



Final Draft

Darebin 2013 – 2017 Health and Wellbeing Plan

“Healthy People and Connected Communities”

DRAFT

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1. Executive Summary

“We can be full of self-doubt. It is important to have someone who believes in you, to help you believe in yourself. It doesn’t have to be a family member, and sometimes it’s better if they’re not. But having someone who shows an interest in you and who you can go to and who can encourage you to be part of things out in the world is important. (A young man and a young woman, Darebin Youth Program Peer Group member)

This reflection by young people on the significance of supportive relationships resonated with many community members, many times over when considering health and wellbeing priorities in their lives.

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

Darebin’s Health and Wellbeing Plan (Wellbeing Plan) 2013 – 2017, has been developed on our understanding that people’s health and wellbeing is influenced by the social, economic, cultural, built and natural conditions in which Darebin people are born, grow, learn, live, work and age. These are known as social determinants that can either strengthen or weaken our health and wellbeing.

The vision of the Wellbeing Plan is ‘Healthy people and connected communities’ and strives for health equity for all. It is a whole-of-Council Plan because it reflects all the work that Council does across its many areas and through its many policies, services and programs that address and strengthen health and wellbeing. However, this Plan also includes new strategies and actions which have arisen from the evidence and from Darebin people’s priorities.

The Darebin Health and Wellbeing Plan 2013-2017 is inclusive in its approach of all Darebin diverse citizens and recognises the strengths and resilience of Darebin communities and the varied and complex ways people manage their health and wellbeing along their life cycle.

The process of community engagement which was carried out in the development of this plan was extensive. More than 400 hundred people were involved in reflecting and sharing their ideas for strengthening our community health and wellbeing across Darebin. Some of the innovative processes Council used to listen and engage with people included joint workshops with representatives from Darebin’s many community advisory committees, using ‘Tree of life’ model for outreach and consultation, community workshops on loneliness and isolation and on emotional and social wellbeing, both of which were organised with partner organisations, for deeper, more informed and deliberative planning. There was also extensive discussion within Council.

The Plan begins with recognition of and respect to Aboriginal people as the first people of Australia.

Darebin’s Wellbeing Plan defines five key goals:

1. Strengthen opportunities for all Darebin children to develop, thrive and learn in their early years
2. Enable and support equitable lifelong learning, educational and employment opportunities and outcomes
3. Promote freedom from discrimination and violence as a basis for emotional and social wellbeing
4. Build healthy, safe, accessible and sustainable places and neighbourhoods for people to live well, play and connect.
5. Protect and promote Darebin people’s physical health

Our work towards these goals will be developed, negotiated, implemented and evaluated with the following principles and ways of working:

- strong engagement, partnerships and collaboration including within Council, with organisational stakeholders and with Darebin citizens and communities;
- a commitment to health equity and inclusion which includes applying Darebin Council's Equity and Inclusion Planning and Audit Tool;
- a practice that builds on people's strengths and community assets, which includes supporting and adding value to local initiatives.

2. Recognising Darebin's Aboriginal People

Recognition of Aboriginal¹ People as the First People of Australia is an integral part of responding to the entrenched health inequities experienced by Aboriginal people in Darebin, and across Australia. It is an appropriate and important starting point for Darebin's Health and Wellbeing Plan.

Darebin Council acknowledges the Wurundjeri people of the Kulin nation as the traditional owners of the land on which our City is located and pays respect to their elders past and present. Council also recognises the rich diversity of Aboriginal people who are Darebin residents.

Darebin Council is committed to helping close the health gap between Aboriginal and non-Aboriginal people in Darebin and recognises self-determination as an essential part of Aboriginal people's health and wellbeing. Council is a signatory to the Statement of Commitment to Closing the Health Gap between Aboriginal and non-Aboriginal Australians developed and sustained by the North East Primary Care Partnership. Council reaffirms its commitment to Closing the Health Gap by:

- Strengthening partnerships with all Aboriginal organisations and working with Aboriginal people in the development of all initiatives;
- Affirming the role of the Darebin Aboriginal Advisory Committee in informing Council's decisions in regards to Aboriginal wellbeing and the implementation of the Darebin Aboriginal Action Plan;
- Recognising and addressing the social determinants to Aboriginal health which include historical injustices, dispossession, education, employment, housing, social networks, connection with land and country, racism, and law enforcement. Understanding that determinants are complex and interrelated, making some more important than others at different times and life stages;

The Aboriginal definition and concept of holistic health and wellbeing provides an important and valuable platform for developing understandings of the health and wellbeing for all of Darebin's community:

"Aboriginal health is not just the physical wellbeing of an individual but is the social, emotional and cultural wellbeing of the whole community, in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of the whole community."

"Aboriginal people have a whole of life view incorporating the cyclical concept of life- death-life and the relationship to the land. Community control is the key strength in Aboriginal communities²."

¹ Aboriginal people of Aboriginal and Torres Strait islander descent, who identify as Aboriginal or Torres Strait islander and are accepted in the community in which they live, or have lived

The City of Darebin is privileged to locate an extensive organisational base for many Aboriginal community controlled organisations including those dedicated to education, advocacy, legal, social justice, youth, along with health and wellbeing; and we pay tribute to their longstanding and ongoing efforts to address existing health inequity and strengthen the wellbeing of Aboriginal people.

3. The social determinants of health and wellbeing

There is strong evidence regarding the link of social determinants to health and wellbeing outcomes. Most differences in our community's health and wellbeing can be explained by differences in the social, economic, political, cultural, built and natural conditions in our lives and communities.

These environments contribute significantly to health outcomes. While our behaviour and the choices we make every day influence our health and wellbeing, there is evidence that these behaviours are also influenced by these social determinants. While we may also have individual and genetic preconditions that protect our health or put us at risk of ill-health, they are only one part of the picture.

Council aims to support our residents to continue to make informed decisions that impact on their own, their families and their communities' wellbeing. And we also want to work with Darebin citizens, communities and partner organisations, and across Council to develop and strengthen those conditions that protect and promote people's health and wellbeing and to address those which can make them unwell. While there are social, economic, cultural, built and natural conditions which are not created nor easily changed by local government, Darebin Council does and can play a significant role, as a strong partner, to mitigate and transform these conditions.

This starting point makes any plan to strengthen our health and wellbeing a complex, long-term process that requires collaboration and actions at many levels and in interconnected ways.

Importantly, understanding and acting on these social determinants is directly aligned to the 2013-2017 Council Plan, which has defined the vision for the Plan as "*the Place to Live.*" This focus on liveability reinforces the imperative to act on the social, economic, built, cultural and natural conditions and context of the lives of all Darebin people. For Darebin to become the place to live for all people, the conditions that engender health and wellbeing need to be available and accessible to all.

Darebin Council has been and continues to work to address the social determinants of health across many of its existing policies and service delivery areas, many of which have been developed and enhanced since the development of the previous 2009-2013 Community Health and Wellbeing plan. This new Wellbeing plan builds on Council's existing policies, practice and relationships with partner organisations. At one level it is a whole-of-Council plan, highlighting and affirming key Darebin strategies which have health and wellbeing outcomes. This is essential in order to continue the holistic and integrated attention to all the social determinants, and to ensure health and wellbeing impacts are considered in and across all Council policies and initiatives.

² This definition was first referenced in the National Aboriginal Health Framework 1989 and has been reinforced by Victorian Aboriginal Community Controlled Health Organisations (VACCHO).

4. Our goals

The vision for Darebin's Wellbeing Plan is *'Healthy people and connected communities'*, and strives for health equity for all.

There are five overarching goals to reach this vision:

- 1. Strengthen opportunities for all Darebin children to develop, thrive and learn in their early years**
- 2. Enable and support lifelong learning, educational and employment opportunities and outcomes for all**
- 3. Promote freedom from discrimination and violence as a basis for emotional and social wellbeing**
- 4. Build healthy, safe, accessible and sustainable places and neighbourhoods for people to live well, play and connect**
- 5. Protect and promote Darebin people's physical health**

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. Process outcomes are included for some of the main strategies. There is also a list of some of the key and more specific actions which were identified during the engagement process. These were important to be included as they reflected valuable ideas which were necessary to reflect back to the organisation and the communities.

5. Our objectives

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, and will seek to make some clear changes in the direction of these objectives.

We will always work in partnerships towards meeting these objectives.

Goal 1 : Strengthen opportunities for all Darebin children to develop, thrive and learn in their early years

Objectives

1.1 To highlight our early years as the critical foundation for our ongoing health and wellbeing

Goal 2 : Enable and support lifelong learning, educational and employment opportunities and outcomes for all

Objectives

2.1 To better understand and develop responsive, inclusive programs with families, children and primary schools regarding middle year experiences of all Darebin children

2.2 To support improved wellbeing outcomes for Darebin students

2.3 To facilitate improved access and opportunities for learning and employment pathways for all

2.4 To continue to develop lifelong learning opportunities for all

Goal 3 : Promote freedom from discrimination and violence as a basis for emotional and social wellbeing

Objectives

3.1 To strengthen organisational capacity to improve community connectedness between people with shared and different life experiences and opportunities

3.2 To strengthen community capacity and connectedness based on respect for self and for each other

3.3 To strengthen the emotional and social resilience of young people.

Goal 4 : Build healthy, safe, accessible and sustainable places and neighbourhoods for people to live well, play and connect

Objectives

4.1 To ensure health and wellbeing considerations inform the planning and design of Darebin's built and natural environment

4.2 To design and develop safe, accessible public open space that ensures and enables community connections and physical activity

4.3 Improve local access and local living through accessible, affordable and sustainable transport options for all

4.4 To develop housing options that are affordable, secure and appropriate for all Darebin people

Goal 5 Protect and promote Darebin people's physical health

Objectives

5.1 To help decrease smoking in Darebin

5.2 To promote food security and healthy eating for all Darebin people

5.3 To help increase regular physical activity for all Darebin people

5.4 To help limit harm from alcohol and other drugs in Darebin

5.5 To raise the attention of the importance of oral health for all

5.6 To be prepared and respond to emergencies that have health consequences for Darebin people

6. Our principles

Darebin Council has made a strong commitment to six core principles in its Charter of Good Governance clearly articulated in the Council Plan 2013 – 2017. The principles are:

- Transparency
- Accountability
- Equity and Inclusion
- Effectiveness and Efficiency
- Community Engagement
- Ethical Decision making

These principles resonate strongly with the Darebin Wellbeing Plan. The principles of Equity and Inclusion and Community Engagement are especially significant and have underpinned the approach to this plan.

Health equity and inclusion

Health equity is at the core of Darebin's new Wellbeing plan.

Darebin's Equity and Inclusion Policy (2012 – 2015) identifies key population groups who can be at risk of exclusion due to discrimination, poverty, homelessness, family violence, isolation and other barriers to accessing opportunities and resources available in Darebin and our broader society. People in these groups generally experience significantly poorer health and wellbeing outcomes. In striving to improve health and wellbeing outcomes for people who are at risk of exclusion, we are striving for fairer access, enjoyment and distribution of these benefits and opportunities to *all* people.

The Darebin Equity and Inclusion Policy identifies groups of people who are at risk of exclusion and whose experiences have been considered in this plan. They include:

- Aboriginal communities
- Culturally and Linguistically Diverse, with particular attention to people of diverse faiths, those who experience language barriers, newly arrived people, in particular refugees, asylum seekers, international students and migrants
- People living on low and or insufficient incomes, with attention to people living in public housing, families with young children and single parent families
- People who are homeless, at risk of homelessness and or living in housing stress,
- Young people
- Older people
- People with disabilities
- People with mental illness
- Carers
- People who are gay, Lesbian, Bisexual, Transgender and Intersex
- People who are socially, locally and technologically isolated
- Women and men affected by gender inequity including family violence and gender stereotypes

In addition to having the Darebin Equity and Inclusion Policy, Darebin Council has also developed an Equity and Inclusion Planning and Audit Tool (EIPAT) which will be actively used to ensure priority groups are

welcomed, included and able to enjoy the opportunities and benefits for strengthening their experiences of health and wellbeing.

Community Engagement

Darebin City Council defines community engagement as a genuine, two-way process between Council and Darebin's diverse communities through which people's aspirations, concerns, needs and values are listened to, acknowledged and integrated in meaningful and transparent ways in the decisions that affect their lives.

Community participation and community engagement are an essential part of people's health and wellbeing. Council made a strong commitment to extensive community engagement in the development of this Plan. Darebin's Community Engagement Framework includes three approaches - consultation, deliberation and collaboration; and all three have been facilitated in this process. This has been documented below and Darebin people's voices have been included in the discussion of each of the goals.

