

DAREBIN HEALTH AND WELLBEING PROFILE

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July 2021

This Health and Wellbeing Profile Report provides an overview of the key health and wellbeing issues in the City of Darebin. It informs the Council Plan 2021-2025 by determining key health and wellbeing priorities for the Darebin community over the next four years.

For more information, please contact our Multilingual Telephone Line (03) 8470 8470 to be connected to a Language Aide or an interpreter.

Arabic

يقدم تقرير الصحة والرفاهية هذا لمحة عامة عن قضايا الصحة والرفاهية الرئيسية في مدينة داربين. ويتم الاسترشاد به في خطة المجلس 2021 - 2025 من خلال تحديد أولويات الصحة والرفاهية الرئيسية لمجتمع داربين على مدى السنوات الأربع القادمة.

لمزيد من المعلومات، يرجى الاتصال بخط الهاتف متعدد اللغات (03) 8470 8470 لإيصالك بمساعد لغوي أو مترجم فوري

Chinese Simplified

《身心健康档案报告》概括介绍了戴瑞宾市的主要身心健康问题。该报告将为《2021-2025年市议会计划》提供资讯，帮助确定戴瑞宾社区未来4年在身心健康方面的首要任务。

查询详情，请致电我们的多语种电话专线 (03) 8470 8470 接通语言协助人员或传译员。

Greek

Αυτή η Έκθεση Προφίλ Υγείας και Ευεξίας παρέχει μια επισκόπηση των βασικών ζητημάτων υγείας και ευεξίας στο Δήμο Darebin. Πληροφορεί το Σχέδιο του Δήμου 2021-2025 καθορίζοντας βασικές προτεραιότητες υγείας και ευεξίας για την κοινότητα Darebin τα επόμενα 4 χρόνια.

Για περισσότερες πληροφορίες, επικοινωνήστε με την Πολυγλωσσική Τηλεφωνική Γραμμή μας στο (03) 8470 8470 για να συνδεθείτε με ένα Βοηθό Γλωσσών ή μ' ένα διερμηνέα.

Hindi

यह स्वास्थ्य और कल्याण प्रोफाइल रिपोर्ट सटी ऑफ़ डारेबिन में प्रमुख स्वास्थ्य और कल्याण के मुद्दों का एक अवलोकन प्रदान करती है। यह अगले 4 वर्षों के लिए डारेबिन समुदाय की प्रमुख स्वास्थ्य और कल्याण प्राथमिकताओं को निर्धारित करके काउंसिल योजना 2021-2025 को सूचित करती है।

अधिक जानकारी के लिए, कृपया एक भाषा सहयोगी (Language Aide) या एक दुभाषिया से जुड़ने के लिए हमारी बहुभाषी टेलीफोन लाइन (03) 8470 8470 पर संपर्क करें।

Italian

Questo rapporto sulla salute e sul benessere offre una panoramica dei principali problemi di salute e benessere nella city di Darebin. Delinea il Piano del Comune per il 2021-2025 e determina le priorità chiave in materia di salute e benessere per la comunità di Darebin nei prossimi 4 anni.

Per ulteriori informazioni, si prega di contattare la nostra linea telefonica multilingue al numero (03) 8470 8470 per essere collegati a un assistente linguistico o un interprete.

Macedonian

Овој Извештај за ситуацијата со здравјето и добросостојбата дава преглед на клучните прашања од областа на здравјето и добросостојбата во општина Даребин. Тој ги дава информациите за Општинскиот план за 2021-2025 година така што ги утврдува клучните приоритети во врска со здравјето и добросостојбата за заедницата во Даребин во текот на следните 4 години.

За повеќе информации, контактирајте ја нашата повеќејазична телефонска линија на (03) 8470 8470 за да бидете поврзани со лице помошник за јазик или преведувач.

Nepali

यो स्वास्थ्य र स्वस्थता प्रोफाइल प्रतविदनले डारेबनि सहरमा स्वास्थ्य र स्वस्थताका प्रमुख समस्याहरूको अवलोकन प्रदान गर्दछ। यसले आगामी 4 वर्षमा डारेबनि समुदायका लागि स्वास्थ्य र स्वस्थताका प्रमुख प्राथमिकताहरू निर्धारण गरेर परिषद् योजना 2021-2025 लाई सूचित गर्दछ।

थप जानकारीको लागि, हाम्रो बहुभाषी टेलिफोन लाइन (03) 8470 8470 मा फोन गर्नुहोस् र भाषा सहयोगी वा दोभाषेको मद्दत लिएर कुरा गर्नुहोस्।

Punjabi

ਇਹ ਸਹਿਤ ਅਤੇ ਭਲਾਈ ਪ੍ਰੋਫਾਈਲ ਰਿਪੋਰਟ ਡੇਰਾਬਨ ਸ਼ਹਿਰ ਵੱਲੋਂ ਮੁੱਖ ਸਹਿਤ ਅਤੇ ਭਲਾਈ ਦੇ ਮੁੱਦਿਆਂ ਦੀ ਝਲਕ ਪ੍ਰਦਾਨ ਕਰਦੀ ਹੈ। ਇਹ ਅਗਲੇ 4 ਸਾਲਾਂ ਵੱਲੋਂ ਡੇਰਾਬਨ ਭਾਈਚਾਰੇ ਲਈ ਮੁੱਖ ਸਹਿਤ ਅਤੇ ਭਲਾਈ ਦੀਆਂ ਤਰਜੀਹਾਂ ਨਰਿਧਾਰਤ ਕਰਕੇ 2021-2025 ਦੀ ਕੌਸਲ ਯੋਜਨਾ ਨੂੰ ਸੂਚਿਤ ਕਰਦੀ ਹੈ।

ਵਧੇਰੇ ਜਾਣਕਾਰੀ ਵਾਸਤੇ, ਕਰਿਪਾ ਕਰਕੇ ਭਾਸ਼ਾ ਸਹਾਇਕ ਜਾਂ ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਜੁੜਣ ਲਈ ਸਾਡੀ ਬਹੁਭਾਸ਼ੀ ਟੈਲੀਫੋਨ ਲਾਈਨ (03) 8470 8470 ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

Somali

Qoraalka warbixintan Fayoqabka iyo Caafimaadka waxay bixineysaa dul mar guud oo ku saabsan arimaha fayoqabka iyo caafimaadka ee ugu muhiimsan ee Degaanka Darebin. Waxay wargelinaysaa in Qorshaha Golaha Degaanka 2021-2025 iyadoo la go'aaminayo mudnaanaha ugu muhiimsan ee fayoqabka iyo caafimaadka ee bulshada Darebin 4-ta sanno ee soo socota.

Wixii macluumaad dheeraad ah, fadlan la xiriir Khadka Taleefanka Luuqadaha badan (03) 8470 8470 si laguugu xiriiriyo Caawiyaha luuqada ama turjubaan.

Spanish

El Informe de perfil de salud y bienestar proporciona una reseña de las cuestiones clave de salud y bienestar en la ciudad de Darebin. Sirve de base para el Plan del Concejo Municipal 2021-2025 al determinar las prioridades clave de salud y bienestar para la comunidad de Darebin durante los próximos 4 años.

Para obtener más información, comuníquese con nuestra Línea telefónica multilingüe (03) 8470 8470, para que lo conecten con un asistente de idiomas o un intérprete.

Urdu

صحت و عافیت کی یہ پروفائل رپورٹ سٹی آف ڈیربن میں صحت و عافیت کے بنیادی مسائل کا ایک جائزہ فراہم کرتی ہے۔ یہ رپورٹ اگلے 4 سالوں میں صحت و عافیت کے حوالے سے ڈیربن کمیونٹی کے لئے بنیادی ترجیحات کا تعین کرتے ہوئے کاؤنسل کے 2021-2025 پلان کے لئے معلومات فراہم کرتی ہے۔

مزید معلومات کے لئے ہماری ملٹی لینگویئل ٹیلی فون لائن سے (03) 8470 8470 پر رابطہ کر کے زبان میں مدد فراہم کرنے والے شخص یا زبانی مترجم سے بات کریں۔

Vietnamese

Bản Báo cáo Hồ sơ Sức khỏe và An sinh này trình bày tổng quan về các vấn đề sức khỏe và an sinh quan trọng tại Thành phố Darebin. Đồng thời giúp Hội đồng Thành phố có thông tin để soạn thảo Kế hoạch 2021-2025 bằng cách xác định các ưu tiên chính về sức khỏe và an sinh cho cộng đồng Darebin trong 4 năm tới.

Muốn biết thêm thông tin, vui lòng gọi cho Đường dây Điện thoại Đa ngữ (03) 8470 8470 của chúng tôi để được kết nối với Trợ lý Ngôn ngữ hoặc thông dịch viên.

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Acknowledgement of Aboriginal and Torres Strait Islander People

Darebin City Council acknowledges the Wurundjeri Woi-wurrung people as the traditional owners and custodians of the land and waters we now call Darebin and affirms that Wurundjeri Woi-wurrung people have lived on this land for millennia, practising their customs and ceremonies of celebration, initiation and renewal.

Council acknowledges that Elders past, present and emerging are central to the cohesion, intergenerational wellbeing and ongoing self-determination of Aboriginal communities. They have played and continue to play a pivotal role in maintaining and transmitting culture, history and language.

Council respects and recognises Aboriginal and Torres Strait Islander communities' values, living culture and practices, including their continuing spiritual connection to the land and waters and their right to self-determination. Council also recognises the diversity within Aboriginal and Torres Strait Islander communities.

Aboriginal and Torres Strait Islander people and communities have had and continue to play a unique role in the life of the Darebin municipality. Council recognises and values this ongoing contribution and its significant value for our city and Australian society more broadly.

Extract from Darebin City Council's Statement of commitment to Traditional Owners and Aboriginal and Torres Strait Islander people 2019.

Executive Summary

Darebin City Council's (Council) commitment to reduce inequalities and improve equity, inclusion and the human rights of the Darebin community is guided by Towards Equality: Darebin City Council's Equity, Inclusion and Human Rights Framework 2019-2029 (the Framework).

An Equity Impact Assessment was developed to operationalise the Framework and to embed equity, inclusion, human rights and wellbeing considerations, values and practices into all of Council's work.

The Darebin Health and Wellbeing Profile (the Profile) complements the Framework by examining data on health status and health determinants in the municipality. This is intended to provide a deeper understanding of health inequalities in Darebin.

The Profile is informed by evidence from a range of sources, including:

1. Analysis of the policy and legislative context within which Council plans for the health and wellbeing of its residents. This includes considering priorities of the Victorian Public Health and Wellbeing Plan 2019-2023, and Council's legislative requirements as outlined in the *Public Health and Wellbeing Act 2008* and *Climate Change Act 2017*;
2. Findings from a series of consultations with the community and local organisations;
3. Analysis of the health status of the Darebin population based on data from a range of sources such as the State Government departments, Australian Bureau of Statistics (ABS), VicHealth and .id consulting;

4. Findings of the 2015 Reservoir East and Preston East Health and Wellbeing Survey. The planned 2020 Neighbourhood Indicator Survey was postponed due to COVID-19 restrictions.

The significant impact of the COVID-19 pandemic and associated lockdowns highlights the need to support Darebin residents in the recovery process as well as improve their health and wellbeing.

The Profile notes that the Darebin community has fared relatively well compared to / with those living in nearby Local Government Areas.

However, the following health risks are key areas of concern: sedentary lifestyle, risky alcohol consumption, smoking and rates of bowel cancer screening for those aged 50-74 years.

In addition, the report highlights the need to continue working with the community and other stakeholders to address the following determinants of health: loneliness and social isolation, unemployment, food security, harm associated with gambling, homelessness, family violence and violence against women, racism and discrimination, the health impacts of climate change and community safety.

The 2020 Darebin Annual Community Survey indicated that some Darebin residents reported fair or poor self-reported health status as well as high or very high levels of psychological distress and anxiety or depression.

The most common reasons why respondents attributed poor health and wellbeing to COVID-19 was because of a lack of physical exercise and being inside at home due to lockdown.

Other reasons included: stress, having children at home away from their usual routine and activities, interruption of health treatments, and the limited social interaction and activities. These issues require attention in order to assist the community successfully recover from the impact of COVID-19 pandemic.

This report recommends the following three distinct, but interrelated, approaches to guide Council's efforts to achieve optimal health and wellbeing outcomes for the Darebin community:

- i) Health Equity
- ii) Environments for Health
- iii) Life-course Approach

Together, these approaches encapsulate the various settings and opportunities where Council can meaningfully contribute to improving health and wellbeing for community.

This Profile will inform priority areas of new projects, strategies, plans, and policies including the Darebin City Council Plan 2021-2025 (incorporating the Municipal Public Health and Wellbeing Plan). The Report will also assist community and health organisations in Darebin to identify health and wellbeing priorities of their 2021-2025 integrated health promotion (IHP) plans.

For further information, contact:
Community.Wellbeing@darebin.vic.gov.au

Introduction

Policy and Legislative Context

Victorian local governments have a legislated responsibility to protect, promote and improve public health and wellbeing of their communities. Under the *Public Health and Wellbeing Act 2008*, local governments are required to develop a Municipal Public Health and Wellbeing Plan (MPHWP) which outlines actions to enable residents to achieve maximum health and wellbeing.

The Act also requires councils to outline measures to prevent family violence and violence against women in the municipality.

In addition, the *Climate Change Act 2017* requires local governments to consider climate change in planning for health and wellbeing, and that the MPHWP is consistent with the Council Plan prepared under section 125 of the *Local Government Act 1989*, and the municipal strategic statement prepared under section 12A of the *Planning and the Environment Act 1987*. Refer to Appendix 1 for more details on Acts and Policies that influence public health and wellbeing planning at the local government level.

Darebin People

Darebin is one of the most diverse local government areas in Melbourne. Table 1 summarises Darebin diversity.

Table 1: Darebin's diverse community at a glance¹

Estimated Resident Population	The City of Darebin Estimated Resident Population for 2019 is 164,184 , with a population density of 30.72 persons per hectare
Aboriginal and Torres Strait Islander people	The Aboriginal and Torres Strait Islander Census population of the City of Darebin in 2016 was 1,165 , living in 652 dwellings 46.8% Males 53.2% Females 94.8% Aboriginal 3.0% Torres Strait Islander 2.2% both Aboriginal and Torres Strait Islander
Gender	51.7% of residents identify as female and 48.3% identify as male. (NB: Not all residents identify as either male or female*)

¹ Data sourced from Australian Bureau of Statistics, Census of Population 2016. Compiled and presented by .id consulting

Table 1: Darebin's diverse community at a glance¹

Age structure	<p>6% Babies and pre-schoolers (0 to 4) 7.3% Primary schoolers (5 to 11) 5.2% Secondary schoolers (12 to 17) 9.9% Tertiary education and independence (18 to 24) 19.4% Young workforce (25 to 34) 22.8% Parents and homebuilders (35 to 49) 11.0% Older workers and pre-retirees (50 to 59) 7.6% Empty nesters and retirees (60 to 69) 8.2% Seniors (70 to 84) 2.5% Elderly aged (85 and over)</p>
People with a disability and needing assistance (by age group)	<p>8,774 people (6%) needed assistance in 2016. This was an increase of 724 people since 2011.</p> <p>0.9% (0 to 4 years) 2.8% (5 to 9 years) 2.5% (10 to 19 years) 2.2% (20 to 59 years) 8.2% (60 to 64 years) 11.0% (65 to 69 years) 17.4% (70 to 74 years) 26.0% (75 to 79 years) 38.5% (80 to 84 years) 51.1% 85 and over</p>
Place of Birth	<p>59.2% of residents were born in Australia and 33.2% were born overseas, 7.5% not stated</p> <p>Of the total born overseas, 48.6% were male and 51.4% female</p> <p>Just over 2,000 international students live in Darebin**</p> <p>There are 142 holders of Illegal Maritime Arrival Bridging Visa E or IMA BVE (asylum-seekers) by December 2020***</p>
Multilingual	<p>36.9% of people spoke a language other than English at home</p>
Sexuality	<p>6% identify as lesbian, gay or bisexual****</p>
Highest qualification achieved	<p>32.7% Bachelor or Higher degree 8.4% Advanced Diploma or Diploma 11.6% Vocational 37.1% No qualification 10.2% Not stated</p>

Table 1: Darebin's diverse community at a glance¹

Faiths and beliefs	35.5%	no religion
	9.4%	did not answer the question on religion
	23.7%	Western (Roman) Catholic
	8.0%	Greek Orthodox
	4.5%	Islam
	3.7%	Anglican
	2.9%	Buddhism
	2.8%	Hinduism
	1.9%	Christian, nfd
	1.2%	Uniting Church
	0.9%	Macedonian Orthodox
	0.8%	Sikhism
	0.8%	Presbyterian and Reformed
	0.5%	Baptist
	0.3%	Pentecostal
	0.3%	Maronite Catholic
	0.2%	Other Protestant
	0.2%	Jehovah's Witnesses
	0.2%	Serbian Orthodox
	0.2%	Lutheran
	0.1%	Judaism
	0.1%	Salvation Army
	0.1%	Other Eastern Orthodox
	0.1%	Coptic Orthodox
	0.1%	Other Non-Christian Religions
	0.1%	Churches of Christ
	0.1%	Latter Day Saints (Mormons)
0.1%	Paganism Other Eastern Catholic	
0.1%	Seventh Day Adventist	
0.1%	Assyrian Apostolic	
Household type	27.1%	couples with children
	21.9%	couples without children
	9.1%	one parent families
	1.7%	other families
	7.6%	group household
	26.2%	lone person
	5.5%	other not classifiable household
	0.8%	visitor only households

Sources: Australian Bureau of Statistics, Census of Population and Housing 2011 and 2016. Compiled and presented by .id consulting.

*The ABS does not capture data around gender identity or people who identify as gender diverse or non-conforming, nor does it capture data around people with intersex variations.

** Estimated here, as persons attending tertiary education, who were born overseas, arrived in Australia less than 4.5 years ago, and were living either in a group household, as an unrelated person in a household, as an overseas visitor in a household, or alone;

***Estimation provided by the City of Greater Dandenong.

****Darebin Household Survey (2016). It is likely that this figure is a clear under-estimation of the LGBTIQ+ population as the survey question identified sexual orientation only (lesbian, gay, bisexual) and did not capture people who identify as transgender, gender-non-conforming or people with intersex characteristics.

A note on binary language: Council recognises that sex and gender are not the same and that some people’s gender identities may not reflect the biological sex they were assigned at birth. Moreover, this recognises that gender is not binary and that some people’s gender identities may not fit into binary categories of male or female and indeed that some people may identify as neither male nor female, or both.

The ABS does not capture data around gender identity or people who identify as non-binary, gender diverse or gender non-conforming, nor does it capture data around people with intersex variations. Binary language is used throughout this Profile report and Council recognises the limitations of this terminology in this profile.

Table 2: Population trends

Trend	Darebin	Victoria
Population (2019 update)	164,184	6,596,039
Population change (ERP) 2016-19 (3 years)	+9,058 people, +5.8%	+422,867, 6.8% growth
Components of population growth (1 year)	Natural Increase +917 Overseas Migration +3,110 Internal Migration -1,504 <ul style="list-style-type: none"> The City of Darebin has a diverse migrant population and is reliant on overseas migration for population growth. Darebin’s population growth may stagnate temporarily due to the loss of overseas migration The City of Darebin lost population due to internal migration. This was partially influenced by trends in housing affordability in metropolitan regions ‘pricing out’ residents and communities. This trend may accelerate as more people move to peri-urban and regional centres due to COVID-19 (which has enabled people to work remotely) Population growth is expected to be close to zero or slightly negative in the short term 	

Sources: Australian Bureau of Statistics, Census of Population and Housing 2011 and 2016. Compiled and presented by .id consulting

Preston (East) and Preston (West) are the most populous suburbs in Darebin while Northcote (East) and Thornbury (West) are the most densely populated. Table 3 shows Darebin population distribution and density.

Table 3:
Darebin population by suburb, Estimated Resident Population (ERP) as of 30 June 2019²

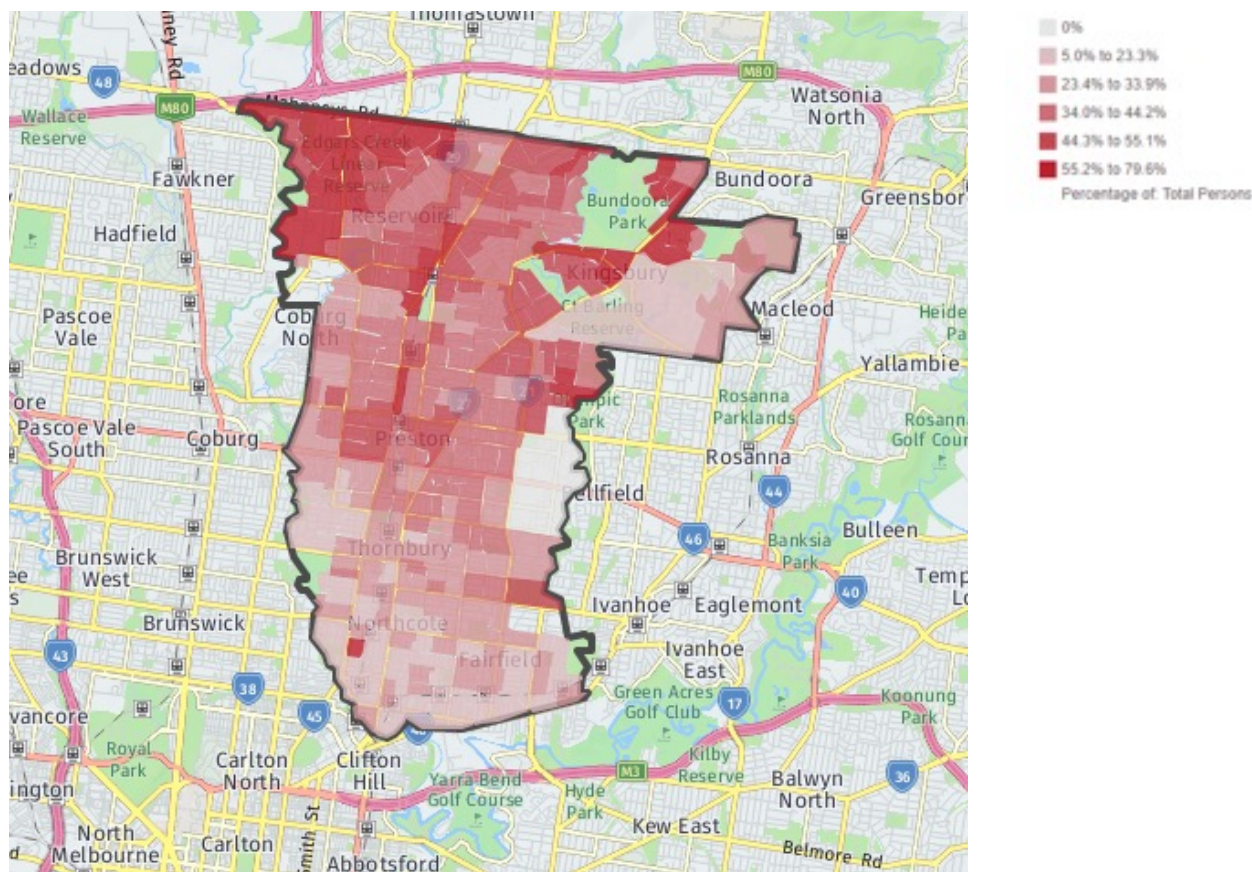
Area	Population	% of population	Total population density**
Alphington	3,505	2.1	25.86
Bundoora-Macleod	8,828	5.4	11.41
Fairfield	6,431	3.9	42.98
Kingsbury	4,426	2.7	35.01
Northcote (East)	16,759	10.2	47.32
Northcote (West)	11,080	6.7	44.46
Preston (East)	19,913	12.1	29.38
Preston (West)	17,757	10.8	37.36
Reservoir (Cheddar)	15,413	9.4	33.81
Reservoir (Edwardes Lake)	15,050	9.2	27.05
Reservoir (Merrilands)	10,616	6.5	23.70
Reservoir (Oakhill)	13,879	8.5	32.60
Thornbury (East)	11,941	7.3	38.00
Thornbury (West)	8,586	5.3	43.12
City of Darebin	164,184	100	33.72

Source: Australian Bureau of Statistics, Census of Population and Housing 2016. Compiled and presented by .id consulting

2 ERP is the official population of the area. It is updated annually and provides a more accurate population figure between Census periods.

