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# 2017-2021 HEALTH AND WELLBEING PLAN

Healthy, strong and resilient people  
and connected communities

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For more information contact:

Coordinator Community Wellbeing, [Community.Wellbeing@darebin.vic.gov.au](mailto:Community.Wellbeing@darebin.vic.gov.au)

## 1. Executive summary

Darebin City Council (Council) is required to develop a Municipal Public Health and Wellbeing Plan every four years under the Victorian Public Health and Wellbeing Act 2008.

The Plan must protect public health and prevent disease, illness, injury, disability or premature death; promote conditions in which people can be healthy, and reduce inequalities.

Darebin's Health and Wellbeing Plan 2017 – 2021, has been developed with the understanding that health and wellbeing is influenced by the social, economic, cultural, built and natural conditions in which we are born, grow, learn, live, work and age. These are known as social determinants that can either strengthen or weaken our health and wellbeing. This document sets out Council's health priorities for the next four years. It outlines what we will do to help achieve improved health and wellbeing outcomes so that residents can live rewarding, healthy and socially connected lives. An Annual Plan is also developed each financial year to provide specific outcomes for the 12 month period.

This plan is strongly linked to the 2017 – 2021 Council Plan, Goal 2: *"We will improve the wellbeing of people in our community by providing opportunities for them to live their lives well"* and Goal 5: *"We will lead on equity and recognise our diverse community as our greatest asset for solving future challenges"*.

Our mission for Darebin's Health and Wellbeing Plan is *healthy, strong and resilient people and connected communities*, and strives for health equity for all. There are four overarching goals to reach this mission:

- 1. Create equitable, healthy and sustainable neighbourhoods**
- 2. Create lifelong learning, educational and employment opportunities for all Darebin people**
- 3. Improve the emotional and social wellbeing of all Darebin people**
- 4. Improve the physical health of all Darebin people**

Our work towards these goals will be developed, implemented and evaluated with strong engagement, partnerships and collaboration including within Council, with organisational stakeholders and with Darebin citizens and communities. This includes a commitment to health equity and inclusion, applying the Darebin Council's Equity and Inclusion Framework to our work.

## 2. Recognising Aboriginal people

An integral part of responding to the entrenched health inequalities experienced by Aboriginal people across Australia is to start by acknowledging Aboriginal people as the first peoples of this country while further recognising the long term effects that colonisation along with a history of poorly implemented policies from past governments has had upon the health and wellbeing of this nation of first Australians.

Aboriginal health issues vary across urban, rural and remote environments, yet overall Aboriginal health standards still remain below acceptable standards experienced by non-Aboriginal Australians. Through this Plan, Darebin City Council (Council) has a commitment to close the health gap between non-Aboriginal and Aboriginal people living in our municipality.

This Health and Wellbeing Plan is aligned with the Aboriginal concept of holistic health and wellbeing and is a valuable platform for nurturing the health and wellbeing of the Darebin Aboriginal community. Council further acknowledges and recognises an essential part of Aboriginal people's health and wellbeing is self-determination and that Aboriginal health in Aboriginal hands is recognises the aspirations of our Aboriginal community to take control of their own health and wellbeing.

Council is privileged to work alongside an extensive network of Aboriginal community controlled organisations across Darebin, including those dedicated to advocacy, social justice, education and youth, as well as health and wellbeing. We acknowledge the remarkable ongoing efforts of these organisations in addressing health inequity with a variety of programs that increase the health and wellbeing of Aboriginal people.

## 3. Our planning model and frameworks for improving health and wellbeing

The planning and development of this Health and Wellbeing Plan is strongly linked to key strategic documents, including:

- Council Plan 2017-2021, the Council Plan articulates the vision, mission and goals for the four-year Council term.
- The Municipal Strategic Statement (MSS), which sets the future direction for Council's decision making and land use planning. It provides the strategic justification for the detailed controls contained within the planning scheme.
- Equity and Inclusion Framework and associated Equity, Inclusion and Wellbeing Audit Tool is a human rights based approach and is designed to provide an equity lens over all Council plans and strategies with a focus on creating a fairer, equitable and inclusive place for residents to live.

Council has a whole-of-Council investment in health and wellbeing. This is evident in its many strategic documents that aim to address the social determinants of health. The *table 1. Whole-Of-Council investment in Health and Wellbeing*, shows a range strategies, programs and services delivered by Council to create a health Darebin Community.

