MV2040 Action Plan - Fair - Background review

2020
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INTRODUCTION

This background review was undertaken to help inform Council’s development of the MV2040 Action Plan - Fair. It is part of Council’s evidence-base and outlines good practice to help Council respond to challenges and opportunities to build a fairer Moonee Valley.

The topics included in this review are based on the themes included in Council’s long-term strategy, MV2040. They have been structured to help identify:

- the big picture
- what this means for Moonee Valley
- what this means across our neighbourhoods
- promising practice (examples of projects/programs which have worked successfully)
- what Council’s role could be
- target populations; and
- policy and legislative framework.

A snapshot of data based on the five strategic directions of MV2040 is presented upfront, providing an overview of Moonee Valley’s key demographics and health and wellbeing status.

Information in this report was developed by staff and with support from Bonnie Rosen, Symplan. They were originally prepared as a suite of stand-alone papers and versions used throughout the consultation process.

Inequality is a major theme across many of the topics in this paper. Whilst the MV2040 Action Plan - Fair (the Plan) aims to improve the quality of life for all Moonee Valley citizens; its focus on target populations is a key way in which Council will work to reduce inequality within Moonee Valley. A growing body of global research has identified the importance of societies’ efforts (including all levels of government) to reduce inequality, noting that:

‘...if rising inequality is not properly monitored and addressed, it can lead to various sorts of political, economic and social catastrophes’

(World Inequality Report 2018, pg. 8)1

Australia’s peak body, the Australian Council of Social Services (ACOSS) also notes:

‘...excessive inequality in any society is harmful. When people with low incomes and wealth are left behind, they struggle to reach a socially acceptable living standard and to participate in society. This causes divisions in our society. Too much inequality is also bad for the economy. ...when...people are too impoverished to participate effectively in the paid workforce, or acquire the skills to do so, economic growth is diminished.’

(ACOSS and University of New South Wales, Inequality in Australia 2018, pg. 2)2

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2  SNAPSHOT OF DATA

Strategic Direction 1 – Celebrate Diversity

DID YOU KNOW?
The Wurundjeri People are the Traditional Custodians of Moonee Valley and have over 40,000 years of connection to the area

Over 400 people living in Moonee Valley are of Aboriginal and/or Torres Strait Islander descent

CULTURAL DIVERSITY

Over 27% of residents were born overseas

Almost 30% of residents live in households where a non-English language is spoken

Flemington and Millieara have the highest number of people born overseas

2/3 residents value living in Moonee Valley because of its multiculturalism

RACE-BASED DISCRIMINATION

3 in 4 Aboriginal and Torres Strait Islander people regularly experience race-based discrimination

Nearly half of all residents from a culturally and linguistically diverse background have experienced race-based discrimination at some time in their life

OVERSEAS ARRIVALS

In 2018, there were 1,439 new arrivals (from overseas) to Moonee Valley

In 2016, nearly 25% of people who arrived in Australia in the previous 5 years lived in Flemington

GENDER EQUITY

40% of women earn below minimum weekly wage (compared to nearly 29% of men) in Moonee Valley

Nearly 42% of females are employed part time (compared to 19% of men) in Moonee Valley

The Wurundjeri People are the Traditional Custodians of Moonee Valley and have over 40,000 years of connection to the area.

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Over 27% of residents were born overseas.

Almost 30% of residents live in households where a non-English language is spoken.

Flemington and Millieara have the highest number of people born overseas.

2/3 residents value living in Moonee Valley because of its multiculturalism.

3 in 4 Aboriginal and Torres Strait Islander people regularly experience race-based discrimination.

Nearly half of all residents from a culturally and linguistically diverse background have experienced race-based discrimination at some time in their life.

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40% of women earn below minimum weekly wage (compared to nearly 29% of men) in Moonee Valley.

Nearly 42% of females are employed part time (compared to 19% of men) in Moonee Valley.
Strategic Direction 2 – Dynamic network of services and facilities

DID YOU KNOW?

A **COMMUNITY HUB** model is Council’s preferred way of providing community facilities. It is a location within a neighbourhood providing a diverse range of infrastructure and services in proximity to each other.

**A COMMUNITY HUB can:**
- Support positive health and wellbeing
- Be located in neighbourhoods and increase accessibility
- Offer space for people to meet and participate in community life
- Include indoor or outdoor spaces for a wide range of inclusive services and activities
- Provide co-location of services and community organisation
- Optimise use of land and support infrastructure

COMMITTY FACILITIES

8 out of every 10 Moonee Valley Council buildings are single purpose

Council currently oversees a network of approximately 200 facilities within 120 Council-owned buildings

OUR COMMUNITY

1,557 babies were born in Moonee Valley in 2017

5% of residents need daily assistance due to disability

Around 22,000 young people (aged 12-25 years) currently live in Moonee Valley. This population is expected to increase to over 29,000 by 2040

16% of residents are aged over 65 (higher proportion than greater Melbourne) and the number of older residents is forecast to increase
**Strategic Direction 3 – Healthy and Safe**

### DID YOU KNOW? MENTAL HEALTH

1 in 5 Australians aged 16-85 will experience a mental health disorder such as depression, anxiety or substance abuse in their lifetime.

Just over 12% of Moonee Valley residents report high or very high psychological distress (even higher for young people: 19%).

### ALCOHOL, TOBACCO AND GAMBLING

Over 25% of Moonee Valley residents were at increased risk (weekly) of alcohol-related harm.

1/3 young people aged 15-17 reported having smoked cigarettes in the last 30 days, the highest percentage in metro Melbourne.

People gambling on pokies in Moonee Valley lost $77.7m in 2018-19, equating to $212,742 a day.

### SEXUAL AND REPRODUCTIVE HEALTH

There are increasing rates of STIs, teenage fertility, unplanned pregnancy and low uptake of contraception across Melbourne’s west.

In 2014, STI notifications to the DHHS were approx. 30% higher amongst young people in Moonee Valley than in Victoria.

### FAMILY VIOLENCE

1 woman is murdered every week by her current or former partner in Australia.

In 2018-19 there were 899.5 family incidents per 100,000 in Moonee Valley.

### HEALTHY FOOD AND ACTIVE LIVING

Diet related chronic conditions such as type 2 diabetes, cardiovascular disease and some forms of cancer are among the leading causes of death and disability in Australia.

Nearly 47% of Moonee Valley residents do not meet dietary guidelines for either fruit or vegetable consumption.

Resident inactivity costs Moonee Valley $75m a year.

### COMMUNITY SAFETY

More than 2/3 people felt safe on the streets alone in Moonee Valley in 2011.

899.5 recorded family incidents per 100,000 people in Moonee Valley in 2018-19 - an increase of 8.3 per cent from 2017-18.
Strategic Direction 4 – Engage, participate and influence change

**DID YOU KNOW?**

Moonee Valley has **13** neighbourhoods, based on a 20-minute pleasant walk to a range of services and facilities.

Moonee Valley is taking a **neighbourhood service delivery model** to allow our community to access their everyday needs by walking.

**COMMUNITY PARTICIPATION IN DECISION-MAKING**

Only **4 in 10** respondents of the 2019 Community Survey felt that Council’s performance in community consultation and engagement was positive.

People have identified a need to improve engagement processes including feedback loops and more neighbourhood-level opportunities.

**VOLUNTEERING**

Council has approximately **300** registered volunteers.

In 2016, nearly **18%** of residents in Moonee Valley volunteered.

The neighbourhoods with the **lowest** levels of volunteering are Avondale Heights (nearly 12%) and Milleara (over 12%).

**SOCIAL INCLUSION**

Nearly **79%** of residents expressed a willingness to help each other in their local area (compared with 74% for Victoria).

Just over **64%** perceived they lived in a close-knit community, compared with 61% for Victoria.

In 2015, Moonee Valley had an average resilience score of nearly **7 out of 10** (compared with over 6 for Victoria).
Strategic Direction 5 – Housing for all

DID YOU KNOW?

By 2040, Moonee Valley’s population is forecast to grow between 33 and 42% from 2018 levels.

In 2040, the largest increase in household type will be ‘lone-person households’. By 2040, ‘couple family with dependents’ will continue to be the dominant household type in Moonee Valley.

In 2016 low-density (separate) dwellings made up 56% of the total housing stock. By 2040, we’ll need enough additional housing to cater for the increasing number of ‘lone-person households’

HOUSING STRESS

9% of households in Moonee Valley experience housing stress (lower than Greater Melbourne at nearly 12%).

In September 2018, 2% of the total available rental properties were affordable in Moonee Valley (only 23 properties).

SOCIAL HOUSING

In Victoria, there are over 80,000 individuals on the social housing waiting list in Victoria.

Social housing makes up just over 4% of dwellings in Moonee Valley, 4th highest amongst metropolitan Melbourne.

HOMELESSNESS

In Victoria, the rate of homelessness has increased 7% over the last 5 years.

In 2016 there were 403 homeless persons in Moonee Valley which represents a slight decrease from 409 in 2011.

Flemington and Ascot Vale had the highest number and rate of homelessness in the municipality in 2016.
3 RACE-BASED DISCRIMINATION

At a glance

• race-based discrimination has far reaching impacts on the health and wellbeing of individuals and the community.³
• five in ten Australians are positive about cultural diversity and one in three take a stand against racism.⁴
• four in ten Australians are ambivalent about cultural diversity and one in ten have racist attitudes.⁵
• in Australia, one in five people have experienced race-based discrimination and two in five people have been a target of verbal racial abuse.⁶
• more than a quarter of people living in the City of Moonee Valley have been born overseas.⁷
• the number of people living in the City of Moonee Valley born overseas increased by 2,828 (9.6 per cent) between 2011 and 2016 with increases in the proportions of people born in Italy, China, Vietnam and Iran⁸
• 0.4 per cent of the population is of Aboriginal and/or Torres Strait Islander origin (as compared with 0.8 per cent of Victoria).⁹
• there has been an increase in Christianity, Hinduism and Islam in the City of Moonee Valley between 2011 and 2016.¹⁰
• Flemington and Milleara have the highest number of people born overseas (5,135 and 4,629 respectively).¹¹
• Avondale Heights and Milleara have the highest proportion of their population born overseas (39.1 per cent and 38.3 per cent respectively).¹²
• Avondale Heights has both the highest proportion of people born overseas and the highest proportion of people who value multiculturalism.

The big picture

Race-based discrimination (racism) includes prejudice, discrimination or hatred directed at an individual because of their colour, ethnicity, culture, religion or place of birth. It takes many forms, and does not necessarily involve acts of abuse, harassment, violence or intimidating behaviour. It may also involve non-violent behaviours such as racial name-calling and jokes, exclusion from activities and bullying. It takes place in various settings including workplaces, schools, community facilities; activities such as sporting events and in the mainstream and social media.¹³

Race-based discrimination occurs when a person is treated less favourably or fairly, or given the same opportunities as other in a similar situation because of their racial, religious or cultural background.¹⁴

Racial and religious vilification is behaviour that incites or encourages hatred, serious contempt, revulsion or severe ridicule against another person or group of people because of their race or religion.¹⁵

Race-based discrimination is a learned behaviour caused by the belief that some races are superior to others, often due to ignorance, fear and anxiety.¹⁶ This may lead to systemic racism, a situation where racism is embedded in

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⁵ ibid
⁶ ibid
⁷ Australian Bureau of Statistics, Census of Population and Housing 2016, compiled by .id consulting
⁸ ibid
⁹ ibid
¹⁰ ibid
¹¹ ibid
¹² ibid
social institutions, structures and social relations within a community.\textsuperscript{17} Systemic racism may filter through policies, practices, ideas and behaviours that lead to inequitable distribution of resources, rights and power to one race (typically ‘whites’) at the expense of other races and cultures (typically people ‘of colour’).\textsuperscript{18}

Race-based discrimination may also take the form of unconscious bias, which occurs if judgements and assessments of people and situations occur inadvertently, influencing the evaluation and selection of job applicants\textsuperscript{19} based on their racial or cultural background.

The declaration of the \textit{Immigration Restriction Act 1901} formally introduced the ‘White Australia Policy’. While intentioned to limit non-British migration to Australia and allow for the deportation of ‘undesirable people’ who had settled in Australia prior to Federation, it led to the limitation of non-white (predominantly Asian) migration to Australia with a focus on encouraging migration from the United Kingdom and Ireland. Although the legislation and policies underpinning the ‘White Australia Policy’ have been systematically dismantled, Australia has a culture of denial when it comes to racism which perpetuates racist behaviour, particularly against Aboriginal and Torres Strait Islander peoples. This is evidenced in examples such as the 1997 Bringing Them Home Report\textsuperscript{20} of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families, which identified from the 1900s to 1970 over 100,000 Aboriginal and Torres Strait Islander Children were taken from their families and put into institutional care; or more recently with the racial vilification by Australian Football League crowds of player Adam Goodes. Speaking up reduces racism by assisting perpetrators understand that their views are in the minority which makes them less likely to engage in prejudice and stereotyping behaviours.\textsuperscript{21}

Race-based discrimination has far reaching impacts on the health and wellbeing of individuals and the community. People affected by race-based discrimination experience hatred, humiliation and intimidation. Impacts on the individual include depression, anxiety and anger, causing people to withdraw from work, study and social events, all of which reduce their quality of life and opportunities. Impacts on society include a lack of trust and respect, and a challenge to society’s values of equality and fairness.\textsuperscript{22}

Australia is a culturally diverse country with more than a quarter (26.3 per cent) of people born overseas.\textsuperscript{23} Five in ten Australians are positive about cultural diversity and one in three take a stand against racism.\textsuperscript{24} Nevertheless, four in ten Australians are ambivalent about cultural diversity and one in ten have racist attitudes.\textsuperscript{25}

\begin{itemize}
\item one in five people have experienced race-based discrimination.
\item two in five people have been a target of verbal racial abuse.
\item nearly half of all residents from a culturally and linguistically diverse background have experienced race-based discrimination at some time in their life.
\item seven in ten teenagers have experienced race-based discrimination.
\item three in four Aboriginal and Torres Strait Islander people regularly experience race-based discrimination.
\end{itemize}

Workforce mutuality describes the extent to which the diversity of the workforce of an organisation or a sector reflects the actual diversity of the community.\textsuperscript{26} Workplace mutuality addresses issues associated with unconscious

\begin{flushleft}
\textsuperscript{18} ibid
\textsuperscript{23} Australian Bureau of Statistics, Census of Population and Housing 2016, compiled by .id consulting
\textsuperscript{25} ibid
\textsuperscript{26} ibid
\end{flushleft}
bias which can impair diversity, affect retention rates and promote a disconnected culture. The benefits of workforce mutuality include increased satisfaction for consumers, more accessible employment pathways for people from diverse backgrounds and services that are adaptable and responsive to all members of the community. Other benefits include improved business performance, ability to attract talent, improved decision-making and value creation.

Celebrating and embracing diversity has important economic and social benefits for Australia. Socially cohesive communities are more likely to lead to:

- increased productivity through higher levels of education and employment
- a greater sense of belonging
- increased levels of civic participation, and
- improved wellbeing for whole communities.

Over the next 35 years, it is anticipated migration will drive economic and skills growth in Australia. Migrants will contribute $1,625 billion (1.6 trillion dollars) to Australia’s GDP, and 10 per cent more to the economy than existing residents.

**What does this mean for Moonee Valley?**

The City of Moonee Valley has a diverse population with:

- more than a quarter (27.6 per cent) of people living in the City of Moonee Valley born overseas.
- the number of people born overseas increased by 2,828 (9.6 per cent) between 2011 and 2016 with increases in the proportions of people born in Italy, China, Vietnam and Iran.
- more than a quarter (29.7 per cent) of people speaking a language other than English at home; the most common being Italian, Greek, Vietnamese, Mandarin, Cantonese and Arabic.
- residents follow 38 different religions, the majority of which are Christian religions.
- 0.4 per cent of the population is of Aboriginal and/or Torres Strait Islander origin (as compared with 0.8 per cent of Victoria).

Moonee Valley City Council has endorsed the following celebrating diversity and anti-racism initiatives:

- **2019 Welcoming Cities Network membership.** Council resolved to become a member of the Welcoming Cities Network which is a movement that has grown in recent years to support local councils and their communities become more welcoming and inclusive. “Welcoming” is about inclusion at all levels; and is a process by which local councils, businesses and communities can embrace and integrate migrant communities for greater social cohesion and economic success.

- **2018 Standing Together and Supporting Diversity Statement** as part of Cultural Diversity Week. The statement takes a stand against racism and discrimination to support diversity, access and equity in Moonee Valley; and acknowledges Moonee Valley is home to a range of cultural backgrounds, faiths, ethnicities and...
languages, all of which contribute to the community. This was in a direct response to experiences of racism by community members and staff in late 2017 and early 2018. These experiences of racism were heightened by the negative and inflammatory media coverage of African Australian young people and criminal activity as well as civil unrest and clashes following a speech delivered by the ultra-nationalist/conservative British commentator Milo Yiannopoulos at the Melbourne Pavilion in Racecourse Road, Kensington, which spilled onto the Flemington Housing Estate in early December 2017.

- 2018 ‘Be Brave, Speak Up’ partnership with young people from Flemington and North Melbourne) VicHealth. The City of Melbourne, and The Huddle at North Melbourne Football Club; which resulted in the ‘Be Brave, Speak Up’ campaign, created by the young people to encourage their peers to call out racism where they see it. The ‘Be Brave, Speak Up’ video aired at AFL North Melbourne home games and was also promoted by the Australian Human Rights Commission as part of the ‘Racism. It Stops With Me’ campaign. “Racism will only grow as long as good people stay silent” said Mayor, Cr John Sipek (speech during a visit to Flemington Community Centre from the Speaker of the Victorian House of Representatives, the Hon Colin Brooks, who viewed the video and congratulated the young people involved). http://www.nmfc.com.au/news/2018-07-02/be-brave-speak-up

- 2014 Racism it Stops With Me campaign established by the Human Rights Commission. This campaign involves various responses to racism in different settings including business, local government, community organisations, sport and education. Council is also involved in other projects and provides information in other languages.

What does this mean across our neighbourhoods?

Flemington and Milleara have the highest number of people born overseas. Refer to Figure 1. Avondale Heights and Milleara have the highest proportion of their population born overseas (39.1 per cent and 38.3 per cent respectively). Refer to Figure 2.

**Figure 1 - Number of people born overseas, City of Moonee Valley, 2016**

<table>
<thead>
<tr>
<th>Neighbourhood</th>
<th>Number of People Born Overseas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flemington</td>
<td>5,135</td>
</tr>
<tr>
<td>Milleara</td>
<td>4,629</td>
</tr>
<tr>
<td>Moonee Ponds</td>
<td>3,410</td>
</tr>
<tr>
<td>Ascot Vale</td>
<td>2,997</td>
</tr>
<tr>
<td>Essendon</td>
<td>2,996</td>
</tr>
<tr>
<td>Keilor Road / Essendon North</td>
<td>2,650</td>
</tr>
<tr>
<td>Avondale Heights</td>
<td>2,397</td>
</tr>
<tr>
<td>Airport West</td>
<td>2,006</td>
</tr>
<tr>
<td>Keilor East</td>
<td>1,861</td>
</tr>
<tr>
<td>Niddrie / Essendon West</td>
<td>1,500</td>
</tr>
<tr>
<td>Strathmore</td>
<td>1,016</td>
</tr>
<tr>
<td>Aberfeldie</td>
<td>897</td>
</tr>
<tr>
<td>Strathmore Heights</td>
<td>781</td>
</tr>
</tbody>
</table>

Source: Census data, 2016 (compiled by .id consulting)

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The following table provides an overview of the top countries of birth, along with the top languages spoken at home (other than English) per neighbourhood:

<table>
<thead>
<tr>
<th>Neighbourhood</th>
<th>Top 10 countries of birth</th>
<th>Top 3 languages spoken at home (other than English)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aberfeldie</td>
<td>• United Kingdom (122 residents, this is 2.5 per cent of the population)</td>
<td>• Italian (255 residents, this is 5.1 per cent of the population)</td>
</tr>
<tr>
<td></td>
<td>• Italy (114 residents or 2.3 per cent)</td>
<td>• Greek (122 residents, this is 2.4 per cent of the population)</td>
</tr>
<tr>
<td></td>
<td>• India (70 residents or 1.4 per cent)</td>
<td>• Mandarin (72 residents, this is 1.4 per cent of the population)</td>
</tr>
<tr>
<td></td>
<td>• China (50 residents or 1.0 per cent)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Vietnam (46 residents or 0.9 per cent)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• New Zealand (41 residents or 0.8 per cent)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Greece (31 residents or 0.6 per cent)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Malaysia (25 residents or 0.5 per cent)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Poland (19 residents or 0.4 per cent)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Germany (17 residents or 0.3 per cent)</td>
<td></td>
</tr>
<tr>
<td>Airport West</td>
<td>• Italy (541 residents or 7.1 per cent)</td>
<td>• Italian (807 residents, this is 10.6 per cent of the population)</td>
</tr>
</tbody>
</table>