**Persons per hectare. Accessed 11 November 2020 <https://profile.id.com.au/darebin>

Figure 1: Darebin language diversity trends in 2016 - language other than English at home



Sources: Australian Bureau of Statistics, Census of Population and Housing 2011 and 2016. Compiled and presented by .id consulting

Darebin’s residents speak a wide range of languages, with 37% speaking a language other than English at home. Besides English, the most common languages are Italian, Greek, Mandarin, Arabic, Vietnamese, Macedonian, Cantonese, Hindi and Punjabi.

Approximately 7% of the population have difficulty speaking English. This is one indication of how culturally diverse a population is and the degree to which different ethnic groups and nationalities are retaining their language.

Language diversity is currently concentrated in the north of Darebin, while the south is predominantly English-speaking.

The northern parts of Reservoir have a significant ageing Italian population accounting for the high rates of people who speak a language other than English at home in these areas.

Most of the population migrating into Northcote and Thornbury are English-speaking migrants.

Community Consultation and Engagement

Council conducted significant engagement with the community, including local community organisations, to develop the Council Plan (incorporating the Municipal Public Health and Wellbeing Plan) priorities. More than 1,300 people participated in community engagement activities.

Approximately half of these respondents indicated they spoke a language other than English at home.

There was a good geographic representation of community members from across the municipality with Reservoir, Preston, Northcote and Bundoora/Kingsbury making up the highest proportion of postcodes in the targeted engagement sessions. Participants included people of diverse genders, including non-binary people, and sexualities. Approximately 15% of respondents identified as having a disability.

A further 85 submissions were received from a broad range of community members and groups via Council's YourSay webpage. A total of 14 Council Plan consultation sessions were held, which were attended by 50 individual participants, who provided extensive qualitative feedback.

There were a further 35 meetings and pop-ups held, spanning 10 language groups, capturing more than 280 people from multicultural communities and people experiencing disadvantage, as well as four geographically targeted sessions. Council also conducted about 742 phone surveys with community and 101 surveys with local businesses and trade associations.

A comprehensive community engagement program was delivered from 20 April 2021 to 17 May 2021 to consult with the community regarding the Council Plan (incorporating the Municipal Public Health and Wellbeing Plan) and the Financial Plan 2021-2031. The key questions asked as part of these consultations related to the Strategic Objectives of the plan, the investment priorities for the next ten years and which health and wellbeing risks and concerns were of the highest priority for the community.

In accordance with the Council resolution on 26 April 2021, a further effort was made to test the Council Plan, Municipal Public Health and Wellbeing Plan and Financial Plan with members of the culturally and linguistically diverse (CALD) community.

A key focus of the engagement activity was to ensure Council was making a concerted effort to involve a range of diverse voices across the community. A range of engagement techniques and activities were used to draw feedback from the widest range of residents and people who work in Darebin.

All engagement methods accounted for 437 respondents, in addition to a further 742 responses as part of the Annual Community Survey Program telephone survey. A breakdown of the respondents is shown in Table 4a.

Table 4a: Participants in the engagement activity

Engagement Activity	Number of participants/ people engaged	Targeted group	Demographic information
Businesses engagement	101	Businesses	Middle age business owners and workers, some who live in Darebin
Bundoora targeted engagement	51	NE Darebin	20-44-year olds who live in Bundoora, Kingsbury and McLeod
Children and Youth Forum	40	Youth	Mostly under 15 (82%) who live and study in Darebin
Italian seniors	34 16 14	Kingsbury Thornbury Community Health	Over 65 group who lives in Reservoir, Kingsbury, Bundoora, Thornbury – Italian heritage
Newlands primary school	31	Youth	Most did not provide an age, but we presume they are under 12
Greek seniors	34	Greek	Over 65s from Thornbury and Northcote
Vietnamese seniors	16	Vietnamese	Over 65s from Preston
Arabic language group	16	Arabic speakers	35-75yr olds from Reservoir & Preston
Somali group	12	Somali	16-24year olds from northern parts of Darebin
Indian seniors	10	Indian	Over 65yr old group with Indian heritage who mostly visit Darebin
Nepalese group	9	Nepalese	Wide range of ages who both live in and visit Darebin
Youth Jury	10	Youth	Under 24yrs who live and study in Darebin (across 2 sessions)
Spanish Group	6	Spanish speakers	Younger Spanish speakers who visit Darebin
All abilities group	6	Disability	Those identifying as having a disability, and their carers, who live and work in Darebin
Northcote seniors	5	Elderly	Over 65s who live in Darebin
Macedonian seniors	5	Macedonian	Over 65s who live in and visit Darebin
Annual Community Survey of Darebin residents	742	Representative group	Broad spread of participants selected to be representative of the broader Darebin population

Further conversation and workshop style sessions were run by the Equity and Wellbeing Department with key agencies and community groups. A high-level breakdown of the sessions, some of which have been grouped together is outlined in Table 4b.

Table 4b: Participants in the engagement activity

Engagement Activity	Number of participants/ people engaged	Targeted group	Demographic information
Aboriginal and Torres Strait Islander organisations and Aboriginal Advisory Committee members	6	Aboriginal and Torres Strait Islander people and those from Aboriginal Community Controlled Organisations	Members of the Darebin Aboriginal Advisory Committee and representatives
Faith Leaders and Multicultural community session	8	Faith Leaders and multicultural communities	Leaders from five different faith communities in Darebin, including Christian, Baptist, Catholic, Sikh, Islamic and Bahai communities
Emergency relief and homelessness networks	14	Services who work with people who experience homelessness, food insecurity and poverty	Representatives from a wide range of emergency relief and homelessness services including Merri Outreach Support Service (MOSS), Haven: Home Safe and Salvation Army Preston
Darebin Neighbourhood House Network	6	Members of the Darebin Neighbourhood House Network	Managers of the six Darebin Neighbourhood Houses
Health promotion and prevention organisations	4	Organisations who provide health promotion and prevention services to communities who experience poor health and wellbeing outcomes	Your Community Health, North East Healthy Communities, Darebin Information Volunteer and Resource Service
Community safety and justice system	2	Organisations who work in community safety, crime prevention and/or people involved in the justice system	Representatives from Victoria Police and Fitzroy Legal Service
East Reservoir and East Preston community	13	People who live in the East Preston and East Reservoir communities	Residents who live in either the East Preston or East Reservoir, specifically in the areas around the East Preston Community Centre and Reservoir Neighbourhood House. Age range from 60 – 80 years plus+
Darebin Family Violence Network	3	Services who work with people experiencing family violence	Representatives from agencies in the Darebin family violence service system

Feedback by LGBTQIA+ stakeholders and community was submitted online via the Your Say page.

Outcomes of Community Engagement

Strategic Objectives

- All of Council's strategic objectives were supported by at least 91% of respondents.
- There were no objectives that were significantly more or less supported than others.

Investment Priorities

- Council asked respondents to rank the importance of three major areas for investment – the built environment, the natural environment and community programs.
- The natural environment was consistently the highest-ranking priority across the telephone survey and the engagement sessions.

Health and Wellbeing Concerns

- Council asked respondents to score out of ten their level of concern for a range of health and wellbeing issues
- Family violence, community safety and discrimination were the top three concerns.

Health Risk Concerns

- Council asked respondents to score out of ten their level of concern for a range of health risks.
- Mental health was a clear standout, followed by climate change, COVID-19 impacts and lack of access to appropriate services and support.

Targeted Conversations

The targeted conversations outlined in Table 4b identified a broad range of issues and topics which reflect the diversity of participants involved. The most common overlapping priority areas and themes were:

- Mental health.
- Increasing social connection.
- Increasing Council's role in partnerships and collaboration.
- Equity of access to Council services for disadvantaged and culturally and linguistically diverse communities.
- Community safety, including the impact of alcohol and other drugs.

Feedback from the Department of Families, Fairness and Housing

Council officers also sought feedback from the regional Department of Families, Fairness and Housing team (the Department) on the Draft Council Plan Priorities document. The Department recommended a few actions to respond to identified modifiable health risks including, low levels of bowel cancer screening, smoking, risky alcohol consumption and healthy eating.

How the findings will be used

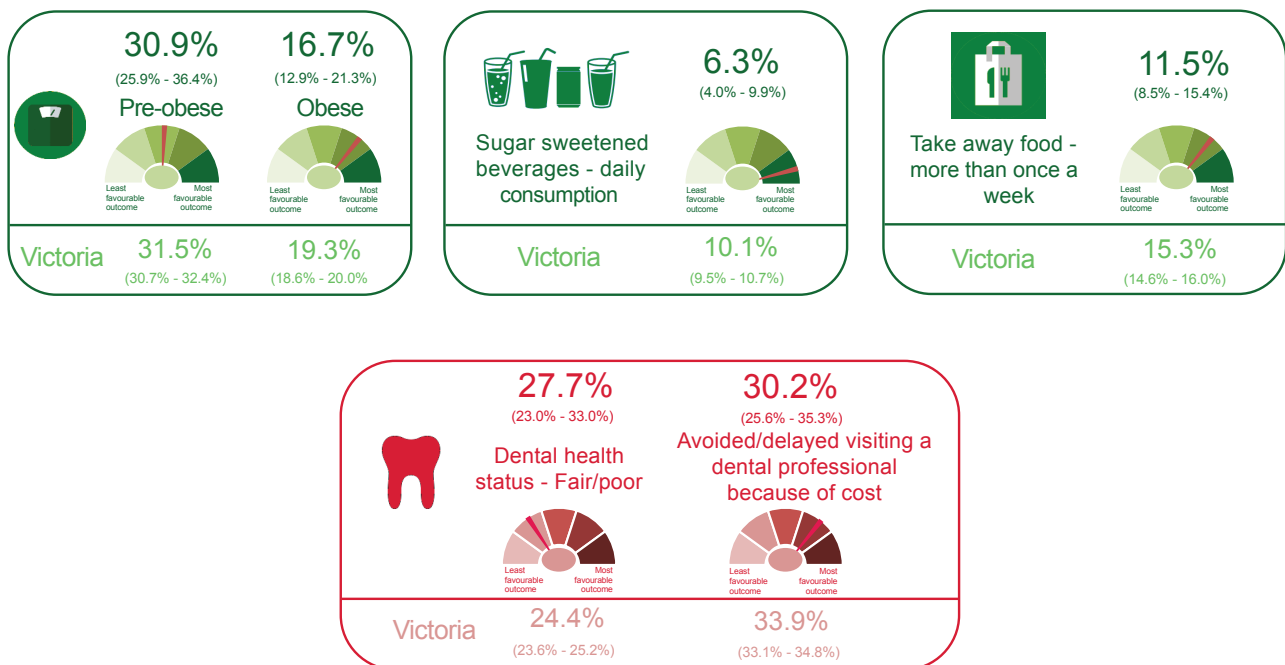
Findings from this broad consultation will inform priority areas of the 2021-2025 Council Plan (incorporating the MPHWP). The findings will also guide Council on ways to deliver on the priority issues for the municipality over the next four years.

Modifiable Health Risks

Council has conducted a review of evidence on health risks for the Darebin community.

Compared with the Victorian average, the Darebin community has fared relatively well compared to the Victorian State average for a range of health and wellbeing indicators (see Figure 2). These indicators include pre-obese, obese, consumption of sugary drinks and take-away food, breast cancer screening and accessing a dental professional.³

Figure 2: Modifiable health risks – areas progressing well



The Darebin community performed less favourably than the Victorian State average (see Figure 3) for the indicators of bowel cancer screening, sedentary lifestyle, smoking, alcohol consumption and levels of psychological distress, anxiety or depression. However, the proportion of people who identify as female in Darebin who sought professional help for a mental health problem in the previous year preceding the survey was above the State average.

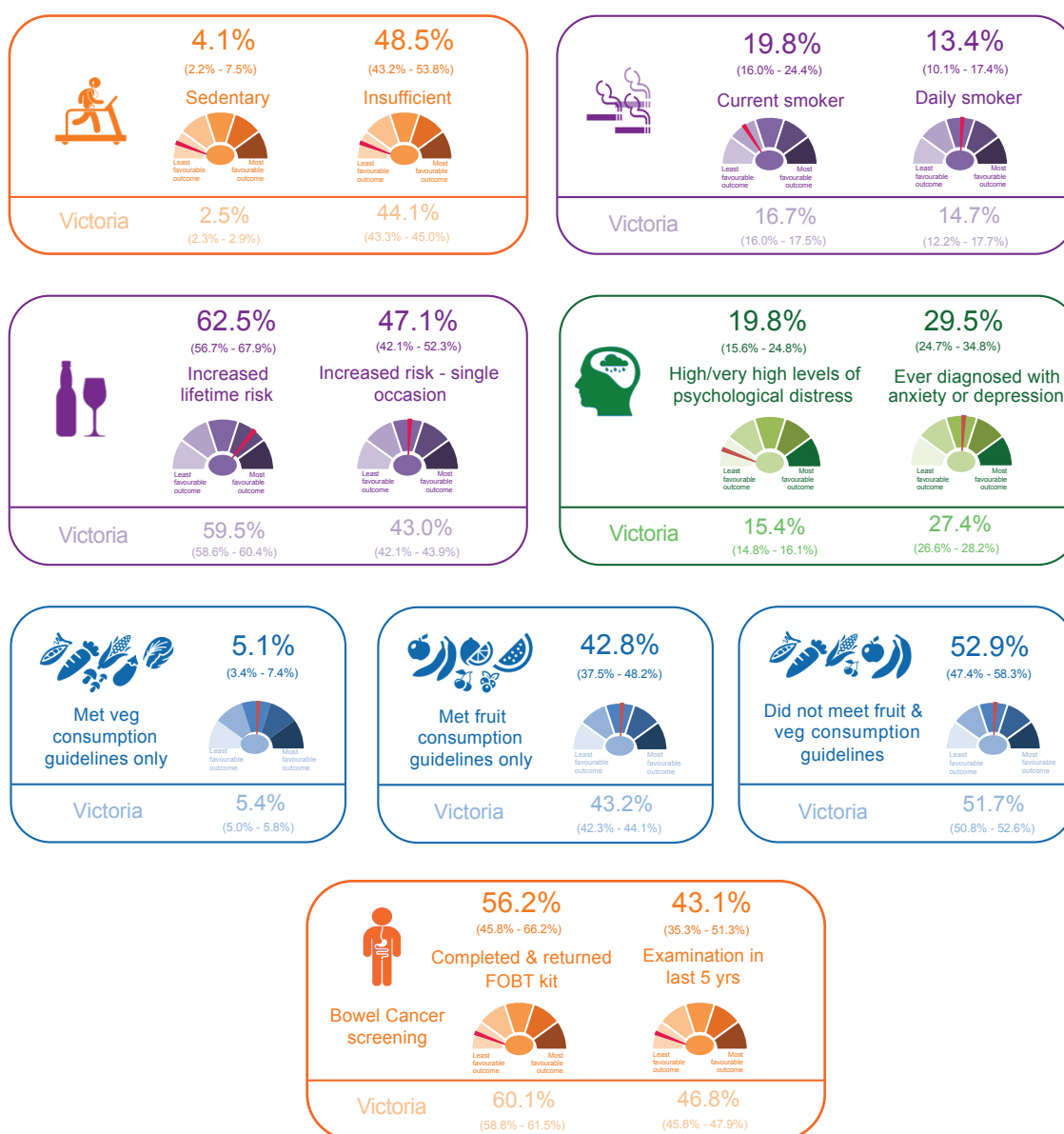
Darebin compares poorly to the State average for bowel cancer screening rates, with only 56.2% of tests returned, compared to 60% for the wider Victorian population. Darebin scores comparatively poorly for self-reported dental health status as 27.7% reported their dental health status to be fair/poor (figure 2).

³ Victorian Agency for Health Information. 2017. Victorian Population Health Survey. Viewed on 9 November 2020. Available <https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2017>

Data shows that Darebin does not score well in relation to vegetable consumption, with 52.9% of the Darebin population not meeting fruit and vegetable consumption guidelines and only 5.1% of the Darebin population meeting vegetable consumption guidelines.

These scores reflect trends across the Victorian population, which average 5.4% and 51.7% respectively for these same indicators⁴. This may suggest that there is an increasing number of people experiencing food insecurity in Darebin.

Figure 3: Modifiable health risks - key areas of concern



4 Victorian Agency for Health Information. 2017. Victorian Population Health Survey. Viewed on 9 November 2020. Available <https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2017>

Sedentary lifestyle is known to double the risk of cardiovascular diseases, diabetes, and obesity, and increase the risk of colon cancer, high blood pressure, osteoporosis, lipid disorders, depression and anxiety⁵. Council will continue to identify and implement actions to enable the community to live a healthy and happy life through participation in sport and recreation.

Excessive alcohol consumption is known to contribute to excess body weight and the development of chronic diseases such as liver disease, some cancers, oral health problems and cardiovascular disease⁶. Alcohol consumption has also been associated with increased risk of suicide⁷.

Tobacco smoking is known to increase the risk for cancer, heart diseases, stroke, lung diseases, eye diseases and diabetes⁸. Council will aim to reduce the harmful effects of tobacco smoking and alcohol consumption through the enforcement of relevant regulation.

For example, Council will continue to work with the State Government to enforce smoke free dining, banning smoking in designated areas, and regulating the display and advertisement of tobacco products⁹.

Bowel cancer is the second biggest cancer killer in Australia¹⁰. If detected early, bowel cancer can be successfully treated in more than 90% of cases. Therefore, screening is important in detecting bowel cancer at an earlier stage when treatment can be more successful.

Psychological distress is associated with risk behaviours such as risky drinking, smoking and drug use and is directly linked to a number of diseases and conditions, such as fatigue, migraines, cardiovascular disease, injury, obesity, depression and anxiety¹¹.

International harm and suicide have been linked to mental illness in large body of literature^{12 13}. In 2017, intentional self-harm was a leading cause of premature mortality in Australia¹⁴.

- 5 World Health Organisation. 2002. Physical inactivity a leading cause of disease and disability, warns WHO. Accessed 20 March 2020 <https://www.who.int/news/item/04-04-2002-physical-inactivity-a-leading-cause-of-disease-and-disability-warns-who>
- 6 NHMRC (National Health and Medical Research Council) 2009. Australian Guidelines to reduce health risks from drinking alcohol. Canberra: National Health and Medical Research Council.
- 7 DHHS. 2016. Victorian Population Health Survey 2014: Health and wellbeing, chronic conditions, screening and eye health, Department of Health & Human Services.
- 8 U.S. Department of Health and Human Services. 2014. The Health Consequences of Smoking—50 Years of Progress (A Report of the Surgeon General). Accessed 18 March 2021 www.cdc.gov/tobacco
- 9 Darebin City Council 2020. Public Health and Safety. Tobacco. Accessed 25 March 2020 <https://www.darebin.vic.gov.au/Services-and-business/Public-health-and-safety/Tobacco>
- 10 Australian Government. 2020. National Bowel Cancer Screening Program: Monitoring Report. Accessed 10 March 2021 https://www.aihw.gov.au/getmedia/da6be503-6185-4b05-9724-953f81ad31de/aihw-can-133_31July2020.pdf.aspx?inline=true
- 11 Russ, T. C., Stamatakis, E., Hamer, M., Starr, J. M., Kivimaki M., and Batty G. D. 2012. Association between psychological distress and mortality: individual participant pooled analysis of 10 prospective cohort studies *BMJ*. pp: 1-14
- 12 Brådvik L. 2018. Suicide Risk and Mental Disorders. *International journal of environmental research and public health*, 15(9), 20-28.
- 13 Tishler, C.L., McKenry, P.C. and Morgan, K.C. (1981), Adolescent Suicide Attempts: Some Significant Factors. *Suicide and Life Threatening Behavior*, 11: 86-92.
- 14 ABS 2017. Causes of Death, Australia 2017. Accessed 23 March 2020 www.abs.gov.au

Self-harm, though accounting for a relatively small proportion (1.9%) of all deaths in Australia, accounts for a high proportion of deaths among younger people. In the same year, suicide accounted for over one-third of deaths (36%) among people aged 15-24 years of age, and over a quarter of deaths (30.9%) among those aged 25-34 years.

The North Western Melbourne Primary Health Network's suicide prevention profile¹⁵ provides an overview of the rate of suicide and self-harm in the Northern Western local government areas. The report shows that the number deaths due to suicide and self-inflicted injuries in Darebin was slightly less than Victorian average (see Figure 4).

15 North Western Melbourne Primary Health Network. 2018. Suicide Prevention Profile. Accessed 10 May 2020 <https://nwmpfn.org.au/>

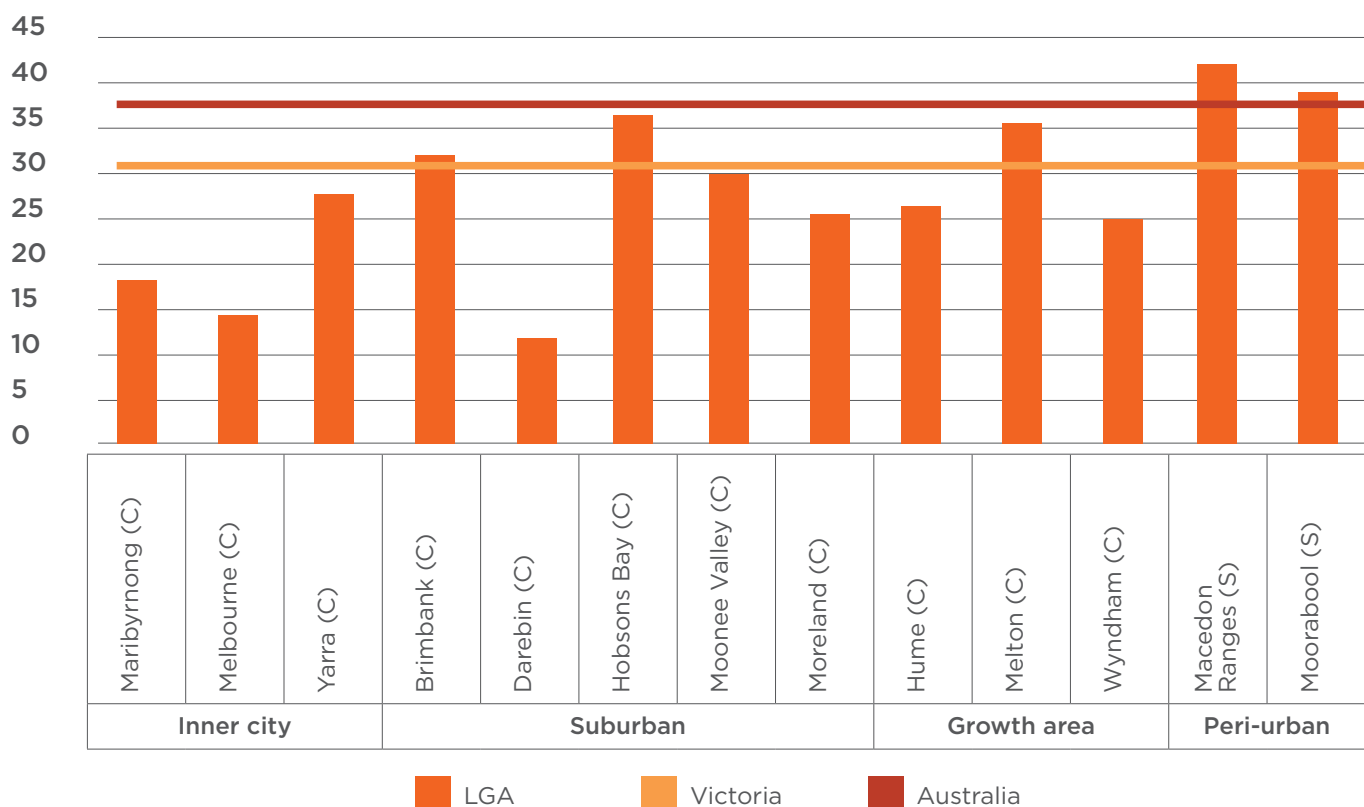
Figure 4: Deaths from suicide and self-inflicted injuries, 0 to 74 years 2011 to 2015 Average annual ASR per 100,000 (PHIDU, 2018)



Source: NWMPHN

The report also indicates that suicide rates among young people is a key issue of concern (see Figure 5).