## Whole-of-Council investment in Health and Wellbeing

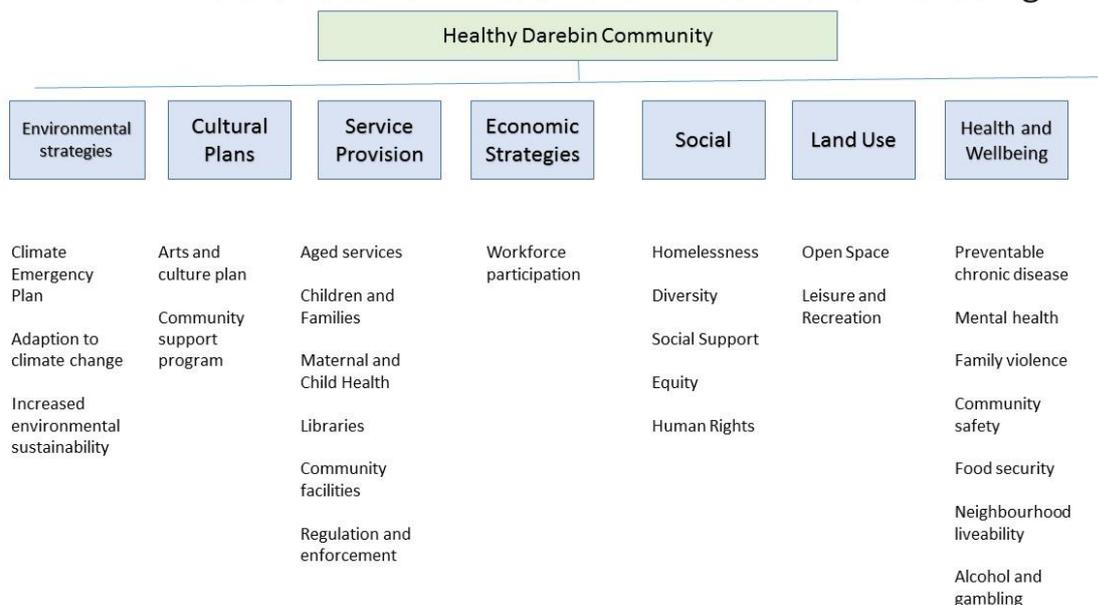


Table 1. Whole-Of-Council investment in health and wellbeing.

*I used to only think of physical wellbeing, but leaving my own country and coming to a country where I don't know anyone, don't understand how things are, I have come to value the importance of emotional wellbeing. I have learnt the importance of emotional and social connections for me and for my family (Community Learning Skills, Reservoir, Female Participant, 14 March 2017)*

Five frameworks have been used to develop our Health and Wellbeing Plan, including:

- Social Determinants of Health
- Environments for Health
- Health Equity
- Place-based approaches
- Health in All Policies.

Integrating these guidance measures together ensures that health equity is strived for, and that the goals of the Health and Wellbeing Plan for the City of Darebin align with those for the current Darebin City Council Plan and Victorian Health and Wellbeing Plan.

The social determinants of health are those conditions, relationships and environments in which all of us are born, live, grow, learn, work and age. They represent the day-to-day conditions and opportunities in our lives. They can create and strengthen our health and wellbeing or make us unwell. Addressing social determinants of health is important as many factors contributing to poor health and wellbeing are not directly related to the health sector, with many differences in the health and wellbeing of the community related to economic, social, political, cultural, built and natural factors. This approach addresses the idea that people have different capacities for action depending on their environment as environments differ in the resources they provide for individuals.

By including place-based approaches, Darebin City Council aims to improve health and wellbeing by addressing issues as they are experienced within geographic spaces, such as neighbourhoods or public places, through collaboration with stakeholders. This allows for the improvement of daily experiences shaped by the locations we reside, work and play in. It increases social networks and community connections to improve child development and family function, and reduces inequity between and within communities. This is a key approach for the Victorian Government, to improve health through the collective work of individuals and organisations, as well as local planning, decision-making and accountability for health. A place-based approach is particularly important for neighbourhoods that experience relatively greater levels of socio-economic disadvantage.

The Victorian Royal Commission into Family Violence recommendation 94: states that councils “report on the measures they propose to take to reduce family violence and respond to the needs of victims” in preparing municipal public health and wellbeing plans (MPHWPs). The measures referred to may include strategies and/or actions councils propose to take. This new requirement is aimed at increasing the focus on family violence prevention and response at a local level. Council has a long standing commitment to preventing violence against women and is heartened by this requirement.

#### 4. Community engagement and partnerships

##### **Community Engagement**

Community participation and engagement are essential to health and wellbeing. Darebin’s Community Engagement Framework includes three approaches - consultation, deliberation and collaboration, and all three have been utilised in the development of our Health and Wellbeing Plan.

In the development of this plan, Council engaged with over 200 people, in a range of settings. Almost 100 people responded online and over 100 people connected with us in person. Our consultation included:

- Online feedback through Council’s Your Say website
- Joint Council Advisory Committee
- Community events including the Darebin Kite and Community Festival
- Council’s Immunisation services
- Met with community groups including playgroups, youth programs and seniors groups
- A range of Council’s Committees, Reference Groups, and Networks
- Consultation with local primary and secondary schools

##### Key priorities arising from community engagement in the development of this Plan are:

- Health and wellbeing is not just about physical conditions, it includes social connection, safety and fair and inclusive communities
- Building relationships and social connections between people that share common life experiences; intergenerational and, intercultural relationships; and relationships in people’s
- Affirming self-respect and mutual respect, and addressing discrimination;
- Mental health promotion for our emotional and social wellbeing – especially young people;
- The impact of the built environment and how it affects people’s health and wellbeing including active transport, creating local place for people of all age can gather, children can enjoy and neighbours can meet locally with clean air, water, streets and reduced pollution

## Partnerships

Addressing the determinants of health requires strong and supportive collaboration and partnership. Council is one of many local organisations addressing the social determinants of health and recognises that our partners are also working to improve health issues such as smoking cessation, oral health (particularly for the early years) and the sexual and reproductive health of our young people, among other issues. We will work in collaboration with many key organisations and community groups to strengthen the health and wellbeing of Darebin people. Partnership is the basis for enacting, learning, monitoring and ongoing development of Darebin's Health and Wellbeing Plan.