Census data, 2016 compiled by .id consulting.
<table>
<thead>
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<th>Top 3 languages spoken at home (other than English)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• India (195 residents or 2.6 per cent)</td>
<td>• Greek (246 residents, this is 3.2 per cent of the population)</td>
</tr>
<tr>
<td></td>
<td>• United Kingdom (147 residents or 1.9 per cent)</td>
<td>• Mandarin (97 residents, this is 1.3 per cent of the population)</td>
</tr>
<tr>
<td></td>
<td>• Greece (94 residents or 1.2 per cent)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• China (81 residents or 1.1 per cent)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• New Zealand (80 residents or 1.1 per cent)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Malta (73 residents or 1.0 per cent)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Sri Lanka (56 residents or 0.7 per cent)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Philippines (43 residents or 0.6 per cent)</td>
<td></td>
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<tr>
<td></td>
<td>• Germany (37 residents or 0.5 per cent)</td>
<td></td>
</tr>
<tr>
<td>Ascot Vale</td>
<td>• United Kingdom (303 residents or 2.8 per cent)</td>
<td>• Italian (400 residents, this is 3.7 per cent of the population)</td>
</tr>
<tr>
<td></td>
<td>• Vietnam (300 residents or 2.8 per cent)</td>
<td>• Vietnamese (332 residents, this is 3.1 per cent of the population)</td>
</tr>
<tr>
<td></td>
<td>• Italy (225 residents or 2.1 per cent)</td>
<td>• Arabic (228 residents, this is 2.1 per cent of the population)</td>
</tr>
<tr>
<td></td>
<td>• Ethiopia (187 residents or 1.7 per cent)</td>
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<tr>
<td></td>
<td>• New Zealand (182 residents or 1.7 per cent)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• China (175 residents or 1.6 per cent)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• India (139 residents or 1.3 per cent)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Somalia (105 residents or 1.0 per cent)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Greece (99 residents or 0.9 per cent)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Sudan/South Sudan (83 residents or 0.8 per cent)</td>
<td></td>
</tr>
<tr>
<td>Avondale Heights</td>
<td>• Italy (410 residents or 6.7 per cent)</td>
<td>• Italian (616 residents, this is 10.1 per cent of the population)</td>
</tr>
<tr>
<td></td>
<td>• Vietnam (391 residents or 6.4 per cent)</td>
<td>• Vietnamese (476 residents, this is 7.8 per cent of the population)</td>
</tr>
<tr>
<td></td>
<td>• Greece (147 residents or 2.4 per cent)</td>
<td>• Greek (290 residents, this is 4.8 per cent of the population)</td>
</tr>
<tr>
<td></td>
<td>• India (108 residents or 1.8 per cent)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Iran (101 residents or 1.7 per cent)</td>
<td></td>
</tr>
<tr>
<td>Neighbourhood</td>
<td>Top 10 countries of birth</td>
<td>Top 3 languages spoken at home (other than English)</td>
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<tr>
<td>---------------</td>
<td>--------------------------</td>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Philippines (100 residents or 1.6 per cent)</td>
<td>Italian (500 residents, this is 4.2 per cent of the population)</td>
</tr>
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<td></td>
<td>United Kingdom (98 residents or 1.6 per cent)</td>
<td>Greek (325 residents, this is 2.7 per cent of the population)</td>
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<td></td>
<td>Malta (93 residents or 1.5 per cent)</td>
<td>Mandarin (213 residents, this is 1.8 per cent of the population)</td>
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<td></td>
<td>China (82 residents or 1.3 per cent)</td>
<td>Vietnamese (628 residents, this is 4.5 per cent of the population)</td>
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<td>Croatia (74 residents or 1.2 per cent)</td>
<td>Mandarin (573 residents, this is 4.1 per cent of the population)</td>
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<td>Cantonese (444 residents, this is 3.2 per cent of the population)</td>
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<td>Essendon</td>
<td>India (522 residents or 4.4 per cent)</td>
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<td></td>
<td>Italy (290 residents or 2.5 per cent)</td>
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<td></td>
<td>United Kingdom (244 residents or 2.1 per cent)</td>
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<td>China (196 residents or 1.7 per cent)</td>
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<td>New Zealand (151 residents or 1.3 per cent)</td>
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<td>Nepal (135 residents or 1.1 per cent)</td>
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<td>Greece (105 residents or 0.9 per cent)</td>
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<td>Vietnam (88 residents or 0.7 per cent)</td>
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<td>Ireland (54 residents or 0.5 per cent)</td>
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<td>South Korea (53 residents or 0.5 per cent)</td>
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<td>Flemington</td>
<td>Vietnam (553 residents or 4.0 per cent)</td>
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<td>China (505 residents or 3.6 per cent)</td>
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<td>India (331 residents or 2.4 per cent)</td>
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<td>United Kingdom (322 residents or 2.3 per cent)</td>
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<td>Ethiopia (244 residents or 1.7 per cent)</td>
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<td>New Zealand (243 residents or 1.7 per cent)</td>
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<td>Malaysia (183 residents or 1.3 per cent)</td>
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<td>Italy (176 residents or 1.3 per cent)</td>
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<td>Somalia (174 residents or 1.2 per cent)</td>
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<td>Vietnamese (628 residents, this is 4.5 per cent of the population)</td>
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<td>Mandarin (573 residents, this is 4.1 per cent of the population)</td>
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<td>Cantonese (444 residents, this is 3.2 per cent of the population)</td>
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<td>Neighbourhood</td>
<td>Top 10 countries of birth</td>
<td>Top 3 languages spoken at home (other than English)</td>
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<td></td>
<td>• Sudan/South Sudan (153 residents or 1.1 per cent)</td>
<td>• Italian (605 residents, this is 7.6 per cent of the population)</td>
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<tr>
<td>Keilor East</td>
<td>• Italy (325 residents or 4.1 per cent)</td>
<td>• Greek (331 residents, this is 4.2 per cent of the population)</td>
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<td>• Vietnam (182 residents or 2.3 per cent)</td>
<td>• Vietnamese (197 residents, this is 2.5 per cent of the population)</td>
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<td>• United Kingdom (134 residents or 1.7 per cent)</td>
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<td>• India (129 residents or 1.6 per cent)</td>
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<td>• Greece (103 residents or 1.3 per cent)</td>
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<td>• China (85 residents or 1.1 per cent)</td>
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<td>• New Zealand (57 residents or 0.7 per cent)</td>
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<td>• Philippines (52 residents or 0.7 per cent)</td>
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<td>• Malta (45 residents or 0.6 per cent)</td>
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<td>• Malaysia (38 residents or 0.5 per cent)</td>
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<td>Keilor Road – Essendon North</td>
<td>• India (484 residents or 4.8 per cent)</td>
<td>• Italian (630 residents, this is 6.3 per cent of the population)</td>
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<td>• Italy (359 residents or 3.6 per cent)</td>
<td>• Greek (209 residents, this is 2.1 per cent of the population)</td>
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<td>• United Kingdom (214 residents or 2.1 per cent)</td>
<td>• Hindi (173 residents, this is 1.7 per cent of the population)</td>
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<td>• China (124 residents or 1.2 per cent)</td>
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<td>• New Zealand (112 residents or 1.1 per cent)</td>
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<td>• Vietnam (74 residents or 0.7 per cent)</td>
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<td>• Sri Lanka (65 residents or 0.7 per cent)</td>
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<td></td>
<td>• Greece (61 residents or 0.6 per cent)</td>
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<td>• Iran 47 (residents or 0.5 per cent)</td>
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<td>• Croatia (41 residents or 0.4 per cent)</td>
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<td>Milleara</td>
<td>• Italy (1,370 residents or 11.3 per cent)</td>
<td>• Italian (1940 residents, this is 16 per cent of the population)</td>
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<td>• Vietnam (434 residents or 3.6 per cent)</td>
<td>• Greek (779 residents, this is 6.4 per cent of the population)</td>
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<td>• Greece (333 residents or 2.8 per cent)</td>
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<td>Neighbourhood</td>
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<td>• India (210 residents or 1.7 per cent)</td>
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<td>• United Kingdom (198 residents or 1.6 per cent)</td>
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<td>• Croatia (191 residents or 1.6 per cent)</td>
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<td>• Malta (187 residents or 1.6 per cent)</td>
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<td>• China (165 residents or 1.4 per cent)</td>
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<td>• Egypt (114 residents or 0.9 per cent)</td>
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<td>• Philippines (100 residents or 0.8 per cent)</td>
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<td>Moonee Ponds</td>
<td>• Italy (596 residents or 4.6 per cent)</td>
<td>• Italian (949 residents, this is 7.3 per cent of the population)</td>
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<td>• United Kingdom (352 residents or 2.7 per cent)</td>
<td>• Greek (432 residents, this is 3.3 per cent of the population)</td>
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<td>• India (263 residents or 2.0 per cent)</td>
<td>• Mandarin (214 residents, this is 1.6 per cent of the population)</td>
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<td>• New Zealand (238 residents or 1.8 per cent)</td>
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<td>• China (196 residents or 1.5 per cent)</td>
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<td>• Greece (166 residents or 1.3 per cent)</td>
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<td>• Vietnam (111 residents or 0.9 per cent)</td>
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<td>• Nepal (74 residents or 0.6 per cent)</td>
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<td>• Ireland (67 residents or 0.5 per cent)</td>
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<td>• Philippines (61 residents or 0.5 per cent)</td>
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<td>Niddrie</td>
<td>• Italy (210 residents or 2.6 per cent)</td>
<td>• Italian (473 residents, this is 5.9 per cent of the population)</td>
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<td>• United Kingdom (176 residents or 2.2 per cent)</td>
<td>• Greek (233 residents, this is 2.9 per cent of the population)</td>
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<td>• India (144 residents or 1.8 per cent)</td>
<td>• Mandarin (117 residents, this is 1.5 per cent of the population)</td>
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<td>• China (92 residents or 1.1 per cent)</td>
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<td>• New Zealand (68 residents or 0.8 per cent)</td>
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<td>• Vietnam (68 residents or 0.9 per cent)</td>
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<td>• Greece (50 residents or 0.6 per cent)</td>
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<td>Neighbourhood</td>
<td>Top 10 countries of birth</td>
<td>Top 3 languages spoken at home (other than English)</td>
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<td>Malaysia (44 residents or 0.6 per cent)</td>
<td>Italian (158 residents, this is 3.9 per cent of the population)</td>
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<td>Sri Lanka (38 residents or 0.5 per cent)</td>
<td>Turkish (133 residents, this is 3.3 per cent of the population)</td>
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<td>Ireland (38 residents or 0.5 per cent)</td>
<td>Greek (128 residents, this is 3.2 per cent of the population)</td>
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<td>United Kingdom (136 residents or 2.2 per cent)</td>
<td>Italian (283 residents, this is 4.5 per cent of the population)</td>
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<td>Italy (119 residents or 1.9 per cent)</td>
<td>Greek (132 residents, this is 2.1 per cent of the population)</td>
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<td>India (82 residents or 1.3 per cent)</td>
<td>Mandarin (85 residents, this is 1.4 per cent of the population)</td>
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<td>China (60 residents or 0.9 per cent)</td>
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<td>New Zealand (59 residents or 0.9 per cent)</td>
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<td>Vietnam (39 residents or 0.6 per cent)</td>
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<td>Ireland (26 residents or 0.4 per cent)</td>
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<td>Sri Lanka (23 residents or 0.4 per cent)</td>
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<td>Turkey (19 residents or 0.3 per cent)</td>
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<td>Malta (17 residents or 0.3 per cent)</td>
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<td>Strathmore</td>
<td>United Kingdom (118 residents or 2.9 per cent)</td>
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<td>Italy (92 residents or 2.3 per cent)</td>
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<td>Turkey (59 residents or 1.5 per cent)</td>
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<td>India (49 residents or 1.2 per cent)</td>
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<td>New Zealand (47 residents or 1.2 per cent)</td>
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<td>Sri Lanka (43 residents or 1.1 per cent)</td>
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<td>Greece (36 residents or 0.9 per cent)</td>
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<td>China (23 residents or 0.6 per cent)</td>
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<td>Vietnam (23 residents or 0.6 per cent)</td>
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<td></td>
<td>Egypt (20 residents or 0.5 per cent)</td>
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</tbody>
</table>
Promising Practice

Promising practice relates to examples of projects/programs/initiatives which have worked successfully in other local government settings or jurisdictions.

Examples of Victorian local government initiatives include:

- **Hobsons Bay City Council:** Council held anti-racism workshops for Councillors, staff and local community organisations. **Behind This Smile** is a council project where 12 local residents shared their stories and experiences with racism to start conversations and challenge negative stereotypes. Artwork displayed in public places and on Council’s website accompanies the stories to inspire people to make positive changes in everyday life.
- **City of Darebin:** Council developed an **Anti-Racism Strategy 2012-2015** and ran a number of anti-racism projects. This included the “Say No to Racism Project”, which was designed to equip the community with the tools to address racism by empowering bystanders to challenge racism in a safe and constructive way. A combined DVD and training package was created and rolled out to community service providers and organisations.
- **Maribyrnong City Council:** Council committed its support to the [Racism it Stops With Me](https://itstopswithme.humanrights.gov.au/local-government) campaign at a public event during Victoria’s Diversity Week. The Council runs the ‘Raw Elements’ hip hop program on Monday afternoons at Phoenix Youth Centre which helps young people write lyrics and record songs, and works on using hip hop as a tool for people to tell stories and campaign on social issues. Young people created a fantastic song and video, ‘It Stops With Me’, based on the messages of the campaign.

The following resources available to prevent and address race-based discrimination in the community and workforce:

- [VicHealth race-based discrimination resources](https://www.vic.gov.au/racism)
- Victorian Equal Opportunity and Human Rights Commission
- [The HealthWest Partnership Standards for Workforce Mutuality](https://www.healthwest.org.au/standards-for-workforce-mutuality)
- Municipal Association of Victoria’s resources:
  - Cultural diversity
  - Social cohesion in practice portal
  - Diversity in community care
- Victorian Multicultural Commission
- Centre for Multicultural Youth
- [VicHealth’s Localities Embracing and Accepting Diversity (LEAD) program](https://www.vichealth.org.au/localities-embracing-and-accepting-diversity-lead-program)

What could Council’s role be?

**Partner** – Council can partner with:

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37 ibid
38 ibid
39 ibid
• educational institutions, community organisations and sporting clubs to undertake activities and run campaigns that prevent and address racism
• other local governments participating in the Victorian Local Government Multicultural Issues Network or Welcoming Cities Network

Provide – Council can provide:
• activities and events that promote cultural diversity both within the community and the workplace
• information and resources to individuals and organisations to prevent and address racial discrimination
• services to people with low English proficiency through the Commonwealth Government’s free translation and interpreting service
• organise community events promoting cultural identity and intercultural understanding in annual Cultural Diversity Week
• apply for grants through the Scanlon Foundation or other philanthropic organisations to fund programs that improve social cohesion

Facilitate – Council can address race-based discrimination in the workforce by:
• adopting the principles that underpin workplace mutuality
• avoiding unconscious bias through delivering diversity and blind recruiting (removing criteria on applications that could unintentionally bias managers)

Target populations
• People from culturally and linguistically diverse backgrounds (particularly young people, older people and women)
• Aboriginal and Torres Strait Islander people

Policy and legislative framework
• under Victoria’s Charter of Human Rights and Responsibilities Act 2006 Councils are obliged to protect rights related to equality, culture and religion.
• the Victorian Equal Opportunity Act 2010 makes discrimination, sexual harassment and victimisation against the law in many areas of public life, such as employment, education, accommodation, and providing goods and services.
• the Victorian Racial and Religious Tolerance Act 2001 makes racial and religious vilification against the law.
• governance principles under the Local Government Act 2020 include that (b) priority is to be given to achieving the best outcomes for the municipal community, including future generations; and (c) the economic, social and environmental sustainability of the municipal district, including mitigation and planning for climate change risks, is to be promoted; and that (d) the municipal community is to be engaged in strategic planning and strategic decision making.
4 NEWLY ARRIVED PEOPLE FROM OVERSEAS

At a glance

- Australia is one of the most culturally diverse nations in the world with a third (33.3 per cent) of people having been born overseas. 40
- just under a third of the City of Moonee Valley community were born overseas. 41
- Moonee Valley has a higher proportion of people with both parents born overseas (41.9 per cent) compared with Victoria (38.5 per cent) and Australia (34.4 per cent). 42
- more than a third of people live in households where a non-English language is spoken. 43
- nearly two thirds of the community indicated that they value living in Moonee Valley because of its multiculturalism. 44
- nearly a quarter of the 1,578 people born overseas living in the City of Moonee Valley who had arrived in Australia in the previous five years lived in Flemington. Next highest was Essendon (13.8 per cent) then Moonee Ponds (13.3 per cent). 45

The big picture

Australia is one of the most culturally diverse nations in the world with: 46

- a third (33.3 per cent) of people having been born overseas
- more than half (52.7 per cent) of people having at least one parent born overseas
- more than a fifth (22.2 per cent) of people living in a household where a non-English language is spoken.

New arrivals to Australia leave their home country for many reasons to establish a new life. Most refugees and asylum seekers arrive in Australia having experienced poverty, torture and trauma in countries with different racial, social, economic and linguistic backgrounds. 47 They may have spent long periods of time in refugee camps and be unfamiliar with urban environments and the way of life in Australia. 48 Migrants and refugees face several social, economic and cultural issues including language barriers, compromised mental health and wellbeing, lack of work experience and recognised qualifications, racism and discrimination, un and underemployment and difficulties accessing health and support services. This can contribute to a cycle of poverty and exclusion, particularly amongst migrants and refugees over 45 years of age, many of whom are responsible for dependent children and/or parents. Australian gender equity norms that empower women to become financially independent may result in conflict for some migrants coming from patriarchal systems that have defined roles for men and women in the family, and the male being the ‘head of the family’ with decision-making authority. 49 Migrant communities may also be reluctant to engage with family and other services due to lack of trust and concern that the services do not meet their needs. 50

Migrants from some communities may be unaccustomed to Australian cultural norms such as alcohol consumption and gambling. This places them at an elevated risk of harm, particularly in areas where accessibility to licensed premises and gambling venues is high and the availability of information is limited. International students,

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40 Australian Bureau of Statistics, Census of Population and Housing 2016
41 ibid
42 ibid
43 ibid
44 ibid
47 Camacho, D, The social, economic and industrial issues specific to migrant workers over 45 Years of age seeking employment, or establishing a business, following Unemployment (a quantitative approach), Standing Committee On Employment, Education And Work Place Relations (Submission 33), 19 April 1999, Australian Parliament House, Canberra
particularly those coming from China and other countries in Asia, have been found to be at a greater risk of experiencing problems with their gambling compared to Australian domestic students, despite gambling less frequently.  

International legal conventions identify refugees have a lawful right to enter a country for the purposes of seeking asylum, regardless of how they arrive or whether they hold valid travel or identity documents. An asylum seeker is a person whose application for asylum or refugee status is pending in the administrative or legal processes.  

Australia has one of the most restrictive immigration detention systems in the world. Prolonged detention can have significant and long-term impacts on the mental health of asylum seekers, particularly children. Asylum seekers arriving in Australia by boat on or after August 2012 who have been granted bridging visas are not allowed to work, resulting in impacts on physical and mental health, social isolation and family breakdown.  

Refugees and asylum seekers may face hostility when trying to resettle into new communities and experience racism, discrimination in addition to the traumas, economic hardship and dislocation associated with their need to leave their home countries. These issues are sometimes confounded by the politicisation of refugees and asylum seekers at the national level.

The Australian Standard for Welcoming Cities 2018 supports local councils in strengthening cultural diversity and inclusion, economic engagement and civic participation of newly arrived residents. It provides the framework to benchmark their cultural diversity and inclusion policies and practices, identify opportunities for strategic action and monitor progress.

The Strategic Framework to Strengthen Victoria’s Social Cohesion and the Resilience of its Communities resource outlines how local government can partner with other stakeholders to prevent social isolation, build resilience, and increase inter-community and inter-cultural interaction and understanding.

What does this mean for Moonee Valley?  

The City of Moonee Valley has a culturally diverse community profile with 32,268 people having been overseas arrived in Australia; 6,368 (19.7 per cent) of whom having arrived in the previous five years:  

- just over a quarter (27.6 per cent) of the community in the City of Moonee Valley were born overseas.  
- the City of Moonee Valley has a higher proportion of people with both parents born overseas (41.9 per cent) compared with Victoria (38.5 per cent) and Australia (34.4 per cent).  
- more than a third (35.3 per cent) of people in the City of Moonee Valley live in households where a non-English language is spoken.

Around six in ten (60.7 per cent) residents indicated that they value living in Moonee Valley because of its multiculturalism with people aged 18-34 years (64 per cent) and living in the Rose Hill Ward (65 per cent) being most likely to value multiculturalism.

In 2018 there were 1,439 new arrivals in the City of Moonee Valley, 21 (2.2 per cent) of whom were humanitarian, 540 (37.5 per cent) of whom were in the family stream and 868 (60.3 per cent) of whom were in the skilled stream.

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53 ibid  
56 Australian Bureau of Statistics, Census of Population and Housing 2016, compiled by .id consulting  
57 ibid  
58 ibid  
59 ibid  
60 ibid  
61 Moonee Valley City Council, Community Survey Report 2019  
The proportion of humanitarian arrivals in the City of Moonee Valley was lower than the average for Victoria (2.2 per cent and 5.2 per cent respectively).

Local governments are the closest tier of government to the community and therefore play an important role in settling migrants and refugees.

Data from June 2019 shows that there were 117 asylum seekers (on Bridging Visa E) living in postcode areas covered by the City of Moonee Valley. This is a decrease on the figure from June 2017 (186).

The June 2019 data shows that asylum seekers were located in:

- 47 in the 3034 postcode area (Avondale Heights). This is the 28th highest for postcode areas in Victoria.
- 22 in the 3032 postcode area (Ascot Vale and Travancore, but also Maribyrnong)
- 21 in the 3033 postcode area (Keilor East – most of the residential parts are within Moonee Valley)
- 17 in the 3042 postcode area (Airport West and Niddrie, but also Keilor Park)
- 10 in the 3040 postcode area (Essendon, Niddrie and Aberfeldie)

**What does this mean across our neighbourhoods?**

Certain suburbs within the City of Moonee Valley have high proportions of new arrivals (refer to Figure 1):64

- Flemington (15.6 per cent,) Milleara (14.2 per cent) and Moonee Ponds (10.2 per cent) had the highest proportion of overseas arrivals in the municipality
- nearly a quarter (24.8 per cent, n=1,578) of people born overseas living in the City of Moonee Valley who had arrived in Australia in the previous five years lived in Flemington. Essendon (n=876, 13.8 per cent), Moonee Ponds (n=853, 13.3 per cent) and Keilor Road/Essendon North (n=737, 11.6 per cent) also had large proportions of overseas born people living in Moonee Valley who had arrived in Australia in the previous five years.

**Figure 3 - Overseas arrivals, City of Moonee Valley, 2016**

![Figure 3](image)

Source: Census 2016, compiled by .id consulting

**Promising Practice**

Toronto, together with Melbourne and Sydney, are part of the 100 Resilient Cities international network of cities which are focussing on several challenges facing modern cities, one of which is migration and the integration of refugees.

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63 Refugee Council of Australia, *Asylum community statistics* [spreadsheet], [https://refugeecouncilms.sharepoint.com/:x:/s/Public/EY9vUBDpBAIfhn6empbwk8xKurJFSATqtaTU4JhYCCg?time=IX8kLhY10g], accessed 20 March 2020
64 Australian Bureau of Statistics, Census of Population and Housing 2016, compiled by .id consulting
The Toronto Building Cities Initiative recognises that the key to ensuring the success of multiculturally diverse society is providing new arrivals and refugees with equal access to resources, infrastructure, facilities and services, and ensuring their equal representation in decision-making processes. This initiative focuses on action areas such as ensuring new arrivals are actively involved in planning processes, implementing equity and inclusion-embedded policies and programs, providing inclusive public spaces that build urban resilience and supporting public arts in communities experience social isolation and exclusion.

Service agencies may:
- disseminate information raising awareness of resources available to migrants through the Multicultural Centre for Women’s Health
- encourage migrant families to discuss the different cultural norms and expectations relating to parenting through Relationships Victoria and Spectrum Family Services

What could Council’s role be?

Provider – Council can:
- continue to provide services supporting migrant families including Maternal and Child Health services, parenting programs, early childhood education and care, schools and community health services
- include information on its website to increase the community’s awareness of how to access these services. The Welcoming Cities Network works to capture and disseminate good practice and research
- ensure information is provided in appropriate languages and formats

Partner - Council can partner with service providers and community organisations to identify existing and emerging issues, develop settlement action plans, apply for funding through the Commonwealth Settlement Engagement and Transition Support Program

Facilitate - Council can facilitate the settling of migrants and refugees by:
- promoting multiculturalism, social inclusion and equitable access to programs and services
- support initiatives that strengthen the resilience of newly arrived residency through building their capacity to engage in the community, increase their understanding of human rights
- becoming a Refugee Welcome Zone through making a declaration to welcome refugees into the community, upholding their human rights, demonstrating compassion and enhancing cultural and religious diversity in the community (Cities of Maroondah, Bass Coast, Bendigo, Brimbank, Greater Dandenong, Monash, Moreland, Whittlesea, and Yarra)
- disseminating information to support new arrivals e.g. the Beginning a Life in Australia booklet
- applying an ‘equity lens’ to strategic and planning processes to ensure the needs of new arrivals and refugees are addressed in Council decision-making processes

Advocate – Council can advocate for:
- the protection and promotion of the human rights of settling communities
- a reversal of the recent assessment changes to the Status Resolution Support Services program’s eligibility provisions to ensure that recent arrivals receive the necessary material aid

Target populations
- people from culturally and linguistically diverse backgrounds (particularly young people, older people and women)
- people at risk of exclusion (including people who are of refugee or asylum seeker status)

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Policy and legislative framework

- under Victoria’s *Charter of Human Rights and Responsibilities Act 2006* Councils are obliged to protect rights related to equality, culture and religion.
- the *Victorian Equal Opportunity Act 2010* makes discrimination, sexual harassment and victimisation against the law in many areas of public life, such as employment, education, accommodation, and providing goods and services.
- the *Victorian Racial and Religious Tolerance Act 2001* makes racial and religious vilification against the law.
5  GENDER EQUITY

At a glance

- gender inequality has been identified as one of the primary drivers of men’s violence against women.
- the drivers of gender inequality include the socio-economic, political and cultural context, daily living conditions; and individual health-related knowledge, attitudes and behaviours. 66
- approximately one-third (35.7 per cent) of Victorians hold low levels of support67 for equal relationships between women and men
- over four out of every ten men (44.4 per cent) hold low levels of support for equal relationships between women and men, compared to 27.3 per cent of women.
- low levels of support for equal relationships between women and men are most prevalent among young men aged 18-24 (52.9 per cent) and men aged 25-34 (50 per cent).68
- the proportion of females employed in causal, temporary full-time and part-time positions in Moonee Valley City Council is significantly higher than males.
- the health and wellbeing status of females in the City of Moonee Valley is higher than that of the West Metro Region demonstrated by indicators relating to minimum weekly wage, older women living alone, English proficiency and employment status.
- the health status of women in Moonee Valley is lower than the health status of males demonstrated by indicators relating to English proficiency, providing unpaid assistance, needing assistance, employment status, weekly wage, lone parent and providing unpaid domestic work.

The big picture

Gender equity is a determinant of health and wellbeing and fundamental human right that is of benefit to the whole community.69

- gender equity is “the process of being fair to women and men by recognising diversity and disadvantage and directing resources accordingly to create equal outcomes. Equity denotes the series of actions need to be taken before equality can be achieved.”70 It leads to increased access to power and resources for groups without it. 71
- gender equality is “the absence of discrimination based on one’s gender [and] is attained through gender equity”. 72

Gender equity has been identified as a priority area by all levels of government in Australia, as well as many other sectors beyond the health sector. It involves recognising that the use of heterosexual binary terms such as ‘male’ and ‘female’ may compromise gender equity and diversity. It also involves acknowledging intersectionality in a diverse society which recognises that a person may identify with more than gender identity, or a gender identity that has not been formally described. 73

Gender inequality has been identified as one of the primary drivers of men’s violence against women. Advancing gender equality through gender equity initiatives is widely accepted as the best practice approach to address the drivers of men’s violence against women. Increasing women’s participation in the workforce and achieving gender equality has positive impacts on organisational culture and operations.74

68 Women’s Health Victoria, Victorian Women’s Health Atlas Gendered Fact Sheet Moonee Valley, October 2019
70 Women’s Health Victoria, Victorian Women’s Health Atlas Gendered Fact Sheet Moonee Valley, October 2019
72 Women’s Health Victoria, Victorian Women’s Health Atlas Gendered Fact Sheet Moonee Valley, October 2019
74 Moonee Valley City Council, Gender Equity Workplace Position Statement Issues Paper, 2018
The drivers of gender inequality include the socio-economic, political and cultural context, daily living conditions; and individual health-related knowledge, attitudes and behaviours. Women’s access to transport is important as fewer women drive and own cars than men and therefore are more likely to rely on public transport. Where families own one car, men are more likely to use that car to get to and from work, leaving women reliant on public transport. Limited public transport options and lack of access to private transport for women makes them vulnerable to social isolation and to control and abuse. Women also have primary caring responsibilities so safe and affordable transport for women and children becomes a key determinant of health.

Gender inequality has led to women over 50 emerging as the fastest growing cohort of people experiencing housing stress and homelessness. The underlying compounding and systemic factors are lower average rates of income than males, time out of the workforce due to caring responsibilities, systemic discrimination in relation to past employment practices and past financial discrimination.

Media and the arts are a powerful source of information and culture, influencing social norms, attitudes and public discourse around gender.

- approximately one-third (35.7 per cent) of Victorians hold low levels of support for equal relationships between women and men
- over four out of every ten men (44.4 per cent) hold low levels of support for equal relationships between women and men, compared to 27.3 per cent of women.

Low levels of support for equal relationships between women and men are most prevalent among young men aged 18-24 (52.9 per cent) and men aged 25-34 (50 per cent).

What does this mean for Moonee Valley?

The Moonee Valley City Council Gender Equity Workplace Position Statement recognises that equality in the workforce contributes the recruitment of a talented workforce, a dynamic environment, increased staff engagement and employment satisfaction and the health and wellbeing of all staff. Council is committed to creating a workplace that promotes and ensures gender equity.

Moonee Valley City Council has a good representation of women as Councillors (at the 2016 election, five out of nine Councillors elected were women) and there has been a recent shift to ensure greater female representation in senior management roles.

The proportion of females employed in causal, temporary full-time and part-time positions in Moonee Valley City Council is significantly higher than males.

Key trends relating to gender equity in the City of Moonee Valley in 2016 indicate that the health and wellbeing status of females is lower than males in the municipality.