Figure 5: Youth mortality: Deaths of persons aged 15 to 24 years, 2011 to 2015, Average annual ASR per 100,000 (PHIDU, 2018)



Source: NWMPHN

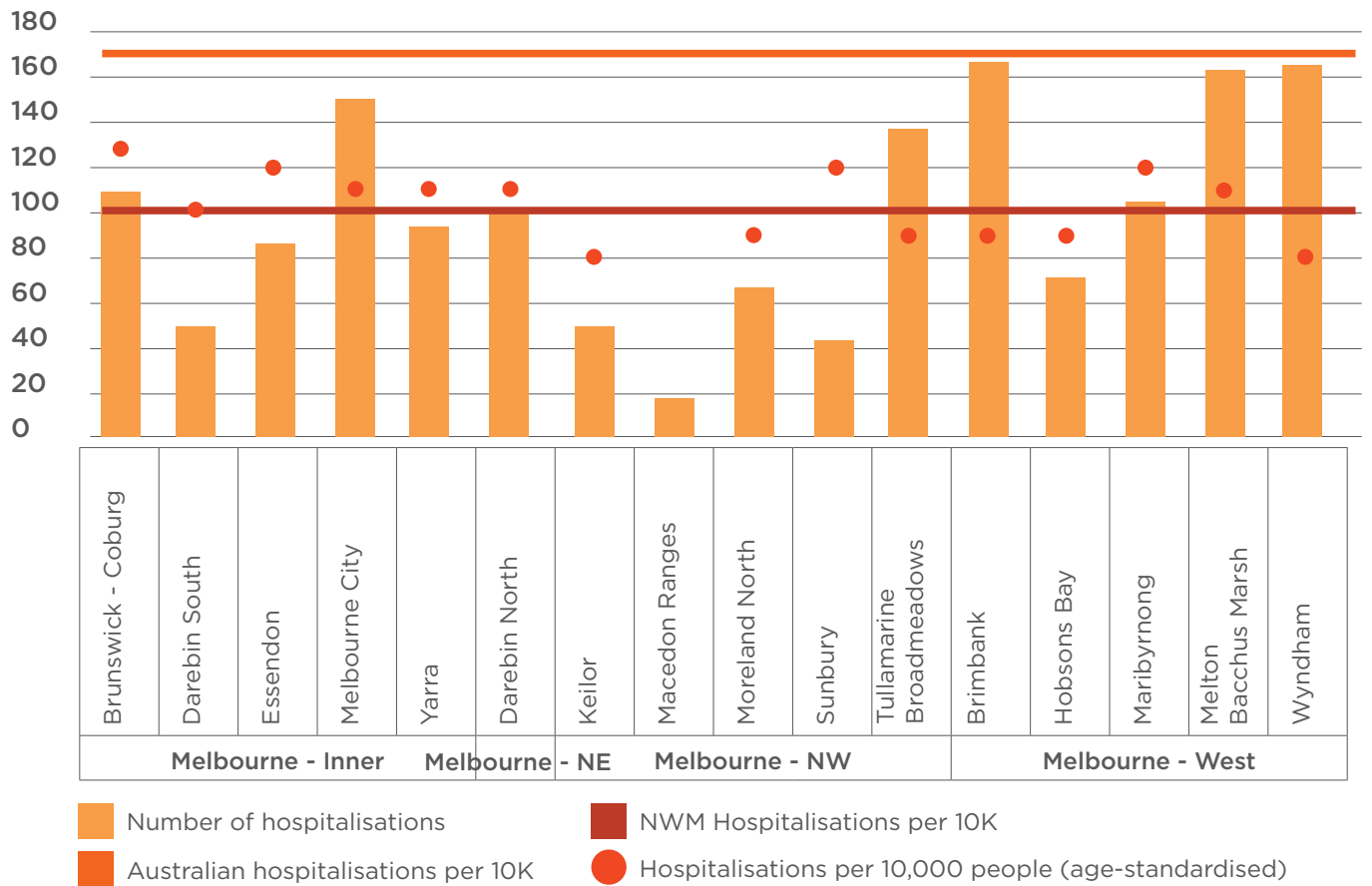
Darebin Council’s Youth Services Strategy 2019-2021 provides a framework for action to promote mental health and emotional wellbeing, and harm minimisation due to drugs and alcohol¹⁶.

Council will continue to work in partnership with stakeholders and the community to mitigate the aforementioned modifiable health risks.

The report also indicates that there are a high number of people hospitalised for internal self-harm in Darebin North compared with Darebin South (see Figure 6).

16 Darebin City Council 2019. Youth Services Strategy 2019-2021. Accessed 20 March 2020 <https://www.darebin.vic.gov.au/Services-and-business/Young-people-and-education/Youth-voice>

Figure 6: NWMPHN SA3, national and metropolitan/regional hospitalisations for intentional self-harm (same day and overnight), 2015-16



Source: NWMPHN

Determinants of Health

Council recognises that poor health outcomes result from inequalities in various areas of life such as employment, life experiences, gender, education and housing.

Therefore, Council has a range of policies, plans and frameworks that inform actions to address a range of determinants of health (refer to Appendix 1 for key strategic plans).

These determinants of health – conditions in which people are born, grow up, live, work, and age¹⁷ – are key considerations for designing and delivering successful public health and wellbeing interventions.

Figure 7 shows the complex interaction of individual characteristics, lifestyle and the physical, social and economic environment that influence health and wellbeing outcomes.

Figure 7: Determinants of health



Source: State of Victoria¹⁸

17 World Health Organization (WHO) 2016. What are the social determinants of health? Accessed 16 March 2020 http://www.who.int/social_determinants/sdh_definition/en/

18 State of Victoria 2019. Victorian public health and wellbeing plan 2019–2023. Accessed November 2020 <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorian-public-health-wellbeing-plan-2019-2023>

Disadvantage Across Suburbs

The Socio-Economic Indexes for Areas (SEIFA) is an Australian Bureau of Statistics (ABS) tool which uses Census data to measure disadvantage.

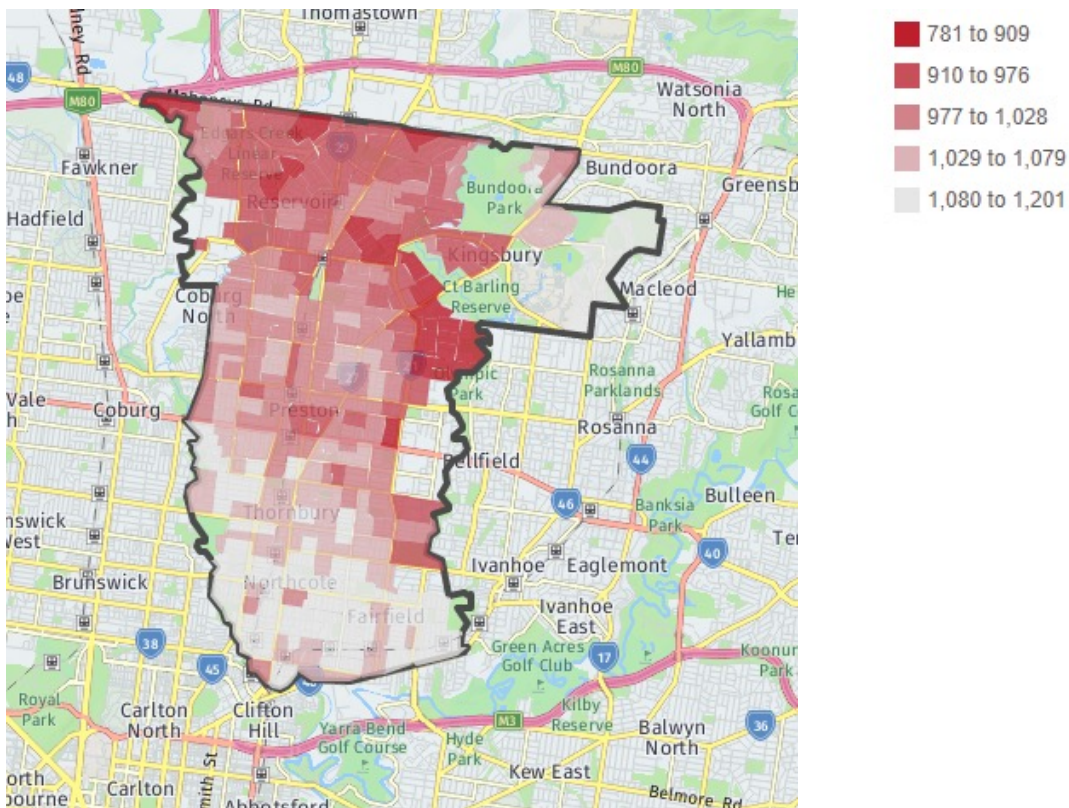
The ABS broadly defines relative socio-economic advantage and disadvantage as the access that individuals have to material and social resources, and their ability to participate in society.

SEIFA indexes provides a good starting point to understand the relative level of disadvantage in one area compared to others.

However, it is important to also recognise other underlying characteristics that shed more light on the type of disadvantage being experienced in a particular area.

The Index of Relative Socio-economic Disadvantage (IRSD) is a general socio-economic index that summarises a range of information about the economic and social conditions of people and households within an area. Unlike other Socio-Economic indexes for areas, this index includes only measures of relative disadvantage. There are large pockets of disadvantage in Darebin (see Figure 8a).

Figure 8a: Darebin Index of Relative Socio-economic Disadvantage (IRSD)



Source: Australian Bureau of Statistics (ABS) 2016, compiled by .id consulting

The 'south to north distribution of disadvantage' describes the trend that disadvantage increases as you travel further north in the City of Darebin.

In part, this trend is linked to the process of gentrification impacting housing affordability and the 'pricing out' of residents and communities, as well as growing social, health and economic inequalities. Therefore, the suburbs in the south of the municipality generally have a higher SEIFA, compared to the suburbs in the north of the municipality.

Macleod/Gresswell Hill area just east of La Trobe University is an enclave of high socio-economic characteristics in the north, quite different from the rest of Darebin.

In 2016, Darebin had an overall SEIFA IRSD score of 1,004. Table 3 shows that Reservoir (Oakhill, Merrilands, Cheddar, Edwardes Lake), Kingsbury and Preston (East) are Darebin's most disadvantaged suburbs. There is a large disparity in the SEIFA indexes of these suburbs and Alphington, which is the least disadvantaged suburb in Darebin.

Table 5:
IRSD score, Darebin, Northern Region¹⁹, Greater Melbourne²⁰ and Victoria

Area	Index of Relative Socio-economic Disadvantage Score
Alphington	1,088.9
Bundoora-Macleod	1,055.7
Fairfield	1,064.2
Kingsbury	938.4
Northcote (East)	1,065.1
Northcote (West)	1,063.4
Preston (East)	971.0
Preston (West)	1,024.4
Reservoir (Cheddar)	946.0
Reservoir (Edwardes Lake)	982.7
Reservoir (Merrilands)	941.2
Reservoir (Oakhill)	935.7
Thornbury (East)	1,026.2
Thornbury (West)	1,055.3
City of Darebin	1,004.0
Northern Region	1,006.6
Greater Melbourne	1,021.0
Victoria	1,010.0

Source: Australian Bureau of Statistics (ABS) 2016, compiled by .id consulting

19 Northern Region refers to the LGA's of Banyule, Darebin, Hume, Moreland, Nillumbik, Whittlesea and Yarra

20 Greater Melbourne is the geography applied to the 2016 Census to describe metropolitan Melbourne

Parts of Preston and large areas of Reservoir remain very disadvantaged and have a high proportion of low-income households.

Two particularly disadvantaged neighbourhoods fall between the suburbs defined by the ABS as Preston (East) and Reservoir (Oakhill). Neither of these neighbourhoods fit neatly into ABS's Statistical Area Level 2 (SA2) but are represented by the dark areas between Preston (East) and Reservoir (Oakhill) (see Figure 8b).

The Preston (East) neighbourhood includes the area known as the 'Northland Activity Centre'. This area has the lowest SEIFA index in Darebin (840.5) and is ranked among the lowest in the country (fourth percentile). This indicates that approximately 96% of profile areas in Australia have a SEIFA score that is higher than this profile area.

Council and the ABS at times use different place names for neighbourhoods within the City of Darebin's suburbs. For the purpose of this Profile, references to Reservoir (East), a term used by Council but not by the ABS, relates to the area of disadvantage adjacent to the suburb of Kingsbury.

Council uses the term Preston East to refer to a different area designated by the ABS. The ABS uses Preston (East) to denote the large outlined suburb in Figure 8b, while Council uses the name Preston (East) to refer to the area of disadvantage that spans across the Preston (East) and Reservoir (Oakhill) areas, from Tyler Street to Plenty Road.

The Index of Index of Relative Socio-Economic Advantage and Disadvantage (IRSAD) contains indicators of disadvantage (Table 3) as well as additional indicators of advantage (e.g. professional occupations, high income, higher education levels, larger houses).

Council prioritises its community development work in the Council-termed neighbourhoods of Reservoir (East) and Preston (East), because communities in these areas experience some of the greatest health and wellbeing disparities in the municipality.

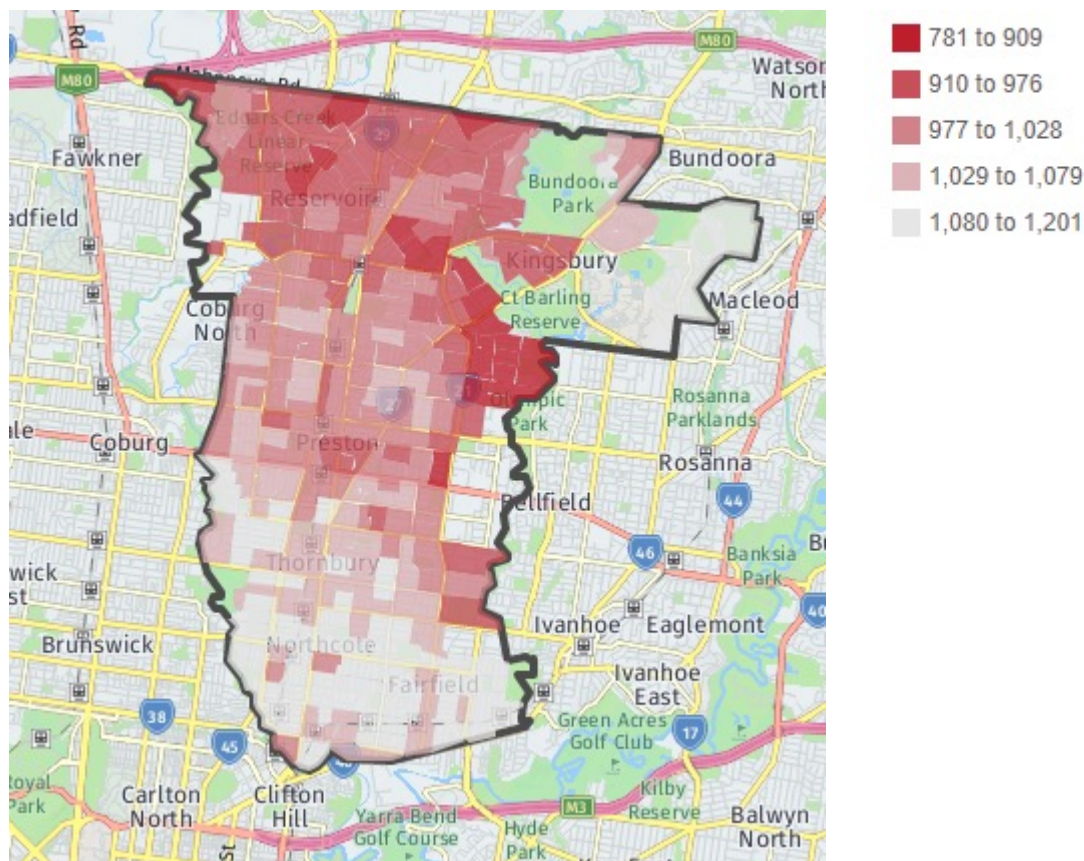
The disadvantage in Reservoir (East) has long been recognised: the area took part in the Victorian Government's Community Renewal Program for disadvantaged neighbourhoods from 2005-2013.

In 2015, Council conducted a community survey in Preston (East) and Reservoir (East) that focused on indicators of the social determinants of health. Of 1,875 households, 401 participated in the survey. A clear social gradient was identified across several health and wellbeing indicators when compared to other neighbourhoods in Darebin, the municipality as a whole and Victorian averages²¹.

In addition, residents of disadvantaged neighbourhoods often report lower perceptions of community safety. A survey conducted in 2015 (see Appendix 3) showed that the percentage of residents in Preston (East) and Reservoir (East) who felt safe walking alone during the day were 93.5% and 88.2% respectively.

21 The Victorian Health Promotion Foundation 2016. Darebin LGA Profile, VicHealth Indicators Survey 2015 Results. Accessed 6 July 2021. https://www.vichealth.vic.gov.au/-/media/VHIndicators/Middle-metro/Vic161_Darebin_indicator_v5.pdf?la=en&hash=0097B53460FE9A149D39A2820A96460DBDE7BE3D

Figure 8b: Darebin SEIFA IRSAD map



Source: Australian Bureau of Statistics (ABS) 2016, compiled by .id consulting

This was lower than the Darebin average of 95.9%. The percentage of residents who felt safe walking alone during the night in Reservoir (East) was 36.5%. This was significantly lower than the averages for both Darebin and Preston (East), which both scored 60.9%.

When people have lower perceptions of safety in their neighbourhoods, social connections and interactions are reduced and they may experience higher levels of anxiety. This can increase the risk of social exclusion and mental illness.²²

Social connection is important for the health and wellbeing of the community and exclusion can compound experiences of disadvantage.

The survey found that residents in both Preston (East) and Reservoir (East) scored poorly on social connectedness. Respondents in Preston (East) were more likely to have less time for friends and family than those in Reservoir (East) and reported sharing fewer meals with family per week.

22 Cubbin, C, Pedregon, V, Egerter, S & Braveman, P. 2008, 'Where we live matters for our health: Neighborhoods and health', Issue brief 3: Neighbourhoods and health, Robert Wood Johnson Foundation, San Francisco.

Residents in both Preston (East) and Reservoir (East) also produced lower scores, when asked if they felt valued by society, which could reduce the desire to reach out for social connection.

Residents in disadvantaged neighbourhoods are more likely to engage in risky health behaviours such as alcohol use and smoking, demonstrate more sedentary behaviour and consume more sugary drinks:

- Reservoir (East) had a higher percentage of people who purchased alcohol in the last seven days (41.7%) compared to the Darebin average (35.1%).
- Preston (East) had a larger percentage of current smokers (30.1%) than Darebin (23.9%) and Victoria (15.7%).
- Adults in Reservoir (East) reported sitting for more than seven hours per day (43.8%), which was higher than the Darebin average (40.2%).
- Preston (East) adults reported consuming higher levels of sugary drinks (19.4%) than the Darebin average (14.9%).

The areas of Reservoir (East) and Preston (East) showed less favourable outcomes for health indicators compared to Darebin overall, highlighting that a social gradient of health exists within Darebin. This will be explored further throughout the Profile.

Disadvantage is highly, but not completely, correlated with density of social housing. While this is strong in Preston (East), the northern parts of Reservoir are disadvantaged with very little public housing, due to factors relating to age and poor English proficiency.

Housing Tenure and Affordability

Housing tenure and affordability are critical in influencing health and wellbeing outcomes. For example, adequate housing is protective for an individual's physical and mental health. This is because homes that are safe and free from physical hazards protect individuals and families from harmful exposures and provide a sense of privacy and security, resulting in better health and wellbeing outcomes for individuals.²³

The Darebin Housing Strategy 2013-2032²⁴ guide outlines how land use planning and development for housing is undertaken across Darebin.

The Strategy identifies land use planning actions designed to ensure that housing developments meet the needs and aspirations of existing and future communities and deliver on Council's vision and strategy.

Darebin has one of the highest percentages of social housing dwellings in Victoria. Figure 9 shows the distribution of social housing in Darebin. In this context, the term 'social housing' includes public housing (managed by the State Government) and community housing (managed by not-for-profit organisations).

Figure 9 shows a cluster of social housing in Reservoir (Oakhill). These clusters of social housing are in the Council termed Preston (East) and Reservoir (East) neighbourhoods.

It should be noted that the areas of social housing overlap with some of the areas that have lower SEIFA scores.

At the time of the 2016 Census, there were 58,417 households in Darebin. Of these, 28.7% were purchased or fully owned, 31.5% were rented and 4.3% were social housing. 26% of households had single occupants, 27.1% comprised a couple and children, 21.9% were couples (no children), 9.1% were single-parent families, 9% were lone older adults, and 7.6% were group/share houses.

Table 6 shows the changes in housing tenure since the 2011 census.

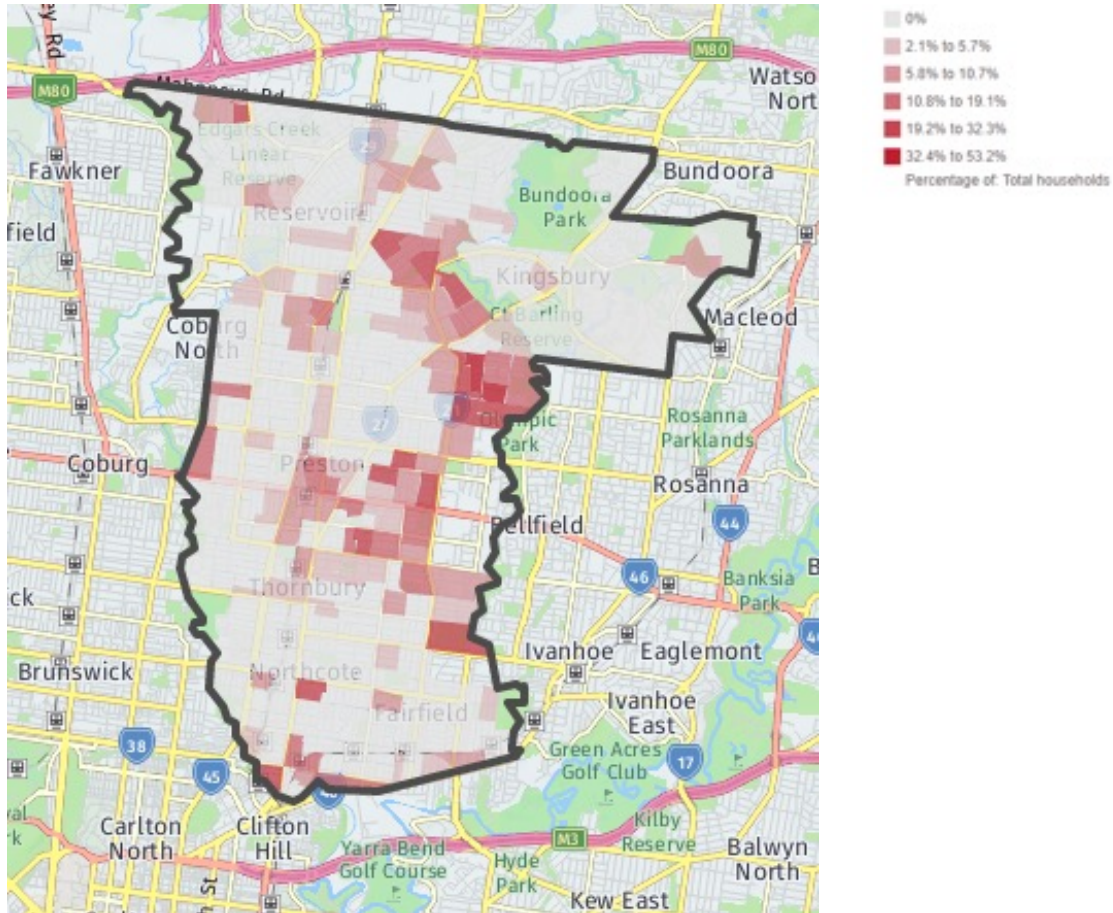
Between 2011 and 2016, there was a slight decline in the number of purchased or fully owned households (-3%) and in social housing (-0.5%) accompanied by an increase in the number of rental households (3%). Fewer people owned their home outright and more people were renting, although there was a decline in people renting social housing.

Figure 10 illustrates the percentage of Darebin rental properties that were affordable for a family (two adults and children) receiving Centrelink income support compared to the Metropolitan Melbourne average.