An important role of Darebin's partners is their membership and contribution to the Darebin Health Reference Group. The Reference Group meets every 6 months and provides leadership, expertise and oversees the development, implementation and review of the Health and Wellbeing Plan. The organisational partners in the Reference Group are:

- Department of Health and Human Services
- North East Primary Care Partnership (NEPCP)
- Victorian Aboriginal Health Services
- Women's Health In the North (WHIN)
- Your Community Health
- YMCA

Within these partnerships, Council is a partner to a number of key strategies, including:

- A Strategy for Going South in the North – Sexual and reproductive health strategy for the North, WHIN
- Building A Respectful Community Strategy 2017-2021, WHIN
- Healthy Drinks Campaign and shared indicators, NEPCP

## 5. Monitoring and evaluation

The Health and Wellbeing Plan has been built on the experiences and learnings from the ongoing work by Darebin Council, partners and communities in addressing health and wellbeing determinants. The complexities of addressing and changing social determinants of health require not only partnerships in the planning and implementation of the Plan, but also, in monitoring and evaluating both the processes and the impacts of our work together.

In Section 9, before presenting objectives and strategies for each of the goals, key Darebin indicators have been presented to provide evidence of the Darebin Context. Most of these indicators come from research from various State government departments and other non-government institutions to help local governments strengthen their planning based on evidence. In some cases, Darebin's own research has provided some local evidence.

Most of these indicators have been useful for planning purposes and can be used for monitoring and evaluation purposes – but not in a direct line of cause and effect. Council's efforts through the Plan are only one part in the process of addressing social determinants of health which are affected and being tackled by multiple actions on multiple fronts. Most of the strategies and the processes

towards strengthening Darebin's health and wellbeing are complex, multi-dimensional and non-linear.

The outcomes we have developed and included according to each objective and strategies are both process and intermediate outcomes. Process outcomes reflect the quality of the strategy implementation. Intermediate outcomes are the changes along the complex path for reaching our objectives.

One of the important contributions of this Plan will be to carry out our own research to better understand local health inequities and their impact on the lives of people. We know from our work and Victorian wide research that parts of Darebin experience greater social and economic disadvantages. While Victorian based research has been able to analyse health and wellbeing indicators directly with social and economic disadvantage and social exclusion this has not been directly possible within Darebin.

As part of our monitoring and evaluation, this Plan will include an annual action plan, detailing strategy to include its own actions, specific targets and performance indicators. This will be reported against annually.

## **6. A snapshot of Darebin's Health and Wellbeing**

Darebin is home to people of diverse races, ethnicities, faiths and beliefs, abilities, talents and aspirations, sexualities, sex and gender identities, age, occupations, income and lifestyles. This richness of diversity is one of our greatest strengths and assets.

The demographic developments and changes detailed below are both strengths and challenges to Darebin's health and wellbeing. See appendix 1 for more detailed data and references.

Key data to be presented as infographics:

### **Key demographic information for Darebin**

- Darebin has a population of 154,144 people
- It is projected to increase by another 40 000 people to reach 192 142 residents by at least 2031
- 51.7% are female
- 48.3% are male
- 1110 Aboriginal and Torres Strait Islanders live in Darebin, making up .9% of the total population.
- 36% were born overseas
- 41% speak a language other English at home
- 5.1% live with disability
- 64% of people aged 70+ live with disability
- Our median weekly household income is \$1,423
- 6.8% of people are homelessness

## **Our health and wellbeing**

The Darebin Wellbeing score is 75.6%. This is a subjective measure of an individual's quality of life. It is a measure of deep and enduring sense of satisfaction and includes consideration of standard of living, health, achievements, community connection and safety.

### Risk factors to health and wellbeing

- 5.8% of households in Darebin reported running out of food and not having enough money to buy more
- 31.2% of people agreed that "getting drunk every now and then is ok".
- 12.1% are current smokers. The rate is higher in Preston East (30.1%) and Reservoir East (22.4%).
- \$683 in electronic gaming machine losses, per person each year

### Education

- 59.1% of people in Darebin completed compulsory education (year 12 or equivalent)
- 9.7% students in Year 9 did not meet or exceed the benchmark of reading
- 45.6% of people 20-24 years old attend university or other tertiary institution

### Healthy eating and active living

- 11.8% of adults consume sugar-sweetened soft drinks daily. The rate is higher in Preston East (19.4%).
- 6.2% of people have sedentary behaviour

### Mental health

- 14.4% adolescents experience the highest level of psychological distress.
- 20.4% of adults experienced high and very high levels of psychological distress.
- 33.1% of adolescents reported not having a trusted adult in their life.
- Overall satisfaction in life 7.6 on a scale of 10

### Community safety and violence against women

- 31.7 family violence incidents each week
- Perceptions of safety in the public areas are lower in East Preston and East Reservoir
- Low gender equality score

### Economic and employment characteristics

- 19.4% of households earn less than \$650 per week and 21% earn more than \$2,500 per week.
- Northland Activity Area (32.9%), Oakhill (26.6%) and Reservoir Cheddar Road (23.8%) earn less than \$650 per week.
- 26.5% of people aged 20-24 years access youth allowance
- 6.3% of people 15 years and above are unemployed
- 13.7% of renters are in rental stress
- 5.7% of Darebin mortgage holders are in mortgage stress
- 85% of sole renters aged 65+ living in rent-related financial stress

## 7. Our four goals – indicators, strategies, outcomes and actions

Our mission for Darebin's Health and Wellbeing Plan is *healthy, strong and resilient people and connected communities*, and strives for health equity for all. There are four overarching goals to reach this mission:

- 1. Create equitable, healthy and sustainable neighbourhoods**
- 2. Create lifelong learning, educational and employment opportunities for all Darebin people**
- 3. Improve the emotional and social wellbeing of all Darebin people**
- 4. Improve the physical health of all Darebin people**

These goals encapsulate some of the overarching determinants of health affecting the lives of people in Darebin. Each of the goals has objectives and strategies. Through the following objectives Council believes it can contribute meaningfully and strategically to improving health outcomes for Darebin communities.

