines and Recommendations.

Objective 5:

To create environments that encourage healthy eating and physical activity behaviours.



Department for Environment and Heritage Corporate Plan

South Australia boasts an extensive and comprehensive park system, with over 300 reserves encompassing over 20% of the state. The Department for Environment and Heritage is responsible for managing this park system for conservation and public enjoyment.

The *Healthy Parks, Healthy People* program will encourage greater use of DEH managed parks as a way of assisting in improving the health of the community and contribute to the following goals in DEH's Corporate Plan.⁵

Goal 1:

South Australians Involved

South Australians will enjoy and be actively involved with their rich heritage and diverse natural environments.

Goal 2:

Healthy Environment

We will improve South Australia's rich heritage and diverse natural environments, both public and private, particularly sites and places of State significance.

Goal 4:

Good Decisions and Partnerships

We will provide quality information and policy advice based on evidence and research. We will build and maintain strong partnerships to deliver better decisions and results.

Goal 5:

Getting Results

We will make sure that DEH is accountable and well led, and gets the results it sets out to achieve.



Healthy Parks, Healthy People Key Objectives and Strategies

Objective 1:

Increase the number of South Australians who engage in recreational and environmental activities in DEH managed parks.

Strategy 1.1

Develop strategic partnerships with Commonwealth and State government agencies, local government, and other health, environmental, education, recreation and community organisations to promote the program.

Strategy 1.2

Develop and implement an effective *Healthy Parks, Healthy People* promotional campaign.

Strategy 1.3

Develop and implement *Healthy Parks, Healthy People* targeted programs and events using DEH managed parks.

Objective 2:

Improve the community's awareness and knowledge about the health benefits of parks.

Strategy 2.1

Identify the motivating factors and barriers for people to use DEH managed parks for recreational and environmental activities.

Strategy 2.2

Develop and implement an effective *Healthy Parks, Healthy People* awareness / informational campaign.

Strategy 2.3

Provide information about the *Healthy Parks, Healthy People* program and its philosophy to key stakeholders of the program as well as to DEH staff.

In consultation with key stakeholders, a separate implementation plan will be developed. This will outline in detail the actions that will be taken for each strategy to ensure that the program's objectives are met as well as providing a framework to evaluate the success of the program.



Healthy Parks, Healthy People Strategic Partnerships

Establishing partnerships across government and with industry groups is essential in assisting the program to meet its objectives.

The *Healthy Parks, Healthy People* program intends to foster partnerships over the next four years with:

- Health organisations - to develop park-related programs and events that increase the level of physical activity undertaken and to reduce the risk of individuals developing a number of chronic health care conditions;
- Key recreation and environmental industry stakeholders - to assist in the development of *Healthy Parks, Healthy People* programs in DEH managed parks;
- Primary, Secondary and Tertiary Education sectors - to incorporate the *Healthy Parks, Healthy People* concepts into a range of environmental, health and park management curricula;
- Tertiary Institutions, such as the University of South Australia, Adelaide University and Flinders University - to encourage collaborative research with DEH regarding the health benefits associated with visiting and interacting in parks;
- State Government agencies and Local Government - to further develop the *Healthy Parks, Healthy People* program within local communities;
- Media organisations - to identify and maximise *Healthy Parks, Healthy People* promotional opportunities.

Through the development of partnerships, the *Healthy Parks, Healthy People* program will work collaboratively with partners to develop programs and events utilising DEH managed parks.

Partnership programs will aim to:

- increase the number of people visiting DEH managed parks;
- increase community awareness and knowledge about the important contribution that parks can make to the health and wellbeing of individuals;
- enhance opportunities for increased physical and recreational activity;
- assist in reducing chronic disease risk factors associated with physical inactivity;
- increase equity of opportunity for the whole community to access DEH's managed parks.

The above list does not exclude working with and developing partnerships with other organisations as additional key stakeholders are identified and relationships developed as the program progresses.