Partnerships

Addressing the determinants of health requires strong and supportive collaboration and partnership:

- within Council, across all areas and levels;
- with organisational stakeholders – government, non-government and civil society organisations;
- with Darebin citizens and communities;
- with neighbouring municipalities and local governments, where appropriate.

Council will work in proud 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 Wellbeing Plan.

One of the important roles of Darebin's partners is their membership and contribution to the Darebin Health Steering Committee. The Darebin Health Steering Committee meets bi-monthly and is chaired by Darebin City Council Councillors. The Committee is one of Council's key Advisory Committees and its role is to provide leadership and oversee the development, implementation and review of the Wellbeing Plan. The organisational partners in the Committee are:

- Darebin Community Health Service
- Northern Melbourne Medicare Local
- North East Primary Care Partnership
- NEAMI Mental Health Service
- Women's Health in the North
- Reservoir Progress Association
- Department of Health

The Health Steering Committee will be supported to utilise Darebin Council's Equity and Inclusion Planning and Audit Tool (EIPAT) to monitor the ongoing process of implementation of the Wellbeing Plan. The use of EIPAT will help ensure that people and groups who experience poverty, discrimination and social exclusion have real opportunities to benefit and have a voice in the processes of implementation.

Building on community strengths and assets

Tackling health inequalities can easily take a deficit approach to people and the conditions in our lives, communities, organisations, and society which have a negative effect on our health and wellbeing. The deficit approach which focuses on problems and needs can reinforce people's exclusion and disempowerment. The principle of building on people's strengths and community assets focuses on rights, capacities, skills, knowledge, connections and potential. There are a number of creative, innovative and successful examples taking place in our community where people at the grass roots are actively taking charge of their life, practising healthy lifestyles and where organisations are working to fulfil similar objectives to those in this plan. Their efforts and activities need to be noticed, affirmed, supported and nurtured. In this respect, Council will work to add value and enhance local initiatives.

7. Darebin's planning model for strengthening health and wellbeing

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.

There have been four main 'environments' which have been used as basis for planning – social, economic, built and natural. These are interlinked and reinforce one another. These environments have been the basis for planning that the State Government of Victoria have encouraged local governments to use in developing the local municipal health plans. Over the process of engaging with Darebin citizens and communities, our planning model evolved. Darebin's planning model includes a further environment, which we believe needs to be articulated clearly and separately and which represents an essential element reflecting Darebin's identity as well as what is essential for our health and wellbeing.

Darebin's planning model has integrated the 'cultural' context where our health and wellbeing is also embedded and in which actions are necessary to strengthen. Below is a diagram that explains the more specific elements in the determinants of health that has been further developed and applied in Darebin. The interconnections are strong and evident.

Darebin's planning model³: Social determinants of health

CULTURAL

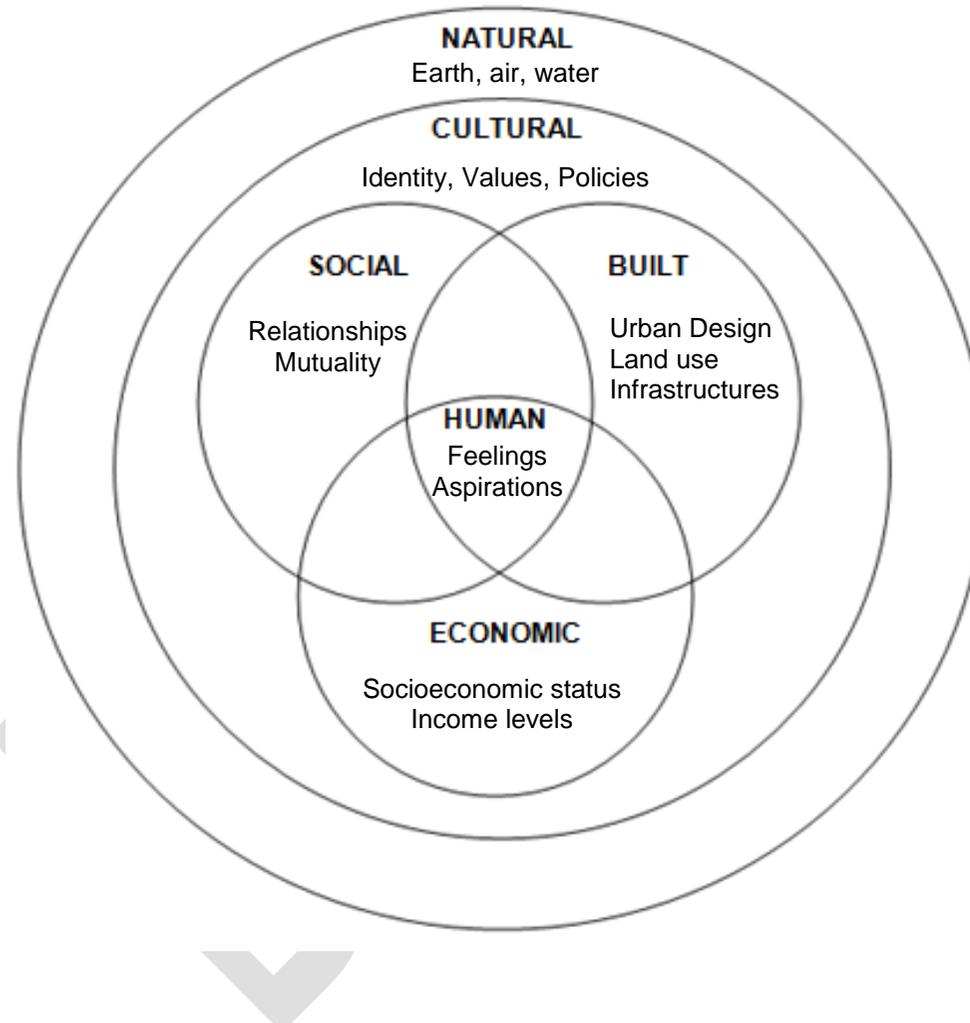
Diversity
Social norms and values
Policies, laws, institutions
Media
Cultural participation and appreciation
Civic engagement

ECONOMIC

Employment
Business – private, public
Pathways for equitable work opportunities
Fair pay and conditions
Social enterprises
Life/work balance

HUMAN

Personal values
Personality
Behaviours
Skills and capabilities
Genetic Predisposition
Opportunities and Choices



BUILT

Open, public spaces
Transport – public, private and active
Walking and bike-riding paths
Streets and streetscapes
Waste management – recycling, landfill
Neighbourhood quality – footpaths, seating, shading, lighting, landscaping
Local destinations – shops, community centres, schools, recreational spaces
Low, medium and high density housing

NATURAL

Habitat and wildlife conservation
Waterways, water catchment, water quality, water availability
Climate, climate change and preparedness for extreme conditions
Use of natural resources in sustainable ways for future generations
Land, country and spirituality

SOCIAL

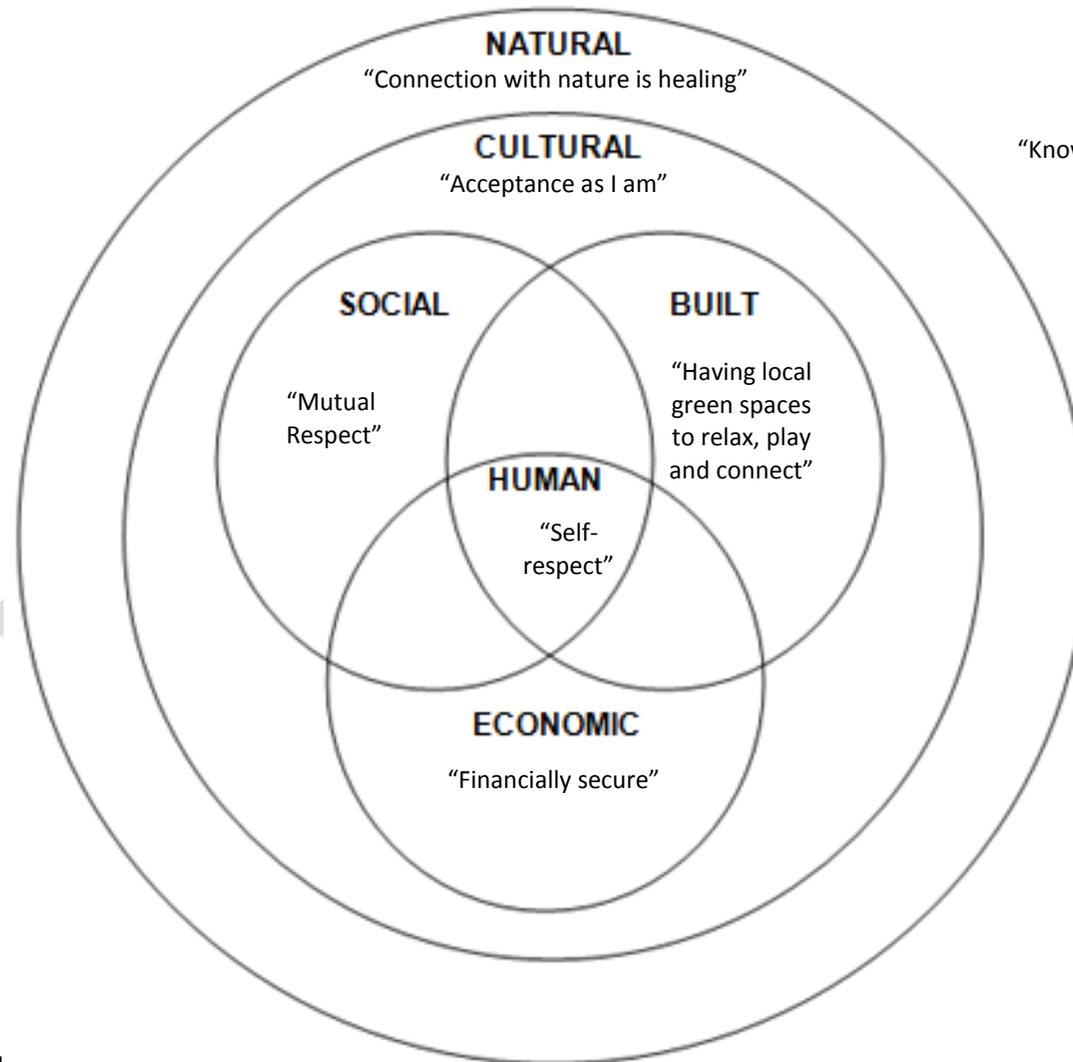
Personal and social relationships; family, friends, peers, mentors, all
Community networks; local, online
Social capital; trust, safety, inclusion
Structure and quality of relationships: power
Access and equitable provision of services including; education, health and social services across life cycle

³ Developed from Dr Trevor Hancock presentation ,
NWMR Integrated Planning Conference, October 2012
Final Draft Darebin 2013 – 2017 Health and Wellbeing Plan

8. Darebin Voices – What does health and wellbeing mean?

In conversations with people in many diverse places and settings, whether exploring questions of how to make Darebin a healthier place or reflecting on the symbol of the tree of life, and responding to what would nourish us to grow strong, well, happy and healthy people understood the interconnections of health. Darebin people know how different social, economic, cultural, built and natural conditions affect their health and wellbeing both individually and as neighbourhoods and communities

- HUMAN**
 “Belonging”
 “The confidence to stand up for yourself”
 “To be resilient and proud for yourself and for your people”
 “Feeling happy, feeling needed, feeling appreciated”
 “To eat well”
 “To be able to keep fit and active”
- CULTURAL**
 “Acceptance ‘as I am’ by friends, neighbours and community”
 “To have a voice and be heard”
 “Feeling safe”
 “To be free from discrimination”
 “Intercultural learning”
- ECONOMIC**
 “To get work”
 “To get meaningful work”
 “To have a balanced life of work, sleep and play”
 “To feel alive, independent and recognised through work”
 “To be recognised for my skills and qualifications”
 “Life education – not just for our careers but for ‘who’ we want to be”



- SOCIAL**
 “Being cared about, being cared for and being caring...”
 “Supportive relationships in our families and in our neighbourhoods”
 “Feeling that you are not alone”
 “Knowing there is support when experiencing tough times and knowing where to get it”
 “To stand up for yourself and your community”
 “To have equal access to opportunities and services”
 “Access to good, cheap food”
 “To be able to make meaningful contributions to the life of others and community”
- NATURAL**
 “Acknowledging our traditional caretakers of the land is important to building bridges of respect and trust”
 “Spaces for native wildlife”
 “Water is life and growth”
 “Trees fill our hearts. We need to be with nature.”
 “Clean air”
 “Understanding climate change”
- BUILT**
 “Local.Local.Local.”
 “Stable, safe housing”
 “Welcoming and safe public spaces”
 “Outdoor spaces, parks, gardens, streets –safe, well-lit”
 “Walkable places and pathways”
 “Reliable public transport”
 “Places for people to congregate away from cars.”
 “Less stress on roads. Slowing down.”