While the Plan does not address all the determinants influencing the health and wellbeing of Darebin people, many which fall outside Council's role and capacity, this four year Plan will set a strong basis for the ongoing work of Council.

Our objectives will be measured through the life of this Plan and aim to be fulfilled by 2021. This Plan will include an annual action plan, detailing strategies, specific targets and performance indicators. This will be updated annually.

### **Goal 1: Create equitable, healthy and sustainable neighbourhoods**

Our health and wellbeing are directly affected by the built and natural environments of the City of Darebin as a whole and in our local neighbourhoods. Equitable, accessible and sustainable city design, land use mix, service provision, infrastructure development and transport underpin healthy neighbourhoods.

Neighbourhood safety and security are important determinants of our health and wellbeing. When individuals feel safe within their communities, they are more likely to connect with friends, engage with other community members, and experience greater levels of trust and social connection.

A more collaborative and integrated approach to all our planning is needed in response to our changing demographics in Darebin as well as expanding evidence about the impact of the built environment on people's health and wellbeing necessitates. Guided by the Environments for Health Framework, this goal addresses issues that fall within the requirement of having safe and accessible neighbourhoods and living sustainably. This goal aims to improve the health of people who live, work and play in Darebin through personal, social and environment actions. By Providing places and spaces for people to connect with others, join in a groups and be engaged in community activities, Council can improve the health and wellbeing of people who live, work and plan in Darebin.

### **Darebin Indicators**

- The rate of homelessness in Darebin is 6.8 has higher than state average at 4.0%
- It is likely that there are 500 people in Darebin who are homeless on any given night.

- 47% of Darebin residents visit green spaces at least once a week compared to the 52.7% Melbourne metro average.
- In 2008, 71.2% of people said that they live in a pleasant environment that is well planned, with nice streets and open spaces. This is significantly lower than the Victorian average which was 81.3%. In the same survey, 89.9% said that Darebin had good facilities and services like shops, childcare, schools, libraries. This is significantly higher than the Victorian average which was 79.3%.
- Darebin has a total of 744 licensed Electronic Gaming Machines (EGMS), which is lower than the Melbourne Metro average. Darebin is ranked 19 in Victoria in losses per adult in 2017/18 to EGMS. This figure is \$683 and is higher than the Melbourne Metro average of \$553.

### Transport

- The percentage of journeys to work by public transport is among the highest in the state. In Darebin 21.4% use public transport, while 55.4% use a private vehicle, compared with Greater Melbourne, 13.8% and 66.1% respectively.
- Between 2006 and 2011, there were significant changes in modes of commuting including increases in travel by train and bicycle and a decrease in travel by car, although in this case with the increase in the numbers of people working this still means an increase in the number of people commuting by private car.
- 24.5% of Darebin females and 16.7% of males experienced transport limitations in 2011.
- 20.4% of Darebin females and 16.8% males used public transport to go to work. Compared to 12.9% and 11% for Metro Melbourne (2006).

### Perceptions of safety

- Residents of Darebin are increasingly feeling unsafe walking around the community both during the day and at night. Between 2012 and 2015 the percentage of Darebin adults who felt safe walking alone during the day decreased by 4.5% to 91.4%; and during the night decreased by 9.1% to 51.8%. A similar 4.2% decrease to 92.4% during the day and 13.5% decrease during the night was seen in the Melbourne metro area (VicHealth 2015).
- Perceptions of safety were found to be much lower in Reservoir East. Perceptions of those feeling safe walking alone during the day was 88.2% and at 36.5% at night (Reservoir East and Preston East Health and Wellbeing Survey, 2015)
- Darebin undertakes its own community safety perceptions data collection. The most recent perceptions of safety results showed that 97% of respondents felt safe in the public areas of the City of Darebin during the day. More than 72% felt safe at night. One sixth of respondents felt unsafe in the public areas of the City of Darebin at night

Objectives	Strategies	Outcomes by 2021
1.1 Establish health and wellbeing considerations for the planning and design of Darebin's built and natural environment	Health and wellbeing principles are embedded in all strategic planning and urban design policies	Health and wellbeing considerations are an integral part of all Darebin planning decisions, including universal access, safety and provision of spaces for social
	Investigate restricted land use that has a detrimental impact on health and wellbeing outcomes, including electronic gaming machines, fast food, brothels and liquor outlets	

	Ensure the Victorian Charter for Human Rights is reflected in all of Council's strategic and social planning	connections  Council's integrated planning reflects commitments under Child Friendly Cities, Age Friendly Cities, Healthy Cities and welcoming cities
1.2 Create and maintain neighbourhoods that support safe and accessible open space	Advocate for diverse transport options and services in communities with limited public transport infrastructures, especially in the neighbourhoods where there is significant social and economic disadvantage	Increase in perceptions of safety across Darebin, both during the day and at night by 5%
	Strengthen partnerships with schools, neighbourhood houses, community groups and local residents in order to maintain parks and facilities	Increased alternative and sustainable transport choices to services, commercial, educational, services and other activity centres.
	Support and advocate for the delivery of safe open spaces where local people are actively involved in the development processes and which allow people to gather, exercise, relax, play and interact in their local neighbourhood	Improved and increased open space in Darebin

## Goal 2: Create lifelong learning, educational and employment opportunities for all Darebin people

Education is a key determinant of health and is associated with improved life chances, including employment and better earnings; better health and improved life satisfaction; and raised levels of civic and social engagement.