Compared to males in the City of Moonee Valley there are:

- higher proportion of females with low English proficiency (5.5 per cent and 3.8 per cent respectively)
- higher proportions of females providing unpaid assistance to a person with a disability (11.8 per cent and 8 per cent respectively)
- higher proportions of females needing assistance with core activities (5.9 per cent and 5.5 per cent respectively)
- higher proportions of females 75 years and older and living alone (3.1 per cent compared to 1.1 per cent)
- significantly higher proportion of females employed part time (41.8 per cent and 19.5 per cent respectively)
- significantly higher proportion of women below minimum weekly wage (40.2 per cent and 28.9 per cent respectively)

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76 Women’s Health Victoria, *Victorian Women’s Health Atlas Gendered Fact Sheet Moonee Valley*, October 2019
80 Women’s Health Victoria, *Victorian Women’s Health Atlas Gendered Fact Sheet Moonee Valley*, October 2019
81 Women’s Health Victoria, *Victorian Women’s Health Atlas Gendered Fact Sheet Moonee Valley*, October 2019
• significantly lower proportions of females employed as Chief Executives, General Managers and Legislators per 10,000 people (18.3 and 51.9 respectively)
• significantly higher proportions of female lone parents (82.3 per cent and 17.7 per cent)
• significantly higher proportions of females undertaking unpaid domestic work (23.1 per cent and 7 per cent respectively)

Compared to females in the City of Moonee Valley there are:
• higher proportion of males who attained Year 12 or equivalent (51.6 per cent and 50 per cent respectively)
• a higher proportion of males with low support for gender equality in relationships (36.4 per cent and 26.8 per cent respectively)

The health and wellbeing status of females in the City of Moonee Valley is higher than that of the Western Metro Region, demonstrated by the following indicators:
• higher proportions of females with above minimum weekly wage (36.1 per cent for Moonee Valley compared to 31.9 per cent for the West Metro Region)
• higher proportions of females employed as Chief Executives, General Managers and Legislators per 10,000 (18.3 and 14.2 respectively)
• higher proportions of females aged 75 and older and living alone (3.1 per cent and 1.7 per cent respectively)
• lower proportions of females with low English proficiency (5.5 per cent and 7.9 per cent respectively)
• lower proportions of females who are unemployed (5.4 per cent and 8.7 per cent respectively)
• lower levels of males with low support for equality in relationships (36.4 per cent and 47.6 per cent respectively)

What does this mean across our neighbourhoods?

The proportion of females is higher than males in all neighbourhoods in the City of Moonee Valley (refer to Figure 4). Keilor Road/Essendon North has the highest percentage of females in the municipality and Strathmore has the lowest (refer to Figure 4).

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82 ibid
Promising Practice

The Victorian Government recently introduced *Gender Equality Act (2020)* with the aim of improving: workplace gender equality across the Victorian public sector, universities and local councils; and community outcomes through improved policies, programs and services.

Local Government Victoria has produced a *best practice guide for gender equity in local government* to help local governments take practical steps to enhance gender diversity in their councils and workforces.83 This resource is supported by a *research companion* which provides the evidence base.

The *Equity-Focused Health Impact Assessment Framework* provides guidelines on how to assess the implications of policy and process on gender equity.84

*Incept 2.0* creates a platform for shared evaluation of gender equity initiatives and policies.85


Darebin City Council have tools and resources for local government and early year’s settings to promote positive gender norms in the early years. See [Creating Gender Equity in the Early Years](http://www.darebin.vic.gov.au/Darebin-Living/Community-support/HealthandWellbeing#Gender-Equity-in-the-Early-Years).

Moreland is addressing the huge disparity between males and females accessing council allocated sports grounds and is implementing the *Active Women and Girls Strategy* to increase rates of female participation in local sport. This included an update of the grounds allocation policy to shift allocation priority to clubs that were being more inclusive. See Moreland City Council’s *Active Women and Girls Strategy*.

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Moonee Valley City Council’s Ready, Set, Equity! project aimed to increase the visibility, profile, representation and participation of girls and women in sport in Moonee Valley; as players, coaches, leaders, and decision makers. Additionally, it aimed to support clubs to embed gender equity principles by providing local government leadership on gender equality and family violence prevention in the local sport setting; ensuring a greater understanding in sports clubs of how gender inequality limits female participation in sport; and increasing participation in local sport for girls and women.

The project played an important role in raising awareness about the detrimental impact of cultural norms on women enabling conversations with community members and sporting clubs around gender equity and family violence prevention. Following participation, sporting club representatives and community members had increased their understanding of gender inequality as a driver of violence against women and as a barrier to female participation in sport.

The momentum, and the staff and community capacity created through this project will continue to foster cultural change and address the many barriers faced by women. The project created opportunities for women and girls to share their sporting stories, which otherwise may not have existed. Additionally, clubs who participated indicated an increased desire to prioritise the place of women and girls in their club setting, which in time will increase the opportunities available to women in sport.

What could Council’s role be?

Monitor - Council can monitor the cultural, social and economic factors that contribute to gender inequality

Advocate - Council can continue to advocate to for ongoing state and national action to prevent violence against women and other behaviours that threaten gender equality

• continue to adopt an evidence-based approach to achieving gender equality in the community and workplace through research, monitoring, disseminating information

Partner – Council can partner with agencies and stakeholders committed to building cross-sector action and leadership in gender equality:

Provide – Council can continue to provide facilities and social, leisure and art programs that:

• achieve gender equality through quotas, action plans and reporting as required under the Gender Equality Act (2020), of which all Victorian Government departments, the public sector and local governments will be accountable to
• promote self-esteem and enhance inter-personal skills
• Foster supportive relationships
• encourage the participation of men in activities and events such as story time at the library, playgroups
• deliver women’s only swimming classes
• challenge gender stereotypes
• satisfy the needs of all genders and increase access to women’s bathrooms in public place and community facilities

Facilitate - Council can continue to facilitate gender equality by:

• demonstrating leadership
• ensuring equal representation of gender identities in panels, community engagement activities, media
• allocating extra resources and targeted policies to bridge the gap in order to achieve equality
• including measures into the municipal public health and wellbeing plan that reduce family violence and respond to the needs of victims in accordance with Recommendation 94 of the Royal Commission into Family Violence
• putting a gender lens on policies, budgets, urban design and planning processes
• foster networks of support and connectivity for women and girls, particularly those from migrant and refugee backgrounds
• creating flexible work arrangements
• providing paid parental leave
• providing and supporting arts and cultural events that promote gender equality

Target populations
• Aboriginal and Torres Strait Islander women
• women from culturally and linguistically diverse backgrounds
• women with disabilities and mental illnesses
• women at risk of exclusion (due to family violence)
• women living on low and/or insufficient incomes
• Older women
• LGBTIQ+ women
• young people (particularly young males aged 16-24 years)

Policy and legislative framework

It is illegal under the Victorian Equal Opportunity Act 2010 to discriminate against someone because of their gender.

The Victoria Charter of Human Rights and Responsibilities 2006 requires local councils (along with other public authorities) to act compatibly with human rights, and to consider human rights when developing policies, making laws, delivering services and making decisions. The first right is that everyone is entitled to equal and effective protection against discrimination, and to enjoy their human rights without discrimination.

The Victorian Government’s gender equality strategy describe a set of reforms and actions to achieve gender equality in the state. The Gender Equality Act (2020) requires that Victorian Government departments, the public sector and local governments achieve gender equality through quotas, action plans and reporting.

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6 ECONOMIC PARTICIPATION

At a glance

- Economic participation is central to inclusion, reducing poverty and our community’s health.
- 5.7 per cent of people in Moonee Valley are looking for full-time or part-time employment (compared to 6.8 per cent for Greater Melbourne).\(^{88}\)
- In 2016, 5.5 per cent of 15 to 24-year olds in the City of Moonee Valley were disengaged with employment and education, compared to 7.5 per cent in Greater Melbourne.\(^{89}\)
- Youth unemployment varies across the municipality. In Flemington, almost 19 per cent of young people aged 15 to 24 were unemployed.\(^{90}\)

The big picture

Economic participation is central to inclusion, reducing poverty and our community’s health. Economic participation encompasses the range of ways people contribute to and participate in the economic life of their community, including through employment, self-employment, career progression, enterprise development, education and training, and as consumers.\(^{91}\) Employment is a public health issue and a key social determinant of health. Poor health can be both a product of, and contribute to, lower socioeconomic position.\(^{92}\)

While Australia is seen as one of the wealthiest countries in the world, there is growing income and wealth inequality. In terms of income inequality in Australia in 2018, the highest 20 per cent of Australians live in a household with five times as much income as the lowest 20 per cent.\(^{93}\) There is also a huge wealth inequality issue; the wealthiest 20 per cent own nearly two thirds of all wealth, while the lowest half own just 18 per cent.\(^{94}\) Income refers to money received over a period of time, whereas wealth refers to assets.\(^{95}\)

In total, one in eight people in Australia live below the poverty line (or 13.6 per cent). Living below the poverty line is classed as 50 per cent of median income, before deducting housing costs. 13.9 per cent of young people live below the poverty line.

People who identify as having a disability aged between 15-24 years of age have lower economic participation rates (53.4 per cent) and higher unemployment rates (10.3 per cent) than people without a disability (84.1 per cent and 4.6 per cent respectively).\(^{96}\) Of the 2.1 million Australians of working age with disability, just under half were employed (47.8 per cent), compared with 80.3 per cent of people without disability.\(^{97}\) Almost one in five (18.9 per cent) people with disability aged 15-24 years experienced discrimination. In almost half of those instances, the source of discrimination is an employer.\(^{98}\)


\(^{90}\) Australian Bureau of Statistics, Census Data, 2016


\(^{94}\) ibid

\(^{95}\) ibid


\(^{97}\) ibid

\(^{98}\) ibid
For many people, discrimination and systemic barriers associated with entrenched attitudes, may prevent people from achieving levels of economic participation that others enjoy. This may vary, depending on a number of factors including age, cultural and religious background, language, location, ability and gender and a combination of these factors may increase the barriers to employment. For example:

- Aboriginal and Torres Strait Islander people may face a range of barriers including race-based discrimination, lack of cultural safety awareness and responsibility on the part of the employer and appropriate systems.
- young people across Australia experience lower levels of employment that those in other age brackets, and this can vary depending on location. Young people may face discrimination, with prospective employers perceiving a lack of experience or skills. Young people have also cited lack of transport, limited professional networks and race-based discrimination as reasons why they can’t find work.
- people from culturally and linguistically diverse backgrounds, particularly women, may face a number of barriers including both racist and sexist attitudes and broader societal pressures that further isolate women from educational and employment prospects.
- mature people (aged over 45) “experience lower unemployment than younger workers, but once out of work they find it much more difficult to get back in” and “older workers experience ageism in different ways and to different degrees depending on their gender and occupation”.
- people with disability may face social exclusion and discrimination and also face a number of challenges around lack of transport, limited access to education, lack of services and support, difficulty negotiating access to buildings and information and lower levels of self-worth and self-esteem.

Providing access and opportunities for meaningful employment for vulnerable communities has a number of social and economic benefits. For example, increasing employment opportunities would improve:

- financial independence, reduced poverty rates and help to pay debt
- housing security and cover housing costs
- any potential family tensions and breakdown due to lack of employment and income (however, it is important to note that women’s financial independence can lead to increases in family violence)
- confidence and self-esteem and social inclusion
- work skills and,
- help people and communities be happier and healthier, including both improved physical and mental health.

**What does this mean for Moonee Valley?**

There are 42 economic and activity areas identified across Moonee Valley’s 13 neighbourhoods.

Plan Melbourne 2017-2050 has also nominated six Major Activity Centres in Moonee Valley: Moonee Ponds, Airport West, North Essendon, Keilor Road, Union Road and Racecourse Road. Major Activity Centres are “suburban centres that provide access to a wide range of goods and services. They have different attributes and provide..."
different functions, with some serving larger subregional catchments. Plan Melbourne identifies 121 major activity centres.\textsuperscript{108}

Moonee Valley’s Gross Regional Product (GRP) for 2016 was estimated to be $4.515 billion, representing 14.2 per cent of Melbourne’s West GRP of $31.795 billion.\textsuperscript{109} It is estimated that 47,854 people work in Moonee Valley, with 10,401 jobs located in Moonee Ponds.\textsuperscript{110} It is projected that there will be an increase of 29,365 jobs within Moonee Valley by 2040.\textsuperscript{111}

In 2016, of those in the labour force, nearly 60 per cent were in full-time employment and just over 33 per cent employed part-time. 5.7 per cent of people in Moonee Valley are looking for full-time or part-time employment (compared to 6.8 per cent for Greater Melbourne).\textsuperscript{112} There are numerous unemployment ‘hottspots’ that exist across the municipality disproportionately impacting residents in social housing (young people and women), people living with disabilities and Aboriginal and Torres Strait Islander communities.

In 2016, 5.5 per cent of 15 to 24-year olds in the City of Moonee Valley were disengaged with employment and education, compared to 7.5 per cent in Greater Melbourne.\textsuperscript{113} Youth unemployment varies across the municipality. In Flemington, almost 19 per cent of young people aged 15 to 24 were unemployed.\textsuperscript{114}

The City of Moonee Valley is one of the largest local employers. About $105.3 million was spent in 2018-19 financial year for goods, services and works of which approximately $7.9 million was spent within the municipality. Moonee Valley plays an increasingly important role in driving productivity growth in Victoria due to our high skill base and location in the CBD–Melbourne Airport corridor which is home to around 715,000 jobs.\textsuperscript{115}

In Moonee Valley, the 2016 Census highlighted that eight per cent of residents of Moonee Valley require assistance with core activities. Of these residents, 19 per cent are currently employed with 7 per cent of those employed were full-time.\textsuperscript{116}

**What does this mean across our neighbourhoods?**

Youth unemployment in Moonee Valley is lower than the Greater Melbourne area, but varies across the neighbourhoods. Almost 19 per cent of young people aged 15–24 are unemployed in the Flemington neighbourhood.\textsuperscript{117}

According to the 2016 Census, 46 per cent of the population of the Flemington Housing Estate are 24 years or under. It has a culturally diverse population, with 72 per cent of inhabitants speaking a language other than English at home; and features lower income households and lower levels of education, as well as a lower labour force participation amongst women and youth. Disability is also more common on the estate than surrounding neighbourhoods, with most of the residents in the older age range.

The Flemington Housing Estate is home to some of the most vulnerable people in the municipality. This is reflected in the SEIFA scores and other key data such as:

- a labour force participation rate of 32 per cent compared to 62 per cent for Victoria

\textsuperscript{108} Ibid, p139
\textsuperscript{109} REMPLAN data, 2019, supplied by Moonee Valley City Council
\textsuperscript{110} SGS Economics and Planning, City of Moonee Valley Employment Forecasts, February 2018
\textsuperscript{111} Ibid
\textsuperscript{114} Australian Bureau of Statistics, Census Data, 2016
\textsuperscript{115} Australian Bureau of Statistics, Census Data, 2016, compiled by .id Consulting, 2017
\textsuperscript{116} Australian Bureau of Statistics, Survey of Disability, Ageing and Carers 2017
\textsuperscript{117} Australian Bureau of Statistics, Census Data, 2016
• an unemployment rate of 33 per cent; nearly six times higher than the State (5.4 per cent and 12 per cent respectively)
• youth unemployment rate at 38 per cent

These unemployment rates are having a profound effect on both current and future generations.

**Promising Practice**

**Structural/systemic responses**

- **The Victorian Government** has implemented a six percent target of economic participation of people with disability by 2020 as part of the Every opportunity: Victorian economic participation plan for people with disability 2018–2020. ¹¹⁸
- **Victorian Government’s ‘Social Procurement Framework’** which sets out objectives for leveraging maximum value from the Victorian Government’s significant buying power, bolstered by our ongoing investment in infrastructure and future industries. The framework will achieve this by increasing job opportunities for under-represented groups and providing greater support for businesses that prioritise social impact alongside the delivery of competitively priced, high-quality construction projects, goods and services.¹¹⁹
- **The Australian Productivity Commission’s 2018 report into inequality in Australia identified entrenched disadvantage (mitigated in part through our progressive tax and targeted transfer systems) could be addressed through:**

  - a refocus on groups experiencing persistent disadvantage (notably people living in single-parent families, unemployed people, people with disabilities and Indigenous Australians), who are more ‘...likely to experience income poverty, deprivation and social exclusion.’ (APC, 2018; 4, 134).
  - An acknowledgement this group of Australians’ needs were more complex and that improvements in skills and education policies will not be enough; and that ‘...housing or health policies could better be fashioned to address more directly than today quite specific needs — what might be termed ‘hand-made’ policy — as we look out towards a fourth decade of uninterrupted economic growth.’ (APC, 2018; 5, 134).

**Programmatic responses**

- **Flemington Works**, run by Moonee Valley City Council, is an example of the Productivity Commission’s ‘hand made’ policy responses. It is a community-led program supporting jobs and small business growth for residents of the Flemington Housing Estate. In just 19 months, the program has secured 96 paid employment placements. It has worked with residents to develop a co-designed approach which is based on more than job-matching, and has changed the council’s social procurement and recruitment processes. In February 2020, it was awarded the Human-Centred Services Award by the IPAA Victoria’s annual Leadership in the Public Sector Awards.¹²⁰
- **Mornington Peninsula Shire Council’s Aboriginal Employment program is an example of Council using its employment opportunities to boost local Aboriginal Employment in meaningful roles. See a number of resources on Reconciliation Victoria’s Maggolee website.¹²¹**
- **The Crown St Stables Café Assistant** traineeship is also a program delivered by Moonee Valley City Council with the intent of providing an employment pathway for people with an intellectual disability. The traineeship runs for

12 weeks and five people with a disability are employed by Council four hours each week to gain practical work
skills in a hospitality setting.122

• Programs such as trainees to run coffee carts with programs delivered across Australia such as Que Sera Sera
coffee cart.

What could Council’s role be?

Monitor – Council can monitor its own workforce diversity and recruitment practices to identify opportunities for
improvement.

Advocate – Council can advocate for greater access to job, more funding to support job seeking and better programs
to support companies and organisations employ people from diverse background and assist those unemployed or
underemployed find work.

Partner – Council can partner with:

• local communities to build skills and leadership.
• local employment organisations such as the Brotherhood of St Laurence and major employers on projects to
increase employment opportunities.
• Local training organisations to build skills.
• join the Australian Network on Disability (AND) - a national, membership based, for-purpose organisation that
supports organisations to advance the inclusion of people with disability in all aspects of business.

Provide – Council can provide:

• culturally safe, supportive, responsive and appropriate work place and recruitment and staff retention practices.
• paid employment opportunities for target populations through proactive hiring measures that address barriers
to employment.
• programs to support skill development and job seeking skills
• example projects supporting affordable housing

Facilitate - Council can continue to facilitate economic participation by:

• ensuring Council contracts have local employment targets and in specified neighbourhoods, target populations
and across job types.
• embedding social and sustainable procurement practices in contracts, including purchasing goods and services from:
  o Local suppliers, social enterprise, disability enterprises and aboriginal-owned and operated business
• attracting social enterprises to the municipality
• attracting businesses in growth sectors to the municipality.

Target populations

• Single parent households
• Aboriginal and Torres Strait Islander people
• people from culturally and linguistically diverse backgrounds, particularly women
• people with disability and mental illnesses
• young people, particularly those from neighbourhoods with higher levels of youth unemployment such as
  Flemington.

Policy and legislative framework

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It is illegal under the *Victorian Equal Opportunity Act 2010* to discriminate against someone because of their protected attribute. Other relevant acts include the *Racial Discrimination Act 1975* (RDA) makes it unlawful to discriminate against a person because of his or her race, colour, descent, national origin or ethnic origin, or immigrant status.

The *Victorian Disability Act 2006* requires Councils to address access to goods, services and facilities; barriers to employment; inclusion and participation and attitudes and discriminatory practices for people with disability. Other Acts relevant to economic participation include the *Disability Discrimination Act 1992* (Cwlth), the *Sex Discrimination Act 1984* (Cwlth), the *Age Discrimination Act 2004* (Cwlth), the *Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status Act 2013* (Cwlth).

The Victorian *Charter of Human Rights and Responsibilities 2006* requires local councils (along with other public authorities) to act compatibly with human rights, and to consider human rights when developing policies, making laws, delivering services and making decisions. The first right is that everyone is entitled to equal and effective protection against discrimination, and to enjoy their human rights without discrimination.

Under the recently adopted Victorian *Local Government Act 2020*, an overarching governance principle of Council is to give priority “to achieving the best outcomes for the municipal community, including future generations; and the economic, social and environmental sustainability of the municipal district, including mitigation and planning for climate change risks, is to be promoted”.

Councils also have responsibility under the *Public Health and Wellbeing Act 2008* to protect the health and wellbeing of their communities.

Other key policy is the Victoria Government Social Procurement Framework which sets out objectives for leveraging maximum value from the Victorian Government’s significant buying power, bolstered by our ongoing investment in infrastructure and future industries.
7 SOCIAL EXCLUSION

At a glance

- Social exclusion contributes to a cycle of poverty, inequality, compromised health and wellbeing and the stigmatisation of groups labelled as ‘excluded’.\(^{123}\)
- Local governments have an important role to play in social inclusion “so that all of their residents are celebrated, valued and feel that they belong”. Through every program, activity and service, “councils are working towards creating inclusive communities and providing services for people from all backgrounds to ensure they can participate in community life and access the services they need”.\(^{124}\) This includes grants programs as well as employment programs, business promotion and procurement options; along with social activities to increase social connections, leadership skills and community empowerment.
- The City of Moonee Valley has:
  - a higher proportion of people reported a willingness to help each other in their local area (78.6 per cent compared with 74.1 per cent for Victoria)
  - higher proportions of people who perceived they lived in a close-knit community (64.2 per cent compared with 61 per cent for Victoria) and
  - higher proportions of people who perceived their local area as trustworthy (77.6 per cent compared with 71.9 per cent for Victoria).\(^{125}\)

The big picture

Social exclusion occurs at different levels including individual, household, group and community. It is a process resulting from the interaction of unequal power relationships across four main dimensions, namely economic, political, social and cultural. Social exclusion exists in communities even when it is not formally institutionalised through regimes discriminating on race (e.g. Apartheid in South Africa, the Holocaust) and gender (e.g. in some middle eastern countries).

Social exclusion is also an outcome resulting in unequal access to resources, economic opportunities, political engagement and social interaction which in turn lead to health inequalities.\(^{126}\)\(^{127}\) These inequalities are experienced at a macro level (access to affordable education, equal employment opportunities, cultural and gender norms) and/or at the micro-level (income, occupational status and social networks).\(^{128}\) Social exclusion also creates inequalities with respect to groups’ capacity to meet and exceed basic needs, diversity, peace and human rights. Social exclusion incorporates the concepts of poverty and deprivation\(^ {129}\) and in some contexts, the term social exclusion has become a metaphor for socio-economic disadvantage.\(^ {130}\)

There is no single set of indicators of social exclusion that adequately identifies the intersectionality of the multiple determinants and risks of social exclusion such as substance abuse, homelessness, mental and physical ill health. Measures of social exclusion can themselves be ‘exclusionary’ as people most significantly affected by social exclusion and exclusionary process such as refugees, the homeless, people with mental and physical disabilities, marginalised cultural and ethnic groups and people living in institutions are often the least likely to be acknowledged

123 Popay, J et al., Understanding and Tackling Social Exclusion, Final report to the WHO Commission on Social Determinants of Health from the Social Exclusion Knowledge Network, 2008
127 Pate, A. ‘Social in/exclusion: Mere words, or a key framework for understanding and addressing disadvantage?’, Melbourne Citymission, 2009
128 World Health Organization, Social Determinants of health: social exclusion’ [website]
130 Pate, A. ‘Social in/exclusion: Mere words, or a key framework for understanding and addressing disadvantage?’, Melbourne Citymission, 2009
in policy, community engagement and decision-making processes. These groups are also less likely to have the resources to advocate on their behalf.

All of these factors contribute to a cycle of poverty, inequality, compromised health and wellbeing and the stigmatisation of groups labelled as ‘excluded’.

Social capital is one measure of social exclusion. The concept typically is understood to be ‘the links, shared values and understandings in society that enable individuals and groups to trust each other and work together’. However, social capital can also refer to a resource that individuals can rely on during times of need. While bridging social capital builds strong inclusive communities, bonding social capital creates exclusive networks that compromise community connectedness and social inclusion.

Universal social welfare systems implemented in the Organisation for Economic Co-operation and Development (OECD) countries reduce the impacts of social exclusion by improving access to and use of healthcare and welfare services. However, the efficacy of these systems may be compromised by factors such as the relatively low level of financial support, delayed or incorrect payments, complex eligibility criteria, differential access to information and stigma. Although community involvement can be effective in addressing social exclusion, it does not address the structural and political systems that led to the social exclusion. Globally, income inequality is rising everywhere and Australia is close to the OECD average. Australia’s progressive tax and highly targeted transfer systems substantially reduce inequality; and have lowered the measure of overall income inequality (the Gini coefficient) by 30 per cent since the 1980s. Note: the Gini coefficient is an equality measure where zero means complete equality and one means complete inequality. Australia’s Gini coefficient in 2018 was 0.34.

What does this mean for Moonee Valley?

Council’s roles extend beyond the traditional ‘roads, rates and rubbish’ functions, covering the environmental, economic, employment, cultural and social wellbeing of residents. Social inclusion is an overarching policy agenda in Australia, having implications for every aspect of local government business, including grants programs as well as employment programs, business promotion and procurement options; along with social activities to increase social connections, leadership skills and community empowerment.

The City of Moonee Valley’s Diversity, Access and Equity Policy 2014 aims to support an inclusive and diverse Moonee Valley where all community members are treated equally with dignity and respect.

Other specific policies and plans that seek to further enhance Moonee Valley community’s human rights include:

- Disability Action Plan
- Early Years Plan
- Healthy Ageing Strategy
- LGBTQI Action Plan
- Library and Learning Strategy
- Public Health and Wellbeing Plan
- Reconciliation Policy

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131 Popay, J et al., Understanding and Tackling Social Exclusion, Final report to the WHO Commission on Social Determinants of Health from the Social Exclusion Knowledge Network, 2008
132 ibid
133 https://www.oecd.org/insights/37966934.pdf
134 Popay, J et al., Understanding and Tackling Social Exclusion, Final report to the WHO Commission on Social Determinants of Health from the Social Exclusion Knowledge Network, 2008
138 ibid
Thrive: Strategy for Young People

Key indicators on social inclusion for the City of Moonee Valley include:139

- higher proportion of people who reported a willingness to help each other in their local area (78.6 per cent compared with 74.1 per cent for Victoria)
- higher proportions of people who perceived they lived in a close-knit community (64.2 per cent compared with 61 per cent for Victoria)
- higher proportions of people who perceived their local area as trustworthy (77.6 per cent compared with 71.9 per cent for Victoria)

What does this mean across our neighbourhoods?

Essendon, Avondale Heights and Aberfeldie had the lowest proportions of people who felt part of their local community (61.7 per cent, 62.3 per cent and 62.8 per cent respectively) (refer to Figure 5).