9. Monitoring and evaluation

The 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 12, 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. Darebin Council, through this Plan cannot take direct responsibility, nor credit for affecting changes in those indicators positively or negatively. 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.

However, Council can evaluate the implementation of commitments made in the Plan and measure the effectiveness and collaboration of the partnerships developed. There are many qualitative monitoring and evaluation tools that allow people's stories of change to be an integral part of the monitoring and evaluation. We will utilise these tools.

The Darebin Health Steering Committee will be responsible for monitoring the implementation of the Wellbeing Plan, including using Council's Equity and Inclusion Planning and Audit Tool (EIPAT) as a lens to ensure priority groups have access and opportunities. In addition, due to the successful joint Advisory Committee workshop which identified initial priorities for the Wellbeing Plan, in the life of this Plan, there will be annual joint advisory committee meetings to also critically monitor the implementation and processes of the Plan.

The outcomes we have developed and included according to each objective and strategies are **both** process and intermediate outcomes. We have decided to include a mixture of these two distinct outcome levels in our plan below.

Process outcomes reflect the quality of the strategy implementation. Intermediate outcomes are the changes along the complex path for reaching our objectives. They are the next steps of change arising from the process of implementation and in the direction of our objectives.

For example if one of our objectives is to help decrease smoking in Darebin, we will need to articulate what the smaller yet significant outcomes in the direction of our objective will need to be and know when we have reached them. Empowering young people to not take up smoking is part of our strategy. We will need to know why they take up smoking and address those factors together with young people and schools. Their attitudes about themselves and their health will need to be affected for them to feel

empowered and not take risky smoking behaviour. These changes will then over the long term be reflected on the number of young people in the age group 15 -17 who smoked in the last week, for which an indicator exists for Darebin.

Under each objective we will choose one strategy to monitor and evaluate closely.

We will develop a process to identify the chain of intermediate outcomes leading to the objective and we will use both quantitative and qualitative methodologies to deepen our understanding of the changes taking place as strategies are implemented over time.

We will also do the basic reporting on all our outputs of all of the work derived from the Plan, including what happened and how many times and how many people.

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.

We will use the various indicators from Community Indicators Victoria, VicHealth Indicators and Victorian Public Health Survey to carry out research in the specific community of East Preston, in the area between Albert Street and Darebin Creek. This will not only provide the evidence for our ongoing work towards health equity in Darebin as a whole, it will also provide basic indicators and understanding for our ongoing health and wellbeing work in this community.

10. Who we are and how we're changing in Darebin

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

The demographic developments and changes detailed below are both strengths and challenges to Darebin's people's health and wellbeing.

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

- 2011 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 2011
- 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 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 Council Plan consultation

Our population and age

- The population of Darebin is growing. The official Darebin population in 2013 is 143,057 and by 2016 it is estimated the population will grow to 152,075.
- Darebin has higher percentages of both young adults aged 25-39 years and older adults aged 70 years and older than greater Melbourne. This age distribution is important to consider with the type of households and changes that have taken place, in particular the relatively higher percentages of young couples without children and lone households across the ages.
- The largest increases in people according to ages were in the 25-34 age groups and 40 – 44 ages. There were also significant increase in people who are 80 years and older.
- Even though the percentage of children under 15 year living in Darebin is smaller than greater Melbourne, there have been significant increases in the 0-4 (+ 676)and 5 – 9 (+ 558) age groups between 2006 – 2011.

Our people

- 51.3% were female and 48.7% were male.

Aboriginal people

- 1155 Aboriginal and Torres Strait Islanders live in Darebin, making up .8 per cent of the total population. Darebin has one of the largest proportions on Aboriginal and Torres Strait Islander residents of the 31 municipalities in metro Melbourne.

Culturally and linguistically diverse

- 46,082 people living in the City of Darebin were born overseas and 26% arrived in Australia within the last 5 years as immigrants and as refugees.
- There is a growing number of asylum seekers, who are living on a Bridging Visa E (currently more than 500 people). It is common for people who are seeking asylum to have witnessed or personally experienced traumatic events, such as prolonged periods of deprivation, human rights abuses and the loss of loved ones.
- 29% of people are born in non-English speaking countries and have come to Australia from over 140 countries.
- 39% of the population speak a language other than English at home.
- Darebin has a larger percentage of people speaking each of the following languages at home – Italian, Greek, Arabic and Macedonian, compared to Greater Melbourne. However, the largest changes in the spoken languages of the population between 2006 and 2011 included decreases in the numbers of people who spoke Italian and Greek and almost corresponding increases in people who spoke Mandarin and Punjabi.
- 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%.
- The most significant changes in the proficiency in English of the population between 2006 and 2011 was in the significant increases in those who speak only English (6530) or who speak another language and also speak English well (3238).
- 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.

- There are more than 12,000 carers who provide unpaid assistance to a person with disability, long term illness or old age. This is an increase of more than 1700 people between 2006 and 2011.

Our households

- In 2011 there were 54,203 households living in Darebin. Almost 28% 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.

Our homes

- There has been and continues to be significant pressure for residential expansion within the City of Darebin from both existing residents and from external migrants, most notably from overseas, as well as areas to the south (the Cities of Yarra, Melbourne and Port Phillip), although affordability issues have resulted in the loss of people to the outer north.
- In 2011, there were 37,841 separate houses in the area (64.8%), 17,987 medium density dwellings (30.8%) and 2,131 high density dwellings (7.2%). Darebin has a higher percentage of people living in medium density than greater Melbourne (21.1%). The total number of dwellings in the City of Darebin increased by 3,187 between 2006 and 2011, of which over 2000 were separate houses.
- 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.
- 2.4% of all rented and 8.2% of mortgaged households in Darebin are under housing stress of at risk of housings stress paying approximately 30% or more of their income on rent or mortgage.

Our socio-economic status as individuals and as communities

- Our median weekly household income for Darebin has increased to \$ 1178 (in 2006 this was \$905).
- Darebin individual income weekly quartiles are divided into four : lowest (0 - \$261) which is 25.5% of Darebin people, middle (\$262 - \$ 560) which is 26% , middle highest (\$561 - \$1057) which is 23.5% and highest (\$1058 and over) which is 24.9%. All people across the income quartiles increased, the most significant change in City of Darebin between 2006 and 2011 was in

the highest quartile which showed an increase of 4,387 persons. There were also increases in the lowest quartile of almost 1000 people.

- 14.1% of households earn less than \$400 per week.
- In 2011 Darebin was ranked 39th out of 80 local government areas across Victoria in the Index of Relative Socio-economic Index (SEIFA index) which measures levels of income, educational attainment and employment (ABS). In 2001 Darebin was ranked 8th and in 2006 was ranked 24th.
- 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 76.1%. This is a subjective measure of an individual's quality of life. It is a measure of a deep and enduring sense of satisfaction and includes consideration of standard of living, health, achievements, community connection and safety. This is consistent with the Victorian average of 77.5%.
- 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 average.
- Community commitment to addressing climate change is strong and was one of the strongest themes arising from engagement with residents in the development of the Council Plan
- Key priorities arising from community engagement in the development of this Wellbeing Plan are:
 - Building relationships and social connections - between people that share common life experiences; intergenerational and, intercultural relationships; and relationships in people's local neighbourhoods;
 - The impact of the built environment and how it affects people's health and wellbeing – active transport; and creating local places, indoor and outdoor, where people can gather, children can play, young people can be, neighbours can meet locally;
 - Affirming self-respect and mutual respect, and addressing discrimination;
 - Mental health promotion for our emotional and social wellbeing – especially young people.

11. Darebin Voices – Our Community Engagement

Darebin Council has a clear and strong commitment to community engagement which is to meaningfully involve the community in its decision-making processes. The process of engagement which was carried out in the development of Darebin's new Wellbeing Plan has been extensive and inclusive of many diverse Darebin people, in many places and in many ways.

More than 400 hundred people have been involved in reflecting and sharing their ideas for strengthening our community health and wellbeing across Darebin. This Plan proudly includes their voices in an integral way to the discussion. Darebin people's insights not only reinforced much of the evidence about understanding and acting on the social determinants of our health and many of Council's existing efforts, but also offered positive and creative ideas for key strategies and actions.

Community engagement is often given importance for its capacity to improve governance and also as a process of upholding democratic rights of citizens. But in the context of the Wellbeing Plan, meaningful engagement and people's participation in the decisions which affect them is also recognised and affirmed as an essential part of people's health and wellbeing.

Darebin Council's Community Engagement Framework includes three approaches to engagement – consultation, deliberation and collaboration. Each approach is distinct and includes different relationships between Council and Darebin citizens and communities. While there was significant one-off consultation in many varied and new settings, more significantly, this engagement worked collaboratively with key organisational partners, to develop and facilitate various opportunities of deliberative engagement priorities with community members.

During the first deliberative workshop which involved community members representing many of Council's Advisory Committees, the planning model presented was interrogated and an alternative was developed as a direct outcome – Darebin's own model for reflecting and addressing the social determinants of health. This model was then used for ongoing deliberative processes including the Community Conversation on Emotional and Social Wellbeing.

In the development of this 'Conversation', Council worked with Darebin Community Health (DCH) and NEAMI to organise and facilitate a Conversation on Emotional and Social Wellbeing. More than 35 people actively participated, including mental health consumers and carers, diverse community members with an interest in this matter and staff from local and diverse community organisations including ADEC, Neighbourhood houses, including Reservoir and TWNH, ANNECTO, WHIN, Centrelink, and NMIT.

The two final workshops gave the opportunities for both Darebin Council staff internally and community members to critically review the draft before a final process of approval by Council. Darebin people who had been consulted individually, including during various children's vaccination sessions or who took part in group discussions as part of the outreach to diverse community groups and programs, and who had wanted further involvement were invited and took an active role in the discussion.

One of the creative tools used in the engagement for the Wellbeing Plan was the 'Tree of Life'. A beautiful wooden 1.5 metre tree was placed in the space to symbolise both individual and community wellbeing. The roots of the tree represented our experiences and conditions which have influenced us in the past, the trunk represented ourselves in our current lives and possibilities and the leaves as our hopes for ourselves and others. People were invited to reflect on the Tree and write on a leaf or to share ideas in a discussion about what was important in nourishing and enriching our health and that would makes us strong, happy and well?

12. Our five goals –Voices, evidence, strategies, outcomes and actions

This section explains the work we will do and what we will use to help us monitor the quality of our work and how we are including and supporting Darebin people together to strengthen their health and wellbeing and address factors which limit their health.

Each of the goals will be discussed separately with information and evidence presented which explains the importance of the goal and the reason for the strategies developed.

The outcomes include both indicators of the quality of our work (process outcomes) as well as some measures of change in the path towards making significant different to people's health and wellbeing (intermediate outcomes). Strategies marked *** have been identified for focused learning, monitoring and evaluation.

We have also included some key actions in a separate table. We have decided to do this because many of these more specific ideas for actions arose from Darebin people engaging with Council on their important health and wellbeing priorities. We felt it important to reflect back to Darebin people how their efforts and contributions were included.

Key statements from Council-wide policies and plans included as strategies in the Wellbeing Plan under their appropriate goals have been added to give stronger emphasis and confirmation of their health and wellbeing lens and contributions.

Each of the strategies and actions will be developed, negotiate, implemented and evaluated with the following principles and ways of working:

- strong engagement, partnerships and collaboration including within Council, with organisational stakeholders and with Darebin citizens and communities;
- a commitment to health equity and inclusion which includes applying Darebin Council's Equity and Inclusion Planning and Audit Tool ;
- a practice that builds on people's strengths and community assets, which includes supporting and adding value to local initiatives.

This is further elaborated in Section 6.

Goal 1: Strengthen opportunities for all Darebin children to develop, thrive and learn in their early years

Self-respect, we need to teach it and encourage it in our children every day. (Younger member and mother of young child, Sista Circle, Aboriginal Women's group)

Responsive local services

"Children with special needs need play groups, it is important for the children and for parents...We were on our own for over three months with our baby crying all the time...The hospital helped us (Royal Children's Hospital) but there was nothing here locally." (Woman with her partner and children after vaccination, Preston)

Early childhood is a social determinant of health. There is substantial evidence that our experiences in utero and in the first years of our lives shape the potential of our physical, cognitive, emotional, and social development as we grow and age. At the same time, our early childhood experiences are themselves influenced by the quality of the environments and relationships in which we grow, which include family, community, early childhood services.