There is clear evidence about how significant the early years are in our lives for healthy cognitive, emotional, physical and psycho-social development. Early years learning centres, and primary and secondary schools are important settings to support the wellbeing of children, young people and their families. They are where essential early interventions occur across the continuum. These early interventions can include successful and positive transitions; active engagement by families in the learning experience of their children; specialised wellbeing and learning support to children across all ages at risk of disengaging; and whole-of-school approaches to creating a safe, inclusive and discrimination-free environment for all children.

Disengagement from formal education for some children begins very early and is often reinforced along their journey through primary and secondary education. Positive experiences during school years is also a key determinant of whether young people go on to further education and training. Early intervention continues to be important in supporting early school leavers in their successful transition pathways both to employment and further education. Lifelong learning opportunities

continue to have positive employment outcomes as well as important emotional and social wellbeing outcomes throughout all ages, including as they grow older.

## Darebin Indicators

### Education

- The percentage of people 19 years old having completed year 12 is among the highest in the state
- 24% of people in the City of Darebin attended an educational institution in 2016.
- Kindergarten participation is lower than the state measure, at 94%
- Rate of students in years 3, 5, 7 and 9 who did not meet or exceed the benchmarks for literacy is higher than (10.4%) than metro Melbourne (6.2%)
- 59.1% of people in Darebin completed compulsory education (year 12 or equivalent) and is similar to metro Melbourne (59.4%). However, the percentage of people who live in the areas of Reservoir Cheddar (54.7%), Reservoir Oakhill 54.1%), Northland Activity Area (49.6%) and Merriland (44.8%) were lower than Darebin average.
- 9.7% students in Year 9 did not meet or exceed the benchmark of reading comparing with 7.2% in metro Melbourne.

### Employment

- The size of the City of Darebin's labour force in 2011 was 67,997 persons, of which 22,690 were employed part-time and 39,656 were full time workers. There was a higher proportion of unemployed people in Darebin compared to Greater Melbourne. Overall, 93.8% of the labour force was employed.
- 63,809 people living in the City of Darebin in 2011 were employed, of which 62% worked full-time and 36% part-time.
- Darebin experiences a high unemployment rate, 6.3% comparing with Melbourne Metro average is 5.8%. Reservoir East is among all the highest unemployment at the rate 8.1% followed by Preston and Reservoir West at 6.7%

Objectives	Strategies	Outcomes
2.1 To facilitate improved access and opportunities to employment pathways for disadvantaged adults and young people	Strengthen outreach, relationships and supports to ensure employment pathways are increased in neighbourhoods that experience economic and social disadvantage	Five annual youth employment pathways programs delivered to provide employment opportunities to young people
	Facilitate partnerships with youth organisations and Darebin businesses to provide employment pathways	Increase in number of people, especially women and young people from long-term unemployed families to gain important skills and confidence to work.
	Strengthen, collaborate and advocate with Darebin's partners in their ongoing effort to provide accessible adult education and employment skills	Two annual initiatives for coaching/mentoring and training opportunities for long-term unemployed

		people especially, women and young people
2.2 To facilitate equitable lifelong learning opportunities for disadvantaged adults, young people and children	Develop lifelong learning opportunities in partnership with local residents in priority communities which experience poorer health outcomes	Three whole-of- Council partnerships developed with secondary schools annually which include programs in reponse to key health and wellbeing priorities for young people  Two initiatives annually to increase learning opportunities and health literacy in East Preston and East Reservoir
	Support and advocated for ongoing improvements to the experiences of children and their families who experience educational disadvantage in their transition from early years services to primary schools to secondary schools	
	Support young people who are disengaged from education and training to make enduring connection with their schools, have appropriate learning opportunities, and wellbeing as part of early intervention	

### Goal 3: Improve the emotional and social wellbeing of all Darebin people

In addressing emotional wellbeing, Council aims to promote freedom from discrimination, violence and building stronger social connections and participation within our community. Emotional wellbeing refers to our psychological strengths, our feelings of confidence, self-esteem, and control over the decisions in our lives, and our feelings of being valued and recognised for who we are.

Emotional isolation, or loneliness, is ranked as high as smoking as a risk factor for mortality. Whether loneliness is understood as an interior, subjective experience or as a failure of social networks, it has direct consequences on our physical health. A partial list of the physical diseases linked with loneliness includes Alzheimer’s, obesity, diabetes, high blood pressure and heart disease.

Social wellbeing refers to our positive, reciprocating and respectful relationships with others both at personal and social levels, and includes our relationships with families, friends, peers, and our broader social networks in our local neighbourhoods, schools, work, or online. It also refers to access to and involvement in groups, organisations, services and programs - whether promoted by government, civil society or privately where we can be supported and have meaningful participation and contributions. As one example, the relationship between volunteering and health is well-established, in which volunteering can alleviate depression, increase satisfaction with life, lower the frequency of hospitalisation and boost a person’s capacity to cope with illness.

Violence against women has significant consequences on the health and wellbeing of women and children, with severe and persistent effects on physical and mental health and enormous costs in terms of premature death and disability. All forms of violence against women potentially reinforce a range of other known determinants of overall health problems. These include poor physical and mental health, gender inequity, social isolation, and economic disadvantage.