Figure 5 - Percentage of people who feel part of the local community by neighbourhood (with 95% confidence intervals)

<table>
<thead>
<tr>
<th>Neighbourhood</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milleara</td>
<td>87.4</td>
</tr>
<tr>
<td>Airport West</td>
<td>70.6</td>
</tr>
<tr>
<td>Ascot Vale</td>
<td>70.2</td>
</tr>
<tr>
<td>Strathmore Heights</td>
<td>70</td>
</tr>
<tr>
<td>Flemington</td>
<td>69</td>
</tr>
<tr>
<td>Essendon</td>
<td>67.2</td>
</tr>
<tr>
<td>Moonee Ponds</td>
<td>63.5</td>
</tr>
<tr>
<td>Niddrie / Essendon West</td>
<td>62.7</td>
</tr>
<tr>
<td>Avondale Heights</td>
<td>62.5</td>
</tr>
<tr>
<td>Keilor East</td>
<td>62.5</td>
</tr>
<tr>
<td>Aberfeldie</td>
<td>61.8</td>
</tr>
<tr>
<td>Keilor Road / Essendon North</td>
<td>57.7</td>
</tr>
<tr>
<td>Strathmore</td>
<td>54.2</td>
</tr>
</tbody>
</table>

Source: MVCC Community Survey 2019

Promising Practice

The City of Hume Social Justice Charter articulates Council’s commitment to social justice and human rights and provides the framework guiding Council’s efforts to redress disadvantage in the municipality. This document guides the development of Council policy, plans and strategies and is applicable to all members of the Hume community including Council, service providers, local businesses, community groups and residents.140

The City of Ryde Social Inclusion and Diversity Checklist covers the areas and key indicators of social inclusion and diversity in an organisation.\textsuperscript{141}

The West London Alliance Good practices in social inclusion through employment includes some universal best practice principles on social inclusion.\textsuperscript{142}

The United Nations Best Practices for Including Persons with Disabilities includes a set of criteria and principles that are relevant to including people with disabilities in built environment initiatives.\textsuperscript{143}

**What could Council’s role be?**

**Partner** - Council can continue to partner with organisations, agencies and service providers that enhance social inclusion.

**Provide** - Council can:
- continue to provide services, activities, facilities and events that promote social inclusion
- assess grant applications in terms of their potential to enhance social inclusion

**Facilitate** - Council can facilitate social inclusion by:
- directing resources to programs and initiatives that redress social exclusion within particular locations, neighbourhoods and communities
- supporting new and emerging groups within the community by involving them in leadership programs, targeted community engagement processes
- investigating the feasibility of preparing a Social Justice Charter and/or social inclusion and diversity checklist
- applying a ‘social exclusion’ lens during decision-making and policy formulation to understand and address the causes and consequences of social exclusion
- continuing to implement policies and actions that respect and promote diversity and inclusion

**Target populations**
- people living on low and/or insufficient incomes to meet basic rights and needs, with attention to people living in public housing, families with young children and single parent families
- people at risk of exclusion due to family violence, pay inequities, unemployment gender stereotypes, being single parents, divorced or widowed, prisoners
- CALD people particularly refugees, asylum seekers and new arrivals
- people with disabilities or mental illnesses
- LGBTIQA+ people
- social, locally and technologically isolated people
- homeless people
- Aboriginal and Torres Strait Islander people

**Policy and legislative framework**

The Victorian Charter of Human Rights and Responsibilities 2006 requires councils to consider human rights in developing laws, policies and delivering services. This policy has adopted a human rights framework by embedding


the values of inclusion, access and participation by all. It protects 20 human rights across four key areas: Freedom, Respect, Equality and Dignity.

The Charter protects many of the basic rights that are not covered by criminal or civil law, for example, the rights to freedom of expression and freedom of association. The Charter requires that governments, local councils and other public authorities comply with Charter rights and consider relevant Charter rights when they make decisions.

Governance principles under the Local Government Act 2020 include that (b) priority is to be given to achieving the best outcomes for the municipal community, including future generations; and that (c) the economic, social and environmental sustainability of the municipal district, including mitigation and planning for climate change risks, is to be promoted.

Conditions enhancing safety and security can be included in planning permits under the Planning and Environment Act 1987.

Councils have responsibility under the Public Health and Wellbeing Act 2008 to protect the health and wellbeing of their communities.
8 SOCIAL ISOLATION

At a glance

- the impact of social isolation and loneliness on health and mortality are of the same order of magnitude as physiological conditions such as high blood pressure, obesity and smoking.\(^\text{144}\)
- rates of crime and vandalism are higher in communities with high levels of social isolation, \(^\text{145}\)
- men aged 25-44 years are four times as likely to live alone and more than twice as likely to be lonely than women, \(^\text{146}\)
- young women on low incomes are most likely to experience loneliness. \(^\text{147}\)
- people living in lone person and lone parent households are on average twice as likely to experience loneliness as people living in couple households. \(^\text{148}\)
- the neighbourhoods with the highest proportion of one parent families are Milleara (12 per cent), Airport West and Avondale Heights (11.1 per cent each).
- the neighbourhoods with the highest proportion of lone parent households are Keilor Road/Essendon North (31.4 per cent), Flemington (29.9 per cent) and Essendon (29.5 per cent).
- higher proportions of lone person households (24.9 per cent, 22 per cent and 19.1 per cent respectively) (refer to Figure 7), with the highest number and proportion of lone person households in the neighbourhoods of Keilor Road/Essendon North (31.4 per cent), Flemington (29.9 per cent) and Essendon (29.5 per cent).\(\text{149}\)
- By 2040 there will be more people living in lone person households than ever before, with 30 per cent of Moonee Valley households living alone.

The big picture

Human beings are ‘social animals’ whose biological, psychological and social systems have evolved to prosper in cooperative networks of people.\(^\text{149}\) Loneliness is a subjective state arising from the disconnect felt between desired interpersonal relationships and those a person perceives they currently have.\(^\text{150}\) While there is frequently a relationship between social isolation and loneliness, they do not always co-exist.\(^\text{151}\) It is therefore possible for individuals to be lonely, but not isolated, or isolated, but not lonely.\(^\text{152}\)

Life events such as relationship breakdown, migration, ageing, disability and ill health, unemployment and lifestyle behaviours (e.g. harmful gambling) cause some people to lose their social connections, and become socially isolated and lonely. People may also feel socially isolated due to structural factors such as poor public transport, lack of social and leisure facilities, poor access to the internet, low levels of real and perceived safety, discrimination and stigmatisation.

The impact of social isolation and loneliness on health and mortality are of the same order of magnitude as physiological conditions such as high blood pressure, obesity and smoking.\(^\text{153}\) The negative impacts of social isolation at an individual level are greater during times of stress, heightening anxiety and a person’s coping capacity. High levels of social isolation within a community can impact an individual’s quality of life. People feeling disconnected

\[^{145}\text{Johnson, D., Headey, B. and Jensen, B. Communities, social capital and public policy: literature review, Melbourne Institute Working Paper No 26/03, The University of Melbourne, Melbourne, 2003.}\]
\[^{146}\text{Baker, D., All the lonely people. Loneliness in Australia, 2001-2009, Institute Paper No. 9. The Australia Institute, Canberra, 2012.}\]
\[^{147}\text{Ibid}\]
\[^{148}\text{Ibid}\]
\[^{150}\text{Ibid}\]
\[^{151}\text{Ibid}\]
\[^{152}\text{Baker, D., All the lonely people. Loneliness in Australia, 2001-2009, Institute Paper No. 9. The Australia Institute, Canberra, 2012.}\]
from their community and experiencing loneliness are less likely to volunteer, and are also more likely to feel dissatisfied with the neighbourhood in which they live.  

Social isolation is both a cause and effect of compromised mental and physical health and wellbeing. Some people with pre-existing health conditions such as depression and anxiety may be at risk of social isolation, while some medical conditions such as mental and physical disabilities may reduce opportunities for social engagement.

Research has also demonstrated that rates of crime and vandalism are higher in communities with high levels of social isolation. Public health interventions that address social isolation and loneliness may therefore improve health outcomes at the individual and community level. Volunteering and actively encouraging volunteer programs have been successful in reducing social isolation.

While social capital, otherwise referred to as ‘social glue’, typically refers to the strength of the links and networks in a community, it can also refer to a resource available to individuals during times of need. Bridging social capital builds strong inclusive communities, bonding social capital creates exclusive networks that compromise community connectedness and may result in social isolation. Although Australian communities have high levels of social capital in comparison with other Western countries, social isolation at the individual level and the experience of loneliness is increasing. The increased use of social media has not necessarily counteracted the impacts of loneliness with research demonstrating that users of social networking sites who are not experiencing loneliness are using online networks to further expand a solid foundation of social support.

The socio-economic determinants of loneliness are as follows:  

- people living in lone person and lone parent households are on average twice as likely to experience loneliness as people living in couple households.  
- couples with children are lonelier than couples without children.  
- more men (36 per cent) record episodes of loneliness compared with women (29 per cent).  
- men aged 25-44 years are four times as likely to live alone and more than twice as likely to be lonely than women.  
- young women on low incomes are most likely to experience loneliness.

Dementia includes more than 100 different diseases that affect the brain and lead to a progressive decline in functioning, including memory, thinking, orientation, awareness, comprehension, emotional control, sociability, calculation, learning capacity, language and judgment. People living with dementia are at a higher risk of being socially isolated and lonely. Dementia is looked at in this section of the background paper, but also has connections to mental health, community safety and economic participation.

Dementia is one of the fastest-growing conditions in Australia. It is estimated that over 400,000 people in Australia have dementia, including 26,000 people living with younger onset dementia. The dementia prevalence rate is growing at a rate of 3.8 per cent for males and 2.5 per cent for females, meaning approximately 244 people in Australia are diagnosed with dementia every day, with an expected 1 million Australians to have dementia by 2050.

Although ageing is a contributing factor, dementia is a standalone condition which is affected by various other factors and can also affect younger people. Lack of awareness and understanding of dementia contributes to

160 ibid
161 ibid
163 ibid
communities functioning in a way that is not always inclusive of people with dementia and their carers. Negative perceptions of dementia in the community contribute to a level of marginalisation for people with dementia and their carers. Increased awareness and understanding of dementia, and efforts to address risk reduction factors may promote health and social outcomes and quality of life for people with dementia and the broader community.

Dementia affects more than just people diagnosed with dementia. It affects families and friends who take on carer roles, businesses as staff respond to the needs of clients and customers, and workplaces as employers and colleagues seek to support co-workers that may be experiencing difficulties.

What does this mean for Moonee Valley?

Council’s responsibilities for the wellbeing of the people who live, work, learn, play and visit the municipality extends to its role in strengthening the relationships between people and collective wellbeing. Council is the closest tier of government to the community, and individuals within that community. Through its roles as partner, funder, service provider and advocate, Council can implement measures to address social isolation and create opportunities for economic participation. This involves creating multiple opportunities in the physical, social, economic and environmental domains to facilitate interaction between people, regardless of their cultural or ethnic background, age and socio-economic status.

Council provides the following facilities and activities to encourage people at risk of social isolation to participate in social activities:

- Age Well in Moonee Valley Mobile Office
- Moonee Valley healthy ageing exercise programs
- Moonee Valley Men’s Sheds
- Life Activities Club
- Moonee Valley Playgroups and Toy Library
- Neighbourhood Centres
- dog parks
- The U3A also offers courses and activities at over 10 Council owned sites throughout Moonee Valley.

Compared with Greater Melbourne and the Western Region the City of Moonee Valley has:

- lower proportions of one parent families (9.3 per cent, 10.1 per cent and 11.8 per cent respectively) (refer to Figure 6)
- higher proportions of lone person households (24.9 per cent, 22 per cent and 19.1 per cent respectively) (refer to Figure 7)
- higher proportions of people who volunteer (17.8 per cent, 17.6 per cent and 14.1 per cent respectively) (refer to Figure 8)

Lone person households make up over a quarter of all households in the City of Moonee Valley. Population and dwelling forecasts produced in December 2017 by .id consulting show that on 30 June 2020, there will be an estimated 14,500 lone person households in the City of Moonee Valley; this is 27 per cent of all households (53,500) in the municipality. The number of lone person households is forecast to increase to almost 21,900 in 2040, making up 30 per cent of all households (72,800). This is the only household type to make up a larger proportion of households in 2040 than in 2020.

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What does this mean across our neighbourhoods?

The neighbourhoods with the highest proportion of one parent families are Milleara (12 per cent), Airport West and Avondale Heights (11.1 per cent each). Refer to Figure 9.

The neighbourhoods with the highest proportion of lone parent households are Keilor Road/Essendon North (31.4 per cent), Flemington (29.9 per cent) and Essendon (29.5 per cent). Refer to Figure 10.

The neighbourhoods with the lowest level of volunteering are Avondale Heights (11.9 per cent), Milleara (12.4 per cent) and Avondale Heights (11.9 per cent). Refer to Figure 11.
**Figure 9** - One parent families with children, City of Moonee Valley neighbourhoods 2016, per cent of total households

Source: Census data, 2016 compiled by .id consulting

**Figure 10** - Lone person households, City of Moonee Valley 2016 neighbourhoods, per cent of total households

Source: Census data, 2016 compiled by .id consulting
**Figure 11 - People who volunteer, City of Moonee Valley 2016 neighbourhoods, per cent of people**

<table>
<thead>
<tr>
<th>Neighbourhood</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aberfeldie</td>
<td>23.7</td>
</tr>
<tr>
<td>Strathmore</td>
<td>21.1</td>
</tr>
<tr>
<td>Essendon</td>
<td>20.6</td>
</tr>
<tr>
<td>Ascot Vale</td>
<td>20.6</td>
</tr>
<tr>
<td>Flemington</td>
<td>19.6</td>
</tr>
<tr>
<td>Moonee Ponds</td>
<td>19.4</td>
</tr>
<tr>
<td>Niddrie / Essendon West</td>
<td>19.0</td>
</tr>
<tr>
<td>Strathmore Heights</td>
<td>18.0</td>
</tr>
<tr>
<td>Keilor Road / Essendon North</td>
<td>16.6</td>
</tr>
<tr>
<td>Keilor East</td>
<td>16.2</td>
</tr>
<tr>
<td>Airport West</td>
<td>12.5</td>
</tr>
<tr>
<td>Milleara</td>
<td>12.4</td>
</tr>
<tr>
<td>Avondale Heights</td>
<td>11.9</td>
</tr>
</tbody>
</table>

Source: Census data, 2016 compiled by .id consulting

**Promising Practice**

The UK *Combatting loneliness guide for local authorities* and *Promising approaches to reducing loneliness and reducing isolation in later life* describe actions and initiatives that address loneliness in the community.

The *Joseph Rowntree Loneliness Resource Pack* provides a set of resources for individuals, groups, communities and neighbourhoods to reduce loneliness.

The UK *Campaign to End Loneliness* provides information and resources on how to address loneliness in the community.

The Victorian State Government’s *dementia-friendly environments* resource provides information on how to create an environment that is friendly, inclusive and supportive for people with dementia.

The *Victoria Walks Increasing walkability for Seniors* resource provides guidance on how to encourage physical activity for people at risk of social isolation.

**What could Council’s role be?**

**Fund** - Council can continue to provide grants to organisations delivering programs and activities that address social isolation by applying for and **Age Friendly Community Grant**

**Partner** - Council can continue to partner with organisations, agencies and service providers that address social isolation including the:

- *Victorian Active Ageing Partnership*
- *Healthy Ageing online network*

**Monitor** - Council can monitor social isolation in the community by including relevant questions in the neighbourhood survey to measure social isolation.

**Provide** - Council can continue to:

- provide services, activities, facilities and events that address social isolation such as neighbourhood houses, men’s sheds, playgroups,
• enhance real and perceived safety in the physical environment to encourage social participation and interaction

Facilitate - Council can facilitate social interaction by:
• supporting organisations in seeking funding through the Participation for CALD Seniors Grants Program
• raise awareness of the role of volunteering in reducing social isolation and increase investment in supporting volunteers as a means of increasing social participation and interaction in neighbourhoods
• directing resources to programs and initiatives that encourage social interaction within particular locations, neighbourhoods and communities
• disseminating information about opportunities for social interaction in appropriate languages across a range of media platforms such as the Beyond Blue Connections matter
• Signing the Age Friendly Victoria Declaration
• actively engaging people at risk of social isolation in consultation and programs and show inclusiveness
• incorporating strategies and actions in appropriate Council plans and policies that address and prevent loneliness
• disseminating resources such as the Joseph Rowntree Loneliness Resource Pack to support the community in their efforts to reduce loneliness

Target populations
• older people
• carers
• people living on low and/or insufficient incomes to meet basic rights and needs, with attention to people living in public housing, families with young children and single parent families
• people at risk of exclusion due to family violence, pay inequities, unemployment gender stereotypes, being single parents, divorced or widowed, prisoners
• CALD people particularly refugees, asylum seekers and new arrivals
• people with disabilities or mental illnesses
• LGBTIQA+ people
• social, locally and technologically isolated people, particularly older people, people living alone
• homeless people
• Aboriginal and Torres Strait Islander people

Policy and legislative framework

The Victorian Charter of Human Rights and Responsibilities 2006 requires councils to consider human rights in developing laws, policies and delivering services. This policy has adopted a human rights framework by embedding the values of inclusion, access and participation by all. It protects 20 human rights across four key areas: Freedom, Respect, Equality and Dignity.

The Charter protects many of the basic rights that are not covered by criminal or civil law, for example, the rights to freedom of expression and freedom of association. The Charter requires that governments, local councils and other public authorities comply with Charter rights and consider relevant Charter rights when they make decisions.

A governance principle under the Local Government Act 2020 is that (b) priority is to be given to achieving the best outcomes for the municipal community, including future generations.

Conditions enhancing safety and security can be included in planning permits under the Planning and Environment Act 1987. Councils have responsibility under the Public Health and Wellbeing Act 2008 to protect the health and wellbeing of their communities.
9 COMMUNITY SAFETY

At a glance

- crime has several physical and emotional impacts on individual and community wellbeing.\(^{165}\)
- children and adolescents exposed to violence are at risk of poor long-term behavioural and mental health outcomes regardless of whether they are victims, direct witnesses, or hear about the crime.
- there is a strong relationship between violence and lifestyle behaviours such as alcohol abuse\(^{166}\) and gambling\(^{167}\) and the quality of the urban environment within which people conduct their daily lives.\(^{168}\)
- between June 2010 and June 2019, the number of criminal incidents recorded by Victoria Police in the whole of Victoria increased by 22.8 per cent, and the rate of criminal incidents per 100,000 population has increased by 1.7 per cent.\(^{169}\)
- the number of sexual and stalking, harassment and threatening behaviour offences decreased in Victoria between 2018 and 2019.\(^{170}\)
- between 2007 and 2017 the Victorian prisoner population increased by 71 per cent with female prisoner numbers almost doubling and the prisoner population ageing.\(^{171}\)
- hospitalisation rates per 1,000 population for injury and poisoning in the Aboriginal and Torres Strait Islander population is almost double that of the non-Indigenous population (46.7 and 24.4 respectively).\(^{172}\)
- accidents and injuries accounted for four of the five leading causes of death amongst people aged 15-24 years and three of the five leading causes of death amongst people aged 25-44 years.\(^{173}\)
- injury from falls is one of the leading causes of death in Victoria.\(^{174}\)
- accidental falls were the eighth highest cause of death in the City of Moonee Valley, contributing to 108 (2.8 per cent of) deaths in the municipality in the five years ending December 2017.\(^{175}\)
- 899.5 recorded family incidents per 100,000 people in the City of Moonee Valley in 2018-19 - an increase of 8.3 per cent from 2017-18. While the number of recorded family incidents per 100,000 in the City of Moonee Valley is lower than the rate for Victoria (1,1253.1 per 100,000 people.\(^{176}\)
- in 2015 more than two thirds (67.8 per cent) of people felt safe on the streets alone in the City of Moonee Valley. This was higher than the rate for the Western Melbourne Area (57.4 per cent) and Victoria (61.2 per cent).\(^{177}\)

The big picture

Two of the 30 articles of the **Universal Declaration of Human Rights** focus on the right to live safe lives which are free

from torture. Preventing all forms of violence and reducing injury are two of the priorities under the *Victorian Public Health and Wellbeing Plan 2019-2023*. Public safety is one of the social determinants of health.

Programs and activities that encourage participation in community life and social inclusion such as men’s sheds, leadership and cultural involvement activities can enhance perceptions of safety as they contribute to strong, connected and resilient communities. They also contribute to greater self-confidence and increased opportunities for individual responsibility for safety.

Injuries can result in a range of physical and psychological impacts. Hospitalisation rates per 1,000 population for injury and poisoning in the Aboriginal and Torres Strait Islander population is almost double that of the non-Indigenous population (46.7 and 24.4 respectively). Leading causes of injury and death in Australia are transport-related accidents, falls, drowning, suicide, assault, poisoning, burns/scalds, sporting injuries and workplace injuries.

In 2016 (refer to Figure 1):

- suicide was the leading cause of death amongst people aged 15-44 years and the third leading cause of death amongst people aged 45-64.
- land transport accidents and accidental drowning were the first and third leading causes of death amongst children aged 1-14 years.
- accidents and injuries accounted for four of the five leading causes of death amongst people aged 15-24 years and three of the five leading causes of death amongst people aged 25-44 years.

**Figure 12 - Leading underlying causes of death, by age group, 2014–2016**

<table>
<thead>
<tr>
<th>Age group</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1</td>
<td>Perinatal and congenital conditions</td>
<td>Other ill-defined causes</td>
<td>SIDS</td>
<td>Spinal muscular atrophy</td>
<td>Accidental threats to breathing</td>
</tr>
<tr>
<td>1-14</td>
<td>Land transport accidents</td>
<td>Perinatal and congenital conditions</td>
<td>Accidental drowning and submersion</td>
<td>Brain cancer</td>
<td>Other ill-defined causes</td>
</tr>
<tr>
<td>15-24</td>
<td>Suicide</td>
<td>Land transport accidents</td>
<td>Accidental poisoning</td>
<td>Assault</td>
<td>Other ill-defined causes</td>
</tr>
<tr>
<td>25-44</td>
<td>Suicide</td>
<td>Accidental poisoning</td>
<td>Land transport accidents</td>
<td>Coronary heart disease</td>
<td>Other ill-defined causes</td>
</tr>
<tr>
<td>45-64</td>
<td>Coronary heart disease</td>
<td>Lung cancer</td>
<td>Suicide</td>
<td>Breast cancer</td>
<td>Colorectal cancer</td>
</tr>
<tr>
<td>65-74</td>
<td>Lung cancer</td>
<td>Coronary heart disease</td>
<td>COPD</td>
<td>Cerebrovascular disease</td>
<td>Colorectal cancer</td>
</tr>
<tr>
<td>75-84</td>
<td>Coronary heart disease</td>
<td>Dementia and Alzheimer disease</td>
<td>Cerebrovascular disease</td>
<td>Lung cancer</td>
<td>COPD</td>
</tr>
<tr>
<td>85 and over</td>
<td>Coronary heart disease</td>
<td>Dementia and Alzheimer disease</td>
<td>Cerebrovascular disease</td>
<td>COPD</td>
<td>Heart failure</td>
</tr>
</tbody>
</table>

Source: Australian Institute of Health and Welfare

Crime has several physical and emotional impacts on individual and community wellbeing. In addition to the physical impacts of assaults and violence, people directly affected by crime may experience problems with their studies,
work, sense of control and ability to connect with others.\textsuperscript{182} People may also be indirectly by crime by witnessing or hearing about crime.\textsuperscript{183}

Children and adolescents exposed to violence are at risk of poor long-term behavioural and mental health outcomes regardless of whether they are victims, direct witnesses, or hear about the crime. Children exposed to several types of violence over long periods of time are more likely to experience anxiety, depression, and behavioural problems compared to children with only moderate exposure to violence.\textsuperscript{184}

Trends in crime and criminal activity in Victoria include the following:

- between June 2010 and June 2019, the number of criminal incidents recorded by Victoria Police has increased 22.8 per cent, and the rate of criminal incidents per 100,000 population has increased by 1.7 per cent.\textsuperscript{185}
- the number of sexual and stalking, harassment and threatening behaviour offences decreased in Victoria between June 2018 and June 2019. There were also reductions in offences relating to property damage, burglary and disorderly and offensive conduct in this time period.\textsuperscript{186}
- between 2007 and 2017 the Victorian prisoner population increased by 71 per cent with female prisoner numbers almost doubling and the prisoner population ageing.\textsuperscript{187}
- between 2007 and 2017 the number of Aboriginal and Torres Strait Islander prisoners has more than doubled representing nine per cent of the prisoner population compared with six per cent in 2007.\textsuperscript{188} This is significant given that the Aboriginal and Torres Strait Islander population comprises only 0.8 per cent of the Victorian population.\textsuperscript{189}

Violence combined with lifestyle behaviours such as alcohol abuse can have profound impacts on early childhood development\textsuperscript{190}. There is a strong link between availability of alcohol and other risky activities, such as gambling,\textsuperscript{191} and higher incidences of harm.

Places that are unsafe, or are perceived to be unsafe, discourage physical activity and participation in community activities. In addition to the impacts on health and wellbeing, and quality of life, a reduction in activity in the public realm can result in un or underutilised areas which lack natural surveillance and in turn become unsafe. It is not uncommon for people to avoid an activity or area following an injury or incidence of crime.

**Design principles** enhancing the real and perceived safety of public environments include:\textsuperscript{192}

- visibility and natural surveillance – places where activities can be easily seen deter potential offenders
- access, movement and sightlines – crime is less likely to occur in places where there are clear, well defined routes and people can easily enter and leave
- activity – optimising the usability of public places for a mix of people encourages social interaction, increases visibility and surveillance by passers-by and reduces the risk of crime
- ownership – places that generate a sense of ownership among users discourage crime
- maintenance – public places that are well managed and maintained generally feel safer and encourage people to use them. This in turn encourages activity and natural surveillance.