23 VicHealth. 2011. Housing and Health Research Summary. Accessed 16 March 2020 <https://www.vichealth.vic.gov.au/media-and-resources/publications/housing-and-health-research-summary>; Johnson, R., Craig P., Susan E., Tabashir S., Mercedes D. and Paula B. (2008). Where We Live Matters for Our Health: The Links Between Housing and Health. Accessed 16 March 2020 <http://www.commissiononhealth.org/PDF/e6244e9e-f630-4285-9ad7-16016dd7e493/Issue%20Brief%20%20Sept%2008%20-%20Housing%20and%20Health.pdf> Viewed on 12 July 2020

24 Darebin City Council. 2013. Darebin Housing Strategy 2013-2032. Accessed 5 September 2020 www.darebin.vic.gov.au

Figure 9: Map of Households Renting Social Housing in Darebin, 2016



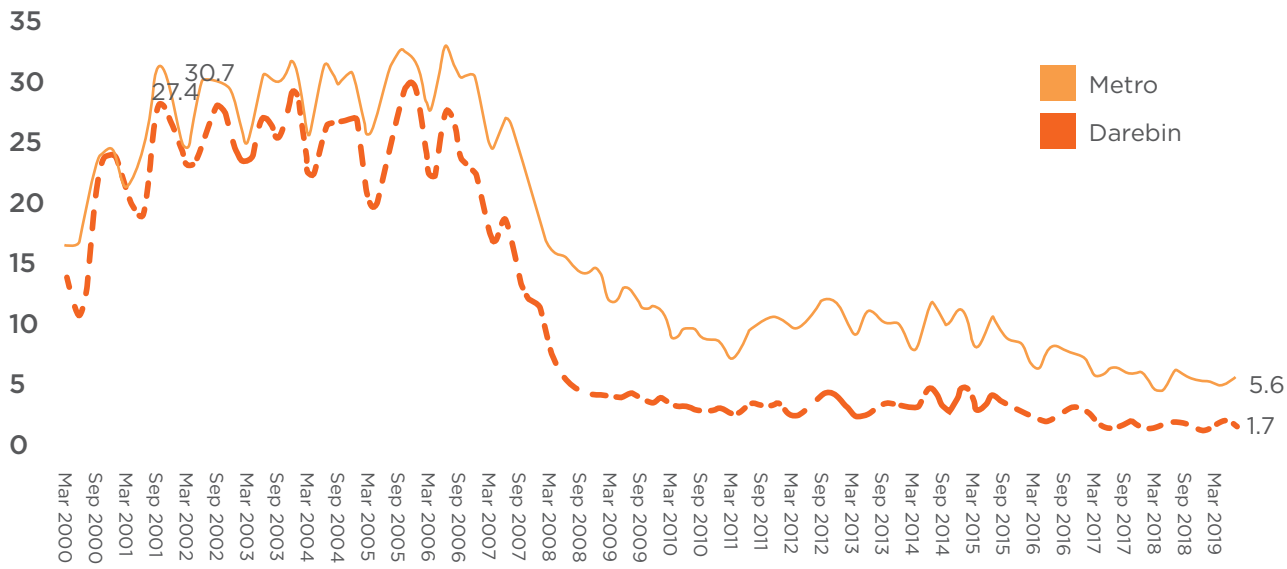
Source: .id consulting

Table 6 Housing trends 2016 (compared with 2011)

Trend	City of Darebin			Victoria		
% Full Home Ownership	28.7%	▼	(-3.1%)	30.7%	▼	(-2.3%)
% Mortgage	26.0%	▼	(-0.7%)	33.5%	▼	(-1.0%)
% Renters	36.3%	▲	(+2.4%)	27.5%	▲	(+1.6%)
Medium and High Density Housing	41.8%	▲	(+7.4%)	26.8%	▲	(+3.4%)
Unoccupied Dwellings	8%	▲	(-1.0%)	11.0%	◄	(+0.2%)

Source: Australian Bureau of Statistics (ABS) 2016, compiled by .id consulting

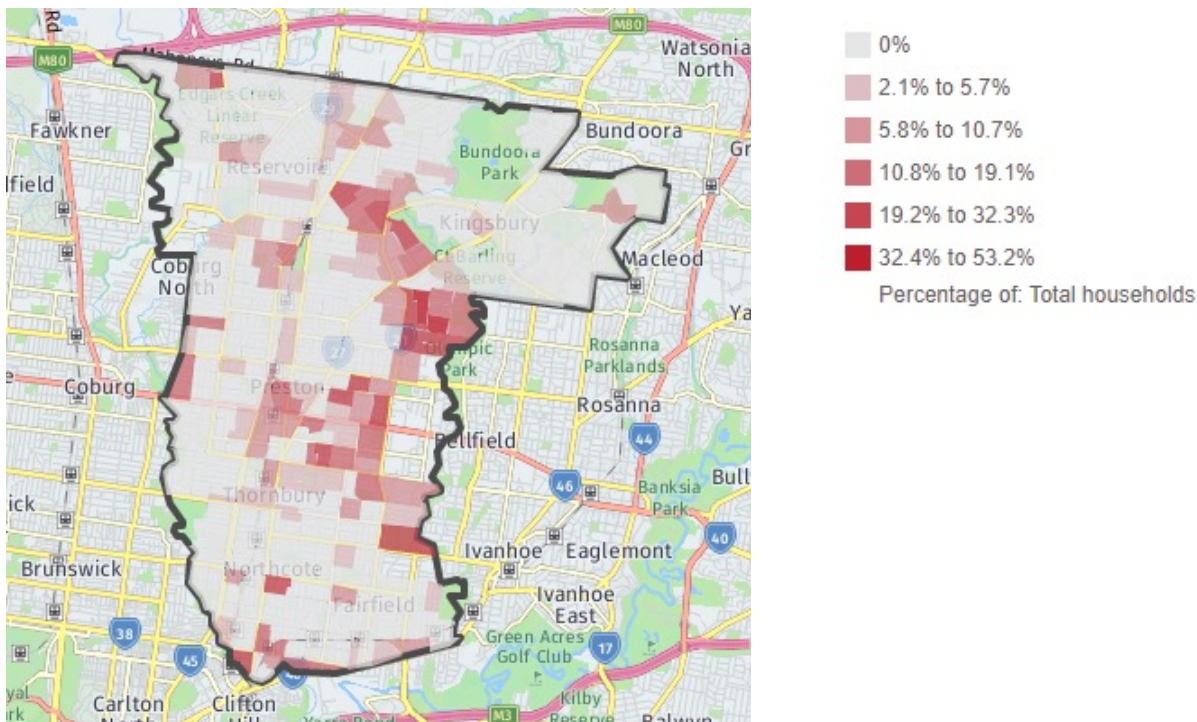
Figure 10: Affordability of rental properties in Darebin and Metropolitan Melbourne, 2000-2019



Source: City of Greater Dandenong²⁵

In March 2019, only 1.7% of the available rental stock in Darebin was available to this cohort, which was below the Metropolitan Melbourne average of 5.6%. Since the trend in Darebin is a reduction in fully owned households and an increase in rentals, the increase in demand is excluding community members who are reliant on income assistance. The reduction in social housing stock and lengthy public housing waiting lists may also contribute to the housing instability experienced by these communities.

Figure 11: Social housing in Darebin 2016



Source: .id consulting

²⁵ City of Greater Dandenong 2020. Statistical Data for Victorian Communities. Accessed 2 December 2020 <https://www.greaterdandenong.vic.gov.au/social-statistics-housing>

Housing Stress

The National Centre for Social and Economic Modelling defines 'housing stress' according to the 30:40 indicator. Households in the lowest 40% of incomes who are paying more than 30% of their usual gross weekly income on housing costs are in housing stress.

Housing costs can include rent, mortgage payments (principal and interest), rates, taxes, insurance, repairs and maintenance, and interest payments on loans for alterations and levies on strata-title dwellings.²⁶

Occupants of public housing are particularly vulnerable to the impacts of climate change.

Research by Sustainability Victoria shows that 45% of Victorians in public housing have had to leave their home because of extreme heat or cold²⁷.

Table 7 shows the number of households in Darebin that were experiencing household stress at the time of the 2016 census.

A total of 6,963 households were in housing stress in 2016, which was an increase of 810 households since the 2011 census.

Reservoir (Cheddar) and Preston (East) had the highest number of households in housing stress, while Kingsbury had the highest proportion of households in housing stress.

The Darebin average was larger than Greater Melbourne and Victorian averages. The groups most vulnerable to housing stress include those in private rental, low-income households and lone-person households.

26 Australian Housing and Urban Research Institute (AHURI) 2014, Understanding the 30:40 indicator of housing affordability stress. Accessed 22 May 2019 <https://www.olderrentants.org.au/content/housing-affordability-stress-understanding-the-3040-indicator>

27 McDonald D & Havens, C, 2021. Linking Climate Change and Health Impacts Social research exploring awareness among Victorians and our healthcare professionals of the health effects of climate change. Accessed June 2021 <https://assets.sustainability.vic.gov.au/susvic/Report-Linking-climate-change-and-health-impacts-Research-Snapshot-2020.pdf>

Table 7: Households in housing stress, Darebin, Northern Region, Greater Melbourne, Victoria and Australia 2016 (enumerated count)

Suburb	Number of households in housing stress	Total households	%
Alphington	89	1,211	7.3
Bundoora-Macleod	365	2,243	16.3
Fairfield	238	2,404	9.9
Kingsbury	240	1,366	17.6
Northcote (East)	463	6,008	7.7
Northcote (West)	298	3,981	7.5
Preston (East)	946	6,921	13.7
Preston (West)	721	6,350	11.4
Reservoir (Cheddar)	787	5,717	13.8
Reservoir (Edwardes Lake)	772	5,512	14.0
Reservoir (Merrilands)	346	3,543	9.8
Reservoir (Oakhill)	735	5,120	14.3
Thornbury (East)	523	4,615	11.3
Thornbury (West)	388	3,252	11.9
City of Darebin	6,963	58,417	11.9
Northern Melbourne	42,254	359,327	11.8
Greater Melbourne	195,262	1,664,554	11.7
Victoria	255,657	2,242,285	11.4
Australia	1,014,220	8,861,642	11.4

Source: Australian Bureau of Statistics (ABS) 2016, compiled by .id consulting

Unemployment

Unemployment is associated with an increased likelihood of morbidity and mortality for individuals.

The study found that unemployed people had increased risk of mortality as a result of diseases such as cardiovascular diseases or as a result of other external causes such as suicide. Individuals experiencing unemployment also had an increased risk of hospitalisation from alcohol-related causes.²⁸

In 2016, Darebin ranked 20th most advantaged local government area in Victoria on the SEIFA score for index of Advantage and Disadvantage. Table 8a show the social economic trends for Darebin.

Table 8a: Social-economic trends, 2016

Trend	Darebin City	Victoria
Median weekly individual income	\$650, +22%	\$644, +15%
Median weekly household income	\$1,420, +21%	\$1,417, +17%
Median weekly rental payment	\$339, +16%	\$325, +17%
Median weekly mortgage payment	\$450, +2.6%	\$399, +1.6%
SEIFA Index of Advantage/ Disadvantage	\$1,020	Ranked 20th most advantaged in Victoria in 2016 (42nd in 2011) - now a little above average - though SEIFA can't be directly compared

Source: Australian Bureau of Statistics (ABS) 2016, compiled by .id consulting

28 Lundin, A. 2011. Unemployment and mortality and morbidity- epidemiological studies. Accessed 10 December 2020 https://openarchive.ki.se/xmlui/bitstream/handle/10616/40759/Thesis_Andreas_Lundin.pdf?sequence=1&isAllowed=y

Since mid-March 2020, Victoria experienced extended lockdowns due to the COVID-19 pandemic.

During this period, non-essential services were shut down and trading restrictions were implemented. This has had a significant impact on the Australian labour market. It will take some time to have reliable local data to analyse how many residents lost their job as a result of COVID-19.

The most reliable data on unemployment is based on the 2016 population census. In 2016, approximately 5,479 Darebin residents were unemployed compared with 4,242 in 2011.

Suburbs with lower SEIFA scores had higher rates of unemployment than those with higher SEIFA scores. Preston (East) had the highest number of unemployed residents and Bundoora-Macleod had the highest proportion of unemployed residents, which was also the case in 2011.

Unemployment rates have increased in Darebin between December 2019 and December 2020. The rate of unemployment is higher for both periods in comparison to Greater Melbourne, Victoria and Australia. Table 8b and 8c shows the unemployment data for Darebin.

Table 8b: Unemployment in Darebin, Greater Melbourne, Victoria and Australia, comparisons from December 2019 to December 2020

Area	Unemployed people Dec 2019	Unemployed people Dec 2020	Unemployment rate 2019 %	Unemployment rate 2020 %
City of Darebin	4,780	6,848	5.1	7.2
Greater Melbourne	-	-	4.9	6.9
Victoria	-	-	4.7	6.5
Australia	-	-	5.2	6.5

Source: Australian Bureau of Statistics (ABS) 2016, compiled by .id consulting

Table 8c: Employment status in Darebin, Northern Region, Greater Melbourne, Victoria and Australia 2016

Suburb	Employed %	Employed full-time %	Employed part-time %	Unemployed (Unemployment rate) %	Looking for full-time work %	Looking for part-time work %
Alphington	95.5	56.6	37.9	4.5	1.3	3.2
Bundoora-Macleod	86.9	45.9	38.1	13.1	3.0	10.1
Fairfield	94.2	58.3	34.4	5.8	2.9	2.9
Kingsbury	86.7	44.1	39.6	13.3	4.9	8.4
Northcote (East)	95.4	59.4	34.6	4.6	2.4	2.2
Northcote (West)	95.2	59.7	34.0	4.8	2.2	2.5
Preston (East)	91.9	54.7	35.3	8.1	4.6	3.5
Preston (West)	93.5	56.3	35.6	6.5	3.4	3.0
Reservoir (Cheddar)	91.2	56.1	33.2	8.8	5.3	3.5
Reservoir (Edwardes Lake)	92.0	57.7	32.4	8.0	4.5	3.5
Reservoir (Merrilands)	92.6	55.6	34.3	7.4	4.4	3.1
Reservoir (Oakhill)	91.2	53.2	35.7	8.8	4.6	4.2
Thornbury (East)	94.2	57.9	34.9	5.8	2.8	3.0
Thornbury (West)	95.1	56.5	37.4	4.9	2.4	2.5
City of Darebin	92.8	56.0	35.0	7.2	3.6	3.5
Northern Melbourne	93.2	57.9	33.5	6.8	3.6	3.1
Greater Melbourne	93.2	58.0	33.5	6.8	3.5	3.3
Victoria	93.4	57.0	34.6	6.6	3.5	3.1
Australia	93.1	57.7	33.7	6.9	3.9	3.0

Source: Australian Bureau of Statistics (ABS) 2016, compiled by .id consulting

The unemployment rates for youth aged 15-24 years showed that Bundoora-Macleod had the highest number of unemployed young people.

Bundoora-Macleod and Kingsbury had the highest proportions of unemployed young people, but it should be noted that these suburbs are close to La Trobe University and home to a large number of students.

Individuals and families reliant on income support are at risk of disadvantage.

Table 8d shows a snapshot of the type of Centrelink payment and the number of Darebin residents who accessed it in June 2019.²⁹

Table 8d: Centrelink payment types in Darebin, June 2019

Centrelink payment type	Number of Darebin residents
ABSTUDY (+ living allowance)	71
Age Pension	14,866
Carer allowance	4,281
Disability support pension	5,002
Low income card	2,685
Newstart allowance	3,915
Youth allowance (student, apprentice and other)	2,530
Commonwealth rent assistance	7,602

Source: City of Greater Dandenong

²⁹ City of Greater Dandenong 2020. Statistical Data for Victorian Communities viewed on 11th March 2021 Available <https://www.greaterdandenong.vic.gov.au/social-statistics-income>

Household income is another indicator of disadvantage and low socio-economic status. Table 5 shows the number of low-income households by suburb in Darebin. In 2016, the ABS classified a low-income household as earning less than \$650 per week.

Table 9: Low-income households, Darebin, Northern Region, Greater Melbourne, Victoria and Australia 2016 (enumerated count)

Suburb	Number of low-income households	Total households	%
Alphington	133	1,106	12.0
Bundoora-Macleod	383	2,035	18.8
Fairfield	343	2,261	15.2
Kingsbury	319	1,306	24.4
Northcote (East)	850	5,595	15.2
Northcote (West)	524	3,706	14.2
Preston (East)	1,371	6,390	21.5
Preston (West)	1,060	5,922	17.9
Reservoir (Cheddar)	1,255	5,279	23.8
Reservoir (Edwardes Lake)	997	5,213	19.1
Reservoir (Merrilands)	718	3,364	21.4
Reservoir (Oakhill)	1,277	4,789	26.7
Thornbury (East)	776	4,354	17.8
Thornbury (West)	492	3,088	15.9
City of Darebin	10,636	55,229	19.3
Northern Region	56,207	342,710	16.4
Greater Melbourne	264,804	1,589,875	16.7
Victoria	390,468	2,137,444	18.3
Australia	1,514,250	8,434,530	18.0

Source: Australian Bureau of Statistics (ABS) 2016, compiled by .id consulting

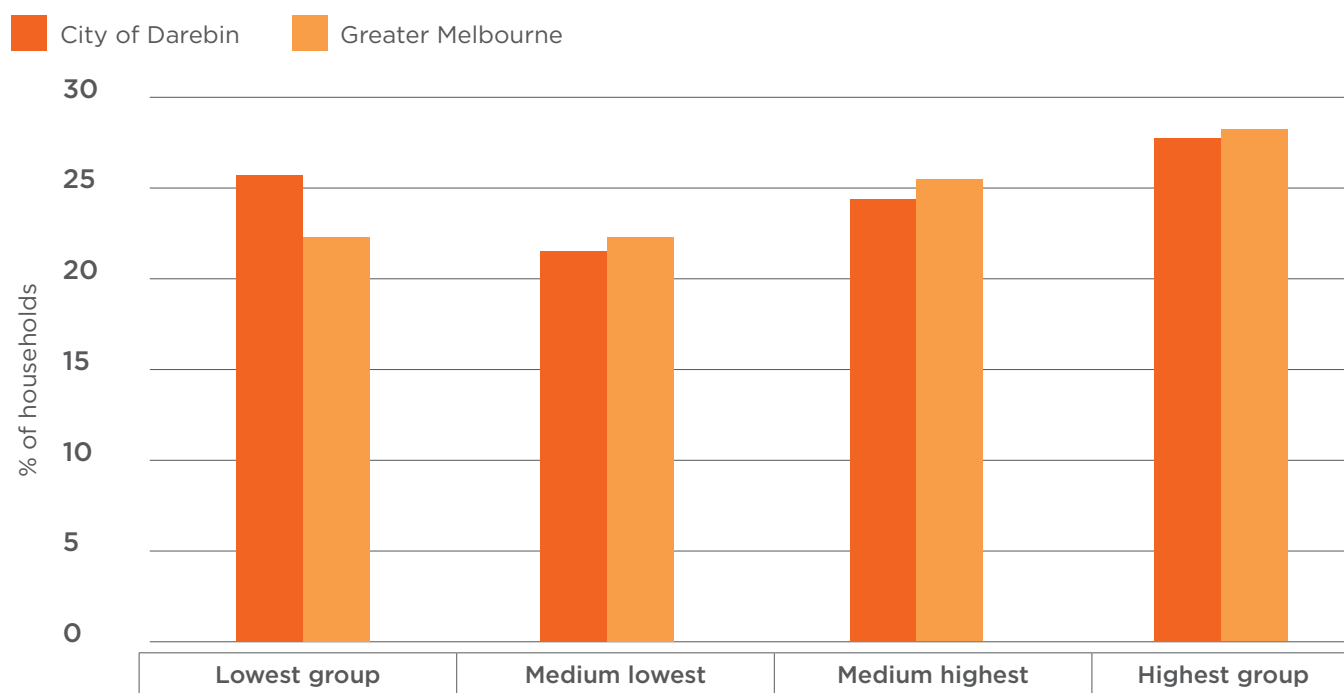
In 2016, 10,636 Darebin households had an income of less than \$650 per week. The highest proportion of these households was in Reservoir (Oakhill) at 26.7%. This area also has the highest proportion of social housing in Darebin (9.5%). Preston (East) had the highest number of low-income households in Darebin.

While household income is a useful measure, it is difficult to determine whether changes over time and between geographic areas are due to actual changes in income levels, or changes in household size and composition. For example, an increase in low-income households in an area could be due to job losses in key economic sectors, or to decreasing household sizes as adult children leave home.

Equivalised Household Income puts all households on an equal footing independent of household size and composition to enable a true comparison between areas over time. It is an indicator of the income resource available to a household of standard size and is the best measure of the changing economic fortunes of households in the City of Darebin.

Figure 12a shows the 2016 equivalised household income for Darebin and Greater Melbourne. Darebin has a larger proportion of houses in the 'lowest' quartile and a lesser proportion in the 'medium lowest' and 'medium highest' quartiles than Greater Melbourne.

Figure 12a: Equivalised household income quartiles, 2016



Source: Australian Bureau of Statistics, Census of Population and Housing, 2016 (Enumerated data). Compiled and presented by profile.id consulting

When compared to the 2011 census data (Figure 12b) it is evident that the largest change is an increase in the number of households the 'highest' group.

There is also a slight decline in the number of households in the 'lowest' group. This could be directly related to the gentrification of Darebin and does not necessarily indicate that there is less disadvantage.

While the proportion of households in the 'highest' group has increased from 2011, the households in the 'lowest' group remained relatively stable and accounted for approximately 25% of all households in Darebin.

In early 2020, the Federal Government introduced the JobKeeper Payment Scheme to support businesses significantly affected by Coronavirus.

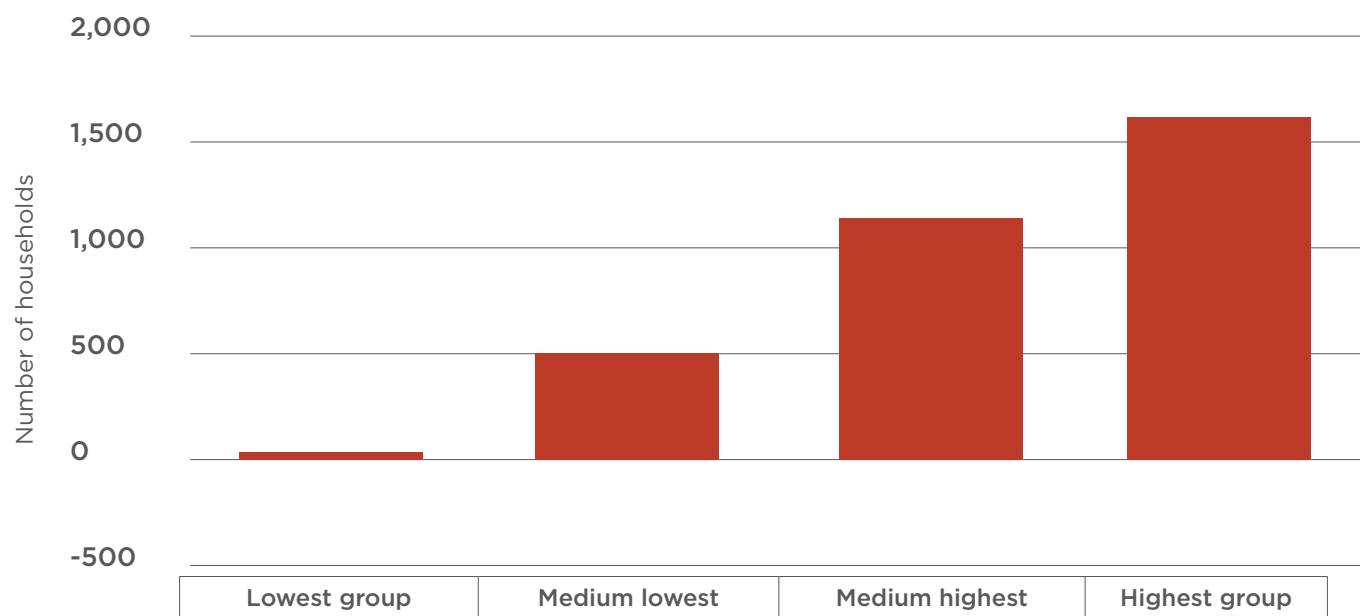
The scheme provided income support to employees who would have otherwise lost their jobs.³⁰

The Federal Government also increased the JobSeeker payment - the social security payment for individuals and households, received by those who are not working.³¹

In Darebin, 4329 people were seeking JobSeeker payment in March 2020, the number rose to 9816 by October 2020.³²

There is a clear correlation both pre-and-post pandemic, of higher rates of unemployment in lower socio-economic areas - but in relative terms the higher socio-economic areas have had a larger increase in JobSeeker recipients (see Figure 12c).