Healthy Parks, Healthy People's Future Direction

The *Healthy Parks, Healthy People* program will commence in DEH managed parks in the Adelaide metropolitan/Adelaide Hills area.

The effectiveness of the program will be evaluated at the end of 2007 - 2008 through the assessment of activities that have been implemented and through assessment of stakeholder satisfaction.

In 2008 – 2010 additional programs and events will be developed with partners and stakeholders using DEH managed parks, as well as integrating the *Healthy Parks, Healthy People* program into existing DEH programs and events using DEH managed parks throughout South Australia. Furthermore, opportunities will be investigated to acquire external funding to help support the continuation of the program after 2010.

An overall evaluation of the *Healthy Parks, Healthy People* program will be conducted at the end of the fourth year (2009 – 2010).



Appendix A

Background Information – Health in Australia

Appendix A outlines the current issues facing the health industry in Australia.

The World Health Organisation (WHO) states that health is 'a state of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity'.⁶

The Australian Institute of Health and Welfare (AIHW) has identified a number of determinants that impact on a person's health and wellbeing. As seen in Figure 1, the determinants are interrelated in a complex manner and range from health and non-health factors. These are considered to be 'broad causal pathways or

chains that affect health'.⁷

Research demonstrates that interacting with nature can play an essential role in preserving, maintaining and promoting the health of individuals (see Appendix B). As many of the determinants of health are inter-related, visiting a park and interacting with nature can assist in lowering a person's blood pressure, improve their glucose tolerance as well as increasing an individual's respiratory function.⁸

Literature also demonstrates that interacting with nature has mental health benefits in terms of recovering from stress, improving concentration and productivity as well as psychological health.⁹ It demonstrates that physical activity helps relieve the symptoms of anxiety and depression¹⁰ (see Appendix B).