\textsuperscript{184} ibid.
\textsuperscript{186} ibid.
\textsuperscript{188} ibid.
\textsuperscript{189} Australian Bureau of Statistics, Censuses of Population and Housing, 2016
\textsuperscript{192} ibid.
Priority areas for community safety include prevention of injury and crime, reducing substance abuse, improving perceptions of amenity and safety in public places, ensuring compliance with environmental and building control requirements, environmental management, disease prevention, fire and emergency management, road safety, preventing family violence.\textsuperscript{193}

It is also important to recognise the intersectionality between certain groups within the community and increased incidence of injuries and crimes, for example women are at a greater risk of being victims of domestic violence, children and older people are at a greater risk of injury from accidental falls and drownings, and men and Aboriginal and Torres Strait Islander people are more likely to be admitted to hospital due to injuries.\textsuperscript{194}

**What does this mean for Moonee Valley?**

Effective community safety initiatives focus on addressing and enhancing both real and perceived safety, in the home and in the public realm.

Injuries take place in different settings including public and private transport, the home, workplace and community facilities. Although Council has little jurisdiction over injuries that occur in the private realm, it plays an important role in preventing injury and crime in public places and spaces, and disseminating information on opportunities to enhance amenity and safety throughout the municipality. Nevertheless, Council can play an important role in improving real and perceived safety in private places and spaces by providing information (e.g. the role pool fencing plays in preventing drowning) and providing programs (e.g. wellness programs in older adults that prevent falls and injuries).

Between 2017-18 and 2018-19 the number of victim reports in the City of Moonee Valley decreased by 4.6 per cent which is a greater decrease than the change in the North Western Metro Region (2.6 per cent).\textsuperscript{195}

The City of Moonee Valley Community Safety Program coordinates the safety related activities and advocates on behalf of the community to achieve a coordinated approach to safety in the municipality. The successful delivery of the first Community Safety Program led to Moonee Valley being accredited internationally as a Pacific/Australian Safe Community. The Program addresses four focus areas namely safe people, safe places, resilient communities and program development and partnership.

The overarching purpose of the City of Moonee Valley General Purposes Local law 2008 is to regulate activities occurring in the public realm in order to promote a physical and social environment that maximises the safety, amenity and enjoyment of its users.

The Moonee Valley Neighbourhood Watch Moonee Valley community groups aims to “...keep our neighbourhood safe and crime free...” and has nearly 2000 Facebook followers (https://www.facebook.com/Moonee-Valley-Neighbourhood-Watch-1613695042249221/). The Moonee Valley Liquor forum operates in the municipality.

In 2011 more than two thirds (67.8 per cent) of people felt safe on the streets alone in the City of Moonee Valley. This was higher than the rate for the North and West Metropolitan Region – West (57.4 per cent) and Victoria (61.2 per cent).\textsuperscript{196} Accidental falls were the eighth highest cause of death in the City of Moonee Valley, contributing to 108 (2.8 per cent of) deaths in the municipality in the five years ending December 2017\textsuperscript{197}.

**What does this mean across our neighbourhoods?**

No reliable data is available at the neighbourhood level. However, the following figure shows criminal incidents per

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\textsuperscript{197} Australian Institute of Health and Welfare, Mortality Over Regions and Time (MORT) books, July 2019, Australian Government, Canberra
1,000 population across Moonee Valley’s suburbs. This figure highlights that Airport West, Flemington, Ascot Vale and Moonee Ponds experience the highest number of criminal incidents in Moonee Valley.

Promising Practice

Crime Prevention Victoria provides a useful set of resources and case studies.

The Safer Design Guidelines For Victoria detail best practice for the design of public realm elements

Community safety and CPTED guidelines developed in the City of Saskatoon, Canada

The UK Local Government Association provides a set of useful guidelines to assist local governments in enhancing community safety.

The City of Vincent in Western Australia provides free community safety resources.

What could Council’s role be?

Partner – Council can partner with agencies and stakeholders:

- responsible for safety and amenity in the community e.g. Victoria Police, licensed venues
- living, studying and conducting business in the municipality
- affected by activities and events in the municipality e.g. adjoining municipalities
- promoting safety in the community e.g. the Victorian Safe Communities Network Victorian Safe Communities Network
• to develop coordinated responses to Family Violence including violence against women, elder abuse and LGBTIQ+A+ family violence including through facilitating networks or partnerships and coordinated campaigns, events and responses. See the Family Violence section for more information.
• to work within local and regional networks and partnerships (e.g. Preventing Violence Together) for coordinated action that leverages from broader participation.

Regulate – Council can regulate the physical environment to enhance safety and amenity by:
• ensuring compliance with planning permits
• including appropriate conditions in planning permits
• ensuring compliance with the City of Moonee Valley General Purposes Local Law 2008

Facilitate - Council can facilitate and enhance safety and amenity by:
• continuing to develop local strategies and plans that promote safety and amenity
• continuing to promote community engagement and participation in activities that promote strong and resilient communities.

Target populations
• Aboriginal and Torres Strait Islander people
• people at risk of exclusion (women experiencing domestic violence, older people)
• people with disabilities and mental illnesses

Policy and legislative framework

A governance principle under the Local Government Act 2020 is that priority is to be given to achieving the best outcomes for the municipal community, including future generations.

Conditions enhancing safety and security can be included in planning permits under the Planning and Environment Act 1987

Councils have responsibility under the Public Health and Wellbeing Act 2008 to protect the health and wellbeing of their communities.

Council can object to applications for liquor licences under the Liquor Control Reform Act 1998 if the proposal has the potential to affect the amenity and safety of the community.

The Occupational Health and Safety Act 2004 is the main workplace health and safety law in Victoria which seeks to protect the health, safety and welfare of employees and other people at work.
10 FAMILY VIOLENCE

At a glance

- one Australian woman is murdered every week by her current or former partner198 and nearly one in five women report being subjected to violence at some time in their adult lives199. Family violence contributes eight per cent to the total burden of disease in Victorian women aged 15–44 years and three per cent in all Victorian women200.
- in Victoria, intimate partner violence contributes to more death, disability and illness in women aged 15 to 44 than any other preventable risk factor, including smoking and obesity201.
- one in 6 of Australian women and one in 16 (6.1 per cent) of Australian men having experienced physical and/or sexual violence by a current or previous cohabiting partner since the age of 15.202
- almost one in four of women and one in six (16 per cent) of men have experienced emotional abuse by a current or previous partner since the age of 15.203
- there is a lack of acknowledgement amongst researchers and policy makers that LGBTIQA+ people experience intimate partner violence at similar rates as those who identify as heterosexual.204
- family violence is the single most significant cause of homelessness in Victoria205.
- at least two in five assaults recorded by police relate to family and domestic violence.206
- one in five sexual assaults on victims aged between 0 and 9 years and 1 and 14 years were associated with family or domestic violence.207
- in 2018-19 there were 899.5 family incidents per 100,000 in Moonee Valley compared with 1,189.8 in the North West Metro police region and 1,253.1 in Victoria.208

The big picture

Family violence refers to violence between family members, including current or former intimate partners. While family violence can affect anyone, it is overwhelmingly experienced by women and children209. One Australian woman murdered every week by her current or former partner210 and nearly one in five women report being subjected to violence at some time in their adult lives211. Family violence contributes eight per cent to the total burden of disease in Victorian women aged 15-44 years and three per cent in all Victorian women.212

Domestic violence is a subset of family violence, which refers to violent behaviour between current or former intimate partners, includes physical, sexual, emotional or psychological abuse and coercive control.213 Children who have directly experienced family violence or have been exposed to it may become victims or perpetrators of violence as adults.214

Elder abuse is a form of family or domestic violence that is experienced by older people. Like family violence, elder abuse is about one person having power and control over another person. It is defined as “any action, or deliberate

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198 Our Watch, Change the story: A shared framework for the primary prevention of violence against women and their children in Australia, Melbourne, 2015.
200 ibid
207 ibid
210 Our Watch, Change the story: A shared framework for the primary prevention of violence against women and their children in Australia, Melbourne, 2015.
212 ibid
inaction, by a person in a position of trust which causes harm to an older person.” It involves physical, sexual, psychological, emotional and financial abuse, and neglect.215 In Australia, it is estimated that it is experienced by 2-6 per cent of older people.216

Sexual harassment in the workplace is one of the most common types of complaints under the Sex Discrimination Act 1984.217 Sexual harassment can be a barrier to women participating fully in paid work, reduce the quality of their working live and impose costs on organisations.218

Health and welfare impacts of family violence include depressive and anxiety disorders, early pregnancy loss, homicide and violence, suicide and self-inflicted injuries, and children born prematurely or with low birthweight219. Family violence is both a cause and an effect of substance abuse220 and gambling221. Other causes include financial pressures, mental illness, mental illness, social and economic exclusion222, and the structural inequalities and imbalance of power between men and women.223 Gendered drivers have been shown to be most consistent with higher levels of violence against women. These include:224

- condoning violence against women
- rigid gender roles and stereotyped views of what it means to be a man or a woman
- interactions between men that emphasise or condone aggression or disrespect towards women.

Family violence is a significant health and welfare issue affecting people in both heterosexual and same sex relationships:

- in Victoria, intimate partner violence contributes to more death, disability and illness in women aged 15 to 44 than any other preventable risk factor, including smoking and obesity225.
- the combined health, administration and social welfare costs of violence against women is estimated at $21.7 billion a year in Australia226.
- one in 6 (17 per cent) of Australian women and one in 16 (6.1 per cent) of Australian men have experienced physical and/or sexual violence by a current or previous cohabiting partner since the age of 15227.
- almost one in four (23 per cent) of women and one in six (16 per cent) of men have experienced emotional abuse by a current or previous partner since the age of 15228.
- there is a lack of acknowledgement amongst researchers and policy makers that LGBTIQA+ people experience intimate partner violence at similar rates as those who identify as heterosexual.229
- five in ten women and seven in ten men who experience violence from a current partner did not seek advice or support after the incident.230

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218 Ibid.


220 Ibid.


226 Ibid.


• family violence is the single most significant cause of homelessness in Victoria\textsuperscript{231}. Four in ten people assisted by specialist homelessness agencies were seeking help due to family and domestic violence in 2016-17\textsuperscript{232} with more than one third of women accessing homelessness services doing so due to family violence.\textsuperscript{233}
• at least two in five assaults recorded by police relate to family and domestic violence.\textsuperscript{234}
• family and domestic violence accounts for one in three sexual assault victims\textsuperscript{235}
• one in five sexual assaults on victims aged between 0 and 9 years and 10 and 14 years were associated with family or domestic violence.\textsuperscript{236}
• on average eight women are hospitalised every day after being assaulted by their partner.\textsuperscript{237}
• between June 2018 and June 2019 the number and rate of family incidents in Victoria per 100,000 grew by 8.6 per cent and 6.4 per cent respectively.\textsuperscript{238}

As detailed in the Victorian Gender Equality Strategy, family violence costs the Victorian economy more than $3.4 billion a year and constitutes 40 per cent of police work.\textsuperscript{239}

What does this mean for Moonee Valley?

In 2017-18 there were 899.5 family incidents per 100,000 in Moonee Valley compared with 1,189.5 in the North West Metro police region and 1,253.1 in Victoria.\textsuperscript{240}

As recommended by the Royal Commission into Family Violence, all Victorian councils are now required to articulate how they will help reduce family violence in their community. Recommendation 94 is that the Victorian Government amend section 26 of the Public Health and Wellbeing Act 2008 or Local Government Act 1989 to require councils to report on the measures it proposes to take to reduce family violence and respond to the needs of victims. This recommendation reinforces the role that local government plays in driving the change needed to prevent violence against women and to embed gender equity and respect into local communities.\textsuperscript{241}

Council is committed to addressing family violence and violence against women through appropriate identification, response and referral. Council provides information on family violence services on its website.

What does this mean across our neighbourhoods?

Family Violence data shows a slight increase from 1,062 recorded incidents in the year to June 2018 to 1,170 in the year to June 2019. Ascot Vale, Essendon and Flemington had the three highest recorded incidences of Family Violence between January and December 2018\textsuperscript{242}.

Promising Practice

\textsuperscript{235} ibid
\textsuperscript{236} ibid
\textsuperscript{237} ibid
• In 2017, in partnership with Moonee Valley Legal Service, Council established the Moonee Valley Family Violence Network. The network meets bi-monthly with the goal to coordinate, connect and improve the support services available to victims of family violence in Moonee Valley.
• For the past 3 years, Moonee Valley has (along with partners and other local Councils) joined an international movement and delivered a 16 Days of Activism program to raise awareness and highlight the need to eliminate violence against women and girls.243
• Incept 2.0 creates a platform for consistent measures and strategies for data collection in prevention of family violence and all forms of violence against women, including gender equity work
• Safe and Strong: A Victorian Gender Equality Strategy identifies how the Victorian State Government will redress gender inequality, sexism and violence against women.
• the Preventing Violence Together Resource Hub provides several resources for local governments to assist in promoting gender equity in the community
• the Sunshine Coast Council organised a Walk Against Domestic Violence event to raise awareness of the impact of domestic violence on the community.
• the Safer Families, Better Communities Day of Action initiative in Queensland involves local councils organising events to raise awareness of the impact of domestic violence on the community.
• the City of Casey Family Violence Infringement Review initiative enables people to have their infringement reviewed or potentially withdrawn if they can demonstrate that family violence contributed to an offence being committed.
• the City of Casey Family Violence Prevention Strategy recommends several strategies to prevent and address family violence such as recognising the link between animal abuse and domestic violence; supporting housing of animals at risk during periods of family relocation following family violence incidents; training Council staff to increase knowledge and skills to apply a gender lens over services, policies and programs; promoting the ‘Baby makes three’ programs through its Maternal and Child Health Services in partnership with Parentzone.244

What could Council’s role be?

Fund – Council can:

• embed gender equity principles in procurement practices
• provide partnership grants to organisations and agencies that implement strategies to prevent and address family violence

Provider – Council can:

• continue to provide early intervention platforms including Maternal and Child Health services, parenting programs, early childhood education and care, and community health services245
• continue to provide co-located services that provide for the needs of people vulnerable to and/or affected by family violence e.g. maternal and child health, legal and support services (family violence, drug and alcohol abuse, harm from gambling, allied health)
• continue to deliver initiatives that support gender equality and address family violence in the workplace such as paid family violence leave and programs that help staff and managers recognise and respond to the signs that an employee might be experiencing violence at home
• provide information on family violence prevention and support services to new parents
• provide information and resources including:246

• Seniors Rights Victoria
• Safe Steps (formerly Women’s Domestic Violence Crisis Service)
• Other resources from around the world:
• National Clearing House on Abuse in Later Life
• Ontario Network for the Prevention of Elder Abuse
• Center of Excellence in Elder Abuse and Neglect

Partner - Council can partner with the Family Violence Prevention Agency, together with women’s and community health sectors, peak bodies and the prevention workforce to support primary prevention efforts.\(^{247}\)

Facilitate - Council can address family violence by:
• providing support for agencies and service providers through forums such as the Moonee Valley Family Violence Network that works to coordinate local grassroots delivery efforts and increase access to facilities in local communities that support victims and families such as local community legal centres, MacKillop Family Services, Western Melbourne Child and Family Services Alliance and Child FIRST
• ensuring all frontline staff are trained in identifying and responding appropriately to family violence
• preparing and implementing consistent referral protocols
• implementing initiatives that focus on preventing and reducing family violence such as the White Ribbon Campaign, National 1800RESPECT campaign
• working with and supporting faith communities and representatives from culturally and linguistically diverse communities that focus on the specific issues associated with family violence specific groups
• encouraging male leaders to become White Ribbon Ambassadors to develop male leadership in their organisations around family violence prevention and challenge attitudes and behaviours toward women
• participating in the Local Government Preventing Violence Together Women Network at the regional level

Advocate – Council can advocate for:
• funding from the Victorian State Government for a “Free from violence local government project” grant of up to $100,000 to support new and existing programs that promote gender equality and the culture and attitudes of their communities. the early provision of a Support and Safety Hub in the Western Melbourne area to provide an accessible intake point for victims of family violence to seek assistance
• the inclusion of paid leave for people affected by family violence in employment contracts
• access to loans for people affected by family violence
• enactment of legislative and other measures to protect against gendered discrimination and reduce gender-based hate speech
• introduction of gender auditing to Victorian Government departments to measure performance in relation to gender equity in the workplace (equal pay, recruitment and promotion, leadership development, flexible work and organisational culture)

Monitor – Council can monitor the rates of family violence in the municipality

Target populations
Family, domestic and sexual violence occurs across all age, demographic and socio-economic groups.\(^{248}\) However, the following target groups are of relevance:

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• people experiencing exclusion such as refugees and immigrants\textsuperscript{249}, women prisoners\textsuperscript{250}, women who work in the sex industry\textsuperscript{251}, females and those aged between 15 and 19 years (most likely to be victims of family and domestic violence)\textsuperscript{252}
• Aboriginal and Torres Strait Islander peoples\textsuperscript{253}
• people who are part of culturally and linguistically diverse communities\textsuperscript{254}
• LGBTIQ+ people\textsuperscript{255}
• people with disabilities and mental illnesses\textsuperscript{256}
• older people\textsuperscript{257}

**Policy and legislative framework**

The purpose of the Victorian *Family Violence Protection Act 2008* is to protect people who have experienced family violence, prevent and reduce family violence and promote the accountability of the perpetrators of family violence.

The *Prevention of Family Violence Bill 2018* was introduced to the Victorian parliament on 20 June 2018. The Bill will establish Respect Victoria – an organisation dedicated to preventing all forms of family violence – as a Statutory Authority. Establishing Respect Victoria as a Statutory Authority will fulfil Recommendation 188 of the Royal Commission into Family Violence.

The Commonwealth *Sex Discrimination Act 1984* makes sexual harassment unlawful in employment, education, the provision of goods and services and accommodation.

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\textsuperscript{251} Ibid
\textsuperscript{253} Ibid
\textsuperscript{254} Ibid
\textsuperscript{255} Ibid
\textsuperscript{256} Ibid
\textsuperscript{257} Ibid
11 PREVENTING GAMBLING HARM

At a glance

- in Australia more than a third (39 per cent) of the population gamble in a typical month.\(^{258}\)
- lotteries are most common form of gambling (76 per cent), followed by instant scratch tickets (22 per cent) and electronic gaming machines (EGMs) (21 per cent).\(^{259}\)
- despite a decrease in EGM expenditure in the past decade, Australian residents continue to lose more money on gambling than residents of any other country, the largest portion continuing to be derived from electronic gaming machines.\(^{260}\)
- a large proportion (41 per cent) of losses from EGMs comes from people experiencing gambling-related harms.\(^{261}\)
- one in two Victorians think everyone who gambles is at risk of harm.\(^{262}\)
- a significant proportion of people (82.7 per cent) travelled from home to the EGM venue they had most recently visited.\(^{263}\)
- there are eleven pokies venues and 746 attached EGM entitlements in the City of Moonee Valley.
- In the 2017-18 financial year expenditure per adult in the City of Moonee Valley was $754 (the fourth highest amongst metropolitan municipalities and 38 per cent higher than the metropolitan average of $546\(^ {264}\))
- density of EGMs per 1,000 adults was 7.2 (18th highest amongst metropolitan municipalities and 47 per cent higher than the metropolitan average of 4.9).
- gaming venues are concentrated in the suburbs of Essendon (five venues) and Moonee Ponds (four venues). Essendon has five venues with over $25 million of combined losses in 2018-19 and a total of 276 EGMs (37 per cent of the total EGMs in the municipality)\(^ {265}\)

The big picture

Gambling is highly prevalent in Australia with more than a third (39 per cent) of the population gambling in a typical month.\(^ {266}\) However, for the 10.3 per cent of men and 5.6 per cent of women affected by gambling-related harms,\(^ {267}\) this can cause severe social, health and economic harms including financial stress, relationship breakdown, compromised mental and physical health and job losses. People gambling on electronic gaming machines (EGMs), also known as pokies, are three times more likely to experience harms than people engaged in other forms of gambling activities.\(^ {268}\)

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\(^{259}\) Wilkins, R., *The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 15*, Melbourne Institute: Applied Economic and Social Research, University of Melbourne, 2018


\(^{263}\) Centre for Gambling Research, 2003 *Victorian Longitudinal Community Attitudes Survey Gambling Research Panel, Report No 6*, Australian National University, 2004

\(^{264}\) Brown, H. ‘Gambling Venues, machines and losses’ [spreadsheet]. Statistical data for Victorian Communities, City of Greater Dandenong


\(^{267}\) This includes low, moderate and problem gambling risk categories

\(^{268}\) Wilkins, R., *The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 15*, Melbourne Institute: Applied Economic and Social Research, University of Melbourne, 2018
Looking at gambling harm from a public health perspective, a 2017 study found that “although harm from problem gambling is the most severe, harm from low-risk and moderate-risk gambling causes the greater burden on the community because the number of people affected is much greater.”269

Other related issues include:

- lotteries are most common form of gambling (76 per cent), followed by instant scratch tickets (22 per cent) and electronic gaming machines (EGMs) (21 per cent).270
- despite a decrease in EGM expenditure in the past decade, Australian residents continue to lose more money on gambling than residents of any other country, the largest portion continuing to be derived from electronic gaming machines.271
- a large proportion (41 per cent) of losses from EGMs comes from people experiencing gambling-related harms.272
- Victorians lost $1,162 per capita in 2017-18 on all forms of gambling, nearly half ($539 per capita or 7.6 per cent) of which was lost on EGMs.273
- research has established associations between gambling-related harms, tobacco smoking,274,275, 276 substance abuse277 and socio-economic disadvantage.278
- family violence is three times more likely to occur in families in which there is significant harm from gambling than in families where there is no gambling-related harm.279
- One in two Victorians think everyone who gambles is at risk of harm.280
- around 0.81 per cent or 36,000 Victorian adults experience serious gambling harm. In addition, 8.91 per cent of the adult population (391,000) were low-risk gamblers and 2.97 per cent (122,000) were moderate-risk gamblers and therefore also experience harm from gambling.281
- a significant proportion of people (82.7 per cent) travelled from home to the EGM venue they had most recently visited.282 More than half (57.3 per cent) of EGM gamblers travelled less than 5 km to the venue that they had most recently visited, with most of these people (32.3 per cent) travelling less than 2.5km.283

What does this mean for Moonee Valley?

There are eleven pokies venues in the City of Moonee Valley (six of which are hotels and five of which are clubs).

269 Miller, H., Hidden harm: low-risk and moderate-risk gambling, Victorian Responsible Gambling Foundation, Melbourne, 2017
270 Wilkins, R., The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 15, Melbourne Institute: Applied Economic and Social Research, University of Melbourne, 2018
274 Victorian Responsible Gambling Foundation, Hidden Harm: Low-risk and moderate-risk, gambling, 2017
276 ibid
The City of Moonee Valley has a regional cap (maximum) of 746 EGM entitlements, all of which are allocated and operating.\textsuperscript{284}

EGM gamblers in the City of Moonee Valley spent more than $77.7 million, equating to $212,742 per day in the 2018-19 financial year:\textsuperscript{285}

- expenditure per adult was $754 (third highest amongst metropolitan municipalities and 38 per cent higher than the metropolitan average of $546)
- density of EGMs per 1,000 adults was 7.2 (18th highest amongst metropolitan municipalities and 46 per cent higher than the metropolitan average of 4.9)
- there are two venues within 400m of each other – Moonee Valley Racing Club and MVRC Junction Club - both within Moonee Ponds.

What does this mean across our neighbourhoods?

Gaming venues are concentrated in the suburbs of Essendon (five venues) and Moonee Ponds (four venues) (Refer to Figure 13).

- Airport West – highest loss in the one venue with over $10 million lost in 2018-19 at the Skyways Taverner.
- Essendon – has five venues with over $25 million of combined losses in 2018-19 and a total of 276 EGMs (37 per cent of the total EGMs in the municipality)
- Moonee Ponds - has four venues with over $13 million of combined losses in 2018-19 and a total of 305 (41 per cent of total EGMs in the municipality).
- the two largest venues are in Moonee Valley (Moonee Valley Racing Club has 105 EGMs) and Essendon (Essendon Football and Community Sporting Club with 100 EGMs)

\textsuperscript{284} Victorian Commission for Gambling and Liquor Regulation, ‘Electronic Gaming Machine Venue Level Expenditure’, Year to June 2019, Victorian Government, Melbourne, 2019

\textsuperscript{285} Brown, H. ‘Gaming Venues, machines and losses’ [spreadsheet]. Statistical data for Victorian Communities, City of Greater Dandenong
**Promising Practice**

- there is considerable research into key determinants of gambling-related harms; the costs of gambling-related harms; the relationship between gambling and family violence; the distribution of harm amongst risk categories; the effectiveness of responsible service of gambling measures; the relative risk of gambling-related harms amongst people from culturally and linguistically diverse communities.

- The VLGA has identified opportunities for Councils to prepare social and planning policies to establish a ‘whole of council’ approach to preventing and minimising gambling-related harms in the municipality. This approach can clearly articulate Council’s position in relation to supporting grants, social groups, clubs, events, Council activities.

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and sports activities that are affiliated with gambling venues, including any gambling activities on Council-owned/operated land.  

- reduce sporting and community clubs’ reliance on revenue from EGMs (City of Darebin Electronic Gaming Machine Policy 2018-2022)

- Councils can increase access to non-gambling activities:
  - Libraries After Dark is funded by the Victorian Responsible Gambling Foundation in suburbs in the Cities of Hume (Broadmeadows), Darebin (Preston), Moreland (Glenroy) and Whittlesea (Mill Park) experiencing high losses from EGMs and a lack of non-gambling activities
  - Things to do in Greater Dandenong provides a list of non-gambling activities.

- participation in initiatives seeking to reduce harm from gambling:
  - Gambling Awareness Project connects immigrant and refugee communities including Chinese, Vietnamese, Greek, Italian, Macedonian, Afghani, Iraqi, Tamil and Punjabi in Victoria to relevant information and services addressing gambling-related harm
  - Alliance for Gambling Reform is a collaboration of organisations advocating for reforms of the gambling industry that reduce harms from gambling which Moonee Valley City Council has participated in for the past several years.

### What could Council’s role be?

**Advocate** – Council can advocate to State and Federal Governments for better regulation of the industry, including by partnering with the Alliance for Gambling Reform activities. Recent campaigning in the lead up to the State Election included a number of advocacy agendas.  

It is widely acknowledged that advocacy has the opportunity to bring about significant change, much more than any activity below. Therefore, the focus of Council’s activities should be on advocacy.

**Regulate** – Council’s Local Planning Policy on Gaming provides guidance on where EGMs are to be encouraged or discouraged in the City of Moonee Valley. This is a strong, land-use policy that acknowledges that gaming venues are not to be encouraged in areas with low socio-economic status, not close to community facilities or services and not close to allow for ‘convenience’ gambling. Council may also consider the preparation of a social policy to guide a whole-of-Council approach to preventing and minimising gambling-related harms in the community.