Discrimination has direct and indirect negative consequences on the health and wellbeing of people and communities. The evidence points to the strong link between depression and discrimination for

those who experience discrimination and also includes direct physical health consequences, such as heart disease, weight problems and diabetes.

## Darebin indicators

### **Community participation and connection**

- 73.1% of Darebin residents said that people are willing to help each other and 60.5% said Darebin was a close-knit neighbourhood. A significantly smaller proportion of residents agreed that people in their neighbourhood can be trusted (67.2%), compared to the Melbourne Metro average of 71% who agreed (VicHealth 2012 and 2015)
- The volunteer rate is lower in Darebin (22.6) than metro Melbourne (31.6) (VicHealth 2012)
- The percentages of people who are members of a sports group and who attended a community event are among the lowest in the state. For example, adults who participated in citizen engagement activities rate is lower than (42.6%) than Metro Melbourne (48.7%) (VicHealth 2012)

### **Violence against women**

- On average, 31.7 incidents of family violence were reported to police every week in 2015-16. The total number of incidents reported was 1,646. This is a rate of 1071.9 per 100,000 population, compared to 1285.2 per 100,000 for Victoria. Of these incidents, 70% of victimised women are aged between 15 and 44 years (Victorian Crime Statistics Agency, 2016).
- Darebin has a lower gender equality score (29) than Victorian average (35.7) (2015 VicHealth Indicator Survey).

### **Mental wellbeing**

- The latest (2015) Darebin Wellbeing score is 75.6%, 0.5% lower than 2012. This is a subjective measure of an individual's quality of life. It is measure of deep and enduring sense of satisfaction and includes consideration of standard of living, health, achievements, community connection and safety.
- 22% of Darebin adolescents where not satisfied with their quality of life
- 16.4% of adolescents in Darebin feel like they don't have someone to turn to for advice when they need it, compared to 13.9% of Victorian adolescents.
- A high percentage of Darebin adolescents live with an eating disorder 14.4% compared to the Metro average of 5.4%.

Objectives	Strategies	Outcomes by 2021
3.1 To <b>strengthen community</b> connectedness across our neighbourhoods	Provide community connections through the arts, physical activity, early years, schools, neighbourhood community activities, events, information and communication technology, and volunteering	Increasing inclusive attitudes and respect for people of all age groups and cultures.  Baseline data / benchmark for youth resilience
	Maintain Council's roles in effectively supporting the work of agencies and organisations serving high needs residents	Improved mental health

	Collaborate with community agencies and schools on effective campaigns to promote the mental health and wellbeing of young people	and self esteem for Darebin's young people
3.2 To promote freedom from discrimination and violence	Work in collaboration with identified local communities and settings who experience social and economic disadvantage	At least 2 new place-based community initiatives implemented annually that promote Interculturalism and address racism.  East Reservoir Neighbours for Change and East Preston Community Action Group advocate for local priorities and actions.  One new community-based preventing violence against women initiative implemented annually  Ongoing measures in annual community surveys about people's awareness regarding health and wellbeing consequences of discrimination
	Work in partnership with key stakeholders, agencies and community to address and respond to family violence and to prevent violence against women	
	Provide place-based community development in neighbourhoods that experience social and economic disadvantage in ways that respond to exclusion and discrimination, for priority populations: <ul style="list-style-type: none"> <li>• Aboriginal people</li> <li>• asylum seekers</li> <li>• newly-arriving women</li> <li>• Muslim women</li> <li>• LGBTIQ people</li> </ul>	

## Goal 4: Improve the physical health of all Darebin people

The initiatives under this goal will help to reduce burden of chronic disease by identifying and addressing some of the key risk factors which lead to physical illnesses and public health emergencies.

Physical health addresses the requirements to achieve improved physical health and wellbeing outcomes including protecting and avoiding risk behaviours, promoting active lifestyles, and increasing access to affordable and healthy food and health services for people at all stages of life. Access to resources to aid in avoiding risk behaviours, maintaining an active lifestyle, as well as health literacy, and knowledge and understanding of the relationship between risk behaviours, diet and physical wellbeing reinforce the holistic approach to maintain good health.

Access to affordable food is integral to experiencing positive health and wellbeing outcomes. At the most basic level, food is a necessity and a human right. Due to health inequalities some groups are at greatest risk of food insecurity.

### Darebin indicators

#### Access to affordable and healthy food

- 5.8% of households in Darebin reported running out of food and not having enough money to buy more, with this occurring from once every month to once a year
- 9.6% of Darebin residents reported worrying about running out of food without having money to buy more at least once in the past 12 months (Darebin City Council 2015a).
- 7.8% of households in East Preston reported running out of food and not having enough money to buy more once or twice a month (Darebin City Council 2015a)
- 11.5% of households in East Reservoir reported that they had accessed food vouchers
- In Darebin Groups at greater risk of food insecurity include, low income households including sole person, sole parent (of which 82.4% are women), and student households, people with low proficiency in English, particularly newly arrived migrants and refugees, people from an Aboriginal and Torres Strait Islander background, households in the Northern suburbs of Darebin, frail older adults or people with a mental illness or disability who require support for meals, people in housing stress or homeless (Department of Health and Human Services 2013), women experiencing or at risk of experiencing family violence (Darebin City Council, 2016).
- 12.8% of Darebin residents eat take-away meals/snacks at least three times a week than the metro Melbourne average (11.2%) (VicHealth 2015)
- Australian adults are recommended to consume two serves of fruit and five serves of vegetables each day for good nutrition. In Darebin, 49.6% of residents don't meet their requirements for fruit, meeting 1.6 serves and 92.8% don't meet their requirements for vegetables with the average consumption being just 2.2 serves a day (VicHealth 2015)
- Darebin residents have higher rates of daily soft-drink consumption (11.8%) compared to the metro Melbourne average of 10.3% (VicHealth 2015)

#### Active living and participation

- In Darebin adults spent average 5 hours and 7 minutes sitting on a usual day compare with average Victoria sitting 4 hours 29 minutes.
- Adults in Darebin have high rate of inactive behaviour than state average. High rate of both male (56.8%) and female (60.7%) in Darebin who do not meet physical activity guideline compare with state average 52.0% for men and 56.1% for women.