Darebin's Early Years Strategy 2011 - 2021 is the pivotal policy which determines Darebin Council's commitment to early childhood. The Strategy makes a clear commitment to understanding the context and acting on the environments that affect the social determinants of health and wellbeing for children, their families and communities. It identifies opportunities and challenges in strengthening health, wellbeing, learning and care outcomes for children and their families. These include:

- The rapid and sustained rise in infant and child population has created and will continue to create demands that poses challenges throughout the early years' service system, from Maternal and Child Health, child care, through to Primary School Holiday Programs.
- Opportunities for families to participate in community and for young children to participate in groups and activities is limited and needs to be increased in Darebin.
- Early years services and opportunities for families and children to participate in community life are distributed unevenly in Darebin. It is important that early years planning consider and act in partnership with families and communities on the social economic, built, cultural and natural determinants experienced as barriers by families and their children.

DAREBIN INDICATORS

Child Health Assessments are routinely undertaken by the Maternal and Child Health Service in Victoria to monitor child health and development. Ten visits are anticipated according to key ages and stages until a child reaches 3.5 years of age. The rate of participation for children eligible for an assessment at 3.5 years was 56.1% in Darebin in the 2011-12. The Victorian average is 64.4%.

- The Australian Early Development Index (AEDI) is Australian wide research which analyses and gives a population measure of children's development as they enter school. It measures early childhood development covering five areas including physical health and wellbeing and emotional maturity. It was carried out first in 2009 and for the second time in 2012.

First, the majority of Darebin children are doing well on each of the five AEDI developmental areas. Second, in each of these developmental areas the proportion of children who are vulnerable has decreased

In 2012 the highest numbers of children as well as the highest proportions of children who are vulnerable in two or more of these developmental areas live in Preston (7.8%) and Reservoir (8.6%), which are respectively placed amongst the 23% and 12 % most disadvantaged suburbs in Victoria using the SEIFA index which measures relative social and economic disadvantage. There is evidence based correlation between social and economic disadvantage and childhood development outcomes

We also know that there have been substantial increases of young pre-school children (0 – 4years) in Darebin. Significantly almost 2/3 of the 676 additional pre-school children were in Preston (206) and Reservoir (216).

Objectives	Strategies	Outcomes (Process and Intermediate)
1.1 To highlight our early years as the critical foundation for our ongoing health and wellbeing	1.1.1 Continue to implement and monitor Darebin Early Years Strategy, Darebin Early Years – Action Plan and Darebin Early Years – Infrastructure Plan 1.1.2 Continue to grow Darebin’s partnerships with Aboriginal controlled organisations working for early childhood development ***1.1.3 Promote and facilitate intergenerational relationships and learning 1.1.4 Provide accessible, culturally appropriate information regarding children’s developmental needs <i>and</i> services 1.1.5 Support and promote initiatives in early childhood development with local community groups and neighbourhoods	Increased percentage of children attending Maternal and Child Health service at 3.5 year old key ages and stages visit One new initiative is developed annually for Aboriginal children in their early years through strengthened partnerships Parents of children attending Darebin’s immunisation program have increased knowledge about diverse services and programs for children and families in Darebin At least three initiatives by community groups are supported annually which promote healthy and well young children and their families

Key actions over the next four years

- **Explore and where appropriate develop community ideas for strengthening intergenerational relations:**
 - **Children’s and parent playgroups to use and take place in aged care residential services and nursing homes**
 - **Newly arrived families, and migrant children who don’t have grandparents to connect with Older people in local communities**
 - **A pre-school (and school) buddy system between children and elders in local communities as well as people living in nursing homes**
- **Utilise Darebin immunisation programs as a place for communication with parents and children about Darebin Council wide services, programs and community events**

Darebin Early Years Strategy 2011 – 2021

Children are valued citizens, childhood is honoured *and* partnerships create opportunities for all families

Goal 2: Enable and support lifelong learning, educational and employment opportunities and outcomes for all

“First, people’s international professional qualifications are not recognised. Second, mainstream employment services are not responsive to (do not understand how to support and include) CALD people. Third, those who have work, are working so hard because of the high costs of living (and the need to support families back ‘home’) that family/social and community relationships are disrupted. Fourth, the industry and employment sector has changed in Darebin. Where people could have got jobs more easily where language wasn’t such a prerequisite, (e.g. manufacturing), this has changed. A knowledge economy requires more developed language capacities and people simply do not have these. Fifth, despite these changes there are still sectors/ workplaces where people are working and where they are not required to have high English language proficiency. Such people are working in ethno-specific work environments with people from similar/same linguistic/cultural background). But this can still mean that the workers are being exploited. Sixth, some people are not even job ready – do not have language capacities, have been out of formal employment for a long time, do not have the mental wellbeing to seek work.” Spectrum MRC

Education is a key determinant of health and associated with improved life chances, including employment and better earnings, better health and improved life satisfaction and raised levels of civic and social engagement. Yet disengagement from education for some children begins early in primary school. Primary and secondary school are important settings to support the wellbeing of children, young people and their families and where early interventions which identify reasons for disengagement and appropriate support can be most effective. Success during school years is a key determinant of whether children 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 to further education. Lifelong learning opportunities continue to have positive employment outcomes as well as important emotional and social wellbeing outcomes as people grow older.

DAREBIN INDICATORS

- Darebin Government secondary schools are considered to be more disadvantaged than other Government secondary schools in surrounding areas⁴. Darebin’s Index of Community Socio-Educational Advantage (ICSEA) for Government Secondary Schools is substantially below the median score (1000) for Australian schools for the years 2010-2012. ICSEA for these schools has remained stable from 964 in 2010 to 968 in 2012.
- In the Darebin School Survey (2012 -2013) as part of the Darebin Education Inquiry, one-third of respondents with a child attending (or who attended) secondary school identified an issue of concern experienced by their child. The main two issues being “peer pressure” (17.1%) and “bullying” (16.0%).
- 84.7% of respondents with a child attending (or who attended) secondary school reported that the school has / had programs to combat a variety of issues experienced by students (for example, bullying, drugs, alcohol and violence).

⁴ ICSEA is an index which enables an understanding of the levels of educational advantage or disadvantage that students bring to their academic studies based on factors such as family backgrounds, including parental occupation, and the school education and non-school education levels they achieved. Note that the average ICSEA value for schools in Australia is measured as 1000. ICSEA values under 1000 indicate a greater level of disadvantage than the Australian Average. Similarly, values over 1000 indicate a greater level of advantage than the Australian Average.)

- In Darebin there were 120 young people aged under 16 years attending school irregularly or not at all during 2011. That is 5.2% of total enrolment of students in government schools. The majority of these young people who were completely disengaged from school appear to be aged 14 and 15 years old. Patterns of irregular attendance often commence early in primary school years. (Inner Northern Local Learning and Employment Network (INLLEN) Darebin Under 16 Project).
- The average percentage of students applying for a tertiary place from Darebin Government Secondary Schools is significantly well above the percentage for Government Secondary Schools in surrounding local government areas and those across the State during 2008-2012.

Educational Qualifications

- 46.9% of Darebin people aged 15 and over held educational qualifications, including Bachelor or higher degree; Advanced Diploma or Diploma; or Vocational qualifications, and 42.1% had no qualifications, compared with 47.3% and 42.4% respectively for Greater Melbourne. There were a larger percentage of persons with Bachelor or Higher degrees and a lower percentage of persons with vocational qualifications.
- Between 2006 and 2011 those with Bachelor or Higher degrees increased by 8,590 persons and those with no qualifications decreased by 2,569 persons.

Workforce⁵

- 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 and 6.2% unemployed.
- The three most popular occupations were Professionals (18,335 people or 28.7%), Clerical and Administrative Workers (9,371 people or 14.7%) and Technicians and Trades Workers (7,648 people or 12.0%).
- In comparison to Greater Melbourne, Darebin has a larger percentage of persons employed as Professionals (28.7% compared to 24.1%) and a smaller percentage of persons employed as Technicians and Trades Workers (12.0% compared to 13.4%).
- Between 2006 and 2011 the biggest changes were in the increase in Professionals, Managers, Community and Personal Service Workers and Clerical and Administrative Workers. Significantly, the number of people occupied as machine operators and drivers and labourers dropped.
- For those employed, 57.1% disagreed that their work and family life often interfered with each other. This is higher (and better) than the Victorian average which is 53.1%. However, it is clear that adequate work-life balance is a clear issue for a substantial proportion of people who work. This has many health and wellbeing consequences including impact on family life.

⁵ The information provided here is from the 2011 Census of Population and Housing conducted by the Australian Bureau of Statistics and available on the Darebin Council website Profile.id

Objectives	Strategies	Outcomes (Process and Intermediate)
<p>2.1 To better understand and develop responsive, inclusive programs with families, children and primary schools regarding middle years experiences of all Darebin children</p>	<p>2.1.1 Support development and implementation of research into learning and wellbeing experiences and outcomes of Darebin children attending primary school</p> <p>2.1.2 Clarify and strengthen Council’s role and effort in supporting children and their families whose educational outcomes are adversely affected by social inequalities during primary school</p> <p>2.1.3 Develop/strengthen relationships with primary schools that have significant participation of Aboriginal children</p>	<p>Enablers and obstacles to positive and successful experiences of children in their middle years at Darebin primary schools identified</p> <p>Clear roles for all partner organisations established and sustained in supporting children and families who are disengaging from primary schools (2016)</p> <p>Children and their families who are at risk of disengagement at primary school receive appropriate and timely support</p> <p>Models for supporting Aboriginal children in primary school and in transition to secondary school identified and implemented.</p>
<p>2.2 To support improved wellbeing outcomes for all students in Darebin’s schools</p>	<p>2.2.1 Integrate health and wellbeing outcomes in the ongoing work with Darebin’s secondary schools as part of the Darebin Public Education Inquiry (Also refer to Strategies in Goal 3, Objective 3.3).</p> <p>2.2.2 *** To support young people who are disengaging/disengaged from education and training to make enduring connections with their schools, have appropriate learning opportunities and have wellbeing and welfare needs met as part of early intervention and ongoing support</p>	<p>At least two Darebin secondary schools are supported annually in participatory learning programs which address key health and wellbeing priorities for young people</p> <p>Darebin Council continues to be a key partner in Darebin Youth Commitment and other initiatives that respond to the needs of young people disengaging/disengaged from education and training</p> <p>Young people who are disengaging /disengaged receive timely and appropriate support</p>

<p>2.3 To facilitate equitable access and opportunities for learning and employment pathways</p>	<p>2.3.1 Continue to implement and monitor Business Development and Employment Strategy, with a focus on the objectives and actions related to ‘To provide Darebin residents the opportunity and capability to participate in the local workforce’</p> <p>2.3.2*** Strengthen outreach, relationships and supports to ensure participation of the following groups in employment pathways both within Darebin Council and with other Darebin employers:</p> <ul style="list-style-type: none"> ○ jobless families ○ adults negatively affected by the changing economic transformations in Darebin from manufacturing to a knowledge economy ○ young Aboriginal men and women ○ women and men from newly-arrived backgrounds ○ young people, especially those who have experiences of disengagement from school and coming out from juvenile justice system ○ people with disabilities ○ older workers <p>2.3.3 Advocate and support provision of accessible, easy to understand information on work rights for employees in diverse sectors in the City Of Darebin</p> <p>2.3.4 Recognise, collaborate and advocate with Darebin’s Neighbourhood Houses in their ongoing effort to provide accessible adult education and employment skills.</p>	<p>Increased number of people from identified priority groups are included and supported within Darebin Council in traineeships, work experience and other employment pathway initiatives</p>
<p>2.4 To continue to develop lifelong learning opportunities for all</p>	<p>2.4.1 Continue to promote, implement and monitor Darebin Libraries Gap Analysis and Action Plan with a focus on objective and actions related to ‘Extend existing opportunities for lifelong learning that foster inclusion and engagement’.</p> <p>2.4.2 Work with Darebin’s Neighbourhood Houses to support their ongoing outreach and provision of learning and social programs that meet the diverse interests and needs of Darebin people across their life cycle</p>	<p>At least two new initiatives annually as part of lifelong learning -:</p> <ul style="list-style-type: none"> ○ which respond and include learning opportunities for older people; ○ where older people are supported to share their skills and stories in intergenerational learning

Key Actions across these objectives over the next four years

- Engagement, development, implementation and review of Darebin Middle Years Strategy
- Engagement, development and implementation of Darebin Learning Strategy
- Organise community events with a focus on health and wellbeing as part of Darebin Libraries, including intergenerational learning
- Strengthen Council's liaison with the Darebin Neighbourhood Houses' Network

Darebin Business Development and Employment Strategy 2012 - 2015

To provide Darebin residents the opportunity and capability to participate in the local workforce. Council's support for social inclusion that assist groups to become workplace ready is an essential part of the Strategy.