**Partner or facilitator** – Council can:

- partner with community organisations to undertake education campaigns to minimise the risks of gambling-related harms, raise awareness about advocacy options
- facilitate increased access to non-gambling activities in areas with the greatest need by undertaking service planning, partnering with service providers and delivering activities in Council facilities.

**Provider** - alternative recreation/entertainment activities at all hours of the day to address issues of loneliness, isolation and desires for greater community connections and resilience – all important activities that prevent people experiencing harm from gambling.

### Target populations

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• older people due to factors unique to that population, such as loneliness, isolation, physical or mental illness\(^{298}\) (the proportion of people who gamble monthly is highest amongst people aged 65-74 and 55-64 [50.9 per cent and 49.8 per cent respectively])\(^{299}\)

• 73.3 per cent of people experiencing harm from gambling are men.\(^{300}\)

• young people\(^{301}\)

• people living on low or insufficient incomes\(^{302}\)

• people at risk of exclusion (single, unemployed or not employed\(^{303}\), completed schooling no further than year 10\(^{304}\))

• Aboriginal and Torres Strait Islander people\(^{305}\)

• CALD communities (tend to participate in gambling less than the overall population, but those who do gamble may be more likely to experience problems\(^{306}\))

### Policy and legislative framework

Council manages the location and operation of EGMs through the Moonee Valley Planning Scheme and *Planning and Environment Act 1987*.

The *Gambling Regulation Act 2003* provides the opportunity for Council to make submissions to the Victorian Commission for Gambling and Liquor Regulation on the potential social and economic impacts of a gaming application on the health and wellbeing of the community.

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296 Prevention Lane, ‘Vulnerable populations for gambling problems’ [website], Lane County, Oregon, USA, <https://preventionlane.org/gambling-vulnerable-populations>, accessed 26 March 2020

297 Wilkins, R., *The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 15*, Melbourne Institute: Applied Economic and Social Research, University of Melbourne, 2018


301 Wilkins, R., *The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 15*, Melbourne Institute: Applied Economic and Social Research, University of Melbourne, 2018


303 ibid

304 ibid

305 ibid

12 ACTIVE LIVING

At a glance

- for every one per cent increase in the proportion of the population who are sufficiently active, a gross saving of $3.6 million per annum in Australian health care costs associated with the top three chronic diseases (coronary heart disease, non-insulin dependent diabetes and colon cancer) can be achieved.\(^{307}\)

- more than two thirds of children (69 per cent) participate in some form of organised sport or physical activity outside school hours. Adult participation in sport-related activities decreases with age, with self-organised based participation becoming more important with age.\(^{308}\)

- about 58 per cent of people in the City of Moonee Valley met physical activity guidelines (compared with 50.9 per cent for Victoria).\(^{309}\)

- the highest proportion of residents in the neighbourhoods of Airport West, Ascot Vale, Aberfeldie and Avondale Heights are not located within 400m of green space (75 per cent, 83.7 per cent, 89.1 per cent and 89.9 per cent respectively).\(^{310}\)

The big picture

Increasing active living is one of the strategic directions included in the *Victorian Public Health and Wellbeing Plan 2019-2023*. Regular physical activity is important for optimal health and wellbeing, reducing the risk of many chronic conditions such as cardiovascular disease and type 2 diabetes, and other disease risk factors such as overweight and obesity and high blood pressure.\(^{311}\) Strength and resistance training improves muscle strength and bone density, protecting against injury and osteoporosis.\(^{312}\)

Physical inactivity in Australia detracts from social and economic prosperity as it puts a burden on the healthcare system, reduces economic productivity and lowers life expectancy.\(^{313}\) The economic costs to the public healthcare system resulting from physical inactivity include increased medical costs involved in addressing ill health.\(^{314}\) The economic costs of reduced life expectancy involve fewer worker years available to the labour force while lower productivity costs the economy due to absenteeism and reduced capacity to work at full potential.\(^{315}\)

Furthermore, the social cost of physical inactivity to the individual and their families involves emotional trauma and compromised quality of life.\(^{316}\) It has been estimated that for every one per cent increase in the proportion of the population who are sufficiently active, a gross saving of $3.6 million per annum in Australian health care costs associated with the top three chronic diseases (coronary heart disease, non-insulin dependent diabetes and colon cancer) can be achieved.\(^{317}\) To the contrary, physical activity enables people to recover from injuries and illnesses, and...
and has been found to address mental health issues such as depression. Increasing levels of physical activity among older people can prevent falls and improve cognitive functions.

It is estimated that more than $10.7 billion was spent by Australians on fees for participation in sport or physical activity in 2016.

Physical activity is a protective factor against overweight and obesity:

- in 2017-18, two thirds (67.0 per cent) of Australian adults were overweight or obese, an increase from 63.4 per cent in 2014-15.
- there was a large increase for those aged 18-24 years, with 38.9 per cent overweight or obese in 2014-15 compared with 46.0 per cent in 2017-18.
- in 2017-18, a greater proportion of men aged 18 years and over were overweight or obese than women (74.5 per cent and 59.7 per cent respectively).
- almost one quarter (24.9 per cent) of children aged 5-17 years were overweight or obese in 2017-18.

Only a minority of Australians met Australia’s Physical Activity and Sedentary Behaviour Guidelines, with 1.9 per cent of 15-17 year olds, 15.0 per cent of 18-64 year olds and 17.2 per cent of 65 year olds and over meeting the Guidelines in 2017-18.

More than two thirds of children (69 per cent) participate in some form of organised sport or physical activity outside school hours. Adult men and women participate at similar levels across the life stages. However, girls aged 9-11 years old are slightly more likely to participate in sport or physical activity compared to boys of the same age. Adult participation in sport-related activities decreases with age, with self-organised based participation becoming more important with age.

The main barriers to physical activity in adults are time pressures, poor health or injury while the main barrier to young children’s participation in organised out of school hours sport or physical activity is their parents’ perception that they are too young to start playing. Sports clubs are the primary avenue for children aged four years and older to be active, particularly for boys, while other activities are more important for babies and toddlers. On the other hand, non-sporting club providers are the main choice for participation in physical activity for adults aged 18 years and older.

**What does this mean for Moonee Valley?**

The physical environment has a key role in influencing active lifestyles. Councils have traditionally been responsible for local transport infrastructure (roads, footpaths, pedestrian and cycle paths), recreation and community facilities, community events and programs, land use planning and regulation of private development. Obesogenic environments, characterised by poor connectivity between infrastructure and limited opportunities to use active and public transport, restrict active lifestyles.

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322 ibid
323 ibid
324 ibid
325 ibid
326 ibid
327 ibid
328 ibid
329 ibid
330 ibid
Although more than half (57.7 per cent) of people in the City of Moonee Valley met physical activity guidelines (compared with 50.9 per cent for the Victoria)\textsuperscript{331}, people in the City of Moonee Valley spent less time sitting (4.41 hours per day) compared with Victoria (5.58 hours per day).\textsuperscript{332}

The most popular activities among Australian adults are recreational walking (42.6 per cent), fitness/gym (32.1 per cent) athletics, track and field (15.8 per cent), swimming (14.5 per cent) and cycling (11.7 per cent).\textsuperscript{333} The most popular physical activities for children are swimming (30 per cent) soccer and Aussie Rules (14.7 per cent and 8 per cent respectively). This indicates the important role that Council’s sport and recreational facilities and activities play in supporting active lifestyles.

The City of Moonee Valley \textit{Leisure Strategy 2013-23} focuses on enabling, supporting and improving people’s capacity to be active socially, mentally and physically. Goals include creating spaces and places for leisure activities to meet the needs of multiple users, encouraging leisure participation across the whole community and ensuring that people are informed about leisure opportunities.

The City of Moonee Valley \textit{Sports Development Plan 2014-23} provides the framework to increase participation in sport and support the development of local sporting clubs. The Plan reflects Council’s commitment to support local sport, recognising its importance to the health of the community in terms of both physical fitness and social inclusion.

Council requires some developments to make financial contributions to the provision of sport and recreational infrastructure such as parks and sports facilities.

It is estimated that by reducing physical inactivity in Moonee Valley, we could:

- save 88 premature deaths per year,
- save $75 million per year in costs lost to healthcare, absenteeism and other costs
- create the equivalent of 955 full time jobs\textsuperscript{334}

\textbf{What does this mean across our neighbourhoods?}

The rate of overweight or obese people per 100 is highest in the neighbourhoods of Niddrie/Essendon West (77.5), Milleara, Keilor East, Airport West and Avondale Heights (64.8) Refer to Figure 14.

The highest proportion of residents in the neighbourhoods of Airport West, Ascot Vale, Aberfeldie and Avondale Heights are not located within 400m of green space (75 per cent, 83.7 per cent, 89.1 per cent and 89.9 per cent respectively). Refer to Figure 15.

\textsuperscript{331} Department of Health and Human Services, Victorian Population Health Survey 2017, Victorian Government, Melbourne
\textsuperscript{332} VicHealth, VicHealth Indicators Survey 2015, Moonee Valley LGA, VicHealth, Melbourne, 2015.
\textsuperscript{334} These figures are calculated based on national data and extrapolating to our population as accurately as possible:

Eg, Deaths – Australia wide, about 16000 premature deaths per year are attributed to physical inactivity (2008 KPMG Medibank report). When extrapolated to the MV population this equates to about 88 deaths; $75 million – total annual economic burden in Australia due to physical inactivity is $13.8 billion (KPMG Medibank report). When extrapolated to MV population this equals about $75 million. 955 jobs – People who are physically inactive don’t participate in the part of the economy that the leisure industry services. Eg, they don’t buy sports and fitness apparel, they don’t pay for sports and fitness services etc. National data shows that for every 50 people who become active, one new job is created. If we got the estimated 47,750 inactive people in MV active, this would create the equivalent of 955 jobs. Economic burden and premature deaths data source: 2008 KPMG Medibank report: <http://www.medibank.com.au/Client/Documents/Pdfs/The_Cost_Of_Physical_Inactivity_08.pdf>

Figure 14 - Overweight or obese per 100, City of Moonee Valley, 2018

<table>
<thead>
<tr>
<th>Neighbourhood</th>
<th>Overweight or Obese per 100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Niddrie / Essendon West</td>
<td>77.5</td>
</tr>
<tr>
<td>Milleara</td>
<td>64.8</td>
</tr>
<tr>
<td>Keilor East</td>
<td>64.8</td>
</tr>
<tr>
<td>Avondale Heights</td>
<td>64.8</td>
</tr>
<tr>
<td>Airport West</td>
<td>64.8</td>
</tr>
<tr>
<td>Strathmore Heights</td>
<td>63.2</td>
</tr>
<tr>
<td>Strathmore</td>
<td>63.2</td>
</tr>
<tr>
<td>City of Moonee Valley</td>
<td>63</td>
</tr>
<tr>
<td>Ascot Vale</td>
<td>61.9</td>
</tr>
<tr>
<td>Moonee Ponds</td>
<td>61.1</td>
</tr>
<tr>
<td>Keilor Road / Essendon North</td>
<td>61.1</td>
</tr>
<tr>
<td>Essendon</td>
<td>61.1</td>
</tr>
<tr>
<td>Aberfeldie</td>
<td>61.1</td>
</tr>
<tr>
<td>Flemington</td>
<td>55.4</td>
</tr>
</tbody>
</table>

Source: Modelled Data from the AHPC that is at the SA2 level 2015

Figure 15 - Dwellings that are located within 400m of green space %, City of Moonee Valley, 2018

<table>
<thead>
<tr>
<th>Neighbourhood</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keilor East</td>
<td>100</td>
</tr>
<tr>
<td>Moonee Ponds</td>
<td>100</td>
</tr>
<tr>
<td>Flemington</td>
<td>99.8</td>
</tr>
<tr>
<td>Strathmore</td>
<td>94.1</td>
</tr>
<tr>
<td>Niddrie / Essendon West</td>
<td>94.1</td>
</tr>
<tr>
<td>Aberfeldie</td>
<td>89.1</td>
</tr>
<tr>
<td>Airport West</td>
<td>75</td>
</tr>
</tbody>
</table>

Source: Calculation based on rates data and parks data, 2018 (MVCC)

Promising Practice

UK Active focuses on increasing physical activity in the community by providing services and facilitating partnerships between a range of organisations across the public, private and voluntary sector.

Active Living NSW is a partnership between the NWS Ministry of Health and the National Heart Foundation, providing support for physical activity and healthy built environment outcomes. The Designing Places for Active Living resource includes a series of guidelines to facilitate active living.

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335 Data has been modelled by the AHPC at the SA2 geographical area. These have been assigned to neighbourhoods based where the majority of the neighbourhood lies in relation to the SA2.
Knox City Council undertook an audit of public realm elements to determine the extent to which they support the access needs of people with restricted mobility. This led to the preparation of a toolkit.

The NSW Office of Local Government has produced a set physical activity guidelines of physical activity guidelines.

Active Living has prepared active living and healthy eating guidelines on councils’ roles in supporting active living and healthy eating.336

Glen Eira City Council provides the Active Parks free fitness program and outdoor fitness equipment to encourage ‘no cost’ fitness programs to the community.

Port Phillip City Council provides several free fitness programs which include ‘fitness express’, ‘Bowling with Babies’ a VicHealth initiative, ‘Qi gong’, ‘Fitness 4 fifties’, ‘Sunday Croquet’, ‘Yoga on the Green’, ‘Beach Volleyball’, ‘One ball’ youth soccer program and ‘Roll all day’ school skateboard sessions, and Outdoor Fitness Stations across the municipality.

Port Phillip City Council provides information on Female Participation Programs to satisfy the fitness needs of women belonging to specific cultural and religious groups.

The Daily Mile is a physical activity programme made popular by a school in Stirling, Scotland and is now being run in over 1000 schools across the world (including Australia). It is promoted by the Scottish Government and is growing in popularity nationally and internationally. The aim is that each day, during class time, pupils run or walk outside for 15 min (~1 mile) at a self-selected pace.337

What could Council’s role be?

Partner – Council can partner with:

- relevant stakeholders in the provision of infrastructure and services (perhaps in partnership), e.g. road construction, operation of recreation facilities, delivery of sport and recreation facilities, waste collection services, water supply, safety and amenity (Victoria Police)
- organisations that promote physical activity amongst specific target groups
- community health and medical services to encourage walking

Fund - Council can:

- fund the provision of community infrastructure through development contributions
- prioritise active living through grants and active participation through program delivery
- reduce car dependence and create 20-minute neighbourhoods
- fund leisure facilities

Regulate – Council is responsible for enforcing regulations to ensure environments for physical activity are safe, inclusive and accessible which involves

- ensuring sport and recreation facilities meet the universal design principles and sport specific standards
- using resources to maximise connections to shops, sports centres and parks
- ensuring dog walkers adhere to off leash regulations

Provide- Council can provide opportunities for people to participate in active transport, sport and active recreation by:

- increasing the safety and amenity of public places through wayfinding, shade, bicycle racks, shade and landscaping, litter bins, lighting, urban design, maintenance

337 https://thedailymile.co.uk/
• encouraging mixed uses in land use planning
• ensuring physical activity programs and infrastructure are accessible to all sectors of the community to encourage walking to programs and events
• active living programs and activities through services
• facilities and activities providing free active living programs
• preparing resources that encourage and support active transport such as maps
• discouraging sedentary behaviours in the workplace by providing showering facilities, walking meetings, stair cases, standing work stations
• providing accessible information about the location of and access to local sport and active recreation opportunities
• identifying opportunities to strengthen initiatives that support both active living and healthy eating e.g. community gardens, active transport connections between and to food outlets, planting edible landscapes along active transport routes and encouraging home food production as an outdoor activity
• providing information on appropriate physical activity levels

Target populations

Certain groups are less likely to participate in physical activity:338

• children
• older people
• CALD communities (including new arrivals)
• Aboriginal and Torres Strait Islander people
• people with a disability or mental illness
• people living on low and/or insufficient incomes

Policy and legislative framework

The Public Health and Wellbeing Act 2008 requires Councils to protect, improve and promote public health within their community.

The Planning and Environment Act 1987 requires developers to make contributions to the establishment of social infrastructure and recreation facilities.

13 ALCOHOL AND OTHER DRUGS

At a glance

- alcohol abuse is estimated to be responsible for 4.6 per cent of the total burden of disease and injury and 3.4 per cent of deaths.  
- there is a direct correlation between the physical (how easy it is to obtain retail alcohol), economic (affordability), social (social norms and provision of alcohol via informal means such as parties and social gatherings) and psychological (alcohol marketing) availability of alcohol and the prevalence of alcohol-related harms.  
- one in six Australians consume alcohol at levels placing them at lifetime risk of an alcohol-related disease or injury.  
- nearly three quarters of Australians believe Australia has a problem with excess drinking or alcohol abuse.  
- more than a third of Australians have been affected by alcohol-related violence in the past 12 months.  
- illicit drug use contributed to 2.3 per cent of the total burden of disease and injury in 2011.  
- nearly half of people aged 14 years and over in Australia had illicitly used a drug at some point in their lifetime.  
- The number of drug and alcohol overdose deaths in Victoria in 2015 was 453, more than double the road toll in Victoria.  
- illicit drugs use was higher in Moonee Valley than Victoria (22.1 and 21.6 respectively) but slightly lower than the rate for the North-West Region (22.3)  
- alcohol consumption was lower in Moonee Valley than Victoria (44.4 and 50.1 respectively) but higher than the North-West Region (41.2)  
- the City of Moonee Valley has:  
  - 5.1 clients received alcohol and drug treatment services per 1,000 population which is higher than the rate for the North and West Metropolitan Region (4.8)  
  - 25.4 per cent of people were at increased lifetime risk (weekly) of alcohol-related harm on a single occasion of drinking compared with 24.7 per cent for Victoria  
  - licensed premises are concentrated along the major arterials of Keilor Road in Niddrie, Mount Alexander Road and Puckle Street in Moonee Ponds, and Union Road in Ascot Vale.  
  - young people (aged 12–24) historically consume alcohol at higher rates for both lifetime and single occasion risk than any other age group and use illicit drugs than any other age group.

The big picture

1 Australian Institute of Health and Welfare, Australia’s health 2018. Australia’s health series no. 16. AUS 221. Australian Government, Canberra, 2018
4 Foundation for Alcohol Research and Education, Annual Alcohol Poll 2018. Attitudes and behaviours, 2018
6 Department of Health and Human Services, Victorian Population Health Survey 2017, Victorian Government, Melbourne
7 Australian Institute of Health and Welfare, Australia’s health 2018. Australia’s health series no. 16. AUS 221. Australian Government, Canberra, 2018
8 Ibid.
Reducing harmful alcohol and drug use is one of the priorities in the VICTORIAN PUBLIC HEALTH AND WELLBEING PLAN 2019-2023.

Harmful alcohol use is a pattern of use that causes damage to health which could be either physical, psychological or both. Alcohol abuse is estimated to be responsible for 4.6 per cent of the total burden of disease and injury and 3.4 per cent of deaths. Excessive consumption of alcohol increases the risk of people harming themselves and others. Direct harms associated with the abuse of alcohol include injury, assault and chronic disease. The impacts of these harms include a lack of social connection, trauma, lack of income, unemployment, homelessness and compromised education. Alcohol misuse is directly associated with family and domestic violence, increasing both the likelihood of violence occurring and the severity of harms. The annual costs of these harms to the Australian community is estimated at $36 billion.

There is a direct correlation between the physical (how easy it is to obtain retail alcohol), economic (affordability), social (social norms and provision of alcohol via informal means such as parties and social gatherings) and psychological (alcohol marketing) availability of alcohol and the prevalence of alcohol-related harms.

Victoria has seen the largest increase in the number of liquor licences of all the states in Australia and has the most deregulated alcohol market in Australia. This has resulted in an expansion in the number of late-night trading premises.

Key issues associated with alcohol consumption:

• although around 20 per cent of people in Australia drink very rarely or not at all, one in six (17 per cent) of people consume alcohol at levels placing them at lifetime risk of an alcohol-related disease or injury.
• although young people are drinking less, Australians continue to consume alcohol at risky levels, possibly because alcohol is now more affordable and available than it has been in the past.
• although nearly three quarters (73 per cent) of people believe Australia has a problem with excess drinking or alcohol abuse, Australians continue to have low awareness of the long-term health conditions associated with alcohol.
• more than a third of people have been affected by alcohol-related violence in the past 12 months.
• more than half (51 per cent) of Australians support limiting the number of alcohol outlets to reduce family violence.
• nearly a third (32 per cent) of drug treatment episodes in 2015–16 were primarily for alcohol, making it the most commonly treated and dangerous drug in Australia.
• in Melbourne every 10,000 additional litres of pure alcohol sold by packaged liquor licensed venue is associated with a 26 per cent increase in domestic violence incidents in that area.

The normalised culture of alcohol consumption within the LGBTIQA+ community is the same as the general Australian community. However, research demonstrates that same sex attracted women start consuming alcohol at
a much earlier age than heterosexual young people, a factor which increases the risk of harmful alcohol consumption in the future.\textsuperscript{366} Overall, research has found that the rates of alcohol disorders among LGBTIQ+ people are higher than the broader population, particularly among women.\textsuperscript{367} This research also found significantly higher prevalence of drug use and diagnosed drug use disorders within the LGBTIQ+ community compared with the broader community.\textsuperscript{368} This higher prevalence is attributed to several risk factors, the most significant one being higher rates of psychological disorders associated with the stress of ‘coming out’, relationships with family and friends, abuse and victimisation, stigma and relationship status.\textsuperscript{369}

All Australian communities, families and individuals are directly or indirectly impacted by harms from illicit drugs.\textsuperscript{370} Illicit drug use contributed to 2.3 per cent of the total burden of disease and injury in 2011, with a third of the burden associated with accidental poisoning and drug dependence (33 per cent and 31 per cent respectively). There is a strong association between illicit drug use and mental illness, with illicit drug use being both a cause and effect of mental illness.\textsuperscript{371} The number of drug-induced deaths and hospitalisations has increased over recent years in Australia.\textsuperscript{372} Nearly half (43 per cent) of people aged 14 years and over in Australia had illicitly used a drug at some point in their lifetime.\textsuperscript{373} Nearly half (46 per cent) of Australians consider illegal drugs to be the cause the most harm.

The increase in prescription drug abuse is a worldwide issue that is having an impact on the health of Australians. The percentage of people being treated for prescription drug abuse in Australia increased from seven per cent in 2000 to 23 per cent in 2015. Pharmaceutical or prescription drugs contributed to 80 per cent of drug-related deaths between 2009 and 2015, compared to 40 per cent for illegal drugs and 25 per cent for alcohol. The most common types of drugs abused in Australia are analgesics and sedatives. Most overdose deaths result from combined drug toxicity which is the fatal mixture of two or more drugs (including alcohol) used together.\textsuperscript{374}

The number of drug and alcohol overdose deaths in Victoria in 2015 was 453, more than double the road toll in Victoria.\textsuperscript{375}

### What does this mean for Moonee Valley?

All tiers of government, including local government, are responsible for regulation and the funding of programs that reduce harm from alcohol and other drugs.\textsuperscript{376}

In Moonee Valley, young people aged 15-17 use illicit drugs more than the state average, at 6.8 per cent compared with 4.7 per cent.\textsuperscript{377} More than a third of young people aged 15-17 reported having smoked cigarettes in the last 30 days, the highest percentage in metropolitan Melbourne.\textsuperscript{378}

In 2014-15 the rate of hospitalisations per 10,000 people in the City of Moonee Valley from:

- illicit drugs was higher than Victoria (22.1 and 21.6 respectively) but slightly lower than the rate for the North-West Region (22.3)


\textsuperscript{368} ibid

\textsuperscript{369} ibid

\textsuperscript{370} Australian Institute of Health and Welfare, Australia’s health 2018. Australia’s health series no. 16. AUS 221. Australian Government, Canberra, 2018

\textsuperscript{371} ibid

\textsuperscript{372} ibid

\textsuperscript{373} ibid


\textsuperscript{375} ibid


\textsuperscript{377} Moonee Valley City Council, Thrive – Strategy for Young People, Background Report, 2015

\textsuperscript{378} ibid

alcohol was lower than Victoria (44.4 and 50.1 respectively) but higher than the North-West Region (41.2).

Moonee Valley has 326 liquor licences per 100,000 which is slightly lower than the rate for Victoria (348) but higher than Australia (299). In December 2018 there were 380 liquor licences in the City of Moonee Valley, of which 151 (40 per cent) were restaurants and cafes, 48 (13 per cent) were bottle shops operating under packaged liquor licences, 35 were on-premise liquor licences operating as either restaurants or bars, 17 (5 per cent) were full club licences operating as sporting or cultural clubs and 17 (5 per cent) were general licences operating as hotels.

The City of Moonee Valley has:

- 5.1 clients received alcohol and drug treatment services per 1,000 population which is higher than the rate for the North and West Metropolitan Region (4.8)
- 25.4 per cent of people were at increased lifetime risk (weekly) of alcohol-related harm on a single occasion of drinking compared with 24.7 per cent for Victoria

Between 2001 and 2016, outlets per 100,000 residents in Moonee Valley increased by 55.1 per cent. This study notes that the growth and availability of packaged outlets, and particularly in chain and big-box style outlets, has important implications for alcohol-related harm.

Reducing alcohol-related harm in the community requires efforts from multiple sectors and levels of government. The Moonee Valley Planning Scheme provides guidance for planning permits to establish new licenses premises and changes to existing premises at Clause 21.08-4 and Clause 22.04. The objective of Clause 21.08-4 is to minimise the negative impacts associated with the establishment of new licensed premises and changes to existing premises. This clause focuses on design and operation in order to protect the amenity of the surrounding areas. The local planning policy at Clause 22.04 of the Planning Scheme guides the consideration of planning permit applications for licensed premises. It provides specific guidance on minimising the safety and amenity impacts associated with licensed premises including noise, patron numbers and dispersal, venue design, hours of operation. It also provides guidance on appropriate location and mix of licensed premises reducing noise impacts, appropriate patron numbers.

The Moonee Valley Liquor Forum is one of 80 across Victoria. Liquor licensing forums and accords are a pro-active means of improving safety through collaboration between Victoria Police, licensees, local governments and community representatives. Forums may be formalised through the establishment of a liquor accord which is a written document setting out specific aims, actions, objectives and strategies addressing local alcohol-related issues.