Figure 12b: Change in equivalised household income quartiles, 2011 to 2016



Source: Australian Bureau of Statistics, Census of Population and Housing, 2011 and 2016 (Enumerated data)
Compiled and presented by profile.id

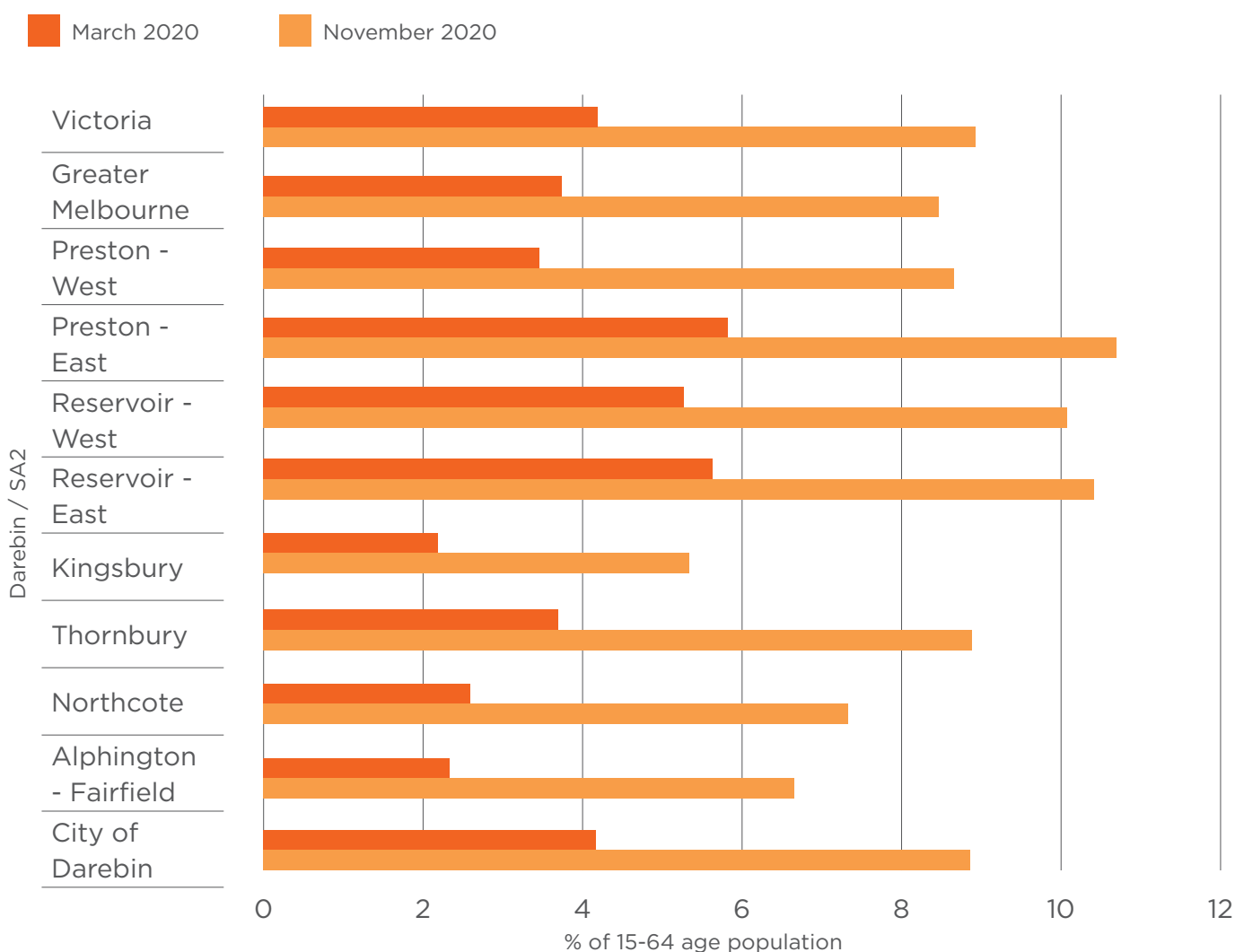
30 Australian Government. 2021. Jobkeeper payment. Accessed 25 March 2021 <https://business.gov.au/risk-management/emergency-management/coronavirus-information-and-support-for-business/jobkeeper-payment>

31 Australian Government 2021. Economic Response to the Coronavirus Increased income support. Accessed 25 March 2021 https://www.aihw.gov.au/getmedia/e864a7ae-b040-498a-90a0-c3f7236314e6/aihw-aus-236_Chapter-4.pdf.aspx

32 Australian Government 2020, Jobseeker payments and youth allowance. Accessed 25 March 2021 <https://data.gov.au/data/dataset/jobseeker-payment-and-youth-allowance-recipients-monthly-profile>

According to ABS, 5,667 organisations in Darebin started receiving the JobKeeper payments in early 2020. This number increased to 6,826 by August 2020.³³ A recent study suggest that these payments have contributed to significant reduction in poverty and housing stress among the Australian population.³⁴

Figure 12c: JobSeeker March-November 2020



Source: Department of Social Services – JobSeeker and Youth Allowance recipients - monthly profile via data.gov.au. Compiled by .id consulting

33 Australian Government (2020), The economic response to Coronavirus, Jobkeeper postcode data: Accessed 11 March 2021 <https://treasury.gov.au/coronavirus/jobkeeper/data>

34 Phillips, B., Gray, M. and Biddle, N. (2020). COVID-19 JobKeeper and JobSeeker Impacts on Poverty and Housing Stress Under Current and Alternative Economic and Policy Scenarios. *ANU Centre for Social Research & Methods*.

Homelessness

The number of people experiencing homelessness in Darebin is of growing concern. There are many different pathways into homelessness, but people who are socially or economically disadvantaged are more vulnerable, and homelessness is often a direct result of compounding disadvantage.

There are many risk factors that may lead to people experiencing homelessness, including a lack of suitable housing, financial issues, escaping family violence, mental or physical health problems or addiction.³⁵

Other reported pathways into homelessness include incarceration, release from psychiatric facilities, loss of public housing, living in insecure accommodation, such as rooming houses and loss of housing due to problem gambling.³⁶

The Australian Bureau of Statistics (ABS) defines homelessness as a lack of one or more of the elements that represent 'home'. These elements may include 'a sense of security, stability, privacy, safety and the ability to control living space'.

When a person does not have suitable accommodation alternatives, they are considered homeless if their current living arrangement:

- is in a dwelling that is inadequate;
- has no tenure, or if their initial tenure is short and not extendable; or
- does not allow them to have control of, and access to, space for social relations.

Homelessness is one of the most severe forms of disadvantage and social exclusion that a person can experience.

People experiencing homelessness are often excluded from participating in social, recreational, cultural and economic opportunities in their community. It is harder for people experiencing homelessness to engage in educational opportunities and they are more likely to be unemployed and to interact with the criminal justice system.³⁷

Health issues such as poor nutrition, poor dental health, mental health issues, chronic health conditions and substance misuse can be exacerbated by or be a consequence of homelessness.

Although a slightly larger number of people of all genders experience homelessness, it is a deeply gendered issue.

The Council to Homeless Persons reported in 2019 that 61% of clients needing homeless help were women.

Women are more financially at risk as they often earn less than men. Family violence also contributes to women becoming homeless, with 40% of women citing this as their reason for seeking homelessness assistance.³⁸

35 Council for Homeless Persons 2018, CHP analysis of AIHW, Specialist Homelessness Services Collection, 2017-18.
36 Nielssen OB, Stone, W, Jones, NM, Challis, S, Nielssen, A, Elliot, G, Burns, N, Rogoz, A, Cooper, L and Large, M 2018, 'Characteristics of people attending psychiatric clinics in inner Sydney homeless hostels', *Medical Journal of Australia*, 208(4), pp. 169-173.
37 Zaretzky, K, Flatau, P, Clear, A 2013, *The cost of homelessness and the net benefit of homeless programs: a national study*, Australian Housing and Urban Research Institute, Melbourne.
38 Council for Homeless Persons. 2018. CHP analysis of AIHW, Specialist Homelessness Services Collection, 2017-18.

There is evidence to suggest that women over the age of 55 are increasingly experiencing homelessness due to compounding experiences of discrimination and financial inequality over their lifetime.

Aboriginal and Torres Strait Islander women are overrepresented in this group, with one in four women accessing homeless help being Aboriginal or Torres Strait Islander.

In 2016, there were 966 people who experienced homelessness in Darebin (see Table 10).

A street count conducted by the Launch Housing Assertive Outreach team estimated that there are approximately 80 people sleeping rough in Darebin on any given night.

The vast majority of these people were living in supported accommodation for people experiencing homelessness.

It is important to note that the most ‘visible’ homelessness, those sleeping rough or in improvised dwellings, accounted for the smallest percentage of people experiencing homelessness.

People experiencing homelessness are by definition the most exposed to weather conditions and the social and economic problems caused by extreme weather and climate change and variability.³⁹

There is a growing field of evidence that people experiencing homelessness are disproportionately impacted by natural disasters due to factors such as exposure to the elements, lack of resources and services, as well as disenfranchisement, and stigma associated with homelessness, all while experiencing greater occurrences of environmental injustice.⁴⁰

Table 10: Homelessness in Darebin 2016

Accommodation type	Number
Persons living in improvised dwellings, tents, or sleeping out	6
Persons in supported accommodation for the homeless	436
Persons staying temporarily with other households	95
Persons living in boarding houses	125
Persons in other temporary lodgings	9
Persons living in severely crowded dwellings	295
All homeless persons	966

Source: Australian Bureau of Statistics (ABS) 2016, compiled by .id consulting

39 Kidd, S.A., Greco, S. & McKenzie, K. 2021. Global Climate Implications for Homelessness: A Scoping Review. *J Urban Health* 98: pp. 385-393.

40 Gibson, A. 2019 Climate Change for Individuals Experiencing Homelessness: Recommendations for Improving Policy, Research, and Services. *Environmental Justice* 12 (4): pp.159-163

Food Security and Emergency Relief

Food security is ‘the state in which all persons can obtain nutritionally adequate, culturally acceptable, safe foods through non-emergency sources’ (VicHealth 2005).

Lack of sufficient quantity of affordable and nutritious food has a negative impact on health and wellbeing outcomes.

While the majority of households in Darebin are food secure, there is consistently around 5% of households who have run out of food and not been able to buy more, worried about running out of food, or cut down the size of meals because there was not enough food at least once in a 12-month period.

This means that approximately 3,000 of Darebin’s 58,417 households experience food insecurity each year. Table 11 shows the percentage frequency of food security in Darebin.

The number of Darebin households which reported they had run out of food and not had enough money to buy more, were worried about running out of food, or cut the size of meals because there was not enough food every month is concerning.

These households are likely to be experiencing the compounding effects of disadvantage and require additional support.

Demand for emergency food relief is growing in Darebin. The Darebin Information Volunteer Resource Service (DIVRS) is a community organisation supported by Council to provide emergency relief to the Darebin community.

Table 11: Frequency of food security concerns in Darebin 2015

Situation	Every month (%)	Every few months (%)	Once or twice (%)	Never (%)
Run out of food and not had enough money to buy more	0.6	1.8	3.5	94.1
Worried about whether your food would run out before you get money to buy more	0.7	3.7	5.3	90.4
Cut the size of your meals or skipped meals because there wasn’t enough money to buy more food	0.3	1.1	5.7	92.9

Source: Darebin City Council⁴¹

41 Darebin City Council. 2015. Food and Nutrition Survey. Accessed 15 November 2020 www.darebin.vic.gov.au

DIVRS supports between 30 and 50 families per day seeking emergency relief. The 2019 Annual Community Survey conducted by DIVRS revealed that the community-ranked top three contributors to food insecurity were rent, utility bills and medical expenses.

There has been a significant increase in households that require emergency food relief as a result of COVID-19.

The impacts of climate change are likely to increase food and water insecurity and lead to increases in the cost of food, further compounding issues of food security for this cohort.⁴²

Backyard food production can significantly increase access to fresh, affordable and culturally appropriate produce, especially for low-income residents.

For those without access to home gardens to grow food, community gardens offer an opportunity to make food growing accessible.

Community gardens can also encourage the intergenerational and intercultural sharing of knowledge and skills, foster social connections and reduce social isolation.⁴³

Increasing opportunities for new community gardens in Darebin can therefore help to realise multiple outcomes relating to health and wellbeing in addition to food security.

42 Deloitte Insights - Climate Change 101 for Business Leaders. Accessed 4 June 2021 <https://www2.deloitte.com/global/en/insights/topics/strategy/economic-impact-climate-change.html>

43 Donati, K. & Rose, N. (2020). 'Every seed I plant is a wish for tomorrow' Findings and Action Agenda from the 2020 National Pandemic Gardening Survey. Melbourne, Victoria: Sustain: The Australian Food Network. Accessed 16 June 2021 https://sustain.org.au/media/documents/SUSTAIN_Pandemic-Gardening-Report_WEB.pdf

Education

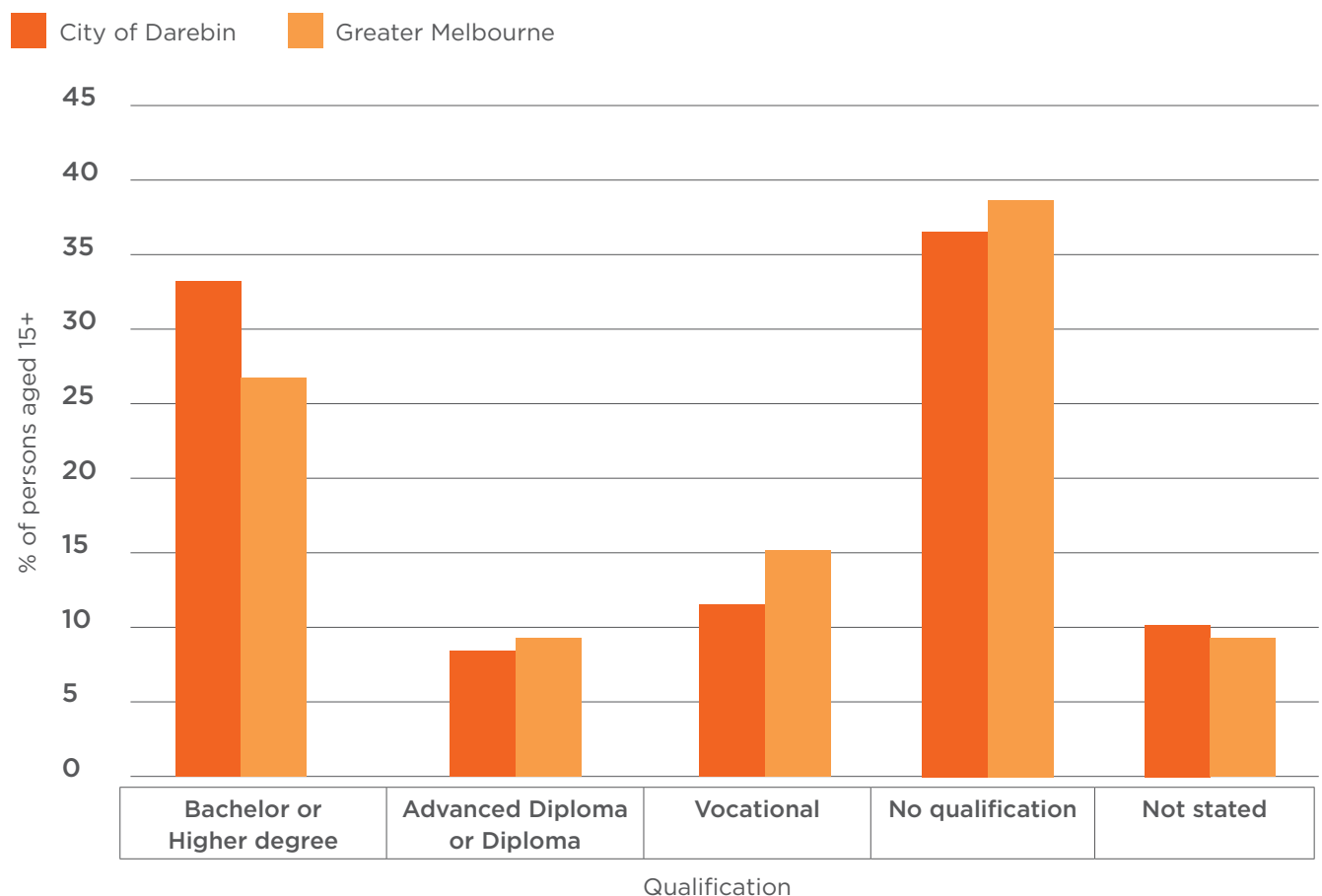
Education and participation in learning can influence the types of industries and occupations in which Darebin residents are employed. Figure 13a shows education qualification across Darebin.

Compared to Greater Melbourne, Darebin had a higher proportion of people holding formal qualifications (Bachelor or higher degree; Advanced Diploma or Diploma; or Vocational qualifications), and a lower proportion of people with no formal qualifications.

Overall, 52.7% of the population aged 15 and over in Darebin held educational qualifications, and 37.1% had no qualifications, compared with 52.2% and 38.6% respectively for Greater Melbourne.

The Darebin Library and Learning Strategy 2020-2024⁴⁴ guides Council's actions to provide a range of lifelong learning opportunities for local people. This improves social inclusion, community engagement, personal development and employability.

Figure 13a: Education Qualification



44 Darebin City Council. 2020. Darebin Library and Learning Strategy 2020-2024. Accessed 17 November 2020 www.darebin.vic.gov.au

Perceptions of Safety

Neighbourhoods which are perceived as safe foster community participation and encourage physical activity, and community connectedness. This contributes to better health and wellbeing outcomes for local residents and visitors. The 2020 Darebin Annual Community Survey reported that perception of safety in the public areas during the day has remained relatively stable since 2009 (see Figure 13b).

In addition, the Survey reported that:

- Perceptions of safety tend to decline with the respondents' age. Adolescents (aged 15-19 years) indicated they felt safer, scoring 9.10 out of 10, than middle-aged adults (aged 45-49 years), scoring 7.94 out of 10.
- Female respondents felt measurably and significantly (4.3%) less safe in the public areas of the municipality during the day than male respondents.*
- Respondents from multi-lingual households felt measurably (2.7%) less safe than respondents from English-speaking households.
- Respondents from households with a member with a disability felt somewhat, albeit not measurably, less safe than other respondents.
- According to the Survey, perceptions of safety in the public areas of the City of Darebin at night measurably declined in 2020. This is the lowest score for perceptions of safety in the public areas of the City of Darebin recorded in a decade (see Figure 14).

The Survey also noted that there was measurable and significant variation in the perception of safety in the public areas of the City of Darebin at night observed by respondent profile, with attention drawn to the following:

- Adolescents (aged 15 to 19 years) felt measurably safer than the average, whilst middle-aged adults (aged 45 to 59 years) felt measurably less safe.
- Women felt significantly (14.2%) less safe in the public areas of the municipality during the day than male respondents.
- Respondents from households with a member with a disability felt somewhat, albeit not measurably, less safe than other respondents.

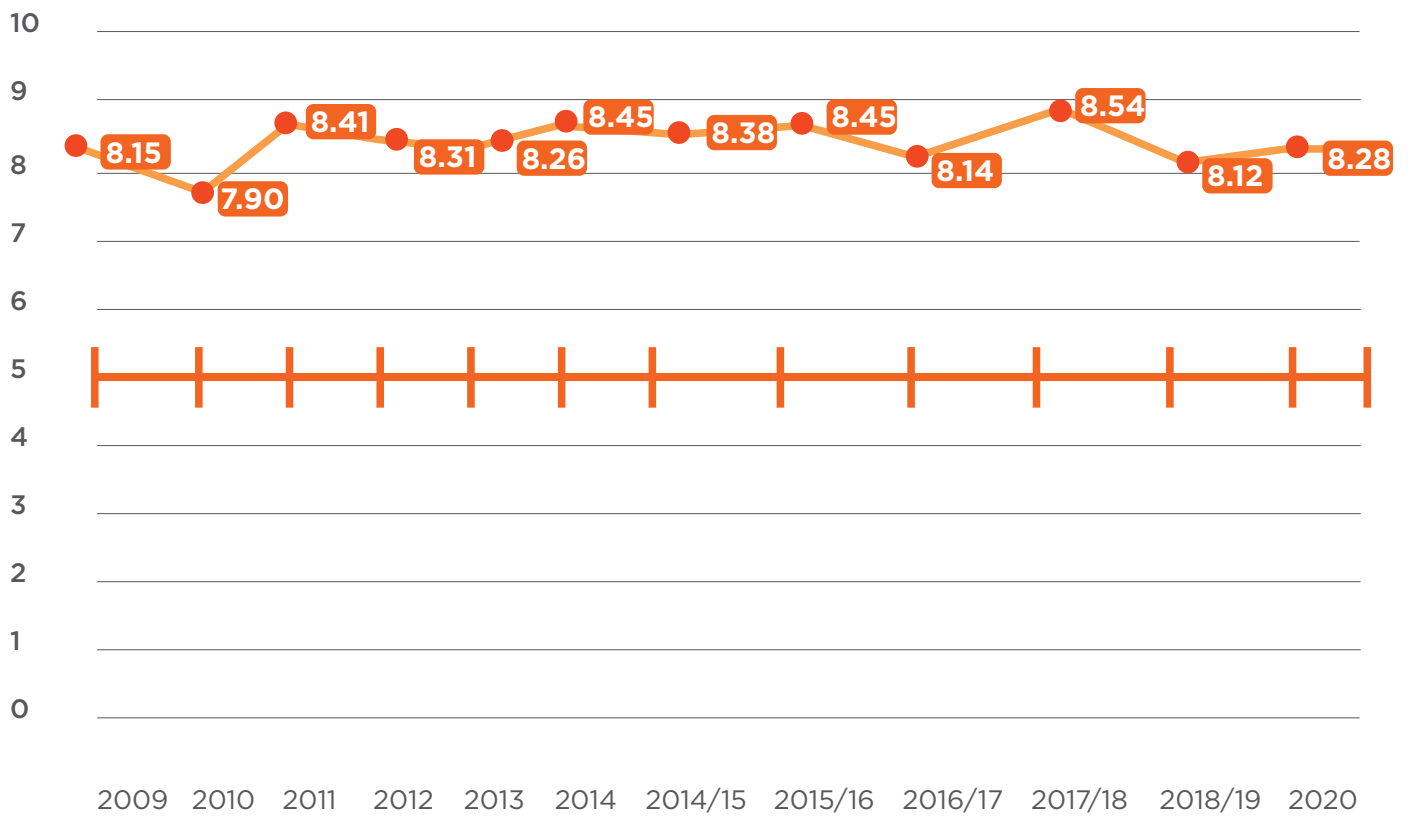
Finally, the survey noted that there was measurable and significant variation in the perception of safety in the public areas of the municipality at night observed across the municipality, as follows:

- Northcote – respondents felt measurably and significantly safer in public areas at night than the municipal average.
- Reservoir East – respondents felt measurably and significantly less safe in public areas at night than the municipal average.

*The Survey sample size was too small to show data about trans and gender-diverse people's perceptions of safety. An emerging body of research indicates that perceptions of safety for these cohorts is poorer than average.