Darebin Libraries Gap Analysis and Action Plan 2012 – 2013

A library service actively connected to the Darebin community catering for their diverse recreational, educational and cultural needs.

A commitment of Darebin Libraries to promote equality of opportunity for all

Goal 3: To promote freedom from discrimination and violence as a basis for emotional and social wellbeing

*'We came across the water
We came across the sea
We fled the country we loved
We left our sister and brothers
We came in the name of freedom
And we honour the many who lost their lives...
We honour them
By our struggle to be free' Poem by asylum seeker*

This goal integrates aspects of mental health. However for the purposes of this Wellbeing plan, the language and concepts that are used are 'emotional and social wellbeing' as they best distinguish and reflect the importance all levels of relationships in our lives.

The quality of interpersonal, intimate, family, social, professional and other relationships are well documented to be significant protective and enhancing factors to our emotional and social wellbeing. During the process of consultation and deliberation undertaken as part of developing Darebin's Wellbeing Plan, emotional and social wellbeing featured as the most frequent and most significant influencing factor on our overall health and wellbeing. People affirmed the importance of self-respect and the respect for others as the primary platform for all health and wellbeing.

Emotional wellbeing refers to our psychological strengths, our feelings of confidence, self-esteem, control over the decisions in our lives, our feelings of being valued and recognised for who we are. Emotional isolation, or loneliness, is ranked as high a risk factor for mortality as smoking. 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 those built through our broader social networks in our local neighbourhoods, schools, work, or online. It also refers to access to and involvement in groups, organisations, services, programs whether promoted by government, civil society or private where we can be supported and have meaningful participation and contribution. 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.

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

The following are some of the key indicators to the strengths and challenges in emotional and social wellbeing for Darebin people:

- The community connection score for persons living in Darebin in 2012 was 70.3. Respondents were asked to rate their satisfaction with feeling part of their community. The Victorian average was 72.3.
- The percentage of Darebin people who volunteered once or more per month was 22.6%. This is significantly lower than the Victorian average which was 34.3% (2012).
- 61.5 % of Darebin people had low levels of psychological distress, 23.6% had moderate and 11.7% had high levels. The Victorian averages were 64.6, 21.5 and 11.1 percentages respectively. Darebin is consistent with State averages, however, again it is worthwhile considering that potentially more than 14,000 Darebin residents are highly distressed.
- 89.3% of Darebin people can definitely get help from friends, family or and neighbours when needed. This is consistent with the Victorian average of 91.7%. This is positive, however, it also means that potentially more than 14,000 people in Darebin cannot get this help (2008).
- The Vichealth 2012 Indicator said 54.8 % of Darebin people agreed with the statement ‘Australia is weakened by people from various racial, ethnic, cultural and religious backgrounds sticking to their old ways’. This is higher than the Victorian average of 50.6%. The Darebin’s Racism Inquiry confirmed that for Darebin Aboriginal residents and newly-arrived people, notably from Africa experience racism as an integral part of everyday life even though 89% of people surveyed during the Inquiry 2011 said it is a good thing for a society to be made up of people from different races, cultures or religions.
- 89.9% of Darebin persons were prepared to intervene if a family member or close friend was in a situation of domestic violence. This is lower than the Victorian average of 93.1% (2012).
- In 2012 - 2013 Victoria police responded to 1509 incidents of family violence in Darebin. That equates to 4 incidents each day.
- The Year 12 Attitudes to School Survey for Student Wellbeing over the three years 2010-2012 indicated that Student Morale is relatively higher and Student Distress relatively lower compared with schools across all State schools for this period. However, there are two indicators that raise concerns about the emotional and social wellbeing of young people in Darebin:
 - 14.4 % of adolescents had an eating disorder (2009) which is significantly higher than the Victorian average which is 2.5%.
 - 16.4 % of adolescents do not have someone to turn to for advice when they have problems (2009) which is higher than the Victorian average 13.9%.

Objectives	Strategies	Outcomes (Process and Intermediate)
3.1 To strengthen organisational capacity to improve community connectedness between people	3.1.1 Continue to promote, implement and monitor Darebin Active and Healthy Ageing Strategy in reinforcing the valued role of older people, their rights to full participate and their dignity to be upheld. 3.1.2 Promote, implement, develop and monitor Darebin Council’s Arts Strategy	Evaluation of three key actions in each of the plans are rated highly by participating Darebin people At least five annual

<p>with shared and different life experiences and opportunities</p>	<p>3.1.3 Promote freedom from discrimination , including ongoing implementation and monitoring of:</p> <ul style="list-style-type: none"> ○ Equity and Inclusion Policy ○ Anti-Racism Strategy ○ Human Rights Action Plan ○ Multicultural Action Plan ○ Aboriginal Action Plan ○ Sexuality, Sex and Gender Diversity Action Plan ○ Access and Inclusion Plan (Disability) <p>3.1.4 Promote gender equity, prevent violence against women and support the right of women to engage and participate fully and equally in all aspects of community life, by ongoing implementation and monitoring of:</p> <ul style="list-style-type: none"> ○ Women’s Equity Strategy ○ Prevention of Violence Against Women Action Plan ○ Community Safety Strategy <p>3.1.5 Critique and advocate on external and internal policies which have negative impacts on the health and wellbeing of Darebin people (e.g. Australia’s policy on asylum seekers)</p> <p>***3.1.6 Strengthen partnerships with diverse Aboriginal controlled organisations working to mitigate and improve the social determinants of health and wellbeing for Darebin Aboriginal people</p> <p>3.1.7 Build on the lessons of the East Reservoir Neighbourhood Renewal Project and continue to provide whole-of-Council support to community-based partners and initiatives which build on community strengths, relationships and resources</p> <p>3.1.8 Inform, advocate and include access, equity and inclusion principles and practice in all our work and agreements with organisational partners and stakeholders across Darebin.</p>	<p>initiatives of inter-departmental/inter-directorate partnerships which work to strengthen community connectedness</p> <p>Improved and ongoing coordination and collaboration between different agencies working with asylum seekers in Darebin</p> <p>Demonstrated advocacy by Council on existing and emerging policies that have negative consequences on the health and wellbeing of Darebin people</p> <p>Evaluation of partnerships between Council and Aboriginal community-controlled organisations are mutually rated highly</p> <p>East Reservoir residents rate Council’s role and services locally highly</p>
<p>3.2 To strengthen community capacity and connectedness based on respect for self and for each other</p>	<p>3.2.1 Promote, support and facilitate respectful intergenerational relations</p> <p>3.2.2 Extend, support and facilitate respectful intercultural relations</p> <p>3.2.3 Extend, support and facilitate community connections in local neighbourhoods</p>	<p>At least three new intergenerational initiatives developed annually in a variety of settings and processes</p> <p>People of all ages involved</p>

	<p>3.2.4 Extend, support and facilitate social inclusion and opportunities for emerging groups in Darebin – asylum seekers, newly-arriving women (whose spouses settled earlier)</p> <p>***3.2.5 Educate and advocate about the health and wellbeing consequences of discrimination on the lives of all people affected, including those who experience direct and systemic discrimination, bystanders and the broader community</p> <p>3.2.6 Strengthen education and advocacy about mental illness and people’s experience of discrimination</p> <p>***3.2.7 Extend opportunities for meaningful, inclusive and well-supported volunteer involvement for all Darebin people</p> <p>3.2.8 Extend and support Darebin’s neighbourhood houses in their efforts to address social isolation</p> <p>3.2.9 Extend, support and facilitate social inclusion and opportunities for people with long-term health conditions and chronic illnesses</p>	<p>in intergenerational initiatives rate experience and relationships positively</p> <p>At least three community initiatives to strengthen local neighbourhood connections are supported annually</p> <p>Neighbourhood residents where community initiatives have taken place feel better connected Improved community connections in East Reservoir, Walker Street and East Preston</p> <p>One local neighbourhood-based community information and outreach expo implemented annually</p> <p>Community members participating in local expos learn of local opportunities, programs and services</p> <p>Mental health consumers and carers are supported to have an integral part of all community education and advocacy on mental illness</p> <p>At least seven new volunteer initiatives supported by Council internally and with partners by 2015</p> <p>Volunteers involved in all Council supported initiatives rate highly the support they are provided and the work they do</p> <p>Ongoing measures in</p>
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		annual community surveys about people's awareness regarding health and wellbeing consequences of discrimination
3.3 To strengthen the emotional and social resilience of young people	<p>3.3.1 Continue to implement Darebin's Youth and Engagement Strategy</p> <p>***3.3.2 Increase emotional and social wellbeing programs with and for young people across Darebin – hopeful, empowering and exercising rights to respect and participation</p> <p>3.3.3 Support and advocate for increased youth mental health services in Darebin: Early Intervention and Developmentally Appropriate Mental Health Care for Young People Aged 12 – 25</p>	<p>Young people involved in emerging emotional and social wellbeing initiatives rate positively their learning and contribution</p> <p>Young people involved in emerging emotional and social wellbeing programs feel empowered about healthy eating and body image</p>

Key Actions across these objectives over the next four years

- Coordinate the first 'Darebin Aboriginal Health and Wellbeing Summit – Showcasing good partnerships and good practices' and follow-up on priorities identified
- Showcase and build on existing initiatives that involve intergenerational exchange and relationship building
- Investigate and develop appropriate opportunities for intercultural relationships identified by Darebin people including:
 - Mentoring and supportive relationships between Darebin residents and asylum seekers
 - Supportive relationships between long term Australian families and newly arriving families, recognising the connection that young children provide
- Coordinate, outreach and promote local, neighbourhood-based information and development expos of services, programs, ideas and opportunities
- Explore the health and wellbeing needs of the Darebin Lesbian, Gay, Bisexual, Transsexual, Intersex, Queer(LGBTIQ) population and scope how to contribute to respond, support and advocate
- Review, strengthen and expand Council's support for street based initiatives in local neighbourhoods – street parties, street exchanges of goods, tools and skills, street markets, neighbourhood days
- Identify and develop processes of inclusion of residents living in Supported Residential Services and Community Residential Units within local neighbourhoods and with accessing Council services
- Focus on opportunities for voluntary involvement for people with disabilities, young and older people
- Develop and disseminate community information of existing voluntary opportunities across all sectors and organisations Darebin
- Develop and facilitate community education and advocacy of asylum seeker stories, courage and contribution in Darebin

- Co-ordinate and support emotional and social wellbeing awareness as part of Mental Health Week
- Showcase school-based initiatives that build individual and collective resilience including:
 - Respect and acceptance of diversity
 - Student participation and actions in decision-making at many levels of school matters
 - Self-esteem programs
- Investigate and support intergenerational mentoring and peer programs for young people identified as not having someone, adult or peer, they can turn for advice or support

Healthy and Active Ageing Strategy 2011 – 2021

An Age Friendly Darebin where older people are able to age well , access affordable services, be a part of their local community and of social networks and programs where people of all ages can participate

Arts Strategy 2014-2020 A plan for a thriving creative community

A City where the arts have a genuine impact for everyone, creating enduring, meaningful connections between our diverse communities and across generations.

Where there are no barriers to full participation in the arts for those who experience economic, physical, family or language barriers

A City where artists and creative industries are welcomed and valued as a unique industry sector, and recognised for the employment and economic benefits they bring to each neighbourhood and the community at large

Anti-Racism Strategy 2012-2015

...is a local response to address race-based discrimination, strengthen community relations and continue to foster harmony and dialogue

Human Rights Action Plan 2012 - 2015

Ensure that Darebin City Council acts in ways that are compatible with human rights in all decision that affect Darebin communities and reinforce community relations based on human rights values of Freedom, Respect, Equality and Dignity

Multicultural Action Plan 2009 – 2013

Foster and support an organisational culture that respects, values and harnesses cultural diversity as an advantage and design and deliver services and programs which are culturally relevant, appropriate, and responsive to Darebin’s culturally diverse communities

Sexuality , Sex and Gender Diversity Action Plan 2012 - 2015

People who experience discrimination on the basis of their sexuality, sex and or gender identity simply want to enjoy the same rights as others in the community and should be able to do so.