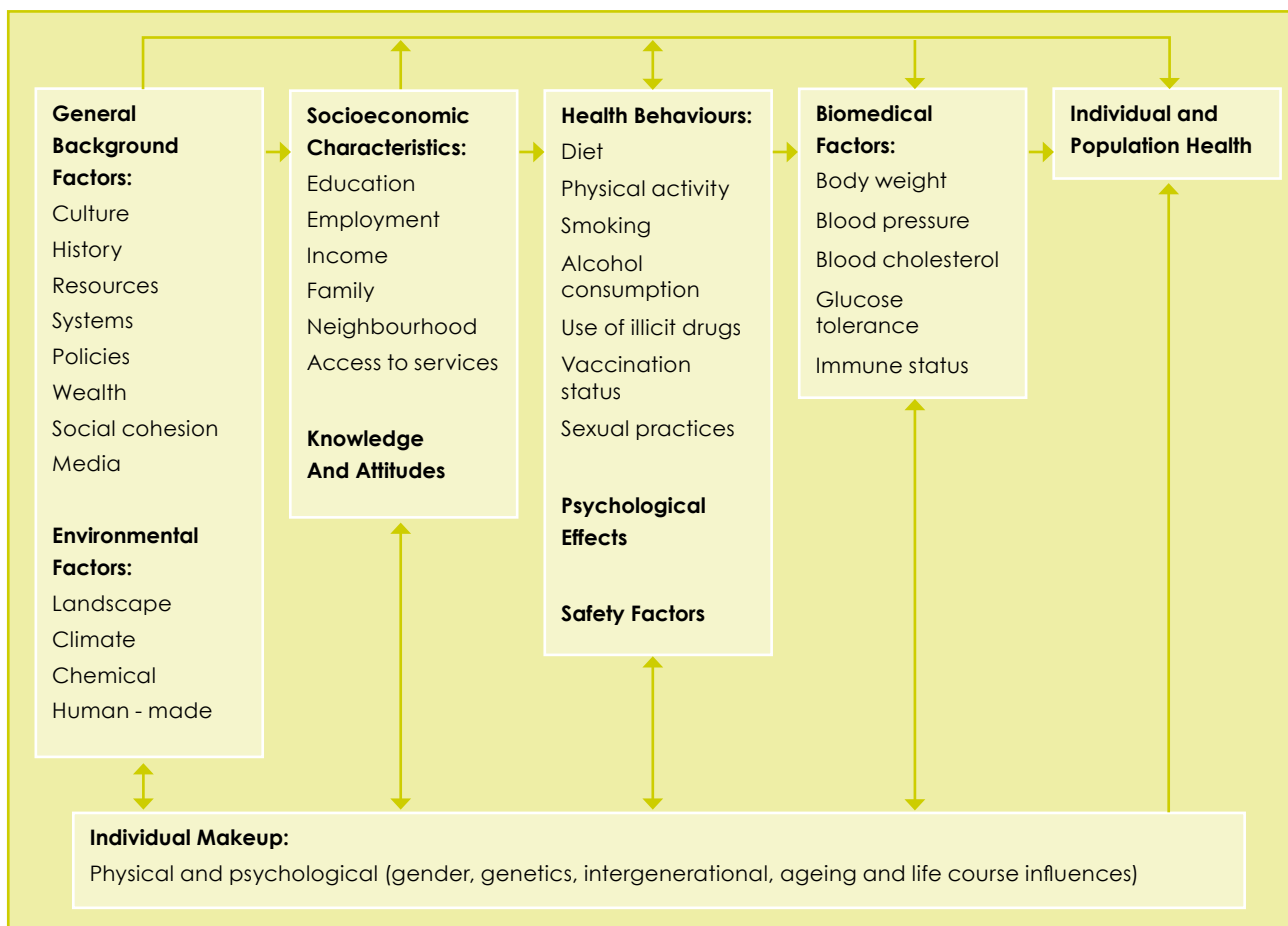


Figure 1: A conceptual framework for determinants of health⁹



Prevalence of Chronic Health Conditions:

The number of people reporting a chronic illness is steadily rising and these illnesses are becoming the major cause of disability and death in Australia. The 2001 National Health Survey conducted by the Australian Bureau of Statistics (ABS) reports that 87% of people over the age of 15, and 78% of the total population have one or more long-term medical conditions. This is up from 83% and 76% respectively in 1995.¹¹ Examples of chronic illness include cardiovascular disease, mental illness, arthritis and high blood pressure etc. These conditions are often long-term and potentially have a major impact upon our health care system.¹²

Cardiovascular disease has been identified as the leading cause of death in both males and females. One in five people were reported to have a cardiovascular problem in 2001 and around 1.1 million people have a disability as a result of this.¹³

Cancer was the second leading cause of death, while injuries were the leading cause of death for people under 45. The prevalence of diabetes has doubled over the past two decades and over 800 000 Australians are estimated to have a psychological condition.¹⁴

Asthma affects 14-16% of children and 10-12% of adults. Arthritis and musculoskeletal conditions are considered to cause more disability to adults (34%) than any other medical condition.¹⁵

Taking into consideration the determinants of the health framework in Figure 2, adverse social and economic circumstances such as low income, poor education, inadequate housing and limited access to health services can affect health and wellbeing. People who are socially disadvantaged live shorter lives and suffer more illnesses than those who are economically well-off.¹⁶

There are considerable differences between the health and wellbeing of Indigenous people compared to non-Indigenous people.¹⁷ Indigenous people suffer a greater burden of ill health and experience a reduced quality of life, as they have a higher prevalence of conditions such as asthma, diabetes, hypertension, arthritis and mental illness.^{18,19} Diabetes is reported to be seven to eight times higher among Indigenous people aged 25-55 and more than twice as high among those over 55 years.²⁰

The disproportionately high levels of poor health reported by Indigenous people and the socioeconomically disadvantaged are a result of a complex set of interacting factors (as seen in Figure 1) but also include the risk factors such as inappropriate diet, lack of lifestyle opportunities, poor education, smoking and lack of physical activities.²¹ The health care system is affected by these factors, especially when Indigenous people and socioeconomically disadvantaged groups are reported to use doctors and hospital services two times more than non-Indigenous or economically well-off people.²²