- Compared to all Victorians, a similar proportion of Darebin residents engaged in no physical activity during the week (18.8%, Victoria = 18.9%). A similar proportion of Darebin residents engaged in physical activity four or more days per week compared with the Victorian estimate (40.1%, Victoria 41.3%). The three most popular non-organised physical activities in Darebin were walking (53.3%), cycling (19.8%), and jogging or running (14.5%).
- Darebin’s Household survey (2014) found that 81.1% of respondents engaged in physical exercise at least once or twice a week, with more than half of the respondents engaging in physical activity at least three times a week.

### Alcohol and Tobacco

- 37.1 of adults are at risk of alcohol related injury, drinking more than four standard drinks on any day
- 12.1% of Darebin residents over 18 years are current smokers and is par with Metro average of 12.4%. This is a significant decrease from 2012, where Darebin had a significantly higher proportion of current smokers than the Victorian average, with 21.9 % compared to the State estimate which was 15.7%
- 14.2 % of Darebin young people between the ages of 15 – 17 had smoked in the past 30 days according to the 2012 Adolescent Profile from the Department of Education and Early Childhood Development. The Victorian average was 12.9%.
- 66.5% of Darebin support smoking ban in outside dining area

Objectives	Strategies	Outcomes by 2021
4.1 Increase access to affordable and healthy food	Provide ongoing advocacy to all tiers of government to increase emergency relief and material aid across Darebin	15% increase in the number of businesses and community food enterprises donating surplus food
	Support and promote initiatives that contribute to access to affordable food and healthy eating	Council to support two organisations / services each year to develop and adopt food and nutrition guidelines
	Work with local partners to promote healthy eating and oral health across the life stages with Maternal and Child Health, Early Years, schools and the Healthy Ageing Program	Healthy Drinks Campaign shared indicators data collected annually
4.2 Increase participation rates in sport and physical activity	Reduce barriers to participation in priority populations: <ul style="list-style-type: none"> <li>• Newly arrived communities</li> <li>• Older adults</li> <li>• Aboriginal community</li> <li>• People living with a disability</li> <li>• Women and girls</li> <li>• LGBTIQ people</li> <li>• NDIS clients</li> </ul>	20% increase in Council supported sport or physical activity initiatives  15% increase in female membership in organised sport  30% of organised sport participants are women or

	Partner with key stakeholders, agencies and networks to promote opportunities for increased physical activities	girls
	Continue to invest in improving infrastructure that will increase participation in sport and physical activity	facility audits are undertaken to analyse and make recommendations on improvements that will increase participation of priority groups
		Increase participation year on year to Council supported leisure facilities
4.3 Reduce the impact and harm of alcohol and tobacco	In partnership with community organisations, support and promote initiatives that contribute to increased awareness of alcohol	Decrease the Darebin smoking rate to 10% (currently 12.1%)
	In partnership with community organisations, support and promote initiatives that contribute to increased awareness of tobacco	Health literacy resources developed with community organisations
	Investigate smoke free zones within the municipality	

## 8. Appendices

### Appendix 1: Darebin's Health and Wellbeing – data and indicators

The information and indicators presented throughout the Plan come from the following key sources:

- 2011 and 2016 (where available) Census of Population and Housing conducted by the Australian Bureau of Statistics. Darebin profiles from the Census, including changes between the census periods have been prepared by .id and are available on Darebin City Council website
- VicHealth Indicators Survey 2012 and 2015
- Victorian Public Health Survey 2011- 2012
- Community Indicators Victoria (CIV): from their own earlier research; and data from various sources including earlier work from Department of Planning and Community Development and Victoria Police
- Department of Education and Early Childhood Development
- Darebin City Council's own research and findings including, Darebin Leisure Strategy Consultation, Darebin Healthy and Active Ageing Consultation, Darebin Racism Inquiry, Darebin Public Education Inquiry, Darebin City Council Plan consultation

Some of the data provided below is from 2011 due to the staged release of 2016 Census data. As further data is made available through sources such as the Census and Darebin's Household Survey, our data will be updated to reflect our community.

#### **Culturally and linguistically diverse**

- 48,842 people living in the City of Darebin were born overseas and 25% arrived in Australia within the last 5 years as immigrants and as refugees.
- 26% of people are born in non-English speaking countries and have come to Australia from over 140 countries.
- 56% of the population speak a language other than English at home. These are a total of 138 languages.
- Darebin has a larger percentage of people speaking each of the following languages at home – Italian, Greek, and Arabic, compared to Greater Melbourne. However, the largest changes in the spoken languages of the population between 2011 and 2016 included decreases in the numbers of people who spoke Italian and Greek and almost corresponding increases in people who spoke Mandarin.
- 7.8 % of the population, more than 10,000 are 'not proficient in English' and experience language barriers. This is higher than the Great Melbourne average which was 5.6%.
- The most significant changes in the proficiency in English of the population between 2011 and 2016 was in the significant increases in those who speak only English (56.3%).
- The majority of people born in a non-English speaking country live in the north of the municipality in Reservoir, Kingsbury and Bundoora areas.