Disability Access and Inclusion Plan 2009 – 2013

‘Access’ is achieved by the removal of barriers or obstacles that may impede an individual’s rights to engage in a chosen activity in a manner that is equitable and dignified. ‘Barriers’ can include obstacles in the built environment as well as communication or attitudinal obstacles in the social environment.

Women's Equity Strategy 2012 – 2015

A plan to increase women's participation, wellbeing and leadership in Darebin.

Gender equity between men and women is a principle that lies at the heart of a fair and productive society

Prevention of Violence Against Women Action Plan 2013

To reduce and prevent violence against women in Council as a workplace and ensure Darebin Council services, programs and policies are gender equitable, actively encourage women's full and equal participation and are inclusive of strategies preventing violence against women and children.

Community Safety Strategy 2012 – 2016

A plan to enhance perceptions of safety, reduce crime and build a respectful community.

Improving community safety and reducing crime is everyone's responsibility. Council, residents and organisations all have a role to play in creating a community where people feel safe.

Goal 4: Build healthy, safe, accessible and sustainable spaces and neighbourhoods for people to live well, play and connect

"It's important to have good playgrounds and parks locally. It takes the pressure off when we've got cabin fever and we can go even for a short time. We've got one close to our house and that's what keeps us well. We can walk there, there's light and we can even go at night" (Woman with child at Council supported Playgroup, Reservoir)

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

Changing demographics in Darebin as well as expanding evidence about the impact of the built environment on people's health and wellbeing necessitates a more collaborative and integrated approach to all our planning. The ongoing implementation of this Plan over the next four years affords Council that opportunity.

Darebin Council has many strong policies and strategies which already reinforce this goal. The strategies articulated in the Wellbeing Plan have been developed to add value to the existing strategies being delivered across Council.

These have been placed under four key themes for consistency and clarity: planning and urban design, public open space, transport and housing. Many of them interconnect and an integrated planning approach would make these connections more transparent.

DAREBIN INDICATORS

The following are some key Darebin health and wellbeing indicators which reflect Darebin's position and changes in these areas in relation to public open space, transport and housing.

Public open space

- In Darebin, 47.9% of people visit local green spaces at least once a month was (2011). This is lower than the Victorian average (50.7%).
- 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%.
- 95.9 % of people in Darebin felt safe or very safe, when walking alone in the local area in the day. This is close to the Victorian average of 97%. However, only 60.9% of persons in Darebin felt safe or very safe, walking alone in the local area at night. This is significantly lower than the Victorian State average of 70.3% (2012).

Transport

- Darebin people use significantly more public transport for commuting to work than people in Greater Melbourne. 21.4% used public transport, while 55.4% used a private vehicle, compared with 13.8% and 66.1% respectively.
- The major differences between the method of travel to work of the people of Darebin and Greater Melbourne were:
 - A larger percentage of persons who travelled by train (14.2% compared to 10.0%)
 - A larger percentage of persons who travelled by bicycle (4.3% compared to 1.3%)
 - A larger percentage of persons who travelled by tram or ferry (4.9% compared to 2.3%)
 - A smaller percentage of persons who travelled by car (as driver) (50.5% compared to 60.6%)
- Between 2006 and 2011, there has been significant changes in modes of commuting including increases in train travel increases in bicycle travel and decrease in car as driver travel, 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. More Darebin females and less Darebin males experienced these limitations compared to respective Metro Melbourne percentages (21.8% and 24.6% respectively) (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).
- 14.8% of Darebin people commute two or more hours per day for work (all means) (2011)

Housing

- Darebin is experiencing an annual shortfall of approximately 8 dwellings per year. This shortage contributes to low housing vacancy rates and high housing costs. As population grows in Darebin, an additional 680 dwellings per year will be required
- Families will continue to be a key housing demand driver as individuals aged 25-34 and 35-49 are forecast to remain the largest demographic group in Darebin over the next 20 years.

- Ageing families and households are also expected to continue to drive down average household size over the coming years, placing additional pressure on housing stock.
- High house price growth will remain a significant issue with challenges for the provision of affordable and social housing in Darebin.
- At June 2012 there were 2816 public housing properties, representing a net loss of 485 units since June 2008.
- In Darebin, approximately 110 new social or public housing units are required each year to address the shortage.
- 2.4% of all rented and 8.2% of mortgaged households in Darebin are under housing stress of at risk of housings stress. In December 11, Australians for Affordable Housing published research which revealed that 16% of Darebin households experience housing stress.
- It is likely that there are 500 people in Darebin who are homeless on any given night.

Objectives	Strategies	Outcomes (Process and Intermediate)
4.1 To ensure health and wellbeing considerations inform the planning and design of Darebin’s built and natural environment	4.1.1 Continue to implement and monitor <ul style="list-style-type: none"> ○ Darebin Planning Scheme, including Municipal Strategic Statement ○ Urban Design frameworks for Plenty Road and St Georges Road ○ Reservoir Structure Plan ○ Northland Structure Plan ○ Darebin Drainage Strategy ○ Sustainable Water Strategy ○ Waste Management Strategy ○ Stormwater Management Plan ○ Climate Change and Peak Oil Adaptation Plan 2009 ○ Community Climate Change Action Plan ○ Heat Wave Action Plan 2013 – 2014 ***4.1.2 Promote and embed health and wellbeing principles in all strategic planning and urban design policies 4.1.3 Advocate and support inclusive, aesthetic social spaces in all shopping and activity centres where people can gather, connect and relax	Health and wellbeing considerations, including universal access, safety and provision of spaces for social connections, are an integral part of all Darebin planning decisions Darebin people affected by planning and land use developments rate their engagement in processes of Council decision-making positively Safe, social spaces for people of all ages and abilities provided and enhanced utilising shopping centres
4.2 To design and develop safe, accessible public open space that	4.2.1 Continue to implement and monitor <ul style="list-style-type: none"> ○ Greenstreets Streetscape Policy 2012 - 2020 ○ Darebin Playspace Strategy ○ Open Space Strategy 	4 local neighbourhood gatherings organised in local open spaces annually Community members

<p>ensures and enables community connections and physical activity</p>	<ul style="list-style-type: none"> ○ Urban Forest Strategy ○ Retail Activity Centre Strategy <p>4.2.2 Support and advocate 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 local neighbourhoods</p> <p>4.2.3 Activate open spaces through organised social events and opportunities and provide support for neighbourhood based connections to grow</p> <p>4.2.4 Activate open space through diversity of infrastructures to promote physical activity and social interactions, including seating, shade, trees, exercise and play infrastructures, and community food growing</p>	<p>attending local neighbourhood gatherings give positive feedback about the opportunity to connect with other neighbours</p> <p>Increase in the use and visits of 're-developed' open spaces by people living locally</p> <p>Community members rate highly Council's capacity to maintain open public space clean and safe</p>
<p>4.3 Improve local access and local living through accessible, affordable and sustainable transport options for all</p>	<p>4.3.1 Continue to implement and monitor key Darebin policies and strategies:</p> <ul style="list-style-type: none"> ○ Going Places – Darebin Transport Strategy 2007 – 2027 ○ Safe Travel Strategy 2010 – 2015 – a new approach to road safety ○ Darebin Cycling Strategy 2013 ○ Community Safety Strategy <p>4.3.2 Support and advocate for safe, affordable, accessible public transport options for the people of Darebin</p> <p>***4.3.3 Advocate for diverse transport initiatives and services in communities with limited public transport infrastructures especially in neighbourhoods where there is significant social and economic disadvantage</p> <p>4.3.4 Advocate for sustainable transport as priority in decisions that affect the City of Darebin</p>	<p>Improved and diversified transport infrastructures and public transport services in neighbourhoods that experience social and economic disadvantage - East Preston, East Reservoir, West Preston, West Reservoir</p> <p>Improved design and provision of public transport shelter that is adequate and appropriate to diverse user needs across Darebin</p> <p>Demonstrated advocacy by Council for sustainable considerations and alternatives in transport decisions affecting the city and people of Darebin</p>
<p>4.4 To develop housing options that are affordable, secure and appropriate for all Darebin people</p>	<p>4.4.1 Continue to develop, implement and monitor:</p> <ul style="list-style-type: none"> ○ Darebin Housing Strategy ○ Responding to Housing Stress – A local action plan 2013 – 2017 <p>***4.4.2 Continue to deliver initiatives that strengthen health and wellbeing and empowers residents living in public housing through Neighbourhood Action Plans</p>	<p>Demonstrated advocacy by Council regarding building codes for ground floor universal design in higher density housing</p> <p>Residents directly involved in the local neighbourhood action groups feel ownership and pride of their part in their</p>

		<p>neighbourhood's development.</p> <p>Community members give positive feedback about neighbourhood developments they are seeing and experiencing through the implementation of the Action Plans.</p>
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Key Actions across these objectives over the next four years

- Develop and coordinate an integrated planning approach across Council where planners in the built, social, economic, cultural and natural determinants of health, establish a consistent and collaborative approach informed by health and wellbeing principles
- Implement processes for health and wellbeing considerations in planning decisions on a project-by-project basis at the point of design
- Establish a good design code for Darebin that establishes measurable benchmarks for new higher density developments which integrates health and wellbeing considerations
- Coordinate and advocate for the consideration and inclusion of public open spaces with trees, plantings and provision for food growing as part of new housing developments
- Pilot Northcote Plaza and Northland Shopping Centre for creating safe, inclusive, accessible social spaces
- Collaborate for integrated research to further understand Darebin people's use of space and time as demographic changes continue and as Darebin's housing options change – Health and wellbeing in space and time – what matters?
- Make improvements based on health and wellbeing considerations to existing transport assets in Darebin, including shading, lighting and seating especially in neighbourhoods where there is significant social and economic disadvantage
- Support and advocate for improved access to sustainable energy and water saving measures to households, especially those living with housing stress
- Support and advocate for information and measures to ensure housing is adapted and suitable for extreme climate conditions, e.g. flooding and heatwaves
- Review Council's policy position on Electronic Gaming Machine in the light of 2013 VCAT decisions and develop a re-defined and strategic position which continues to focus on prevention and harm minimisation for Darebin people from consequences of problem gambling

Climate Change and Peak Oil Adaptation Plan

Transitioning to a lower energy future can provide many positives for Council and the community including reduced costs as well as better health outcomes... local governments do not only carry a moral responsibility and a 'duty of care' to respond to climate change and peak oil, but also are ideally placed to be at the forefront of climate change adaptation with their local knowledge and expertise and will be key sites of peak oil response.

Community Climate Change Action Plan 2009 - 2020

...to support the Darebin community in significantly reducing their greenhouse gas emissions by 2020. It has been prepared in response to the recognised threat and severity of climate change and its effects on the Darebin community....

Sustainable Water Strategy

Water is a precious and finite resource. Climate change and drought are impacting on the amount of water available and storm intensity. Urban consolidation and changing demographics also affect the usage of water and associated infrastructure. It is clear that we need to be strategic in how we manage this precious resource into the future.

Reservoir Structure Plan

In 2030 Reservoir will be a place without barriers that celebrates diversity, connectedness and participation. Through replanning and renewed investment in its streets, businesses, infrastructure and housing – while keeping and honouring what already makes it great – Reservoir will reach its full potential. Most importantly, Reservoir will finally have the welcoming central heart it deserves by redesigning the intersection that divided it for so long.

GreenStreets Streetscape Strategy 2012-2020

The City of Darebin will have a safe and sustainable streetscape that increases accessibility and walkability, supported by a healthy and diverse urban tree population that enhances the community's daily experience while ensuring environmental, economic and social sustainability into the future. This vision will be achieved by Council, residents, businesses and local communities taking action together to green the municipality for a sustainable future.