Figure 13b: Perceptions of safety during the day

Safety in public areas of Darebin during the day
Darebin City Council - 2020 Annual Community Survey
scale from 0 (very unsafe) to 10 (very safe)

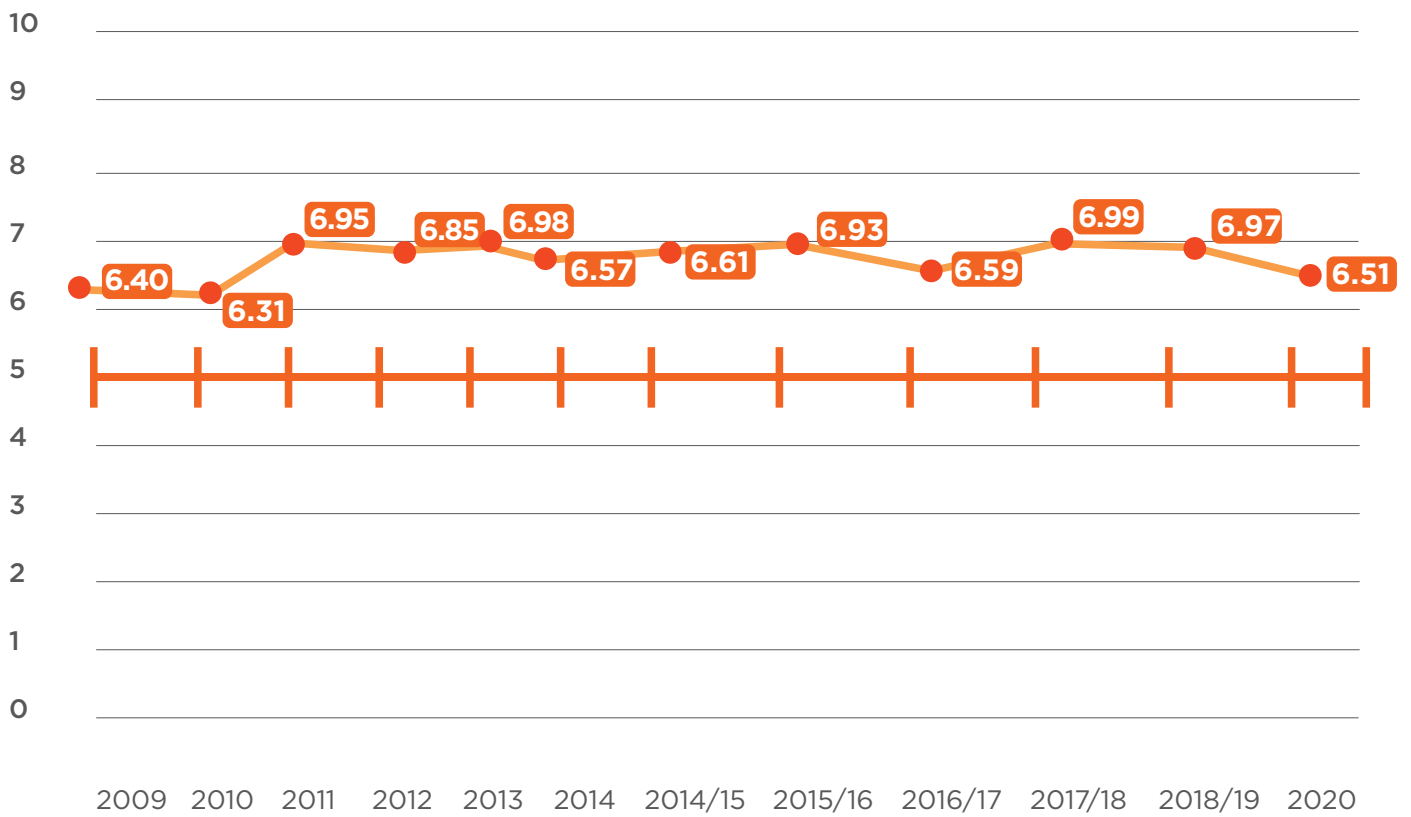


Source: Darebin City Council⁴⁵

45 Darebin City Council 2020. Annual Community Survey. Accessed 15 November 2020
<https://www.darebin.vic.gov.au/About-Council/Community-survey-and-awards/Community-survey>

Figure 14: Perceptions of safety at night

Safety in public areas of Darebin at night
Darebin City Council - 2020 Annual Community Survey
scale from 0 (very unsafe) to 10 (very safe)



Source: Darebin City Council⁴⁶

46 Darebin City Council 2020. Annual Community Survey. Accessed 15 November 2020
<http://www.darebin.vic.gov.au/en/Discover-Darebin/Darebin-Overview/Community-Satisfaction-Survey>

Gambling

In Darebin, gambling through Electronic Gaming Machines (EGMs) continues to be directly associated with the greatest harm to individuals, their families and the general community, with over \$80 million lost every year. Between 23 March 2020 and 10 November 2020—a period when pokies venues were closed due to COVID-19—the Darebin community saved approximately \$51 million from being spent on poker machines.⁴⁷

Table 12 shows how much money community members lost to pokies between July 2018 and June 2021.

Table 12: Gambling loss in Darebin between July 2018 and June 2021

Month	2021 / 2021			2019 / 2020			2018 / 2019		
	Loss (\$)	No. of Egms	No. of venues	Loss (\$)	No. of Egms	No. of venues	Loss (\$)	No. of Egms	No. of venues
Jul	-	0	0	6,735,639	744	12	7,675,768	738	12
Aug	-	0	0	7,050,338	744	12	7,490,612	743	12
Sep	-	0	0	6,697,325	744	12	6,917,211	744	12
Oct	-	0	0	6,765,747	743	12	6,869,215	744	12
Nov	2,950,392	733	12	6,611,147	744	12	6,839,956	744	12
Dec	7,442,628	740	12	6,497,950	744	12	7,216,881	744	12
Jan	7,472,953	740	12	6,421,432	744	12	6,195,777	744	12
Feb	5,524,480	738	12	6,036,500	743	12	6,123,031	744	12
Mar	7,383,967	742	12	4,126,219	743	12	6,704,323	738	12
Apr	6,818,664	743	12	-	0	0	6,284,091	744	12
May	6,098,337	736	12	-	0	0	6,619,053	744	12
Jun	-	0	0	-	0	0	6,640,191	744	12
Total	43,691,421			56,942,296			81,576,110		12

Victorian Commission for Gambling and Liquor Regulation⁴⁸

47 This figure is based on modelling done by the Alliance for Gambling Reform (AGR)

48 Victorian Commission for Gambling and Liquor Regulation. 2021. Current gaming expenditure by LGA - monthly. Accessed 1 July 2021 <https://www.vcglr.vic.gov.au/resources/data-and-research/gambling-data/gaming-expenditure-local-area>

Gambling on EGMs is widely considered a public health issue in Australia.

Besides losing money, pokie users are more likely to report poor health – self-reported poor health, severe psychological distress, past-year smoking, clinical alcohol abuse – and also more likely to report poor social capital.⁴⁹

An emerging body of research has also documented an association between gambling and family violence. For example, a recent study in Australia reported a statistically significant correlation between pokie machine density and police-recorded family violence rates.⁵⁰

The Darebin Electronic Gaming (EGM) Policy 2018-2022⁵¹ guides Councils actions in reducing harm caused by EGMs.

49 Victorian Responsible Gambling Foundation. 2014. The Victorian gambling study; a longitudinal study of gambling and health in Victoria 2008-2012. http://www.responsiblegambling.vic.gov.au/_data/assets/pdf_file/0008/10016/A-LONGITUDINAL-STUDY-OF-GAMBLING-AND-HEALTH-IN-VICTORIA-20082012.pdf

50 Markham, F., Doran, B. and Young, M. (2016). The relationship between electronic gaming machine accessibility and police-recorded domestic violence: A spatio-temporal analysis of 654 postcodes in Victoria, Australia, 2005-2014. *Social Science & Medicine* pp: 106-114.

51 Darebin City Council. 2018. Darebin Electronic Gaming Machine Policy and Action Plan 2018-2022. Accessed 16 November 2020 <http://www.darebin.vic.gov.au/>

Gender Inequality, Family Violence and Violence Against Women

Gender inequality is the root cause of violence against women.⁵²

Violence against women⁵³ is the biggest contributor to ill-health, disability and premature death in women aged 15-44 in Victoria.⁵⁴

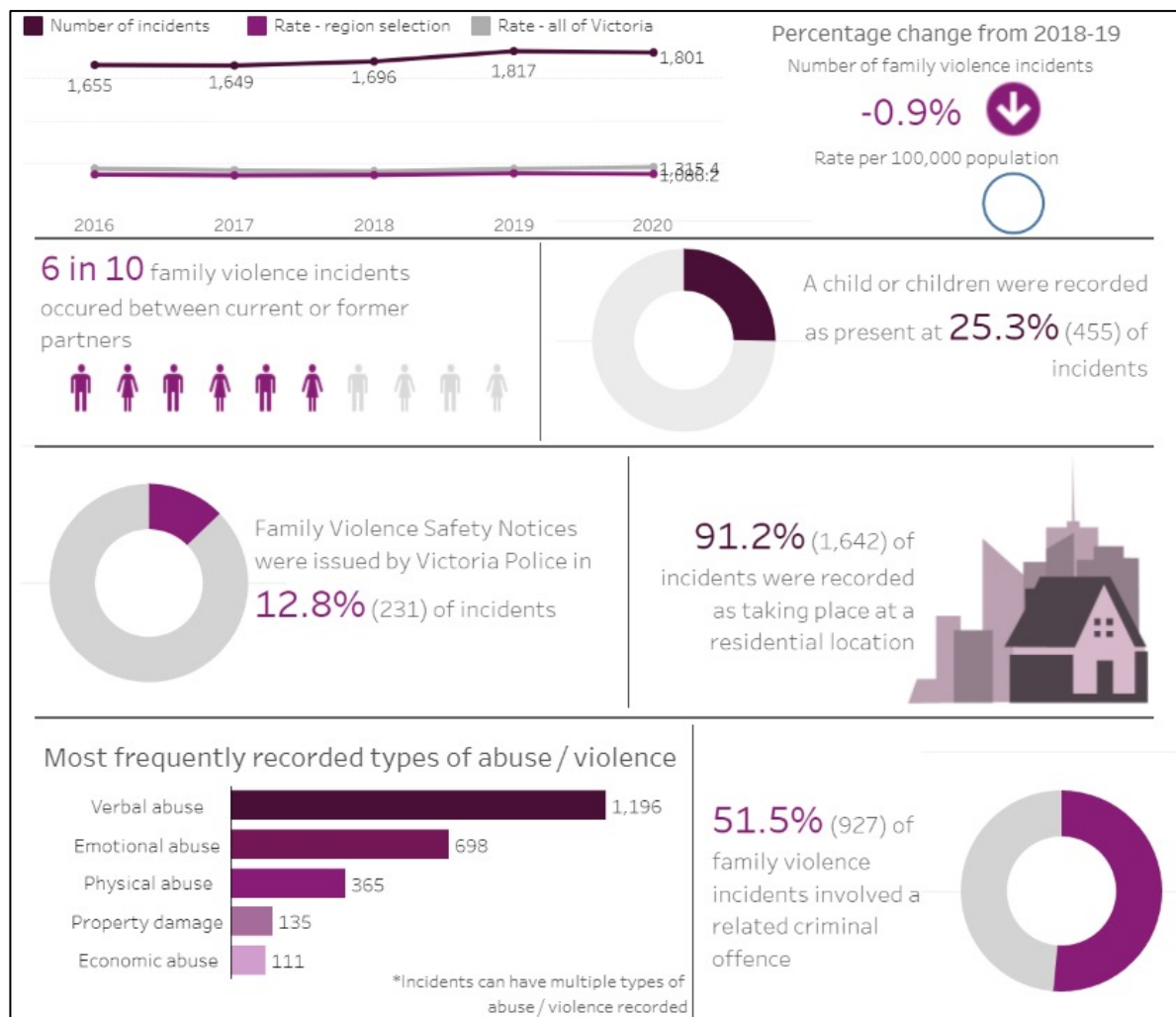
This has profound social, economic and health impacts on women, their families and society.⁵⁵

In addition, children who experience family violence⁵⁶ have poor health and wellbeing outcomes that affect their development and schooling.⁵⁷ Therefore, addressing gender inequality and preventing family violence, and violence against women is critical in promoting the health and wellbeing of women, their families and the community.

Figure 15 shows family violence incidents reports in Darebin.

- 52 Our Watch 2015. Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia. Accessed 10 October 2020 <https://www.ourwatch.org.au/what-we-do/national-primary-prevention-framework>
- 53 Any act of gender-based violence that results in, or is likely to result in physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. This includes, but is not limited to, "physical, sexual and psychological violence occurring in the family". (United Nations Declaration on the Elimination of Violence against Women)
- 54 VicHealth. 2004. The health costs of violence: Measuring the burden of disease caused by intimate partner violence. Melbourne: VicHealth.
- 55 VicHealth. 2011. Preventing Violence Against Women in Australia Research Summary: Addressing the social and economic determinants of mental and physical health. Accessed 20 May 2021 https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/PVAW/VH_VAW%20Research%20Summary_Nov2011.pdf?la=en&hash=92361D52E7501C26C90E75644DA3F7B8C1073DF7
- 56 a) Behaviour by a person towards a family member of that person if that behaviour: (i) is physically or sexually abusive; or (ii) is emotionally or psychologically abusive; or (iii) is economically abusive; or (iv) is threatening; or (v) is coercive; or (vi) in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person; or (b) Behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of, behaviour referred to in paragraph (a). (Victoria's *Family Violence Protection Act, 2008*).
- 57 Commonwealth of Australia. 2015. Children's exposure to domestic and family violence Key issues and responses. Accessed 19 November 2020 <https://aifs.gov.au/cfca/sites/default/files/publication-documents/cfca-36-children-exposure-fdv.pdf>; Monica Campo 2015: 'Children's exposure to domestic and family violence - Key issues and responses. Child Family Community Australia CFCA Practitioner Resource. CFCA Paper No. 36, December 2015, Australian Institute of Family Studies. Accessed 19 November 2020 <https://aifs.gov.au/cfca/publications/childrens-exposure-domestic-and-family-violence>

Figure 15: Police reported family violence incidents between 1 July 2019 to 30 June 2020



Source: Crime Statistics Agency**58

58 Crime Statistics Agency, 2020. Police reported family violence incidents occurring in Darebin. Accessed 19 November 2020 <https://www.crimestatistics.vic.gov.au/family-violence-data-portal>

The Darebin Gender Equity and Preventing Violence Against Women Action Plan 2019-2023⁵⁹ seeks to address the root causes of violence against women and improve gender equity.

It also seeks to address the social and cultural conditions that enable violence against women and all forms of gender-based violence to persist.

The Action Plan recognises that some groups of women experience multiple and intersecting forms of discrimination based on structural violence and entrenched practices of discrimination that can limit access to the family violence response system.

** Family violence is a vastly underreported crime. Of women who had experienced violence from a current partner, 39% had never sought advice or support and 80% had never contacted the police (Our Watch, 2015)⁶⁰.

Racism

Racial discrimination is considered as a key social determinant of health and key contributor to health inequities.

Several studies have linked racism with poorer health outcomes related to mental health with reduced access to healthcare and poorer patient experiences.⁶¹

In June 2019, the Victorian Equal Opportunity and Human Rights Commission created the Community Reporting Tool (CRT) – an online form through which people can report racism, discrimination, hate speech, religious vilification and breaches of their human rights.⁶²

Between June 2019-June 2020, 133 incidents of racism were reported by the CRT. Five of these reports came from Darebin. The CRT revealed the number of reports have tripled during the COVID-19 pandemic.

Approximately 64% incidents were reported in metropolitan locations. According to CRT, the highest proportion of incidents (23.8%) occurred at shopping centres.

Darebin City Council is working towards a racism-free Darebin where cultural diversity is valued, celebrated, respected, embraced, and leveraged.

Council's Towards Equality- Equity, Inclusion, and Human Rights Framework 2019-2029 provides an overarching framework towards Council's commitment towards anti-racism.⁶³

In addition, Council's website provides a link to the CRT to make reporting easier for Darebin community members.

59 Darebin City Council. 2019. Gender Equity and Preventing Violence Against Women Action Plan 2019-2023. Accessed 16 November 2020 <http://www.darebin.vic.gov.au/>

60 Our Watch, ANROWS, & VicHealth. (2015). Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia. Melbourne: Our Watch, Australia's National Research Organisation for Women's Safety, & VicHealth.

61 Stanley, J., Harris, R., and Cormack, D. et al. 2019. The impact of racism on the future health of adults: protocol for a prospective cohort study. BMC Public Health 19 pp: 1-10

62 Victorian Equal Opportunity and Human Rights Commission. 2020. Community Reporting Tool. Accessed 16 May 2021 <https://www.humanrights.vic.gov.au/get-help/community-reporting-tool/>

63 Darebin City Council 2020. Diversity. Accessed 15 May 2021 <https://www.darebin.vic.gov.au/Services-and-business/Multicultural-services-and-diversity/Our-commitment-to-equality/Gender-equity-in-the-early-years>

Discrimination Against the LGBTIQ+ Community

Discrimination due to sexuality and gender identity also has a significant impact on health and wellbeing.

Research from LGBTIQ Health Australia shows that a disproportionate number of LGBTIQ+ people experience poorer mental health outcomes and have higher risk of suicidal behaviours than their peers.

These health outcomes are directly related to experiences of stigma, prejudice, discrimination and abuse on the basis of being LGBTIQ+.⁶⁴

Council is committed to upholding and advocating for the rights, inclusion and wellbeing of LGBTIQ+ people and communities. Council is working towards equality for residents. Our aim is to strengthen the participation and rights of all in Darebin, regardless of sexuality, sex or gender identity.

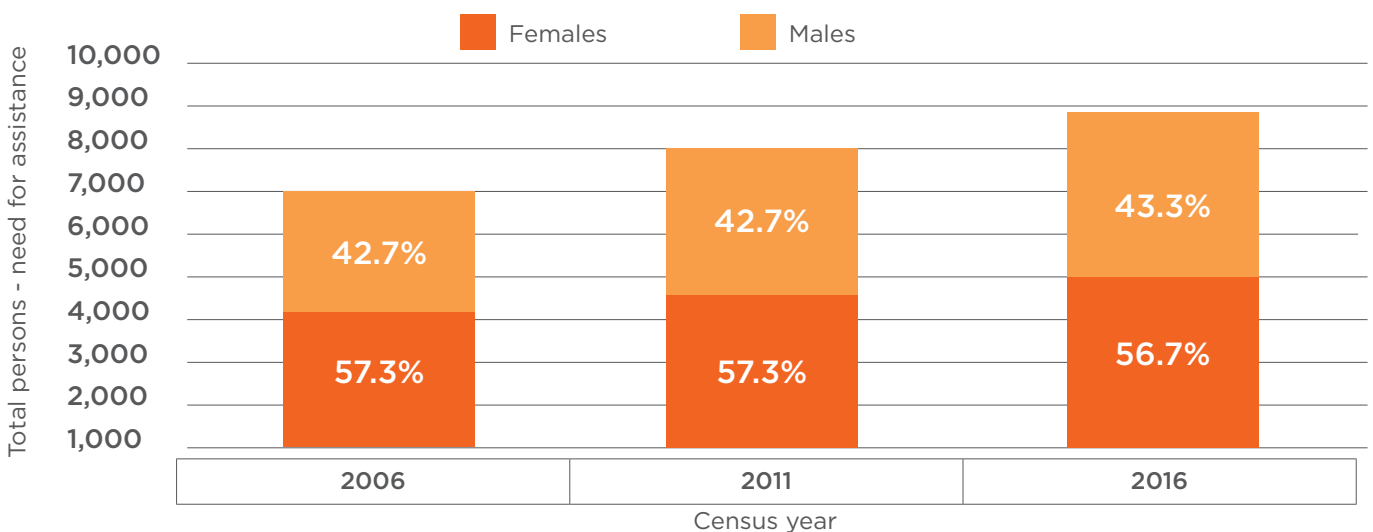
Disability

According to the Australian Census of Population and Housing,⁶⁵ approximately 8,774 people in Darebin reported needing help in their day-to-day lives due to a disability in 2016. This equates to 6.0% of the population.*

Both the total number and the proportion of people with disability have increased over the last 10 years. The number grew from 7,143 people in 2006 to 8,050 in 2011 and 8,774 in 2016.*

The proportion of the total population with disability increased, from 5.6% in 2006, to 5.9% in 2011 and 6.0% in 2016. The representation of females and males in these numbers has remained relatively similar over the years with more females in need of assistance than males (see Figure 16).

Figure 16: Total number of people with disability split by sex, Darebin, 2006-2016



Source: .id consulting

64 LGBTIQ+ Health Australia <https://www.lgbtiqhealth.org.au/statistics>

65 .id consulting 2020. Darebin City Council - Demographic analysis for the "Disability Access and Inclusion Plan"

*While the ABS Population Census 2016 is considered the most complete public dataset available on disability in the Australian population, it is considered to undercount the total number of people living with disability as it only considers those with severe disability. This figure (6%) only represents people with disability who have reported via the 2016 Census that they live with profound or severe core activity limitation.

According to the Survey of Disability, Ageing and Carers (2018), there are 4.4 million Australians with disability, or 17.7% of the population.

Table 13 shows distribution of people in need of assistance across Darebin suburbs. Changes at a local level can reveal that some areas have experienced more significant change than others.

The table indicates that the largest increases in the proportion of the population with a disability between 2006 and 2016 were in Thornbury (+1.1%), Reservoir (+0.9%), Kingsbury (+0.6%) and Fairfield (+0.4%).

Preston retained the same proportion of the population who identified as needing assistance due to disability in 2016 as in 2006 (5.7%) and three suburbs experienced declines in the proportion of people with disability - Alphington (-0.1%), Northcote (-0.2%), Bundoora and Macleod (-0.4%).

Some changes at the local level can be due to the opening or expansion of institutions for aged care or disability service providers.

Table 13: spatial distribution of people with a need for assistance

Suburb	2006 total	2006 % of pop	2016 total	2016 % of pop	Change 2006-2016	Change in 2006-2016
Alphington	116	4.2%	129	4.1%	13	-0.1%
Bundoora and Macleod	158	3.0%	200	2.6%	42	-0.4%
Fairfield	193	3.9%	243	4.3%	50	0.4%
Kingsbury	139	4.4%	184	5.0%	45	0.6%
Northcote	1,070	5.0%	1,179	4.8%	109	-0.2%
Preston	1,648	5.7%	1,898	5.7%	250	0.0%
Reservoir	3,009	6.7%	3,814	7.6%	805	0.9%
Thornbury	828	4.9%	1,117	6.0%	289	1.1%
Total-Darebin	7,143	5.6%	8,774	6.0%	1,631	0.4%

Source: Australian Bureau of Statistics, Census of Population and Housing, Compiled and presented by profile.id

Internet Access

Digital inclusion has been a key issue for many families and individuals experiencing disadvantage in Darebin.

According to the 2016 ABS population census, 16.9% of households in Darebin did not have any person (within the household) accessing the internet— either on a mobile or a home internet connection. This figure is higher above the Victorian average (see Table 14).

Using the internet has become an integral part of daily life. Now, more than ever, many people use the internet for a large range reasons including finding information, connecting with friends and family members, accessing health services, banking and paying bills or entertainment.

Consequently, people unable to access the internet experience digital disadvantage since they cannot perform online activities.

According to the Australian Digital Inclusion Index⁶⁶ the following groups of people are more likely to experience digital exclusion: people in households with a low income (particularly households with an annual income under \$35,000), those with mobile phone internet access only, older people, (particularly those aged 65+years), people with a low level of education (particularly those with less than secondary education), people living with disability, people not in the labour force, Aboriginal and Torres Strait Islander Australians, culturally and linguistically diverse migrants who have recently arrived in Australia, and people living in regional and country Victoria (compared to those living in Melbourne).

Darebin Council will continue working with its stakeholders to improve digital inclusion among the aforementioned population groups.

Table 14: Dwelling internet connection

Dwelling Internet Connection	Darebin (C)	%	Victoria	%
Internet not accessed from dwelling	9,227	16.9	287,506	13.6
Internet accessed from dwelling	43,886	80.2	1,768,050	83.7
Not stated	1,620	3.0	57,157	2.7

Source: Australian Bureau of Statistics (ABS) 2016, compiled by .id consulting

66 Thomas J, Barraket J, Wilson CK, Rennie E, Ewing S, MacDonald T. Measuring Australia's Digital Divide: The Australian Digital Inclusion Index 2019. RMIT University and Swinburne University of Technology for Telstra; 2019. Accessed 03 May 2020 <https://doi.org/10.25916/5d6478f373869>

Climate Change

Climate change has been linked to increased intensity and frequency of heatwaves, fires, flood events and solar radiation.⁶⁷

Globally, the number of weather-related natural disasters has more than tripled since the 1960s.⁶⁸

These weather conditions have potential to cause poor health outcomes for individuals. The current and expected health impacts of climate change include:

- Injury, illness or death due to extreme weather events, including bushfires, heatwaves, storms and floods;
- An increase in cardiovascular and respiratory diseases due to increased aeroallergens and air pollution;
- Food and water insecurity due to reduced crop yields and poor-quality water sources, resulting from changing weather patterns;
- An increase in vector-borne diseases (e.g. dengue fever), as a result of warmer weather and changing rainfall patterns; and
- Mental health impacts from extreme weather events and/or changing environments as well as their associated social and economic impacts.⁶⁹

In addition, system and power outages as a result of extreme weather events such as heatwaves, bushfires, storms or floods can impact access to emergency services, communications and transport, and cause food spoilage, water contamination and impact access to medications particularly where they require refrigeration.