#### **People with disabilities and carers**

- More than 25,000 residents or 21 per cent of the population have a disability of some kind, including physical, psychological, intellectual and or learning disabilities. Of all the people living with a disability, 29% have a profound or severe degree of restriction, 49% are estimated to

require assistance with accommodation and support, and 32 % are estimated to require assistance with transport.

- 8,774 people or 6.0% of the population in the City of Darebin in 2016, reported needing help in their day-to-day lives due to disability. Overall, 6.0% of the population reported needing assistance with core activities, compared with 4.9% for Greater Melbourne.
- There are more than 13,600 carers who provide unpaid assistance to a person with disability, long term illness or old age. This is an increase of more than 1226 people between 2011 and 2016.

### **Our households**

- In 2016 there were 58,417 households living in Darebin
- In 2016, almost 27% of households were couples with children. This is lower than the greater Melbourne percentage which is 34%. 22% (12, 124) were couples without children.
- Almost 10% were single parent families with children.
- 26.5% (over 14,000 households) were people living on their own. This is significantly higher than the greater Melbourne average which is 22.3%
- The most significant household changes between 2006 and 2011 were increases in couples with children (+1,112), couples without children (+1,036 ), group household (+568) and lone person (+389).
- For couples with children, almost two-thirds, 8688 couples had young children under 15 of age, whereas for 5355 single parent households, almost two-thirds had children older than 15 years
- Of couples without children, close to a half were young couples.
- 631 couples reported living in a same-sex relationship, 415 in a lesbian relationship and 216 in a gay relationship, although it is clear that there is underreporting of same-sex relationships.
- Of people living on their own, they were more or less equally distributed between young, middle aged and older people.
- The total number of households in City of Darebin increased by 4,209 between 2011 and 2016.

### **Our homes**

- Overall, 28.7% of the population owned their dwelling; 26.0% were purchasing, and 36.3% were renting, compared with 29.0%, 34.3% and 28.8% respectively for Greater Melbourne.
- In 2011 31.8% of people fully own their homes; almost 27% had a mortgage and are 33.9% are renting. We have higher percentages of people renting privately ( 28.6% compared to 23.1% ) and living in social housing ( 4.7% compared to 2.9%) than greater Melbourne.
- In 2016, 13.7% of Darebin renters are in rental stress, paying more than 30% of their household income in rent. 5.7% of Darebin mortgage holders are in mortgage stress, paying more than 30% of their income in mortgage repayments.

### **Our socio-economic status as individuals and as communities**

- Our median weekly household income for Darebin has increased to \$ \$1,423 (in 2011 this was \$1178).
- 13.9% of households earn less than \$650 per week.
- Analysis of household income levels in the City of Darebin in 2016 compared to Greater Melbourne shows that there was a smaller proportion of high income households (those earning \$2,500 per week or more) and a higher proportion of low income households (those earning less than \$650 per week). Overall, 21.1% of the households earned a high income and 19.3% were low income households, compared with 22.9% and 16.7% respectively for Greater Melbourne.

- In 2016, 13.7% of Darebin renters are in rental stress, paying more than 30% of their household income in rent. 5.7% of Darebin mortgage holders are in mortgage stress, paying more than 30% of their income in mortgage repayments.
- While Darebin as whole is becoming less disadvantaged, at a suburb and neighbourhood level there is still significant disadvantage. Reservoir is among the 12% of most disadvantaged suburbs in Victoria, while Preston is among the 23% of most disadvantaged and Thornbury among the 48%. Even in Northcote which is ranked amongst 31% of least disadvantaged suburbs across Victoria, it is important to note specific areas within the suburb which experience higher rates of disadvantage
- A symptom of "financial stress" is the inability to raise a moderate sum of money to deal with an emergency of the kind created by the need to pay an unexpected bill. In 2008 in Darebin 80.2% of people could raise \$2000 in two days in an emergency. This is significantly lower than the Victorian average which was 85.6%

### **Our health and wellbeing**

- The Darebin Wellbeing score is 75.6%, 0.5% lower than 2012. This is a subjective measure of an individual's quality of life. It is measure of deep and enduring sense of satisfaction and includes consideration of standard of living, health, achievements, community connection and safety. This decrease is consistent with the Melbourne metro average which also saw a decrease of 0.5% from 77.5% in 2012.
- Self-reported health is a good predictor of ill-health and other significant health behaviours. In Darebin 20.8% of people self-rated their health as fair or poor. This is higher and worse than the Victorian average of 15.9%. In 2010 this Darebin indicator from the same survey was 21.2%.
- In 2010 Darebin males reporting fair or poor health status was 27.1%. This is significantly higher than the Victorian average of 19.2%. Also in 2010 Darebin females reporting fair or poor health status was 17.1%. This is consistent with the Victorian

## CONTACT US

274 Gower Street, Preston  
PO Box 91, Preston, Vic 3072  
T 8470 8888  
F 8470 8877  
E [mailbox@darebin.vic.gov.au](mailto:mailbox@darebin.vic.gov.au)  
[darebin.vic.gov.au](http://darebin.vic.gov.au)



**National Relay Service**  
TTY dial 133 677 or  
Speak & Listen 1300 555 727  
or [relayservice.gov.au](http://relayservice.gov.au), then  
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