Section 4.18.1 of the of the City of Moonee Valley Activities and General Amenities Local Law 2018 prohibits the consumption of liquor in designated alcohol restriction areas and on a road or in a municipal place outside alcohol restriction areas.

What does this mean across our neighbourhoods?

Licensed premises are concentrated along the major arterials of Keilor Road in Niddrie, Mount Alexander Road and Puckle Street in Moonee Ponds, and Union Road in Ascot Vale: (refer to Figure 16)

- Moonee Ponds has 97 (26 per cent), Essendon has 71 (19 per cent) and Ascot Vale has 55 (15 per cent) of all the liquor licences in the municipality.
- venues trading after 11pm are concentrated in Essendon, Moonee Ponds, Niddrie and Flemington.

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382 Department of Health and Human Services, Victorian Population Health Survey 2017, Victorian Government, Melbourne
384 VicHealth, Local government approaches to minimise alcohol-related harm: Learnings from a VicHealth workshop, 2017
venues with patron capacities greater than 200 are concentrated in Moonee Ponds and Essendon, with two venues larger than 2000 patrons in Airport West and Essendon Fields.

**Figure 16** – Alcohol outlets by type and SEIFA Index of Relative Socio-Economic Disadvantage (IRSD), City of Moonee Valley

Promising Practice

- several sporting clubs in the City of Moonee Valley are currently participating in the Australian Alcohol and Drug Foundation Good Sports Program. This initiative works with the leaders and administrators of sporting clubs to support mental and physical health and wellbeing by focussing on alcohol, illicit drugs, smoking and nutrition. The program involves a three-step accreditation process and provides fact sheets and resources covering volunteer recruitment, the use of social media, fundraising and responsible service of alcohol.
- VicHealth Reducing harm from alcohol Local government action guide no. 9
- VicHealth Strategies for Harm Minimisation
- Municipal Association of Victoria local government guidelines
- alcohol management strategies and policies e.g. the City of Greater Dandenong Alcohol Management Policy (2018)
- the Local Government Alcohol Management Package developed by the Western Australia Mental Health Commission is a toolkit based on best practice which promotes a whole of organisation approach to preventing and minimising alcohol-related issues in their community
- international Example - Iceland’s approach to preventing substance use in young people called the ‘Icelandic Model’ – see a [short summary](#) and [research paper](#).

Suitable and appropriate resources and information:
• City of Maroondah health, safety and community resource
• Australian Alcohol and Drug Foundation
• Cancer Council Victoria
• Better Health Channel, Victorian Government
• Turning Point
• Free community safety resources
• The Victorian Commission for Gambling and Liquor Regulation (VCGLR) has developed a Local government liquor licence objection kit to provide councils with clearer guidelines about liquor licensing objections and applications.
• the Developing and effective community safety and crime prevention plan is a useful guide that focuses on alcohol and drug issues
• Alcohol and other drugs in the workplace fact-sheets help in supporting healthy lifestyles in the workplace

What could Council’s role be?

Provide - Council can provide:

• culturally appropriate alcohol and other drug information for people directly and indirectly affected by harm from alcohol and other drugs385
• alcohol-free events and festivals
• staff information sessions and referral pathways for staff
• resources to build workforce capacity to ensure Council officers have the protection, training and support they need to respond confidently to people affected by substance abuse
• alcohol and other drugs in the workplace fact-sheets to prevent and address substance abuse amongst Council officer

Partner - Council can continue to:

• participate in liquor licence forums and accords alongside Victoria Police, licensees and community representatives
• partner with relevant health agencies (including the Public Health Network), community-based organisations and business groups responsible for and involved in preventing harm from substance abuse386, particularly within at-risk populations387
• partner with schools to raise awareness of the risks associated with the harmful consumption of alcohol and drug abuse
• partner with Victoria Police to support alcohol-free events and prevent harm from alcohol and drugs and other events

Regulate - Council can continue support the State Government’s strategy Reducing the alcohol and drug toll – Victoria’s plan 2013–2017 by:

• regulating the consumption of alcohol in the municipality through section 4.19.1 of the City of Moonee Valley Activities and General Amenities Local Law 2018 and Planning Scheme
• assessing planning permit applications for liquor licences under Clause 22.04 of the Moonee Valley Planning Scheme and Planning Practice Note 61 Assessing cumulative impact of licensed premises

• providing comments on applications for liquor licences considered by the Victorian Commission for Gambling and Liquor Regulation under the **Liquor Control Reform Act 1998**

**Facilitate** – Council can continue to:

• deliver activities and provide social infrastructure that builds strong, cohesive communities

• support agencies that provide affordable housing

• promote and provide positive parenting programs

• provide safe settings that discourage risky consumption of alcohol and the use of illicit drugs

• support local sporting and community clubs to participate in the Australian Alcohol and Drug Foundation **Good Sports Program**.

**Advocate** – Council can advocate to State and Federal Government for:

• better regulation of the alcohol industry in relation to matters such as minimum unit pricing of alcohol, regulation of risk factors such as trading hours and venue size

• increased funding and access to facilities that reduce the harms arising from drug abuse e.g. safe injecting equipment, rehabilitation and counselling services

• increased funding to raise awareness within relevant settings such as schools, community and sporting groups

**Target populations**

• older people (between 2013 and 2016, people in their 50s and 60s both reported a significant increase in the proportion consuming 11 or more standard drinks on a single drinking occasion in the last year (from 9.1 per cent to 11.9 per cent and from 4.7 per cent to 6.1 per cent respectively) - This is more than double the number of standard alcoholic drinks considered as single-occasion risky drinking behaviour)

• young people (aged 12–24) historically consume alcohol at higher rates for both lifetime and single occasion risk than any other age group and use illicit drugs than any other age group

• LGBTIQA+ people

• people living on low and/or insufficient incomes

• people with a disability or mental illness

**Policy and legislative framework**

Applications for planning permits for licensed premises are assessed and regulated under the **Planning and Environment Act 1987**.

Council can object to applications for liquor licences under the **Liquor Control Reform Act 1998**.

Councils have responsibility under the **Public Health and Wellbeing Act 2008** to protect the health and wellbeing of their communities.


190 ibid


194 ibid

195 ibid

196 ibid

197 ibid
A governance principle under the *Local Government Act 2020* is that priority is to be given to achieving the best outcomes for the municipal community, including future generations.
14 HEALTHY FOOD AND EATING

At a glance

- diet related chronic conditions such as type 2 diabetes, cardiovascular disease and some forms of cancer are among the leading causes of death and disability in Australia.\textsuperscript{398}
- only one in twenty (5.4 per cent) adults met both the fruit and the vegetable recommendations.\textsuperscript{399}
- men are almost twice as likely as women to usually consume sugar sweetened drinks daily (11.8 per cent compared with 6.4 per cent respectively).\textsuperscript{400} More are half of adults (52.0 per cent) and children (55.2 per cent) did not consume any sugar sweetened or diet drinks.\textsuperscript{401}
- the proportion of people reporting being obese in the City of Moonee Valley (15.5 per cent) is lower than the state measure (19.3 per cent).\textsuperscript{402}
- a lower proportion of people in the City of Moonee Valley are experiencing food insecurity (2.5 per cent) compared with the State measure (4.6 per cent).\textsuperscript{403}
- a lower proportion of people in the City of Moonee Valley do not meet dietary guidelines for either fruit or vegetable consumption (46.9 per cent) compared with the State measure (48.6 per cent).\textsuperscript{404}
- people in the City of Moonee Valley are significantly less likely to eat take away meals or snacks at least three times a week (6.9 per cent) compared with Victorians (19.8 per cent).\textsuperscript{405}
- in Australia, women are more likely to experience food insecurity, impacting on their psychosocial wellbeing and is associated with higher levels of stress, anxiety and depressive symptoms.\textsuperscript{406}
- health promotion activities need to be cautious not to stigmatise individuals, particularly women, as increasingly, evidence points to negative impacts on mental health and wellbeing. Instead, health promotion should focus on the social and economic factors that impact healthy eating.\textsuperscript{407}

The big picture

Healthy eating is a key determinant of health and wellbeing, helping to prevent and manage health risk factors such as overweight and obesity, high blood pressure and high cholesterol.\textsuperscript{408} Diet related chronic conditions such as type 2 diabetes, cardiovascular disease and some forms of cancer are among the leading causes of death and disability in Australia.\textsuperscript{409}

While ‘weight’ is often included in discussions on healthy eating, we know that food intake is not necessarily a cause of being overweight or obese. While, there is an association between healthy eating, helping to prevent and manage health risk factors such as overweight and obesity, high blood pressure and high cholesterol.\textsuperscript{408} Diet related chronic conditions such as type 2 diabetes, cardiovascular disease and some forms of cancer are among the leading causes of death and disability in Australia.\textsuperscript{409}

While ‘weight’ is often included in discussions on healthy eating, we know that food intake is not necessarily a cause of being overweight or obese. While, there is an association between healthy eating and health, Body Mass Index (BMI) is a narrow view of health and does not necessarily take into account diverse factors that contribute to someone’s weight.\textsuperscript{410} Similarly, being overweight or obese is not a ‘behaviour’\textsuperscript{411} and as local governments, we cannot influence a person’s weight. As such, we need to focus not on individual’s weight, but on societal and 82

\textsuperscript{398} Australian Institute of Health and Welfare, Australia’s health 2018. Australia’s health series no. 16. AUS 221. Australian Government, Canberra, 2018
\textsuperscript{400} ibid
\textsuperscript{401} ibid
\textsuperscript{402} Department of Health and Human Services, Victorian Population Health Survey 2017, Victorian Government, Melbourne
\textsuperscript{403} VicHealth, VicHealth Indicators Survey 2015, Moonee Valley LGA, VicHealth, Melbourne, 2015.
\textsuperscript{404} ibid
\textsuperscript{405} ibid
\textsuperscript{406} ibid
\textsuperscript{407} ibid
\textsuperscript{411} Gordon-Larsen, P, and Heymsfield S. B, Obesity as a Disease, Not a Behavior, 2018 <https://www.ahajournals.org/doi/full/10.1161/circulationaha.118.032770>, accessed 24 March 2020
economic factors that influence access and consumption of healthy food. There are also studies that demonstrate weight neutral health promotion and the Health at Every Size principle.

In order for people to engage in healthy eating behaviours, food needs to be available, nutritious, culturally appropriate, affordable and appropriate. Healthy eating at each life stage affects subsequent stages in a cumulative way and is important for healthy ageing. The National Health and Medical Research Council Australian Dietary Guidelines (2013) provide information on the types and amounts of food, food groups and eating behaviours required to promote health and wellbeing and reduce the risk of diet related conditions and chronic disease.

The Victorian Public Health and Wellbeing Plan 2019-2023 identifies that access and consumption to healthy food contributes to an individual’s health and wellbeing. Food insecurity occurs when people lack access to enough food for an active and healthy life due to the inability to purchase, store and cook food, and/or when their neighbourhoods do not provide sufficient access to healthy food outlets. Food insecurity can affect academic achievement in children, and is a contributing factor to childhood overweight and obesity as families experiencing food insecurity may need to purchase cheaper food which is energy dense but nutrient poor.

Diet related chronic conditions such as type 2 diabetes, cardiovascular disease and some forms of cancer are among the leading causes of death and disability in Australia. This is due to social and environmental factors including a decline in physical activity, a high density of fast food outlets and inadequate access to healthy food options.

People living in socio-economically disadvantaged areas are at a greater risk of not eating a healthy diet, with the density of fast food outlets being 2.5 times higher in lower income postcodes in Australia compared to highest income postcodes. Similarly, areas near secondary schools and urban areas in Victoria have more fast food outlets which may encourage greater consumption of fast food products.

Recent trends in the consumption of fruit and vegetables in Australia demonstrate that:

- just over half (51.3 per cent) of Australians aged 18 years and over met the guidelines for the recommended daily serves of fruit (2 or more serves).
- one in thirteen (7.5 per cent) adults met the guidelines for serves of vegetables (5-6 or more serves for men depending on age, and 5 or more for women).
- only one in twenty (5.4 per cent) adults met both the fruit and the vegetable recommendations. These rates have remained fairly consistent over time.
- one in seventeen (6.0 per cent) children aged 2-17 years met the guidelines for the recommended number of serves of both fruit and vegetables. Over seven in ten (73.0 per cent) children ate the recommended serves of fruit, an increase from 2014-15 (70.1 per cent)

Recent trends in the consumption of sugar sweetened and diet drink in Australia demonstrate that:

414 ibid
419 ibid
420 ibid
421 Australian Institute of Health and Welfare, Australia’s health 2018. Australia’s health series no. 16. AUS 221. Australian Government, Canberra, 2018
423 Thornton, L, Lamb, K and Ball, K, Fast food restaurant locations according to socio-economic disadvantage, urban-regional locality, and schools within Victoria, Australia SSM – Population Health 2 1-9, 2016
424 ibid
426 ibid
• almost one in eleven (9.1 per cent) adults and one in fourteen (7.1 per cent) children (aged 2-17 years) consume sugar sweetened drinks daily.
• men were almost twice as likely as women to usually consume sugar sweetened drinks daily (11.8 per cent compared with 6.4 per cent respectively). Men who were daily consumers also drink more per day, averaging 3.3 cups (825 ml or 2.2 cans) per day compared with women who consume 2.5 cups per day.
• 4.8 per cent of adults and 1.3 per cent of children consume diet drinks daily. Men (daily consumers) consume on average 3.1 cups per day compared with women who consume 2.6 cups (650 ml) per day.
• more than half of adults (52.0 per cent) and children (55.2 per cent) did not consume any sugar sweetened or diet drinks.

What does this mean for Moonee Valley?

Indicators relating to healthy eating for the City of Moonee Valley area generally favourable demonstrated by the following:

• although the proportion of people reporting being obese in the City of Moonee Valley (12.5 per cent) is lower than the State measure (19.3 per cent), the proportion of people reporting being pre-obese in the City of Moonee Valley (35.1 per cent) is higher than the State measure (31.5 per cent).427
• a lower proportion of people in the City of Moonee Valley are experiencing food insecurity (2.5 per cent) compared with the State measure (4.6 per cent).428
• a lower proportion of people in the City of Moonee Valley do not meet dietary guidelines for either fruit or vegetable consumption (46.9 per cent) compared with the State measure (48.6 per cent).429
• people in the City of Moonee Valley are significantly less likely to eat take away meals or snacks at least three times a week (6.9 per cent) compared with Victorians (19.8 per cent).430
• males in the City of Moonee Valley are at a greater risk of being pre-obese (59.7 per cent) and are less likely to meet the dietary guidelines for fruit consumption (39.7 per cent) compared with females (35.4 per cent and 53.7 per cent respectively).431

The Moonee Valley Food Safety program and requirements supports local businesses in adhering to the requirements under the Food Act 1984. Moonee Valley has produced the following guidelines to safeguard the preparation and serving of healthy food in the municipality:

• Healthy Catering Guidelines to assist employees to make healthier choices when ordering catering in order to create a healthy workforce.
• Mobile Food Vehicle Policy and guidelines 2018 to regulate the preparation and serving of food from registered and non-road registered vehicles from which food is sold in the municipality

Council has a range of enforcement options, including the ability to issue infringement notices for certain food safety or hygiene offences. Infringement notices make it easier for councils to administer, investigate and enforce the Food Act 1984. Council also has the authority to focus enforcement efforts on food premises that pose a greater risk to public health because of noncompliance with the Food Act 1984 and may temporarily close premises or stop particular food handling activities in the interests of public health.

What does this mean across our neighbourhoods?

427 Department of Health and Human Services, Victorian Population Health Survey 2017, Victorian Government, Melbourne
429 ibid
430 ibid
431 Department of Health and Human Services, Victorian Population Health Survey 2017, Victorian Government, Melbourne
There are currently eight community gardens in the City of Moonee Valley located across Council-owned reserves, neighbourhood houses and on public housing estates in the suburbs of Ascot Vale, Avondale Heights, Keilor East, Flemington and Strathamore Heights. These community gardens enable the community to connect with others outdoors, grow food, learn and share gardening skills and improve public spaces.432

Fast food outlets are located in the south, middle and north of the municipality, indicating that there is broad access to unhealthy foods. While there are a number of different unhealthy food options, fast food outlets can be an indicator of the access. The following provides a snapshot of the locations of major fast food outlets in Moonee Valley including:

- four McDonald’s outlets in Flemington, Niddrie, Airport West and Avondale Heights
- three KFC outlets in Niddrie, Airport West and Moonee Ponds
- three Nando’s outlets in Niddrie, Airport West and Essendon Fields
- six Subways outlets in Niddrie, Airport West, Moonee Ponds, Flemington and Essendon Fields
- three Red Rooster outlets in Ascot Vale, Niddrie and Airport West
- three Domino outlets in Keilor East, Essendon and Flemington.

There are also a number of other fast food outlets located across the municipality.

In addition to Council’s community meals program, Moonee Valley also has a grass-roots food security network providing food relief services to low income households. This includes a number of community based and church programs; Helping Hands mission; Latitude Directions for Youth; as well as neighbourhood learning and community centres.

## Promising Practice

A 2019 Canadian study trip as part of MVCC’s attendance at the NewCities Foundation award ceremony identified:

- The City of Victoria, British Columbia (Canada) Economic Development Strategy in which community gardens and food security play an important role as a local community strengthening tool for the City’s economic base – including through local food production. Council was helping to boost economic activity in the city, increase food producers’ income, assisting with food security for lower socio-economic community members and reducing food waste. Mayor Lisa Helps noted the importance of such major initiatives, services and programs within long term strategies to have “co-benefits”. Many noting that “…any good solution should have co-benefits. If it just addresses one problem then it’s probably not the right solution.” Plus the importance for cities (once they’d established it) to be “…unfailingly focused on this long term vision.”

- The Santropol Roulant community food hub brings people together through various programs, activities and services. Santropol Roulant is an award-winning community organization based in the Plateau neighbourhood of Montreal, Quebec, Canada. The organization uses food as a vehicle to break isolation and build bridges between individuals and generations. Unlike most meals on wheels organizations, Santropol Roulant’s staff and volunteer base consists mainly of younger people. The meals on wheels service provides 80 to 100 evening meals five days a week, prepared and delivered by over 100 volunteers. It brings people together across generations and cultures through this innovative meals-on-wheels service, as well as other intergenerational activities and volunteer programs. Most of the meals are delivered on foot or by bicycle to the homes of seniors and people living with a loss of autonomy in the neighbourhood. Santropol Roulant’s three “impact areas” are: Food security; Social inclusion; and Community engagement.434

The Mornington Peninsula Food Access Network is an integrated approach to food security throughout the Mornington Peninsula. The network co-ordinates the activities of Mornington Peninsula Shire, food relief agencies

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such as SecondBite, food producers and retailers to provide healthy, local and affordable food. In addition to the health, environmental and social value of the program, it program involves no capital costs and minimal on-going costs to implement.

The Northern Suburbs Community Food Network operates within the City of Wanneroo in Perth, Western Australia. The network acts as a central point to connect individuals and organisations who focus on healthy eating and food security within the community. It operates through an email-based network that connects community members with food literacy programs delivered by local agencies, information on community gardens and education relating to small-scale back yard food growing and fresh food relive for the community.

Mildura is a significant provider of fresh produce in Australia, however was missing connections between local producers and the local community. The Open Food Network facilitates these connections in order to improve access to fresh local communities in disadvantaged areas. The initiative is funded by the Department of Health and Human Services, and is co-ordinated by an officer whose role is to research local needs, create a network and deliver workshops on key topics. One of the programs involves the local food box scheme which provides locally grown fresh produce to the community.

Cardinia Food Movement is a partnership with Sustain and is an ambitious initiative to establish a healthy, delicious, sustainable and fair food system for all Cardinia Shire residents.

Any initiative or program would need to focus on access to healthy, affordable food, not on someone’s body size or shape: “There is increasing evidence that weight stigma can negatively impact an individual’s mental health and result in behaviours like disordered eating. Discourses stating that weight loss equates to health compound a woman’s sense of failure when she is unable to achieve an ‘ideal’ weight.”

What could Council’s role be?

**Provider -** Council can:
- provide healthy and locally grown and produced food at council functions and in council-managed services.
- provide information about local food outlets that offer affordable healthy meals.
- provide land for community gardens.
- provide or subsidise community transport to increase access to local shops and fresh food suppliers.
- include edible landscapes in new and existing developments.
- improve transport accessibility to healthy food options, particularly in disadvantaged areas.
- ensure Council managed childcare and kindergarten services provide healthy food environments

**Facilitate -** Council can:
- support initiatives that provide material aid to vulnerable communities.
- ensure funding agreements, grants funding and contracts include clauses and guidance on the provision of healthy food
- ensure Council run events and festivals have healthy and sustainable food options
- include information on the website that supports healthy eating and addresses food insecurity.
- support the operation of farmers’ markets.
- ensure that healthy food options are available within walking distance of houses, in schools and in workplaces.

**Regulate –** Council can:
- regulate the safe preparation and handling of food through the Food Act 1984.

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435 Women’s Health Victoria, How sex and gender impact women’s relationship with food, 2017, p31


437 Ibid
• consider preparing policy mechanisms in structure plans to manage the location and density of fast food outlets in the community.

Target populations
• Aboriginal and Torres Strait Islanders
• young people
• CALD communities
• people at risk of social exclusion (refugees, people who do not have access to private and or public transport, unemployed people, single parent households)
• people living on low and/or insufficient incomes
• people with a disability or mental illness (including, people who misuse alcohol and tobacco, unwell or frail)

Policy and legislative framework

The Food Act 1984 controls the sale of food in Victoria and is primarily enforced by local councils and the Department of Health and Human Services. Council’s roles focus on ensuring the safe preparation and handling of food by registering registration of food businesses, conducting food safety audits of food businesses, issuing food safety infringement notices and administering the testing of food samples.

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438 Rosier, K, Food insecurity in Australia: What is it, who experiences it and how can child and family services support families experiencing it?, 2011
439 ibid
440 ibid
441 ibid
442 ibid
443 ibid
15 MENTAL HEALTH

At a glance

- Mental illnesses are the leading cause of disability in Australia, accounting for 24% of the burden of non-fatal disease.\(^{444}\)
- 1 in 5 Australians aged 16-85 will experience a mental disorder such as depression, anxiety or substance abuse in their lifetime.\(^{445}\)
- Two thirds of people with a mental illness have had their first episode by 21 years of age.\(^{446}\)
- People with mental illness are over represented in the homeless and prison population with up to 3/4 of homeless adults and 40% of prisoners having a mental illness.\(^{447}\)
- The suicide rate amongst Aboriginal and Torres Strait Islander people is twice that of the general population rate, with young Aboriginal persons being at highest risk.\(^{448}\)
- A lower proportion of the residents in Moonee Valley report high or very high psychological distress (12.5%) compared with the Western Metropolitan Area (15.2 per cent) and Victoria (15.4 per cent).\(^{449}\)
- Young people in Moonee Valley experience comparatively poorer levels of mental and emotional wellbeing.\(^{450}\)
- There is a lack of specialist youth mental health services located within Moonee Valley.

The big picture

Mental illnesses are the leading cause of disability in Australia, accounting for nearly a quarter (24 per cent) of the burden of non-fatal disease.\(^{451}\)

Mental health is defined as “a state of wellbeing in which an individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community”.\(^{452}\) Conversely, mental illness is defined as “disturbances of mood or thought that can affect behaviour and distress the person or those around them, so the person often has trouble functioning normally. They include anxiety disorders, depression, psychosis and schizophrenia.”\(^{453}\)

Mental illnesses and disorders affecting individuals, families and carers can have a significant impact on the broader community. The personal impacts of mental illness include isolation, discrimination and stigma\(^{454}\), personal injury and self-harm including suicide.

Social connection, resilience and social capital are protective factors against mental illness.\(^{455}\) Factors such as poverty, unemployment, reduced employment, substance abuse, gambling-related harms and homelessness are both causes and effects of mental illnesses and disorders. Other causes of mental illness include domestic violence.

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\(^{445}\) Australian Institute of Health and Welfare, Australia’s health 2018. Australia’s health series no. 16. AUS 221. Australian Government, Canberra, 2018


\(^{447}\) Ibid


\(^{449}\) Department of Health and Human Services, Victorian Population Health Survey 2017, Victorian Government, Melbourne

\(^{450}\) Moonee Valley City Council, Thrive Background Report, 2015


\(^{452}\) Australian Institute of Health and Welfare, Australia’s health 2018. Australia’s health series no. 16. AUS 221. Australian Government, Canberra, 2018


\(^{454}\) Australian Institute of Health and Welfare, Australia’s health 2018. Australia’s health series no. 16. AUS 221. Australian Government, Canberra, 2018

Poor mental health hinders recovery from a physical illness, regardless of whether the mental illness is related to the physical condition. Similarly, poor mental health is often associated with reduced physical health and fitness, lower life expectancy and higher morbidity.\(^{466}\)

Mental health at each stage of life is influenced by both unique and common factors. Mental health responses must therefore be appropriate to different stages of life.\(^{457}\)

- it is estimated that one in five Australians aged 16-85 will experience a mental disorder such as depression, anxiety or substance abuse in their lifetime.\(^{458}\)
- three per cent of Australians have severe mental disorders, half of which involve a psychotic illness such as schizophrenia or bipolar affective disorder.
- two thirds of people with a mental illness have had their first episode by 21 years of age.\(^{459}\)
- the prevalence of mental health disorders is highest amongst people aged 25-44 (21 per cent), the period during which people are usually establishing families and independent working lives\(^{460}\)
- people with mental illness are over represented in the homeless and prison population with up to three quarters of homeless adults and 40 per cent of prisoners having a mental illness.\(^{461}\)
- suicide is the leading cause of death for young people aged 15-24 across Australia, followed by traffic accidents.\(^{462}\)
- the suicide rate amongst Aboriginal and Torres Strait Islander people is twice that of the general population rate, with young Aboriginal persons being at highest risk.\(^{463}\)
- men are over three times more likely to die by suicide than women\(^{464}\)

The public economic costs of mental illness are high having represented 7.3 per cent of all government health spending in 2006-07. Mental illness impacts on the broader economy involve a reduction in workforce participation and impaired productivity of those who are in employment.\(^{465}\)

**What does this mean for Moonee Valley?**

Councils are responsible for creating physical and natural environments that enhance mental health and wellbeing. The mental health and wellbeing status of the residents in the City of Moonee Valley is described by the following indicators:

- a lower proportion of the residents in Moonee Valley report high or very high psychological distress (12.5 per cent) compared with the Western Metropolitan Area (15.2 per cent) and Victoria (15.4 per cent).\(^{466}\)
- a higher proportion of residents in Moonee Valley have an adequate work-life balance (58.9 per cent) compared with Victoria (53.1 per cent).\(^{467}\)

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\(^{458}\) Australian Institute of Health and Welfare, Australia's health 2018. Australia’s health series no. 16. AUS 221. Australian Government, Canberra, 2018


\(^{460}\) ibid

\(^{461}\) ibid


\(^{463}\) ibid


\(^{466}\) Department of Health and Human Services, Victorian Population Health Survey 2017, Victorian Government, Melbourne

\(^{467}\) VicHealth, VicHealth Indicators Survey 2015, Moonee Valley LGA, VicHealth, Melbourne, 2015.
• moonee Valley score of resilience out of eight is similar to that of Victoria (6.6 and 6.4 respectively)\textsuperscript{468}
• Young people in Moonee Valley also experience comparatively poorer levels of mental and emotional wellbeing. 19.5 per cent reported high levels of psychological distress, well above the Victorian average of 13 per cent. Approximately 50 per cent do not have positive psychological development, higher than the Victorian figure of 21.9 per cent. More than 20 per cent do not have a trusted adult or someone to turn to for advice in their life. Approximately 30 per cent were dissatisfied with their quality of life, 17 per cent higher than the Victorian figure.\textsuperscript{469}

There is a lack of specialist youth mental health services located within Moonee Valley, with the closest Headspaces located in Glenroy and Sunshine, outside the municipality. Young people face transport and other access challenges to attend these, including long waitlists.