Risk Factors:

Being overweight is associated with high mortality and morbidity. Excessive body fat increases the risk of developing a range of health problems including type 2 diabetes, cardiovascular disease, hypertension, certain cancers, sleep apnoea, osteoarthritis, psychological and social problems.²³

McGinniss & Foege²⁴ identified that around 50% of all mortality in the USA was associated with preventable factors. The most important factors were smoking, (contributed to 19% of all deaths) physical inactivity and poor nutrition (14%).



Data from an AIHW²⁵ study called 'Australian Burden of Disease' supports this by identifying physical inactivity as one of the major risk factors for disease and disability and its contribution to Australia's overall burden of disease.²⁶

The AIHW report suggests that physical inactivity is associated with stroke, cardiovascular disease, non-insulin dependent diabetes (type 2), hypertension, high cholesterol, colo-rectal cancer, breast cancer, falls and depression and that undertaking regular physical activity can reduce the risk of developing one of these conditions.²⁷

The National Physical Activity Guidelines recommend that, for any health benefits to be obtained from physical activity, at least 30 minutes of moderate-intensity physical activity on most days of the week or a total of at least 2 1/2 hours per week is necessary.²⁸

Physical activity is described as 'all movements in everyday life, including work, recreation, exercise and sporting activities'.²⁹ South Australian protected areas provide ideal locations for physical activity as they provide the infrastructure to undertake the following types of physical activity: active recreation, sport, dance, exercise, active play, active living and active transport (see Appendix B for overview).

The *Healthy Parks, Healthy People* program aims to provide healthy natural environments for people to increase their physical activity in an attempt to reduce their risk of developing a chronic health disease.

Cost of Health:

From 2001–2002, a total of \$66.6 billion was spent on health services in Australia.

- Cardiovascular disease cost Australia \$5.4 billion
- \$4.9 billion was spent on nervous system diseases including dementia
- \$4.7 billion was spent on musculoskeletal conditions
- \$3.5 billion was spent on respiratory conditions
- \$3.0 billion was spent on mental health illness

The health expenditure rate for people over 65 years was three times greater than that of the population as a whole.³⁰

The following health conditions have been recognised as being National Health Priorities for the Commonwealth and State Governments: cardiovascular disease; cancer; diabetes; injury prevention and control; mental health problems; asthma and arthritis and other musculoskeletal conditions.³¹



Appendix B

Table 1: An Overview of the Health Benefits Associated with Interacting with Nature

| Interaction | Health Benefits | Key References | Activity Example |
|------------------------------|---|---|--|
| Viewing nature | Improves concentration, assists with mental fatigue, improves psychological health and positively affects mood state | Kaplan, 1995; Rohde & Kendle, 1994; Kaplan & Kaplan 1989 | Walking and viewing landscapes – renew body and mind |
| | Reduces stress and tension and improves self reports of wellbeing | Leather et.al. 1998; Lewis 1996; Rohde & Kendle 1994; Kaplan 1992 | Walking - viewing natural environment, taking time to think Viewing flora |
| Being in nature | Wilderness areas provide spiritual inspiration or enable people to gain a fresh perspective on life | Cumes, 1998; Cordell et al., 1998; Martin 1996; Kaplan et al,1989 | Parks containing wilderness can provide spiritual inspiration |
| | Enhance social networks and personal relationships | Kaplan & Kaplan 1990 PMSEIC | Interacting with family e.g. barbecues, picnicking, sports Volunteering |
| | Natural play settings reduce the severity of symptoms of children with attention deficit disorder and improve concentration | Taylor et al. 2001 | Parks closer to the city are easily accessible for school programs for children with special needs |
| Observing plants and gardens | Community gardens increase community cohesion | Lewis, 1996,1992,1990; Reuter & Reuter 1992 | Volunteer groups have a sense of ownership |
| | In habitat restoration, people see a metaphor for their own personal transformation and growth, enhancing psychological wellbeing | Shapiro 1995 | Volunteers regularly carry out habitat restorations via planting and weeding |