Heatwaves can trigger heat strokes and dehydration in children, older people and people with chronic diseases.⁷⁰

The Climate Council of Australia has found that major heatwaves have caused more deaths since 1890 than bushfires, cyclones, earthquakes, floods and severe storms combined.⁷¹

67 Victoria State Government, Department of Environment, Land, Water and Planning.(2015). Climate-Ready Victoria: How climate change will affect the Greater Melbourne region and how you can be climate-ready. Accessed 20 February 2020

68 United Nations. 2018. UN Factsheet – climate change and health. Accessed 8 June 2021 <https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health>

69 Horsburgh, N., Armstrong, F. and Mulvenna, V. 2017. Framework for a National Strategy on Climate, Health and Well-being for Australia. Accessed 16 June 2021 https://www.caha.org.au/national_strategy_framework_launch

70 Bi P, Williams S, Loughnan M, Lloyd G, Hansen A, Kjellstrom T, Dear K, Saniotis A. 2011. The effects of extreme heat on human mortality and morbidity in Australia: implications for public health. *Asia Pac J Public Health*. Mar;23(2 Suppl):pp 27-36.

71 McDonald D & Havens, C. 2021. Linking Climate Change and Health Impacts Social research exploring awareness among Victorians and our healthcare professionals of the health effects of climate change. Accessed 4 June 2021 Available at <https://assets.sustainability.vic.gov.au/susvic/Report-Linking-climate-change-and-health-impacts-Research-Snapshot-2020.pdf>

A recent international study calculated that, 37% of warm-season heat-related deaths can be attributed to climate change.⁷²

In addition, the rise in extreme heat increases irritability and psychological stress. Hot weather amplifies the conditions leading to incidences of family violence, interrupts sleep patterns and reduces capacity and willingness to exercise. All carry broad ramifications, such as increased accident risk, sedentary lifestyle-induced diabetes and cardiovascular diseases.⁷³

The Recent *Feeling the Heat Report*⁷⁴ by VCOSS explores the impacts of extreme heat on Victorians and outlines the risk factors that exacerbate heat vulnerability.

It finds that those most at risk of heat-related impacts include:

- Older people
- People with chronic health conditions
- People with disabilities
- People from low income households or who live in public housing
- Recently-arrived refugees or asylum seekers, and those who aren't able to access health advice in their language

The Department of Environment, Land, Water and Planning identifies Preston and Reservoir and some of Melbourne most at-risk suburbs to heat vulnerability vegetation cover, land surface temperature and the urban heat vulnerability assessment.

The built environment also influences behaviours that encourage active living and physical exercises. Active travel, for example, increases physical activity and helps individuals to maintain better health.

Active transport also reduces noise and greenhouse gas emissions, and improves air quality, all of which lead to better health outcomes of a population.⁷⁵

The City of Darebin has a wealth of natural beauty in its parks, creeks and streetscapes, which make up over 790 hectares of public open space. This includes including local and district parks, nature reserves, creek corridors, community gardens, large regional parks and sporting reserves (see Figure 17).

72 Vicedo-Cabrera, A. M., N. Scovronick, F. Sera, D. Royé, R. Schneider, A. Tobias, C. Astrom, Y. Guo, Y. Honda, D. M. Hondula, R. Abrutzky, S. Tong, M. de Sousa Zanotti Stagliorio Coelho, P. H. Nascimento Saldiva, E. Lavigne, P. Matus Correa, N. Valdes Ortega, H. Kan, S. Osorio, J. Kyselý, A. Urban, H. Orru, E. Indermitte, J. J. K. Jaakkola, N. Rytí, M. Pascal, A. Schneider, K. Katsouyanni, E. Samoli, F. Mayvaneh, A. Entezari, P. Goodman, A. Zeka, P. Michelozzi, F. de'Donato, M. Hashizume, B. Alahmad, M. Hurtado Diaz, C. De La Cruz Valencia, A. Overcenco, D. Houthuijs, C. Ameling, S. Rao, F. Di Ruscio, G. Carrasco-Escobar, X. Seposo, S. Silva, J. Madureira, I. H. Holobaca, S. Fratianni, F. Acquaotta, H. Kim, W. Lee, C. Iniguez, B. Forsberg, M. S. Ragettli, Y. L. L. Guo, B. Y. Chen, S. Li, B. Armstrong, A. Aleman, A. Zanobetti, J. Schwartz, T. N. Dang, D. V. Dung, N. Gillett, A. Haines, M. Mengel, V. Huber and A. Gasparrini. 2021. The burden of heat-related mortality attributable to recent human-induced climate change *Nature climate change* 11: pp 492-500

73 HeatWatch Extreme heat in Western Sydney - The Australia Institute Mark Ogge Bill Browne Travis Hughes November 2018 available at <https://australiainstitute.org.au/wp-content/uploads/2020/12/Western-Sydney-Heatwatch-WEB.pdf> accessed 9 June 2021

74 Victorian Council of Social Services, 2021, Feeling the Heat. Accessed 16 June 2021 <https://vcoss.org.au/policylibrary/2021/06/feelingtheheat/>

75 Commonwealth of Australia. 2013. Walking, Riding and Access to Public Transport supporting active travel in Australian communities. Viewed on 16 June 2021. Accessed 16 June 2021 <https://www.linkplace.com.au/wrapt>

Figure 17: Existing open space network in Darebin



Source: Darebin City Council

Temperature data collected by Viewbank weather station (closest to Darebin) suggest that, over last two decades, the average maximum temperature of Darebin and surrounding areas have increased by approximately 1.5-degree Celsius (see figure 18).

Figure 18: Average maximum temperature data from Viewbank station

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Annual
1999											33.0	24.9	
2000	25.4	30.5	26.4	22.1	16.2	13.9	13.9	15.3	17.2	18.5	23.7	26.5	20.8
2001	30.3	29.7	25.2	20.6	16.8	15.3	14.2	15.0	18.8	18.6	20.6	21.6	20.6
2002	25.6	25.3	24.3	22.0	18.1	15.1	14.9	15.5	18.1	20.5	24.0	25.4	20.7
2003	28.3	27.0	24.3	20.8	18.2	14.6	14.1	14.2	16.5	16.9	23.3	27.1	20.4
2004	25.1	26.5	24.2	21.2	16.4	14.2	13.1	15.5	16.4	20.3	21.8	24.5	19.9
2005	27.0	23.8	23.5	24.1	18.0	15.8	14.3	15.6	17.5	20.9	24.0	27.4	21.0
2006	28.6	25.7	26.6	18.7	15.7	13.4	13.8	15.9	19.0	21.7	23.3	26.0	20.7
2007	28.4	30.5	25.9	22.9	19.1	13.1	13.1	16.4	18.2	21.6	25.1	27.1	21.8
2008	28.9	25.4	27.8	20.7	16.4	14.9	13.4	13.6	18.7	21.8	22.8	23.3	20.6
2009	29.6	28.4	24.5	20.5	17.2	14.7	14.4	16.1	17.9	19.6	27.8	25.9	21.4
2010	27.6	28.7	26.0	22.3	17.4	13.6	13.6	13.6	15.5	20.2	23.0	24.6	20.5
2011	26.5	24.9	22.9	20.5	15.4	14.8	13.8	16.4	18.5	20.3	23.8	24.9	20.2
2012	27.7	27.8	23.3	21.7	16.1	13.8	14.1	14.4	17.8	20.5	23.7	26.4	20.6
2013	28.6	30.2	27.4	20.8	17.6	14.5	15.1	15.6	19.5	19.0	21.8	25.0	21.3
2014	29.7	29.7	26.2	20.9	18.7	15.0	13.9	15.3	18.5	22.2	24.6	25.7	21.7
2015	27.3	28.6	23.9	19.7	16.8	13.9	12.8	13.7	17.3	25.2	24.2	29.8	21.1
2016	27.9	27.6	26.2	22.8	18.4	13.8	14.1	15.4	16.4	19.0	21.6	27.2	20.9
2017	28.1	26.9	28.6	21.0	17.0	14.4	14.4	14.5	17.6	21.6	27.2	26.3	21.5
2018	29.1	28.7	26.2	23.3	17.6	14.2	14.5	14.9	17.3	22.2	22.7	26.9	21.5
2019	31.4	28.0	26.6	22.7	17.8	14.8	14.3	14.0	17.8	21.8	22.8	26.9	21.6
2020	28.5	25.6	23.2	19.1	16.1	14.7	13.6	14.8	18.2	19.5	25.0	24.4	20.2
2021	27.0												

Source: Australian Bureau of Meteorology

Darebin Council's Breathing Space⁷⁶—The Darebin Open Space Strategy—provides the overarching framework and strategic direction for public open space in the City of Darebin.

The Strategy's vision is that the future of Darebin will be a green one with more and better open spaces that respond to the climate emergency.

The Strategy will contribute to better health and wellbeing health of Darebin residents, create better connected communities, and deliver a positive contribution to the character of neighbourhoods.

Council will also continue implementing the Darebin Climate Emergency Plan⁷⁷ which aims to:

- Provide maximum protection for the community of Darebin and for people, civilisation and species globally, especially the most vulnerable.
- Restore a safe climate at emergency speed by eliminating greenhouse gas emissions and enabling drawdown of excess carbon dioxide in the air.
- Encourage research to find safe ways to protect people, species and civilisation from near-term dangerous temperatures, while zero emission and carbon dioxide drawdown strategies are being enacted.
- Enable our community to be resilient in the face of any unavoidable dangerous climate impacts to engage, empower and mobilise governments, communities and organisations to take action on and achieve these goals with certainty and at emergency speed.

76 Darebin City Council. 2019. Breathing Space: Darebin Open Space Strategy. Accessed 19 November 2020 www.darebin.vic.gov.au

77 Darebin City Council. 2017. Climate Emergency Plan 2017-2022. Accessed 18 March 2021 www.darebin.vic.gov.au

Impact of COVID-19

Households Coping with the Impact of COVID-19

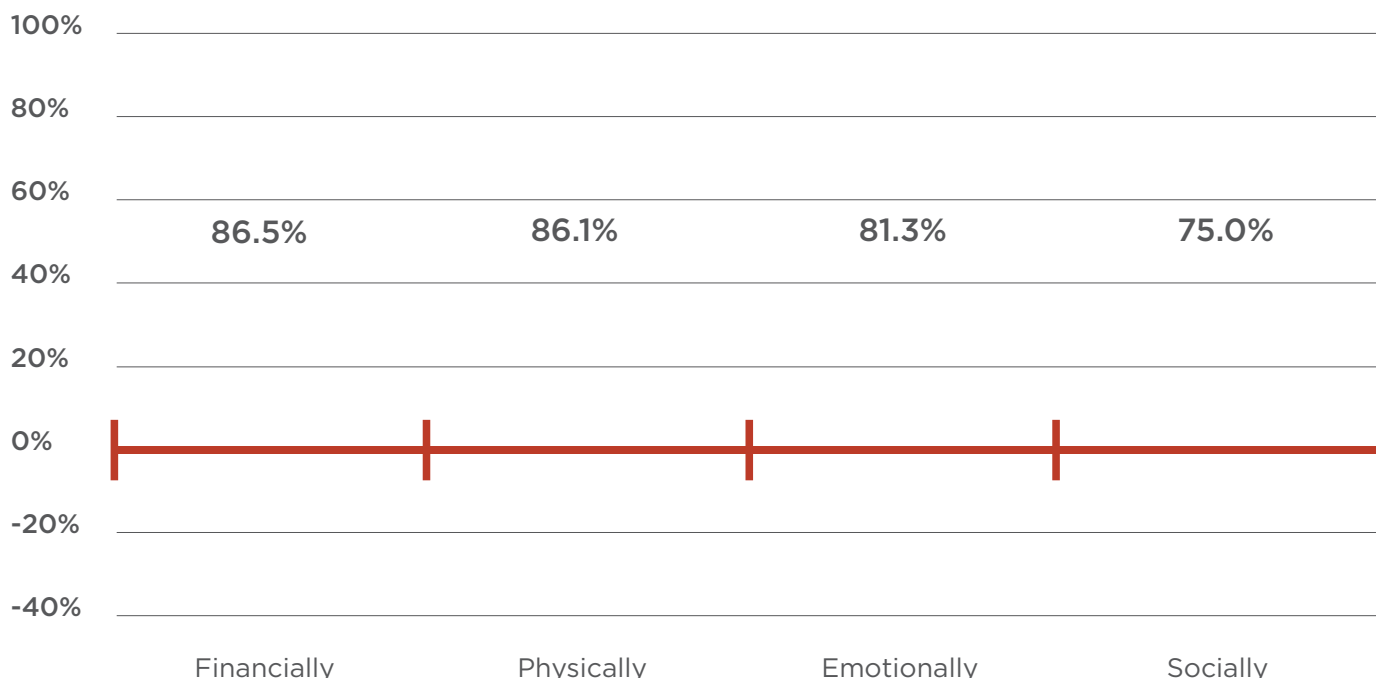
The 2020 Darebin Annual Community Survey⁷⁸ assessed how well Darebin households were coping with COVID-19, including the impact of the pandemic on their health and wellbeing.

Most respondents reported they were coping relatively well with the pandemic, financially (86.5%), physically (86.1%), emotionally (81.3%), and socially (75.0%). Only 13.4% of respondents did not feel they were coping well with the pandemic socially (see Figure 19).

Figure 19: Impact of COVID 19 on household

Household coping with the impacts of COVID-19
Darebin City Council - 2020 Annual Community Survey
(Percent of respondent providing a response)

Well (6-10)
Not well (0-4)



Source: Darebin City Council⁷⁹

78 Darebin City Council 2020. Annual Community Survey. Accessed 15 November 2020 <https://www.darebin.vic.gov.au/-/media/Council/Files/About-Council/Community-survey-and-awards/2020DarebinAnnualCommunitySurveySummaryReportpdf.ashx>

79 Darebin City Council 2020. Annual Community Survey. Accessed 15 November 2020 <https://www.darebin.vic.gov.au/-/media/Council/Files/About-Council/Community-survey-and-awards/2020DarebinAnnualCommunitySurveySummaryReportpdf.ashx>

There was measurable variation in how well households were coping financially based on respondent profile (including age, structure, gender, and language spoken at home).

- **Coping better than the municipal average** – includes adolescents (aged 15 to 19 years) and senior citizens (aged 75 years and over) and respondents from English speaking households.
- **Coping less well than the municipal average** – includes adults and middle-aged adults (aged 35 to 54 years), and respondents from multi-lingual households.

There was also measurable variation in how well the respondent household was coping in terms of their physical health and wellbeing by respondent profile.

- **Coping better than the municipal average** – includes adolescents (aged 15 to 19 years), male respondents, and respondents from English speaking households.
- **Coping less well than the municipal average** – includes young adults (aged 20 to 34 years), female respondents, and respondents from multi-lingual households.

There was measurable variation in how well the respondent household was coping by respondent profile.

- **Coping better than the municipal average** – includes adolescents (aged 15 to 19 years) and male respondents.
- **Coping less well than the municipal average** – includes adults (aged 35 to 44 years) and female respondents.

There was relatively little variation in how well households were coping with the COVID-19 pandemic emotionally by respondent profile.

- **Coping better than the municipal average** – includes adolescents (aged 15 to 19 years) and senior citizens (aged 75 years and over) and male respondents.
- **Coping less well than the municipal average** – includes young adults (aged 20 to 34 years), and female respondents.

Impact on Health and Wellbeing

On average, respondents rated the effect of COVID-19 on their personal health and wellbeing at 4.19 out of a potential 10.

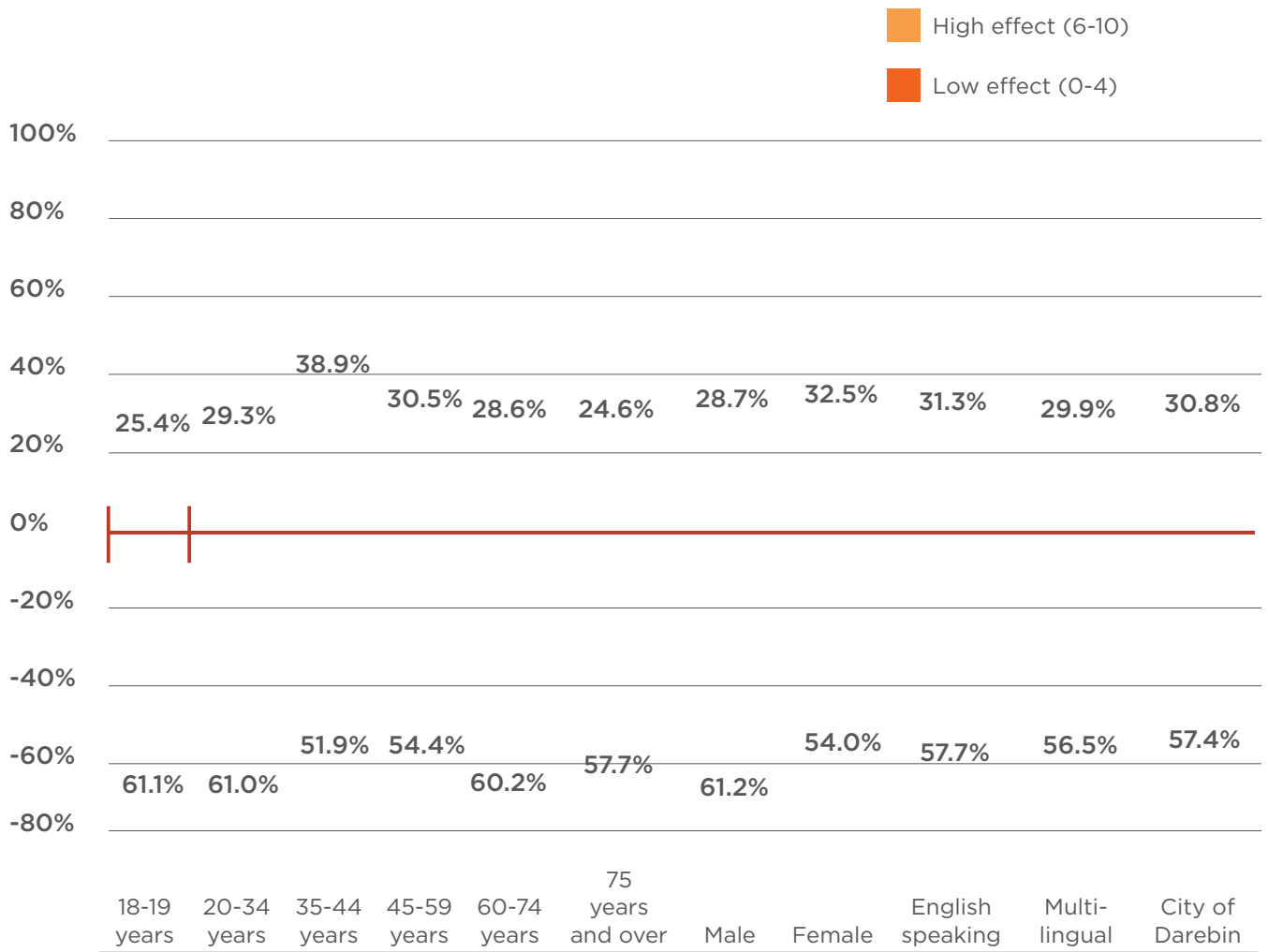
Figure 20 shows that there was measurable variation in this result by respondent profile, including age structure, gender, and language spoken at home.

- **Adults (aged 35 to 44 years)** – respondents rated the impact of COVID-19 on their personal health and wellbeing measurably higher than the municipal average. More than one-third (38.9%) of these adults rated the impact as high (i.e. six or more).
- **Female** – respondents rated the impact somewhat, albeit not measurably higher than male respondents.

Figure 20: Impacts of COVID-19 on health and wellbeing by respondent profile

**The impacts of COVID-19 on health and wellbeing by respondent profile
Darebin City Council - 2020 Annual Community Survey**

(Percent of respondent providing a response)



Source: Darebin City Council

Figure 21 shows there was measurable variation in the perceived impacts of COVID-19 on health and wellbeing observed across the municipality, as follows:

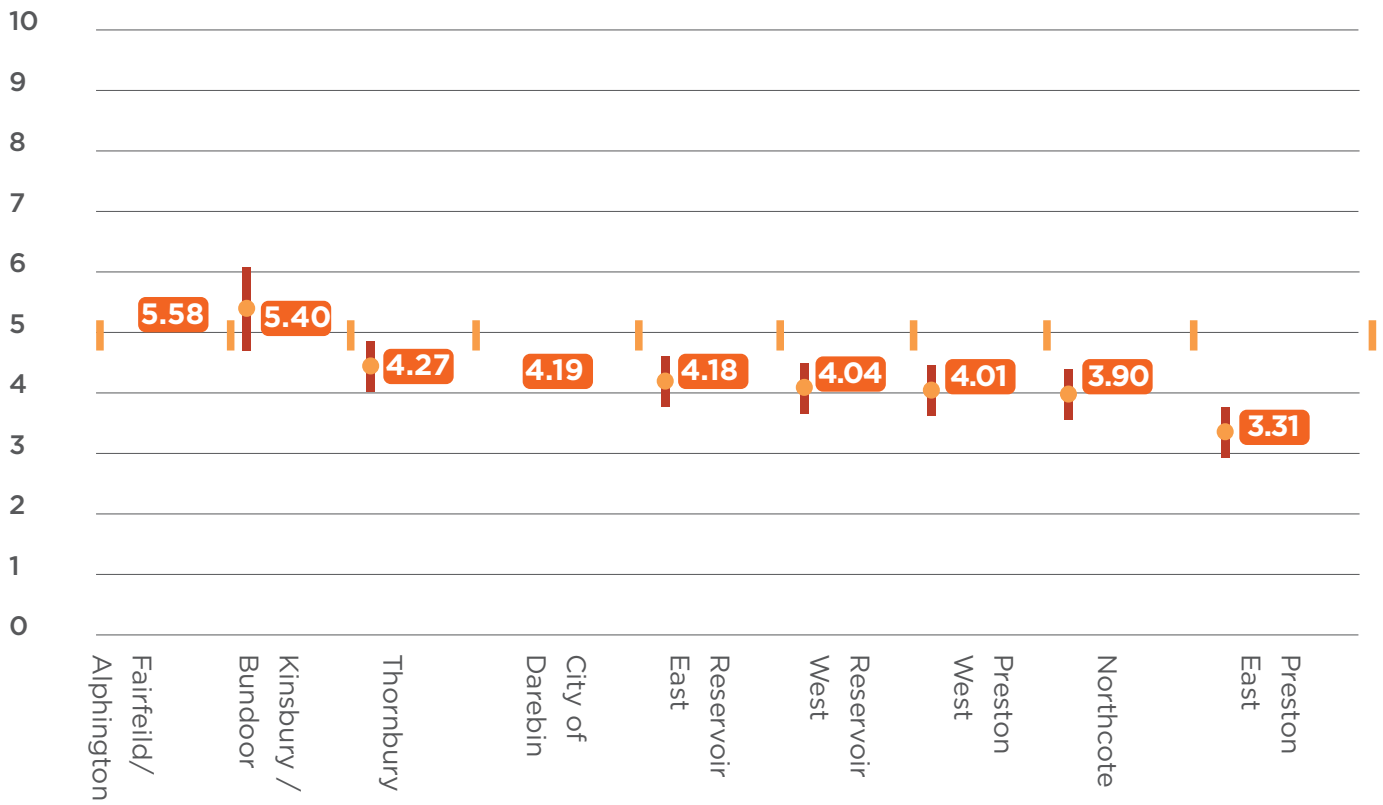
- **Fairfield-Alphington and Kingsbury-Bundoora** – respondents reported a measurably higher impact than the municipal average.
- **Preston East** – respondents reported a measurably lower impact than the municipal average.

The most common reasons why respondents considered that COVID-19 was impacting on their health and wellbeing related to a lack of physical exercise due to gyms being closed and being inside at home. There were a range of other responses provided, namely: stress, having children at home away from their usual routine and activities, interruption of health treatments, and the impacts on social interaction and activities.