Playspace Strategy 2010 - 2020

4 key principles for future directions for Council's playspaces:

- Darebin's playspaces will provide an environment where children, youth, older people and people of all abilities and backgrounds are welcome
- Council will endeavour to provide for play within 500 metres of every home
- Council will create sustainable and safe playspaces that are evolving, dynamic and challenging
- Darebin's playspaces will be developed with and for the community reflecting the diversity of local neighbourhood communities

Going places – Darebin Transport Strategy 2007 – 2027

Vision In 2027 Darebin is a community where transport plays a positive role in connecting residents, visitors and employers so that its social networks are strong, local and metropolitan opportunities are accessed easily and the local economy prospers. This is achieved while the people and businesses of

Darebin increasingly live within their means, using natural and human resources wisely to reduce the negative environment

Safe Travel Strategy 2010 – 2015

...adopts a new and innovative approach to safe and healthy travel by focusing on protecting our most vulnerable road users – pedestrians and cyclists

Cycling Strategy 2013

...to create a culture of cycling by making riding in the City of Darebin enjoyable, relaxing and safe, and Darebin a place where using a bicycle is the best travel option for short and medium trips for most people

Housing Strategy 2013 - 2033

Housing in Darebin will meet the needs of current and future communities in terms of location, design, diversity and sustainability. The management of housing growth in Darebin will be instilled with principles of inter and intra generational equity to ensure housing is affordable, accessible and sustainable for all who call Darebin home. Residential areas of Darebin will be known for their attractiveness, liveability and variety of housing choices that fulfil the needs of its diverse and inclusive community.

Responding to Housing Stress 2013 - 2017

Strategic actions include:

Protect and increase the level of public housing

A balanced approach to addressing homelessness

Ensure Council is best placed to maximise planned and unplanned social housing and community housing opportunities

Maintain resilience for households in housing stress and living stress

Environmentally sustainable development

Neighbourhood Action Plans

In developing the Neighbourhood Action Plans, Council entered into a two-way process of shared decision-making and action between communities and Council. Council and communities are equal partners in the ongoing processes of decision-making including learning, weighing up competing priorities and goals, developing alternatives, identifying respective roles, achieving common goals and carrying out actions.

Through this process Council in collaboration with residents, the community, private and government sectors has identified solutions to complex matters where multipronged actions will be taken at different levels by different agents necessary to achieve outcomes.

Goal 5: Protect and promote Darebin people's physical health

"I took my children to McDonald or Kentucky Fried Chicken every weekend. I wanted to make my children happy. We didn't have this kind of food from where we come from". Reservoir Neighbourhood House, Cooking classes, December 2012 (a female participant from Somalia with four children)

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.

It is important to reiterate the interconnectedness between all the social determinants of health and how they can reinforce or undermine each other in terms of health outcomes. This means that the objectives and strategies across all the goals in the Wellbeing Plan are also interconnected. Some of the key strategies included under this goal address behaviour and lifestyle changes. However for individual behavioural changes which have a positive health outcome to occur, there must also exist contributing factors across all the social determinants. For example, in the built environment, it is important that safe accessible active and public transport infrastructures exist for people to be able to increase their incidental levels of physical activity. Or that emotional and social wellbeing affirmed through healthy relationships underpins behaviour and lifestyle changes for health.

DAREBIN INDICATORS

Diabetes

- Since 2001 the rate of diabetes (all types) has increased in Darebin. In 2008 the rate was 3.78% which was lower than the Victorian average which was 4.1%. Type 2 Diabetes is much more determined by our behaviours with risk factors of being overweight/or obese and physical inactivity directly affect the rates of the disease. In 2012, Darebin had 6.4% of the adult population with Type 2 diabetes which was higher than the State average of 4.8%.

Smoking

- Tobacco smoking is still the leading single preventable cause of disease and death in Victoria. Darebin has a significantly higher proportion of current smokers than the Victorian average, with 21.9 % compared to the State estimate which is 15.7% (2012). Rates are higher amongst both men and women 18 years and older.
- 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%.
- Vichealth's survey indicates that less people in Darebin support smoking ban in outside dining areas than the Victorian average percentage of supporters. (66.5% Darebin compared to 69.8% Victoria wide).

Food security and healthy eating

- In 2007, 7.6% of people had run out of food in the previous 12 months and could not afford to buy more. This was higher than the Victorian average which had been calculated at 6.1%.

- During 2012- 2013 emergency food relief statistics from agencies show there is an increase in the number of Darebin residents experiencing food insecurity - not having sufficient food; experiencing hunger as a result of running out of food and being unable to afford more; and eating a poor quality diet as a result of limited food options.
- Over 48.9% of people in Darebin did not meet the recommended guidelines for both fruit and vegetables consumption. This is lower (and better) than the Victorian average which is 51.1 %.
- 66.1% of Darebin residents shared a meal with family, 5 or more times. This is the Victorian average. There is significant evidence about the health promoting and protective aspects of sharing family meals.
- The proportion of males in Darebin who were overweight was 41.3% and the proportion of males who were obese was 14.8% compared to the Victorian average of 40.6% and 17.4% respectively.
- The proportion of females in Darebin who were overweight was 24.1% and the proportion of females who were obese was 12%, compared to the Victorian average 17.1% and 17.2% respectively. This percentage of relatively low obesity for Darebin women is significant and can be built on as an asset of Darebin's health position. Importantly to remember is that being overweight is associated with high economic status and obesity is associated with lower economic status.

Physical activity

- Sedentary behaviour, that is sitting for long periods combined with lack of physical activity is a public health concern. In Darebin, 40.2% of people sit for seven or more hours per day. The Victorian average is 32.6%.
- In Darebin in 2011 – 2012, the proportion of adults who did sufficient physical activity was 61.8%. The Victorian State average was 63.9%. Conversely, the proportion of adults in Darebin who did not do sufficient physical activity was 28.8% which was higher than the Victorian average of 26.6%.
- In 2010 Darebin Council Leisure Consultation and Background Report, walking was identified as one of the most popular recreational activities. Most popular physical activities are unstructured including walking, swimming, gym, bike riding, jogging. Due to changing work patterns people are often more likely to undertake an activity that can be done on a more flexible time basis. More spare time and more information/advertising would assist all age groups in Darebin to achieve higher participation in physical activity. Affordability and access to local facilities were also important for those under 54 years, while more facilities/opportunities and somewhere to go were important considerations for people with 55 years and older.

Alcohol and Drug Use

- The proportion of Darebin residents who purchased alcohol in the previous week was 35.1%, lower than the Victorian average 36.3%. Expenditure in that week on packaged liquor was \$48 and liquor from licensed venues \$33, compared to the Victorian averages of \$45 and \$45 respectively. The purchase of alcohol was associated with higher levels of income and education, employment, and not being from a culturally and linguistically diverse (CALD) background.

- In 2011 - 2012 the proportion of adults in Darebin who are at risk of short-term harm because of alcohol consumption is 48.1%. This is higher than the Victorian average which is 45.3%.

Substance use amongst 15- 17 year olds in Darebin

- 52.9% drank alcohol in the past 30 days, significantly higher and more than twice the Victorian average which is 24.7% (2012).
- 15.4% have used marijuana, higher than the Victorian average which is 10.9% (2012).
- 2.8% have used other illegal drugs, close to the Victorian average which is 3% (2012)

Objectives	Strategies	Outcomes (Process and Intermediate)
<p>5.1 To help decrease smoking in Darebin</p>	<p>5.1.1 Engage and advocate with other work place settings for consideration of Smoke-Free workplace policies.</p> <p>***5.1.2 Investigate, engage, consider and (if appropriate) develop and trial a Darebin Outdoor Smoke free Policy</p> <p>5.1.3 Support people and communities who are at risk of smoking and empower them to be able to make healthy decisions in relation to smoking</p>	<p>5 workplaces consider a Smoke Free Policy annually</p> <p>Engagement with diverse communities and stakeholders produces clear direction for Council’s consideration of an Outdoor smoke policy (2014)</p>
<p>5.2 To promote food security, healthy eating and safe food provision for all Darebin people</p>	<p>5.2.1 Continue to implement and monitor Darebin’s Food Security Policy and develop an Urban Food Production Strategy</p> <p>5.2.2 Ensure and increase healthy food alternatives into all Darebin community events</p> <p>5.2.3 Utilise food growing and preparation; and diverse food cultures to facilitate community connections and understanding</p> <p>5.2.3 Consider social enterprise models for healthy food provision for people who experience food insecurity</p> <p>***5.2.4 Investigate and develop Council’s role in regulating the sites and distribution of food outlets and increasing the availability of healthier, fresh food options in these outlets</p> <p>5.2.5 Continue to ensure safe and hygienic standards of food preparation and sale by food retailers</p>	<p>Healthy food options increase at Darebin Council organised community events</p> <p>Community members rate positively increased healthy food choices at Darebin Council events</p> <p>Increased recognition by Darebin people of the importance of healthy eating and impact on diet-related disease</p> <p>Demonstrated advocacy and promotion by Council on increase of healthy food outlets in the northern part of Darebin At least one community catering group is established and trained on preparation of nutritious food and catering business development</p>

<p>5.3 To increase regular physical activity for all Darebin</p>	<p>5.3.1 Continue to implement and monitor Darebin Leisure Strategy 2010 – 2020 and Darebin Walking Strategy</p> <p>5.3.2 Advocate and facilitate access and use by Darebin people who experience disadvantage and exclusion from leisure and physical activity services and programs</p> <p>***5.3.3 Include opportunities for strengthening social connections and relationships in all physical activity initiatives and programs</p>	<p>Increase in numbers of people who experience social exclusion accessing and feeling safe in using leisure programs and activities</p> <p>Participants in diverse physical activity initiatives give positive feedback about the inclusion of social opportunities</p> <p>Recommendations of Aboriginal Leisure Needs study are implemented.</p>
<p>5.4 To help limit harm from alcohol and other drugs in Darebin</p>	<p>5.4.1 Continue to implement and monitor key parts of the Community Safety Strategy:</p> <ul style="list-style-type: none"> ○ minimising harm from alcohol ○ ongoing application of social impact assessment in all planning related to new alcohol outlets <p>5.4.2 ***Support people and communities who are at risk of harm from alcohol and empower them to be able to make healthy decisions in relation to alcohol use</p>	<p>New initiatives arising from the Darebin Youth Summit on Alcohol and substance use in 2013 are highly valued by young people involved</p> <p>Peer relationships amongst young people are actively promoted as a platform for mutually safe and healthy behaviours</p>
<p>5.5 To raise the attention of the importance of oral health for all</p>	<p>5.5.1 Integrate oral health promotion and information of existing local services in Darebin within existing programs across Council</p> <p>5.5.2 Establish a strategic role for Council’s work in oral health</p> <p>5.5.3 Advocate for accessible, affordable quality dental health for all</p>	<p>Oral health promotion is integrated into one service/program area across Darebin Council annually</p>
<p>5.6 To continue to be prepared, respond and support community recovery from emergencies that have health and wellbeing consequences for Darebin people</p>	<p>5.6.1 Continue to implement and monitor Darebin Council’s</p> <ul style="list-style-type: none"> ○ Municipal Emergency Management Plan ○ Public Health Emergency Management Sub-plan ○ Heatwave Strategy and Action Plan 	<p>Council is prepared for Community Emergency Risk Assessment priorities including pandemics, food poisoning outbreaks, transport incidents, service disruptions, flash floods and heat waves</p> <p>In the case of emergencies Council is able to respond effectively to minimise consequences for Darebin people</p>

Key Priority Actions across these objectives over the next four years

Continue to implement and monitor Darebin Council's Smoke-Free Workplace Policy.

Investigate, engage and develop a Darebin Healthy Catering Policy implemented internally and across Council sponsored community events

Support and integrate food security and healthy eating initiatives as part of existing community groups and social support programs with a focus on Aboriginal people and newly arrived people, including refugees, migrants and asylum seekers

Develop integrated and responsive programs which empower people to healthier food purchasing and preparation, increase regular physical activity and to seek support to give up smoking, as part of neighbourhood development (Neighbourhood Action Plans)

Support and advocate for increased community gardens in neighbourhoods where there is significant social and economic disadvantage both for local fresh food production and to integrate intergenerational opportunities and involvement

Implement findings and recommendations of the Aboriginal Sport and Recreational Needs Study (2013).

Develop targeted community education campaigns about the health consequences of sedentary behaviour (7 + hours of sitting)

Continue to provide and facilitate low-cost accessible exercise options

Investigate and integrate elements in Council's Staff Health and wellbeing policy on measures to address sedentary work practices and environments

Increase women only physical activity options

Follow-up from the learnings and support implementation of key ideas arising from Darebin Youth Summit on Alcohol and Drug use (2013)

Integrate and support programs and initiatives with young people that empower them to make healthy decisions regarding smoking and alcohol and drug use

Provide timely and accessible information to community around Edwardes Lake warning them of the health risks associated with consuming the fish caught from the lake

Food Security Strategy

Access to safe, culturally appropriate and nutritionally adequate food for all, now and into the future. ...address both the immediate food access issues faced by the community and the broader issues around sustainable food over the longer-term.