Table 1: Cont'd

| Interaction | Health Benefits | Key References | Activity Example | |
|----------------------------------|--|---|------------------------|--|
| Observing / encountering animals | Observing native animals, having them nearby, or interacting with them improves quality of life | Tribe & Brown 2000; Howard & Jones, 2000 | Viewing native animals | |
| Interacting with nature | Provides variety of locations and infrastructure for sport and recreation – improves weight, blood pressure and cholesterol to reduce the risk of the following chronic health conditions: <ul style="list-style-type: none"> • Coronary heart disease • Stroke • Colorectal cancer • Depression • Diabetes • Asthma • Chronic renal diseases • Osteoporosis • Osteoarthritis | Bauman & Smith 2000; PMSEIC, Shilton 2001; AIHW | Activity Type | Activity Example |
| | | | Active Recreation | Bushwalking Rock climbing Canoeing Scuba diving |
| | | | Sport | Tennis Swimming Soccer Surfing |
| | | | Exercise | Tai Chi |
| | | | Active Play | Playground |
| | | | Active Transport | Horse riding Cycling 4WD |
| Mental Relaxation | Gentle walking Viewing scenery | | | |

(Adapted from Notes 1)



Appendix C

Table 2: Contribution of Parks to Human Health and Wellbeing³²

| Component of Health | Contribution of Parks |
|---------------------|--|
| Physical | Provide a variety of settings and infrastructure for formal and informal sport and recreation for all skill levels and abilities e.g. picnicking, bushwalking, running, cycling, surfing, fishing, photography, birdwatching, camping. |
| Mental | Make nature available for restoration from mental fatigue, solitude and quiet, artistic inspiration, and expression and educational development (e.g. natural and cultural history). |
| Spiritual | Preserve the natural environment for contemplation, reflection and inspiration; invoke a sense of place; facilitate a feeling of connection to something beyond human concerns. |
| Social | Provide settings for people to enhance their social networks and personal relationships, from couples and families to social clubs and organisations, from casual picnicking to event days and festivals. |
| Environmental | Preserve ecosystems and biodiversity, provide clean air and water, maintain ecosystem function, and foster human involvement in the natural environment (e.g. Friends of Parks groups). |



Notes

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- 4 Department of Health, Government of South Australia (2006) Eat Well Be Active – Healthy Weight Strategy for South Australia 2006 - 2010
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- 6 World Health Organisation (1946) Constitution of the World Health Organization. New York: The World Health Organization
- 7 AIHW (2004) Australia's Health 2004 – The Ninth Biennial Health Report of the AIHW. Catalogue No. AUS 44, Catalogue No. PHE33, Canberra AIHW
- 8 See Note 1 and AIHW (2002) Chronic diseases and associated risk factor, Canberra, AIHW
- 9 See Note 1
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- 11 Australian Bureau of Statistics – ABS (2002) National Health Survey 2001 – Summary of Results, Australia, ABS Catalogue No. 4364.0, Canberra: ABS
- 12 See Note 8
- 13 See Note 8
- 14 See Note 8
- 15 See Note 8
- 16 See Note 8
- 17 See Note 8
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- 20 See Note 19
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- 27 See note 25
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- 29 See Note 28 and Gill T, Taylor A, Williams M, Starr G (2002) Physical Activity in South Australian Adults, November 2001, South Australian Department of Human Services Centre for Population Studies in Epidemiology, South Australia, May 2002
- 30 See Note7
- 31 AIHW (2000) Australia's Health 2000: The Seventh Biennial Health Report of the Australian Institute of Health and Welfare. AIHW Catalogue No. AUS 25, Canberra: AIHW
- 32 See Note 1

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