Figure 21: Impacts of COVID-19 on health and wellbeing by precinct

**The impacts of COVID-19 on health and wellbeing by precinct
Darebin City Council - 2020 Annual Community Survey**

Scale from 0 (no effect) to 10 (high effect)



Source: Darebin City Council

Edible Gardening During the Pandemic

The 2020 National Pandemic Gardening Survey was conducted by Sustain: The Australian Food Network to understand the impact of edible gardening on mental and physical health during COVID-19.

The survey found that time spent growing food, and in the garden generally, has multiple benefits on physical health by diversifying diets, encouraging consumption of fresh fruit and vegetables and providing opportunities for physical activity outdoors.

It also found that edible gardening contributed to improving mental health by reducing stress and anxiety and increasing feelings of social connectedness with family and neighbours through positive interactions and food sharing.

Hundreds of comments were received about the importance of food gardening during lockdown, with examples such as: “putting my hands in the soil each day redirected my fear and anxiety about our future” and “there is a future when you garden.”⁸⁰

These benefits to health and wellbeing make a strong case for increased resourcing and support for edible gardening.

80 Donati, K. & Rose, N. 2020. 'Every seed I plant is a wish for tomorrow' Findings and Action Agenda from the 2020 National Pandemic Gardening Survey. Melbourne, Victoria: Sustain - The Australian Food Network. Accessed 15 November 2020 https://sustain.org.au/media/documents/SUSTAIN_Pandemic-Gardening-Report_WEB.pdf

Social Isolation and Loneliness

Social isolation and loneliness can influence health and risk of mortality.⁸¹ Social isolation is the state of having minimal contact with others while loneliness is defined as the subjective state of negative feelings about having a lower level of social contact than desired.⁸²

Studies show that loneliness can lead to poorer health behaviours such as smoking, physical inactivity, and poorer sleep.⁸³

Although it is difficult to find local data, an Australian study shows that loneliness tends to be more common in young adults, males, those living alone and those with children, either alone or in a couple.⁸⁴

Risk factors for loneliness include living alone and not being in a relationship with a partner,⁸⁵ disconnection from community, unemployment and receiving income support⁸⁶ and lack of satisfaction with the financial situation.⁸⁷

A significant proportion of households in Darebin are lone person households. The 2016 ABS census showed that the City of Darebin had a higher proportion of lone person households (26.2%) than the Greater Melbourne average (22.0%). Table 15 shows that this proportion also varied across the municipality.⁸⁸

One of the major adverse affects of COVID-19 pandemic is that it has led to increased social isolation and loneliness.

From March 2020 and in 2021, Victorians experienced extended lockdowns enforced by the State Government to contain the spread of the virus. Addressing social isolation and loneliness will remain a key priority in improving the health and wellbeing outcome of Darebin residents as the community recovers from the impacts of COVID-19.

- 81 Holt-Lunstad, J. et al. 2015. Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. *Perspectives on Psychological Science*, Vol. 10(2) 227-237.
- 82 Scottish Public Health Network. 2017. Social Isolation & Loneliness: What is the Scope for Public Health Action? Available Accessed 15 November 2020 https://www.scotphn.net/wp-content/uploads/2017/05/2017_05_16-Loneliness-Scoping-Note-Final-formatted.pdf
- 83 Theeke, L. A. 2010. Sociodemographic and health-related risks for loneliness and outcome differences by loneliness status in a sample of U.S. older adults. *Research in Gerontological Nursing*, 3, pp.113-125; Hawkey, L. C., Thisted, R. A., & Cacioppo, J. T. 2009. Loneliness predicts reduced physical activity: Cross-sectional & longitudinal analyses. *Health Psychology*, 28, pp.354-363.
- 84 Relationships Australia 2018. Is Australia experiencing an epidemic of loneliness? Findings from 16 waves of the Household Income and Labour Dynamics. Accessed 20 November 2020 <https://relationships.org.au/what-we-do/research/is-australia-experiencing-an-epidemic-of-loneliness>
- 85 Flood M 2005. Mapping loneliness in Australia. Accessed 20 November 2020 <https://www.eurekastreet.com.au/Uploads/File/611/15mappinglonelinessPDF.pdf>; Relationships Australia 2011. Issues and concerns for Australian relationships today: Relationships Indicators Survey 2011. Accessed 20 November 2020 <https://www.relationships.org.au/what-we-do/research/australian-relationships-indicators/relationships-indicator-2011>
- 86 Relationships Australia 2018. Is Australia experiencing an epidemic of loneliness? Findings from 16 waves of the Household Income and Labour Dynamics. Accessed 20 November 2020 <https://relationships.org.au/what-we-do/research/is-australia-experiencing-an-epidemic-of-loneliness>
- 87 Baker D 2012. All the lonely people: loneliness in Australia, 2001-2009. Accessed 20 November 2020 <https://www.tai.org.au/node/1866>
- 88 .id consulting 2020 City of Darebin. Households. Accessed 22 March 2021 Accessed <https://profile.id.com.au/darebin>

Table 15: Proportion of lone household

Suburb	Proportion of lone household
Bundoora-Macleod	16.4%
Thornbury	29.7%
Fairfield	30.2%
Reservoir (Oakhill)	31.4%
Thornbury (East)	30.4%
Northland Activity Area	32.7%

Source: .id consulting

Literature often uses volunteering as an indicator of social isolation. In Darebin, 16.7% of the population reported that they were engaged in volunteer work. This rate is slightly lower than that of greater Melbourne (17.6%).

In addition, the rate of volunteering varies significantly between suburbs, with some rating as high as 28% (Alphington) and others as low as 12% (Reservoir Oakhill). Table 16 shows the number of Darebin volunteers across all suburbs according to 2016 census.⁸⁹

Studies show multiple health and wellbeing benefits to volunteering, with those who volunteer finding it meaningful and enjoyable.⁹⁰

Volunteering also increases satisfaction with life and helps tackle social isolation by giving an opportunity to engage with the wider community.⁹¹

Studies also show that volunteering improves mental health and emotional wellbeing,⁹² and gives people a sense of achievement and purpose that can help to improve self-esteem and confidence.⁹³ Therefore, increasing the rate of volunteering in Darebin can help decrease social isolation, by enabling people to stay connected within their social circles, and therefore improve their mental health and wellbeing.

89 .id consulting 2020 City of Darebin. Unpaid work. Accessed 22 March 2021 <https://profile.id.com.au/darebin>

90 Borgonovi, F. 2008, 'Doing well by doing good: the relationship between formal volunteering and self-reported health and happiness', *Social Science & Medicine*, vol. 66(11), pp. 2321-2334.

91 Lum, TY & Lightfoot, E. 2005. 'The effects of volunteering on the physical and mental health of older people', *Research on Ageing*, vol. 27(1), pp. 31-55.

92 Watson S. Volunteering may be good for body and mind [Internet]. Boston: Harvard Health Blog; 2013. Accessed 20 November 2020 <https://www.health.harvard.edu/blog/volunteering-may-be-good-for-body-and-mind-201306266428>

93 Van Willigen, M 2000, 'Differential benefits of volunteering across the life course', *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, vol. 55(5), pp. S308-S318.

Table 16: The number of Darebin volunteers across all suburbs according to 2016 census.

Suburb	Volunteers
Alphington	751
Bundoora-Macleod	1,278
Fairfield	1,100
Kingsbury	471
Northcote (East)	2,842
Northcote (West)	1,884
Preston (East)	2,115
Preston (West)	2,252
Reservoir (Cheddar)	1,361
Reservoir (Edwardes Lake)	1,491
Reservoir (Merrilands)	759
Reservoir (Oakhill)	1,319
Thornbury (East)	1,613
Thornbury (West)	1,340
City of Darebin	20,578

Source: Australian Bureau of Statistics (ABS) 2016, compiled by .id consulting

Discussion

There is a significant and growing gap between the least disadvantaged and most disadvantaged residents in the City of Darebin and this report provides a detailed overview of what disadvantage looks like in the municipality. This includes what it is, where it is located, how it is changing over time, and which population groups are most likely to be experiencing it.

The report also illustrates the complexity of experiences of disadvantage—that it is sometimes generational or entrenched, that there are complex barriers to breaking out of disadvantage, and that there is a persistent risk of falling into further disadvantage.

The report provides an evidence base that will guide Council's actions to respond to disadvantage in the municipality.

The responsibility to act on this information is reinforced by Council's local, state, federal and international policy commitments and obligations to look after residents experiencing disadvantage.

Priorities

Analysis of local data and findings from engagement with the community and partner organisations show the need to continue addressing modifiable health risks and improve the determinants of health with the aim of supporting better health and wellbeing outcomes for the Darebin community. Key modifiable health risks for the Darebin community include:

- sedentary lifestyle
- risky alcohol consumption
- smoking
- mental health
- bowel cancer screening for those aged 50-74 years

In addition, the following determinants of health require more attention:

- loneliness and social isolation
- racism and discrimination
- unemployment
- food security
- harm associated with gambling
- homelessness
- gender inequality, family violence and violence against women
- community safety
- health impacts of climate change

Besides analysing the local data, Councils are required to have regard to the *Victorian Public Health and Wellbeing Act 2008* in identifying health and wellbeing priorities.

The Victorian Public Health and Wellbeing Plan 2019-2023⁹⁴ outlines the following 10 priorities: Tackling climate change and its impact on health, reducing injury, preventing all forms of violence, increasing healthy eating, decreasing the risk of drug-resistant infections in the community, increasing active living, improving mental wellbeing, improving sexual and reproductive health, reducing tobacco related harm, and reducing harmful alcohol and drug use. To drive targeted, collective and coordinated action across the sector, the State Government has identified the following four focus areas: tackling climate change and its impact on health, increasing healthy eating, increasing active living and reducing tobacco-related harm.

These State Government priorities together with local priorities identified in this profile report inform the development of the Council Plan (incorporating the Municipal Public Health and Wellbeing Plan).

94 State of Victoria 2019. Victorian Public Health and Wellbeing Plan 2019-2023. Available <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorian-public-health-wellbeing-plan-2019-2023> Accessed 9 September 2020

Our Approach

Council will continue to build on previous work, learnings, successes and partnerships with community and stakeholders to improve the health and wellbeing outcomes for Darebin residents.

Council's health and wellbeing planning will continue to be informed by three distinct but interrelated approaches. The combination of these approaches is in recognition that one approach alone is not sufficient in determining the multitude of factors that influence individual and population health and wellbeing outcomes, nor does it recognise the various settings and opportunities where Council can play a role in improving health and wellbeing. These approaches are:

1. **Health equity approach:** Health equity is defined as the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically. Council recognises that good mental and social health and wellbeing cannot be achieved without equity and inclusion. Health equity means that everyone should have a fair opportunity to attain their full health potential. Because health inequalities mostly result from social and economic inequalities, they are largely preventable. To counter health inequalities, we need to work on the social determinants of health that influence the health and wellbeing of individuals and communities.

2. **Environments for Health approach:** The Environments for Health approach recognises that many of the factors contributing to health inequalities and ill-health lie in the complex social, economic, physical and natural environments in which people live (see Table 17). Therefore, working to improve the determinants of health – conditions in which people are born, grow up, live, work, and age – is one of the best ways to create environments that facilitate and enhance better health and wellbeing outcomes.

The Environments for Health approach acknowledges that improvement in health and wellbeing outcomes for communities is informed by the social model of health.

This model takes into account the many social, cultural, environmental, biological, political and economic determinants of health and implies that interventions must be made to change those aspects of the environment that are promoting ill-health across the lifespan.⁹⁵

3. **A life-course approach to health** recognises that an individual's experience over a lifetime can have significance for their health; it takes into account individual, social environmental, temporal and intergenerational factors, and the cumulative impacts of these as people age. The effective implementation of a life-course approach is predicated on an equity informed understanding of how systematic differences in health status are socially produced and addressed.

⁹⁵ Department of Human Services. 2011. Environments for Health: Municipal Public Health Planning Framework. Accessed 20 November 2020 https://www2.health.vic.gov.au/getfile//?sc_itemid=%7BC5A714BA-B5A4-4D08-81E8-90FED76F10E2%7D

Table 17: Environmental dimensions and corresponding Council Action Areas

Environmental Dimensions	Components	Characteristics	Council Action Areas - Examples
Built/Physical	<ul style="list-style-type: none"> • Transport • Roads • Urban planning outcomes, such as housing • Built form • Amenities: parks, street lighting, footpaths, shops • Permeable neighbourhoods • Recreation facilities: playgrounds, sports facilities, community gardens 	<ul style="list-style-type: none"> • Liveable 	<ul style="list-style-type: none"> • Land use planning • industrial development • Transportation Traffic management • Housing • Recreation • Municipal Strategic Statements, Environment Effects Statements, works approvals
Social	<ul style="list-style-type: none"> • Demographics • Gender • Ethnicity • Language • Sense of place and belonging • Art and culture • Sense of community • Participatory democracy • Social capital • Community facilities • Social support • Perceptions of safety • Social inclusion or isolation • Globalisation • Lifelong learning 	<ul style="list-style-type: none"> • Equitable • Convivial 	<ul style="list-style-type: none"> • Community support services • Community safety • Art and cultural development • Library services • Adult education services • Neighbourhood houses • Recreation programs
Economic	<ul style="list-style-type: none"> • Globalising economy • Employment • Economic policy • Resources • Industrial development 	<ul style="list-style-type: none"> • Sustainable 	<ul style="list-style-type: none"> • Employment • Income distribution • Community economic development
Natural	<ul style="list-style-type: none"> • Climate • Ozone layer • Geography • Impact on food production • Air quality • Farming practices • Natural disasters • water quality • Global climate change • Native vegetation 	<ul style="list-style-type: none"> • Viable 	<ul style="list-style-type: none"> • Water quality • Waste management • Energy consumption

Appendices

Appendix 1: Legislative and Policy Context

Acts

The *Public Health and Wellbeing Act*, section 26 specifies that:

1. Municipal public health and wellbeing plans
2. Unless section 27 applies, a Council must, in consultation with the Secretary, prepare a municipal public health and wellbeing plan within the period of 12 months after each general election of the Council.

A municipal public health and wellbeing plan must—

- a. include an examination of data about health status and health determinants in the municipal district;
- b. identify goals and strategies based on available evidence for creating a local community in which people can achieve maximum health and wellbeing;

S. 26(2)(ba) inserted by No. 19/2017 s. 60(1).

- (ba) specify measures to prevent family violence and respond to the needs of victims of family violence in the local community;
- (c) provide for the involvement of people in the local community in the development, implementation and evaluation of the public health and wellbeing plan;
- (d) specify how the Council will work in partnership with the Department and other agencies undertaking public health initiatives, projects and programs to accomplish the goals and strategies identified in the public health and wellbeing plan;

S. 26(2)(e) amended by No. 9/2020 s. 390(Sch. 1 item 82.3), substituted by No. 12/2021 s. 61.

- (e) be consistent with the Council Plan prepared under section 90 of the *Local Government Act 2020*.
- (3) In preparing a municipal public health and wellbeing plan, a Council must have regard to the State Public Health and Wellbeing Plan prepared under section 49.
- (4) A Council must review its municipal public health and wellbeing plan annually and, if appropriate, amend the municipal public health and wellbeing plan.

S. 26(4A) inserted by No. 19/2017 s. 60(2).

- (4A) An annual review must include a review of the measures referred to in subsection (2) (ba).
- (5) Despite subsection (2)(c), a Council is not required to provide for the involvement of people in the local community when reviewing or amending a municipal public health and wellbeing plan under subsection (4).
- 6) A Council must give a copy of the current municipal public health and wellbeing plan to the Secretary.

S. 26(6A) inserted by No. 19/2017 s. 60(3).

- (6A) A Council must report to the Secretary on the measures referred to in subsection (2)(ba) at the intervals specified by the Secretary by notice in writing.

S. 26(7) amended by No. 9/2020 s. 390(Sch. 1 item 82.4).

- (7) A copy of the current municipal public health and wellbeing plan must be available for inspection by members of the public at the places at which the current Council Plan must be available under section 90(1) of the *Local Government Act 2020*.

Section 27 of the *Public Health and Wellbeing Act* specifies that:

- (1) A Council is not required to comply with section 26 if—
 - (a) the Council complies with this section; and
 - (b) the Secretary grants the Council an exemption from complying with section 26.
- (2) If a Council intends to comply with this section, the Council must—

S. 27(2)(a) amended by No. 9/2020 s. 390(Sch. 1 item 82.3).

- (a) address the matters specified in section 26(2) in the Council Plan to be prepared under section 90 of the *Local Government Act 2020* or in a Strategic Plan prepared and approved by the Council;

S. 27(2)(b) amended by No. 9/2020 s. 390(Sch. 1 item 82.5).

- (b) if the matters specified in section 26(2) are included in the Council Plan, review the Council Plan in accordance with section 90 of the *Local Government Act 2020*;
 - (c) if the matters specified in section 26(2) are included in a Strategic Plan, review the Strategic Plan annually.
- (3) A Council may apply to the Secretary for an exemption from complying with section 26 by submitting a draft of the Council Plan or Strategic Plan which addresses the matters specified in section 26(2).
- (4) If the Secretary is satisfied that the draft Council Plan or Strategic Plan adequately addresses the matters specified in section 26(2), the Secretary must grant the Council an exemption from complying with section 26.
- (5) If the Secretary is not satisfied that the draft Council Plan or Strategic Plan adequately addresses the matters specified in section 26(2), the Secretary must—
- (a) refuse to grant an exemption from complying with section 26(2); and
 - (b) advise the Council in writing—
 - (i) of the reasons for refusing to do so; and
 - (ii) as to the changes that should be made to the draft Council Plan or Strategic Plan.
- (6) If a Council has been granted an exemption from complying with section 26, the Council must give a copy of the current Council Plan or Strategic Plan to the Secretary if a change is made to the Council Plan or Strategic Plan which relates to the matters specified in section 26(2).

Other state legislations that influence health and wellbeing planning include:

- *Victorian Public and Wellbeing Health Act 2008*
- *Climate Change Act 2017*
- *Local Government Act 2020*
- *Planning and Environment Act 1987*
- *Food Act 1984*
- *Tobacco Act 1987*
- *Sport and Recreation Act 1972*
- *Charter of Human Rights and Responsibilities 2006*
- *Mental Health Act 2014*
- *Gender Equality Act 2020*
- *Equal Opportunity Act 2010*

Relevant policies include:

- Victorian Public Health and Wellbeing Plan 2019-2023
- Victorian Climate Change Adaptation Plan 2017-2020
- Victoria's 10-year Mental Health Plan 2015-2025
- Victorian Health Priorities Framework 2012-2022: Metropolitan Health Plan
- Safe and strong: A Victorian Gender Equality Strategy (2016) Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017-2027.

Appendix 2: Council's Strategies and Plans

[Aboriginal and Torres Strait Islander Action Plan 2017-2021](#)

[Aboriginal and Torres Strait Islander Employment Strategy and Action Plan 2017-2027 - July 2017](#)

[Active Healthy Ageing Strategy 2011-2021](#)

[Breathing Space - Darebin Open Space Strategy - September 2019](#)

[Climate Emergency Plan 2017-2022 - August 2017](#)

[Creative and Cultural Infrastructure Framework - March 2018](#)

[Creative Darebin - Darebin Arts Strategy 2014-2020 - December 2013](#)

[Early Years Strategy 2011-2021](#)

[Electronic Gaming Machine Policy 2018-2022 - December 2018](#)

[Food Security and Nutrition Action Plan 2016-2020 - September 2016](#)

[Gender Equity and Preventing Violence Against Women Action Plan 2019-2023 - June 2019](#)

[Graffiti Management Strategy 2019-2023 - December 2019](#)

[Greenstreets Streetscape Strategy 2012-2020 - December 2013 \(includes Nature Strip Policy\)](#)

[Health and Wellbeing Plan 2017-2021 - December 2017](#)

[Integrated Weed Management Strategy 2019-2023 - December 2019](#)

[Leisure Strategy - August 2010-2020](#)

[Safe Travel Strategy 2018-2028 - November 2018](#)

[Towards Equality - Equity Inclusion and Human Rights Framework 2019-2029 - December 2019](#)

[Transport Strategy October 2007-2027](#)

[Transport Strategy October 2007-2027 Review - Appendix 1 - December 2015](#)

[Urban Forest Strategy - December 2013-2028](#)

[Walking Strategy 2018-2028 - November 2018](#)

[Watershed: Towards A Water Sensitive Darebin Whole of Water Cycle Management Strategy 2015-2025 - June 2015](#)

[Youth Services Strategy 2019-2021 - May 2019](#)

Appendix 3: Summary Results Reservoir East and Preston East Health and Wellbeing Survey (April 2015)

Indicator	Victoria	Darebin	Reservoir East	Preston East
Subjective wellbeing (range 0-100)	77.5 ¹	76.1 ¹	75.1	79.1
Physical Activity And Recreation				
Sedentary behaviour (sitting ≥7 hours per day)	32.6 ¹	40.2 ¹	43.8	31.0
Percentage of persons who do not meet physical activity guidelines (*moderate/vigorous)	32.1 ² 27.4 ¹	33.6 ² 26.3 ¹	*17.8/38.3	*22.6/58.7
Percentage of females who do not meet physical activity guidelines (*moderate/vigorous)	33.6 ² 27.2 ¹	39.0 ² 29.7 ¹	*20.7/48.3	
Percentage of males who do not meet physical activity guidelines (*moderate/vigorous)	30.4 ² 27.5 ¹	28.3 ² 21.4 ¹	*18.9/43.3	
Alcohol, tobacco and other drugs				
Purchased alcohol in the last 7 days	36.3 ¹	35.1 ¹	41.7	35.9
Percentage of persons 18+ who are current smokers	15.7 ² 19.1 ¹	21.9 ² 23.5 ¹	22.4	30.1
Percentage of females 18+ who are current smokers	12.9 ² 16.9 ¹	16.2 ² 19.3 ¹	16.2	
Percentage of males 18+ who are current smokers	18.5 ² 21.4 ¹	28.0 ² 27.3 ¹	31.6	
Nutrition				
Daily soft drink consumption	15.9 ² 12.4 ¹	14.9 ² 6.4 ¹	11.5	19.4
Percentage of persons who do not meet fruit dietary guidelines	54.7 ³	50.7 ³	44.3	51.1
Percentage of persons who do not meet vegetable dietary guidelines	92.8 ³	94.0 ³	89.1	92.4
Percentage of females who do not meet fruit and vegetable dietary guidelines	45.5 ² 41.9 ¹	44.5 ² 41.4 ¹	40.5/87.6 (f/v)	
Percentage of males who do not meet fruit and vegetable dietary guidelines	56.9 ² 54.8 ¹	56.2 ² 58.1 ¹	50.5/91.8 (f/v)	
Family and Social Life				
Lack time for friends/family	27.4 ¹	26.7 ¹	37.3	53.3
Share a meal with family (≥ 5 days per week)	66.3 ¹	66.1 ¹	59.6	36.8
Can get help from friends/family and neighbours when needed	91.7 ¹	89.3 ¹	95.2	94.2
Can raise \$2,000 in 2 days in an emergency	85.6 ¹	80.2 ¹	95.0	95.7
Community Participation				
Volunteering (≥ once per month)*	34.3 ¹	22.6 ¹	20.3	12.6
Community acceptance of diverse cultures	50.6 ¹	54.8 ¹	32.4	34.7
Prepared to intervene in a situation of domestic violence	93.1 ¹	89.9 ¹	78.9	90.3
Feels valued by society	54.4 ¹	48.3 ¹	35.7	24.4
Safety				
Percentage of residents who feel safe walking alone during day	97.0 ¹	95.9 ¹	88.2	93.5
Percentage of residents who feel safe walking alone during night*	70.3 ¹	60.9 ¹	36.5	60.9
Environment				
Good facilities and services like shops, childcare, schools, libraries	79.3 ¹	89.9 ¹	67.7	83.3
Pleasant environment, nice streets, well planned, open spaces	83.1 ¹	71.2 ¹	55.7	72.5

- 1 2010 Local Government Area Profiles, Department of Health, 2012 <www.health.vic.gov.au/modelling/planning/lga.htm>
- 2 2013 Local government area profiles, Department of Health, 2014 <<http://www.health.vic.gov.au/modelling/planning/lga.htm>>
- 3 Department of Health and Human Services Victorian Population Health Survey 2011-12: Survey findings, <https://www2.health.vic.gov.au/getfile//?sc_itemid={604DCF4F-A8B2-41B3-ABFF-CAECF30C2B3F}>

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