Leisure Strategy 2010 – 2020

To create an inclusive environment where our diverse community can experience physical and mental wellbeing by participating in sustainable sport and recreation activities.

One of our goals is to actively work with all members of Darebin's diverse community – listening, inviting participating and responding to issues of concern

Appendix 1 Policy and Legislative Contexts

Darebin's Community Health and Wellbeing Plan 2013 – 2017 is situated within a broader, international, Australian, Victorian and local policy context. The following is a summary of some of the more significant policies and laws which have influenced the Darebin Wellbeing Plan.

1. International Context

International guidance in health and wellbeing is led by the work of the World Health Organisation. Since our last Plan, there have been some significant policy developments by WHO worth highlighting, in addition to key ongoing policies.

Declaration of Alma-Ata, International Conference on Primary Health Care, 1978

'The Conference strongly reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.'

Ottawa Charter for Health Promotion, First International Conference on Health Promotion, Ottawa, 1986

Rio Political Declaration on Social Determinants of Health and endorsement by Sixty-fifth World Health Assembly, 2012

Member States expressed their political will to improve public health, and reduce health inequities through action on the social determinants of health (SDH). The resolution commits Member States to implement the pledges made in the Rio Political Declaration, including in priority areas to:

- Adopt better governance for health and development to tackle the root causes of, and reduce health inequities.
- Promote participation in policy-making and implementation for action on SDH, engaging actors and influencers outside of government, including civil society.
- Further reorient the health sector towards reducing health inequities, including moving towards universal health coverage that is accessible, affordable, and good quality for all.

Child Friendly Cities 1996

Global Age Friendly Cities : A guide 2007

Universal Declaration of Human Rights

Article 1. All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

Article 25. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social

services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

2. National Context

National level documents and strategies which influence direction of health and wellbeing planning include:

National Primary Health Care Strategic Framework 2013

The Framework aims to:

- improve health care for all Australians, particularly those who currently experience inequitable health outcomes;
- keep people healthy;
- prevent illness;
- reduce the need for unnecessary hospital presentations; and
- improve the management of complex and chronic conditions.

National Aboriginal and Torres Strait Islander Health Plan 2013-23

National and Hospitals Reform Commission: A Healthier Future for All Australians 2009

National Mental Health Policy 2008

Health in All Policies - Initiative by South Australian Government to integrate health in all policies 2010

Health in All Policies (HiAP) is an approach which emphasises the fact that health and wellbeing are largely influenced by measures that are often managed by government sectors other than health. HiAP seeks to highlight the connections and interactions between health and policies from other sectors. HiAP explores policy options that contribute to the goals of non-health sectors and will improve health outcomes. The majority of these chronic conditions are preventable and are closely linked with living conditions or the determinants of health which tend to be influenced by policies outside the health sector. For example, it has been shown that transport has well recognised effects on health and inequalities.

The determinants of health highlight the need for policy makers in all sectors to be aware of the impact of their decisions on population health and to act to incorporate considerations of health into their policies.

3. Victorian Context

Public Health and Wellbeing Act 2008

The Public Health and Wellbeing Act 2008 is the main piece of Victoria's suite of public health legislation. It reinforces that the state has a significant role to play in promoting and protecting both the public health and the wellbeing of Victorians. The objective of the Act is to achieve the highest attainable standard of public health and wellbeing for all Victorians by:

- protecting public health and preventing disease, illness, injury, disability and premature death
- promoting conditions in which people can be healthy
- reducing inequalities in the state of public health and wellbeing

Section 26 of the Act specifies that each plan must:

- Include an examination of data about health status and health determinants in the municipal district
- Identify goals and strategies based on available evidence for creating a local community in which people can achieve maximum health and wellbeing
- Provide for the involvement of people in the local community in the development, implementation and evaluation of the public health and wellbeing plan;
- Specify how the Council will work in partnership with the Department and other agencies
- Be consistent with the Council Plan prepared under Section 125 of the Local Government Act (Victoria) 1989
- Be consistent with the municipal strategic statement prepared under Section 12A of the Planning and Environment Act (Victoria)1987

The Darebin Community Health and Wellbeing Plan 2013 – 2017 meets the requirements of this legislation.

Victorian Public Health and Wellbeing Plan 2011–2015 A plan for all Victorians

By taking a whole-of-government, whole-of-system, and whole-of-life approach, the plan provides the basis to improve outcomes for individuals, the healthcare system, and the wider economy and society.

Priorities for the next four years

The plan outlines opportunities for progress in public health and wellbeing over the next four years through the following priorities:

- Building a sustainable prevention system: the design of an effective prevention system requires attention to a number of key building blocks, including governance and leadership, information systems, financing and resource allocation, partnerships, and workforce development.
- Supporting key settings for action and engagement: four priority settings are identified as major focal points for action: early childhood and education settings, local communities and environments, workplaces, and health services.
- Strengthening established public health practice
 - Protecting the health of Victorians by ensuring that risks to health are identified, investigated and controlled without delay.
 - Keeping Victorians well by providing individuals with the information and skills required to make healthy choices, and supporting communities to facilitate living a healthy lifestyle.
 - The key areas of intervention are healthy eating, physical activity, tobacco control, oral health, alcohol and other drug use, sexual and reproductive health promotion, mental health promotion, injury prevention, skin cancer prevention.
 - Prevention through screening and the early detection of illness combined with the provision of access to early care and treatment.

The Victorian Charter of Human Rights and Responsibilities Act 2006

The Charter of Human Rights and Responsibilities Act 2006 entered into full force on 1st January 2008 and enshrines 20 civil and political rights. The Victorian Charter requires public authorities, such as Victorian State and local governments, and people delivering services on behalf of government, to act consistently with the human rights in the Charter.

Under section 38 of the Charter, it is unlawful for a public authority to act in a way that is incompatible with human rights, or to fail to give proper consideration to relevant human rights when making decisions.

4. Local Context

Darebin City Council Plan 2013 - 2017

Darebin City Council has developed the following Vision and Mission, which summarises the shared view of what our community most want Darebin to be over the next four years and what Council's mission is in achieving that Vision.

Vision: Darebin, the Place to Live.

Mission: Working with our diverse community to build a sustainable and liveable city.

Darebin, the Place to Live is a place where people feel a sense of belonging, are healthy and connected to their environment and neighbourhood, feel and are safe and free from discrimination and violence, have access to shelter, transport and fresh food. It is a place where our citizens are engaged and actively involved in shaping the decisions of their representative government. It is where people's creativity has room to be explored and shared for all to enjoy and celebrate. It is where vibrant economies thrive and niche markets flourish.

It is where everyone is respected and valued, and, the services people need are available, affordable, accessible and inclusive. It is also a place where the satisfaction of our present needs are sustainable, that is our needs are met without compromising likely similar needs of those in future generations.

The six goals that reflect what we want to deliver to our diverse community are to create:

- a vibrant city and innovative economy,
- a healthy and connected community,
- a sustainable and resilient neighbourhoods,
- a thriving and creative culture,
- excellent service, and
- open and accountable democracy.

This Plan plays a key role in delivering Goal 2 -A healthy and connected community.

We are proud of our diversity and it is important to recognise that everyone belongs and deserves to be supported: the young, the old, the people born here and those recently arrived. We work to create a safe place where people of all ages, gender, sexuality, ability, cultures and backgrounds can reach their full potential. Where they can be free from discrimination of all kinds, gain skills, be educated, socially connected and healthy through every age and stage of life. These factors all contribute to social health and well-being. We support sport, training for employment and affordable and accessible

housing. We support those that need our help and we provide services to young and old. In this way, we will develop our potential, our well-being and promote a flourishing, diverse and caring community.

Darebin's Equity and Inclusion Policy – a rights-based approach to valuing and responding to our Community's diverse needs 2012 – 2015

The three goals of the policy are:

- To build an organisation that is inclusive and reflective of Darebin's diverse communities where social justice, accountability, participation, empowerment, human rights and diversity are core principles which inform all of our internal and external policies, practices and business
- To build services and programs that are inclusive, responsive, accessible and equitable and which respond to the diversity of needs, rights and priorities of our communities.
- To contribute to building inclusive and empowered Darebin communities by facilitating equitable opportunities for all people to be heard, connected, respected and supported to participate in community life and in decisions important to their lives

Municipal Strategic Statement (MSS) as part of Darebin's Planning Scheme

The focus areas and objectives detailed in Darebin's MSS strongly reflect and are mirrored in the goals, objectives and strategies of the Wellbeing Plan.

Key Objectives have been defined in the following focus areas:

Natural Environment

Built Environment

- Heritage
- Open Space
- Environmental Risk
- Housing Development
- Housing Diversity and Equity
- Character

Economic Development

- Retail and Commercial Activity
- Industry
- Tertiary Institutions
- Arts, Culture and Tourism
- Gaming

Transport and Infrastructure

- Integrated and Sustainable Transport
- Physical and Community Infrastructure

The key issues which the MSS have identified in the development of the objectives have also been considered and integrated in the development of the Wellbeing Plan. These included:

Environment

- Minimising negative impacts from land use and development on natural environmental assets, particularly creek and habitat corridors, and open spaces like Bundoora Park.
- Protection and enhancement of places of heritage significance.

- Developing strategies to ensure new development exhibits good design and contributes to liveable and environmentally sustainable built environments.
- Management of environmental risks in the natural and built and environment

Housing

- Facilitation of well-designed housing to meet anticipated housing needs, both in terms of number and diversity.
- Managing the impacts of new housing development on the amenity of existing neighbourhoods.
- Provision of affordable, social and accessible housing in Darebin.
- Risks of social exclusion regarding access to local employment, essential services and leisure and recreational facilities, particularly in areas of entrenched socio-economic disadvantage.

Economic Development

- Facilitating supply of land for business investment, particularly those that can provide job opportunities for local residents.
- Future planning of core industrial employment precincts, including broadening the range of suitable employment options in these precincts.
- Best utilisation of vacant or underperforming industrial and commercial land in the municipality to attract investment, new business and employment opportunities.
- Managing interfaces and potential conflicts between commercial and industrial land uses and residential land uses.
- Providing space and flexibility in land use controls and decision making for business start-ups and home-based businesses.
- Maximising investment and employment opportunities around La Trobe University.

Transport and Infrastructure

- Integration of land use and transport planning to encourage sustainable transport use and reduce car dependency and associated road congestion and parking pressures.
- Effective and efficient planning and delivery of infrastructure, including transport, essential services, community facilities, and open space to meet existing and future demand.
- Equity of transport and infrastructure investment across the municipality, particularly in areas of entrenched social disadvantage.
- Promotion of urban renewal opportunities resulting from rail grade separation investments at Bell Street and Reservoir Junction

Appendix 2: Darebin Council's engagement process in the development of the Plan

Consultation	No.	Deliberation	No.	Collaboration	No.
Kite Festival, Reservoir	60	Food Sustainability Workshop	30	Darebin Health Steering Committee planning and ongoing discussion	10
International Women's Day event	5	Joint Planning with representatives from Darebin's diverse Community Advisory Committees	19		
Vaccination programs @ 3 different times	23	Sista Circle (Aboriginal Women's group at Darebin Community Health)	7		
Lancaster Gate Family Day	6	Spectrum Migrant Resource Centre Diverse staff	9		
Discussions with 4 of Darebin's Community Advisory Committees Darebin Bicycle Advisory Group; Darebin Disability Advisory Committee; Darebin Aboriginal Advisory Committee	18	Discussion and planning with Darebin Environment Reference Group	12		
Darebin Council Supported playgroups x 3 in East and West Reservoir (2 were jointly facilitated with DCH)	22	Students at La trobe University	35		
Walker Street Festival	10	Community Discussion on Loneliness and social isolation in Darebin (Jointly planned and facilitated with SPAN Neighbourhood House with support from DCH)	19		
Men's Shed, East Preston	4	Darebin Emergency Relief Network	10		
Darebin Neighbourhood House Network	5	Darebin Conversation on Emotional and Social Wellbeing (Jointly planned and organised with DCH and NEAMI)	35		
TWNH Women's Group	3	Somali Women's Group	11		
ESL Classes, Merrilands Community Centre	12	Peer Leadership Group, Darebin Youth Services	7		
Drop In, Darebin Youth Services	20	Joint review with Advisory Committee representatives and other interested community members to critically review the draft plan	15		
Online survey (July 2013) – Darebin Council website Health and wellbeing priorities	9	Joint review with staff across Council	30		
Public viewing and consultation	6				

over two week period of complete Draft of Darebin's Community Health and Wellbeing Plan 2013- 2017 (October, 2013)					
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