**What does this mean across our neighbourhoods?**

No reliable data available at the neighbourhood level.

**Promising Practice**

VicHealth has published literature reviews relating to resilience and young people that cover theories, evidence and interventions with respect to enhancing the mental health and wellbeing of the community.

The NSW Local Government Network and UK Local Government Association have produced a mental health and wellbeing toolkit and resource on mental health to support local governments prevent and address mental illness in the community and workplace.

The Mental Wellbeing Impact Assessment Toolkit guides the assessment of a proposal, policy or service on mental health and wellbeing of the community and workforce.

The Thriving Minds service provides training, facilitation, coaching and consulting in psychology, positive education and programs supporting the psychological and physical safety of young people and workers in an organisation. Moonee Valley’s Valley Youth team have implemented a major community based youth mental health first aid program (Thriving Minds) working with schools, students, staff and families across the municipality to enhance mental health resilience (year 10 focus).

The Victorian place-based suicide prevention programs deliver programs in partnership with the agencies and services affiliated with Primary Health Networks to prevent suicide in local communities.

The Mental Health Among Youth in Iceland resource describes initiatives and roles involved in addressing the mental health and wellbeing among young people.

Mental First Health First Aid Australia is a leading provider of high quality, evidence-based mental health first aid education, equipping people with the skills to support people with mental health problems. Courses are also tailored for teenagers, people working with young people and people working with older persons. To date, more than 700,000 Australians have completed a Mental Health First Aid course.

**Biophilia**, which is the biological tendency for humans to seek connections with nature, can be supported through Council initiatives such as the preservation of tree canopies, provision and maintenance of parks and gardens and conservation of river systems.

**What could Council’s role be?**

**Advocate** – Council can advocate for additional funding to support:

\textsuperscript{468} ibid
\textsuperscript{469} Moonee Valley City Council, Thrive Background Report, 2015.
the expansion of Youth Development’s Thriving Minds program to all 10 secondary schools in Moonee Valley
specialist mental health services
programs that prevent violence against women and children
facilities to address homelessness
additional funding for the Thriving Minds program

**Partner** – Council can partner with agencies, schools and stakeholders to increase access to programs and activities:
- provide specialised mental health and wellbeing services
- provide services for people affected by family violence
- that engage all sectors of the community
- redress social and gender inequity
- build community capacity through Mental First Health First Aid Australia
- support parents (new and existing)
- enhance skills in front line staff to identify, respond to and refer people experiencing mental illnesses

**Legislate** – Council can require health impact assessments for proposals that have the potential to affect the mental health and wellbeing of the community

**Provide** – Council can continue to provide activities, infrastructure and services that:
- enhance mental health and wellbeing amongst young people such as the Youth and Teen Mental Health First Aid Course in high schools for student, teachers, parents and community members across Moonee Valley
- support the mental health and wellbeing of its staff and volunteers
- Increase resources addressing the gaps in counselling and case management service provision and support for young people in the community
- promote social connections and engage marginalised groups within the community
- redress social and gender inequity
- build community resilience through creating safe, respectful and equitable communities, workplaces and public environments
- effectively engage the community in decisions that affect them.

**Target populations**
- carers
- young people aged 12 to 25
- people living on low and/or insufficient incomes  
- social, locally and technologically isolated people
- people at risk of exclusion experiencing family violence, pay inequities, unemployment, single parents, divorced or widowed, refugees
- older people
- LGBTIQA+ people

**Policy and legislative framework**

The *Charter of Human Rights and Responsibilities Act 2006* places an obligation on governments to consider, protect and promote human rights amongst all people, including those with disabilities such as mental illness.

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471 Ibid
A governance principle under the *Local Government Act* 2020 is that priority is to be given to achieving the best outcomes for the municipal community, including future generations.

The *Public Health and Wellbeing Act* 2008 requires Councils to develop public health policy through their municipal public health and wellbeing plans and in some circumstances health impact assessments.

### 16 SEXUAL AND REPRODUCTIVE HEALTH

#### At a glance

- sexually transmitted infections (STI’s) are among the most widespread and harmful largely preventable infection diseases causing death, infertility, diseases (e.g. cervical and anal cancer) cervical cancer and disability. 472, 473
- in 2017 Chlamydia was the most frequently notified sexually transmissible infection (STI) in Australia, three quarters of which (75 per cent) occurred among people aged 15–29 years. 474
- teenage birth rates are eight times higher in the most disadvantaged suburbs (32 births per 1,000 females) compared to least disadvantaged areas (four births per 1,000 females). 475
- in 2019 there were 213.9 notifications of chlamydia per 100,000 in the City of Moonee Valley. 476
- the rate of STI notifications to the Department of Health was approximately 30 per cent higher amongst young people in Moonee Valley than Victoria in 2014. 477

#### The big picture

Improving sexual and reproductive health is one of the priorities in the *Victorian Public Health and Wellbeing Plan 2019-2023*.

Sexual health is defined as “a state of physical, emotional, mental and social wellbeing related to sexuality and sexual relationships, as well as the possibility of having, pleasurable and safe sexual experiences free of coercion, discrimination and violence”. 478 It also involves positive body image and women’s equal status in society. 479

Sexual and reproductive health issues overlap with many other areas of health including education, health promotion, violence prevention, socialisation of gender roles and sexuality, and mental health issues. Sexual and reproductive health and rights are interlinked with promoting gender equality 480 and are determined by social, cultural and economic factors. 481

Family violence has significant impacts on the sexual and reproductive health of women and their capacity to access health services. 482 There is also relationship between poverty and poor reproductive health such as unwanted pregnancy and unsafe abortion. 483 Participation in sexual and reproductive health services is influenced by providers’

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474 Kirby Institute, HIV, viral hepatitis and sexually transmissible infections in Australia: annual surveillance report 2017. 2017  
476 ibid  
477 Department of Health and Human Services, Health.vic, Interactive infectious diseases report, 2019  
478 World Health Organisation, Sexual Health [website],  
479 Women’s Health West, Sexual and Reproductive Health [website],  
480 The Department of Health, Sexual and Reproductive Health, National Women’s Health Policy, Australian Government [website],  
481 Victorian State Government, *Women’s sexual and reproductive health Key priorities 2017-2020*, 2017  
482 ibid  
483 World Health Organisation, Social determinants of sexual and reproductive health, 2010  
and clients’ cultural norms and values, religious backgrounds or core beliefs. New arrivals, including students may have compromised sexual and reproductive health outcomes due to limited health literacy, poor access to subsidised health services, cultural norms and values, weak social networks and the immigration experience.

Sexually transmitted infections (STIs) are among the most widespread and harmful largely preventable infection diseases causing death, infertility, diseases (e.g. cervical and anal cancer) cervical cancer and disability. Effective harm prevention approaches have resulted in large declines in prevalence, elimination of STI’s and reversal of human immunodeficiency virus (HIV). Effective STI control involves easy access to services, intensive interventions to high risk populations and reliable data.

Risk-taking sexual behaviour can have serious effects for young people, both short and longer term. Contracting a STI during adolescence can have significant effects on future sexual and reproductive health.

Protecting sexual and reproductive health at all ages is important as a single unsafe sexual encounter can have lifelong impacts on a person’s health, relationships and general wellbeing.

Key priorities under the Victorian Women’s Health Priorities 2017-2020 framework are fertility support, reproductive choices, health conditions that impact on women of and post reproductive age and sexual health.

Key trends in relating to sexual and reproductive health in Australia are as follows:

- chlamydia was the most frequently notified sexually transmissible infection (STI) in Australia, three quarters of which (75 per cent) occurred among people aged 15–29 years.
- between 2012 and 2016, gonorrhoea notification rates increased by 63 per cent (62 to 101 per 100 000), with an increase in both males (72 per cent and females (43 per cent). The gonorrhoea notification rate in 2016 was higher in males (146 per 100 000) than in females (56 per 100 000).
- one in six Australian couples of reproductive age experience infertility.
- teenage birth rates are eight times higher in the most disadvantaged suburbs (32 births per 1,000 females) compared to least disadvantaged areas (four births per 1,000 females. Teenage births are associated with lower incomes and poorer educational attainment and employment prospects for both mother and child which can have negative impacts on both their physical and mental health).
- the number of new HIV diagnoses in Australia has remained stable over the past five years.

Although Victorians enjoy relatively high health status, the burden of sexual and reproductive health morbidity is increasing and there are increasing rates of STIs, teenage fertility, unplanned pregnancy and low uptake of contraception.

What does this mean for Moonee Valley?

Suburbs in Melbourne’s west are experiencing the following issues with respect to sexual and reproductive health:

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484 Ibid
485 Polski, C, On Your Own: Sexual and reproductive health of female international students in Australia, Multicultural Centre for Women’s Health, 2011
489 Ibid
494 Women’s Health West, A sexual and reproductive health strategy for Melbourne’s west, Action for Equity 2018-2022
495 Ibid
• lack of specialised sexual health clinical services
• low uptake of cervical screening among women aged 20-24 years in the area
• high concentration of prisons and prisoners with five of Victoria’s prisons and 40 per cent of Victoria’s prison population located in the western suburbs of Melbourne
• 49 per cent increase in female prisoner populations since 2010 to 2015.
• high rates of disengagement from formal education and employment among young people aged 15-24 reducing opportunities for education about sexual and reproductive health and respectful relationships.

In 2019 there were 213.9 notifications of chlamydia per 100,000 in the City of Moonee Valley. This was lower than the rate for Victoria (348.8 per 100,000).496

Between 2013-2014 and 2014-2015 there was a slight reduction in the proportion of women who participated in two-year cervical screening programs (60.5 per cent and 59.6 per cent respectively).497 These rates are slightly higher than the North and West Metropolitan region (55.8 per cent and 55.5 per cent respectively).498

In 2012, less than half (47.6 per cent) of sexually active adolescents in Moonee Valley practiced safe sex with a condom, which is lower than the Victorian average (58.1 per cent).499

More recent data from a smaller number of participants the Youth Survey 2018 shows that 70.7 per cent of sexually active young people ‘almost always’ or ‘always’ used a condom when engaging in sexual activities with new sexual partners.500

The rate of STI notifications to the Department of Health was approximately 30 per cent higher amongst young people in Moonee Valley than Victoria in 2014501. Teenage live birthing rates in the City of Moonee Valley were consistently lower than the state average from 2007-2012.502

Moonee Valley is a partner of the Women’s Health West four-year sexual and reproductive health promotion plan, developed to redress the social determinants of sexual and reproductive health inequities experienced by a range of communities in Melbourne’s west.

The Victorian State Government has prepared several policies to address sexual health and viral hepatitis.503

What does this mean across our neighbourhoods?

In 2017, Strathmore-Strathmore Heights and Airport West-Essendon Fields and had the highest estimated birth rates (2.08 births per woman). These neighbourhoods are projected to have the highest birth rates in 2041 (2.05 and 2.03 respectively).504 Refer to Figure 17.

Figure 17 – Birth rate, City of Moonee Valley, 2016

498 ibid
500 These statistics should be used with caution as there were only a small number of participants of this survey.
502 Moonee Valley City Council, Thrive Background Report, 2015.
504 id. Consulting, Moonee Valley Population Forecasts, December 2017
Neighbourhoods with the highest proportions of young people neither engaged in employment nor education, and therefore less likely to have access to information on sexual and reproductive health, include Milleara (9.5 per cent), Avondale Heights and Airport West (6.8 per cent), Flemington and Ascot Vale (6.2 per cent) and Keilor Road/Essendon North and Keilor East (6 per cent). Refer to Figure 18.

**Figure 18 - Disengaged youth (aged 15-24 not employed or in education), 2016 %, City of Moonee Valley**

- Milleara: 9.5%
- Avondale Heights: 6.8%
- Airport West: 6.8%
- Flemington: 6.2%
- Ascot Vale: 6.2%
- Keilor Road/Essendon North: 6.0%
- Keilor East: 6.0%
- Strathmore Heights: 5.1%
- Moonee Ponds: 4.8%
- Essendon: 4.5%
- Strathmore: 3.5%
- Niddrie/Essendon West: 3.5%
- Aberfeldie: 1.4%

Source: Census data, 2016 (id. consulting)

**Promising Practice**

- sexual health in Victoria
- healthy living and sexual health
- Aboriginal and Torres Strait Islander sexual health
- preventative and sexual health

Three local governments in the western suburbs of Melbourne i.e. Brimbank, Maribyrnong and Melton installed condom vending machines during a successful pilot program in 2016. Baw Baw Shire is currently piloting a similar project.
What could Council’s role be?

**Provide** – Council can provide services that protect and enhance sexual and reproductive health by:

- investigating the feasibility of providing condom vending machines in community-based settings
- building capacity amongst health providers e.g. maternal and child health nurses
- mapping services for LGBTIQA+ people in the community

**Regulate** – Council can:

- regulate the establishment and expansion of brothels through the Clause 53.03 of the Moonee Valley Planning Scheme and the *Sex Work Act 1994.*
- partner with Victoria Police to ensure appropriate responses to illegal brothels.

**Partner** – Council can:

- continue to partner with Women’s Health West to safeguard women’s sexual and reproductive health
- partner with agencies and service providers that provide sexual and reproductive health education and training
- continue to participate in awareness raising campaigns such as STI Testing Week.

**Advocate** - Council can advocate for a public health approach to the prevention and treatment of STIs which involves:

- increased funding to support the provision of culturally appropriate accessible healthcare and services to respond to the needs of people disproportionately affected by compromised sexual and reproductive health
- increased research into contraceptive methods
- collecting evidence and research regarding safe injecting rooms
- universal health coverage
- equal access to a continuum of services (covering prevention, diagnoses, treatment, cure and follow up)
- Increased screening particularly amongst pregnant women and immunisation
- interventions that empower women and stigmatised populations such as LGBTIQA+ people, people experiencing gender-based violence and violence related to sexual orientation or gender identity

**Facilitate** - Council can facilitate a greater awareness of programs and initiatives that address sexual and reproductive health in appropriate settings (workplace, educational institutions, prisons, sporting and leisure facilities and health, and welfare services) by:

- providing information on harm prevention and intervention resources, processes and programs
- undertake social marketing campaigns to reduce stigma and discrimination experienced by communities disproportionately affected by STIs
- increasing access to programs that promote human rights, gender equality and health equity
- targeting specific settings where vulnerability and risk are high and where access to basic sexually transmitted infection services might be severely compromised such as schools, prisons, maternal and child health centres, CALD community centres and workplaces
- embedding strategies on sexual and reproductive health, gender equity and family violence in Council plans and policies

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506 Ibid


• working with youth groups to identify opportunities to enhance the sexual and reproductive health outcomes amongst young people.

Target populations

Certain groups are at an elevated risk of compromised sexual and reproductive health:\(^{510}\) \(^{511}\)

• young people aged 12-25
• people at risk of social exclusion such as newly arrived population (including international students) \(^{512}\), sex workers, clients of sex workers, prisoners, people living with an existing sexually transmitted infection, prisoners, people experiencing harm from alcohol and drugs, people affected by domestic violence
• children under the age of 12
• LGBTIQA+ people
• people with a disability or mental illness
• Aboriginal and Torres Strait Islander people
• homeless people

Policy and legislative framework

The Public Health and Wellbeing Act 2008 requires local authorities to protect the health of the population and prepare a four year public health and wellbeing plan every four years. The Act includes regulations covering the following areas:

• pre and post-test counselling
• contact tracing
• putting others at risk of infection

The Sex Work Act 1994 legislates for commercial sex work to be carried out under licensing conditions applicable to brothels, escort agencies and private operations (that is operations consisting of one or two people).

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\(^{512}\) Poljski, C, On Your Own: Sexual and reproductive health of female international students in Australia, Multicultural Centre for Women's Health, 2011


17 TOBACCO

At a glance

- Tobacco use is the leading contributor to the disease burden in Australia.\(^{513}\)
- in the past 21 years, the smoking rate in Victorian adults has more than halved from 27 per cent to 13 per cent.\(^{514}\)
- the proportion of current smokers amongst teenagers declined from 5 per cent in 2013 to 2.1 per cent in 2016.\(^{515}\)
- more than half (57 per cent) of Australian daily smokers in 2016 were aged 40 years and over.\(^{516}\)
- smokers who quit at age 50 halve their risk of death caused by smoking while quitting by age 30 avoids almost all of the excess risk associated with smoking.\(^{517}\)
- one in five Victorian children aged 5-12 years live in a household with a smoker.\(^{518}\)
- there are significantly higher rates of tobacco use among LGBTIQA+ populations, particularly among people identifying as bisexuals of both genders.\(^{519}\)
- smoking rates in the City of Moonee Valley are slightly lower (15.4 per cent of people aged 18 years and over are current smokers) when compared with 16.7 per cent in Victoria\(^{520}\).
- the Moonee Valley Youth Survey, 2018 reported that 13 per cent of young people smoked (any number of) cigarettes (within the last two weeks).

The big picture

Tobacco smoking is the leading preventable cause of death and disease in Australia. It is a leading risk factor for many chronic conditions such as respiratory diseases, cancer and cardiovascular disease\(^{521}\) with tobacco use responsible for 9.3 per cent of the total burden of disease.\(^{522}\) Reducing tobacco-related harm is one of the priorities in the Victorian Public Health and Wellbeing Plan 2019-2023.

Successful public health strategies have seen daily smoking rates across Australia decline over several decades.\(^{523}\)

- in the past 21 years, the smoking rate in Victorian adults has more than halved from 27 per cent to 13 per cent.\(^{524}\)
- the proportion of current smokers amongst teenagers declined from 5 per cent in 2013 to 2.1 per cent in 2016.\(^{525}\)
- the proportion of people who reported never smoking rose from 51 per cent in 2011 to 62 per cent in 2016.\(^{526}\)

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\(^{516}\) Ibid


\(^{518}\) Ibid


\(^{520}\) Department of Health and Human Services, Victorian Population Health Survey 2017, Victorian Government, Melbourne


\(^{526}\) Ibid
• more than half (57 per cent) of daily smokers in 2016 were aged 40 years and over, with people aged 40-49 years being the age group most likely to smoke daily (16.9 per cent). 527

• smokers who quit at age 50 halve their risk of death caused by smoking while quitting by age 30 avoids almost all of the excess risk associated with smoking.528

• ‘roll-your-own’ tobacco use has increased dramatically in recent years, with almost half (43 per cent) of Australian smokers aged 18-29 years using roll-your-own cigarettes in 2016. 529 There are significantly higher rates of tobacco use among LGBTIQA+ populations, particularly among people identifying as bisexuals of both genders.530

What does this mean for Moonee Valley?

Councils play an essential role in protecting the health of the community through actions such as the enforcement of the Tobacco Act 1987, promotion of smoke-free outdoor areas and provision of bins to reduce cigarette butt litter. They can also implement strategies to de-normalise smoking, help smokers smoke less, and prevent uptake by young people by enforcing laws on tobacco sales.531

Smoking rates in the City of Moonee Valley are lower (15.4 per cent of people aged 18 years and over are current smokers) compared with Victoria (16.7 per cent). 532

The Moonee Valley Youth Survey 2018 reported that 13 per cent of young people smoked (any number of) cigarettes (within the last two weeks). Moonee Valley City Council’s 2016 Thrive Strategy for Young People reported that 37 per cent of young people aged 15-17 reported having smoked cigarettes in the last 30 days, the highest percentage in metropolitan Melbourne.533

What does this mean across our neighbourhoods?

No data available at the neighbourhood level.

Promising Practice

The City of Melbourne Smoke Free Areas Project aims to protect the community from passive smoking through the designation of smoke-free areas in the CBD and open spaces.

The Australian Council of Smoking and health has prepared a list of priorities for local governments that focus on public education campaigns, reducing smoking among Aboriginal and Torres Strait Islander People and disadvantaged groups, enforcement of legislation to prohibit sales to minors, reducing tobacco availability, eliminating community exposure to second-hand smoking and encouraging ethical investments and rejecting donations from the tobacco industry.

The Cancer Council has prepared a factsheet on case studies of neighbourhood friendly smoke-free councils.

527 ibid


532 Department of Health and Human Services, Victorian Population Health Survey 2017, Victorian Government, Melbourne

533 Moonee Valley City Council, Thrive Strategy, 2016
The Western Australian Government has prepared a set of guidelines for local governments to reduce harm from tobacco use.

The Heart Foundation includes some information on NSW local governments’ smoke-free policies.

The Public Health Advocacy Institute of Western Australia describes a series of local government case studies funded by a state government grants program. These include:

- using activities such as skate boarding as an engagement tool to educate young people on the impacts of smoking and the benefits of a healthy lifestyle (City of Armadale)
- holding a Traditional Aboriginal Games Day to coincide with World No Tobacco Day to advocate for anti-smoking activities in the community (Shire of Broome)
- engage with youth to create murals with ‘no smoking’ messages (Shire of Esperance)
- installing signage in public places raising public awareness of no smoking legislation (City of Mandurah)

Cancer Research UK has produced a Tobacco Control Local Policy Statement that can be used to inform local government actions to prevent and minimise the harm from tobacco smoking.

What could Council’s role be?

Regulate – Council can enforce the Tobacco Act 1987 by implementing smoking bans in areas prohibited under the Act.

Partner – Council can partner with key stakeholders to investigate the feasibility of designating smoke-free areas in appropriate public places throughout the municipality.

Facilitate - Council can:

- work with local businesses and other community groups on becoming smoke-free
- consult with local traders and venues to mitigate the impact of smoking bans on businesses
- support services that promote cessation of smoking
- support and encourage council staff to quit smoking
- support social and health services to identify and target at risk populations
- include information on Council’s website on tobacco control, the health impacts of smoking and availability of support services
- utilise the World No Tobacco Day and other health-related key dates as an opportunity to raise awareness of harms of smoking and promote specific smoke-free events within staff and Councillors through initiatives such as Make Smoking History.
- work with target groups such as Aboriginal and Torres Strait Islander People to reduce smoking by using initiatives such as the Tackling Indigenous Smoking Programme.

Advocate – Council can

- support state and commonwealth initiatives that reduce the harmful impacts of tobacco use.

Target populations

- people at risk of exclusion e.g. people with substance abuse disorders, people in custody, people experiencing unemployment
- people with disabilities and mental illnesses
- homeless people and/or those in housing stress
- Aboriginal and Torres Strait Islander people

• people on low and/or insufficient incomes

Policy and legislative framework

The Tobacco Act 1987 regulates tobacco products and smoking offences. Smoking in public places and the sale of tobacco are strictly controlled. The City of Moonee Valley is responsible for implementing smoking bans under the Tobacco Act 1987. This includes bans introduced by the Victorian Government which prohibit smoking at all outdoor dining areas where food is available for consumption in addition to building entrances, children’s play areas, government buildings, learning environments, patrolled beaches, transport shelters, under-age events and enclosed workplaces.
18 COMMUNITY ENGAGEMENT

At a glance

The core values of effective community engagement include:

- the right of people affected by a decision to be involved
- a commitment that people’s contribution will influence the outcome
- recognising the needs and interests of all those involved
- input from participants on how they will participate
- providing information required to participate and
- communicating to participants how their input affected the outcome.

Certain groups within the community may experience barriers to effective engagement due to their cultural norms, their health and wellbeing, the social networks and their location.

Council provides several opportunities to engage the community in decisions that affect them including:

- inviting responses to draft policies and strategies
- advertising planning permit applications
- drop ins to promote the project and answer questions
- visits to key stakeholders running community information sessions when major projects are planned

The big picture

Community engagement

International Association of Public Participation defines Community Engagement as “any process that involves the public in problem-solving or decision-making and that uses public input to make better decisions”. Community engagement refers to a set of guiding principles, strategies and approaches that respect the right of all to be informed, consulted, involved, collaborated with and empowered.

Community engagement processes work with residents, groups and stakeholders defined by geography, affiliation, or common interests to foster and enhance trust and effective governance. It enables participants to play a meaningful role in shaping the outcomes that affect their daily lives by focussing on the unique local context within which people conduct their daily lives. This increases the likelihood that projects and solutions will be both accepted and successful as it harnesses local knowledge and human capital which is beyond the reach of the practitioner.

Effective community engagement processes develop skills such as problem solving and negotiation amongst the participants and result in enduring social networks and cohesive communities. It increases trust in governance structures and builds the framework within which issues can be identified and addressed effectively and efficiently. It helps communicate with the community what they can expect to influence within their neighbourhood and gain a better understanding of community attitudes and different points of view along with common ground.

The roles community engagement processes fulfil depend on the type of information to be provided, the role participant’s play in the decision-making process and the stage in the process during which the community engagement activities take place. Regardless of the role, the core values of effective community engagement include the right of people affected by a decision to be involved, a commitment that people’s contribution will influence the outcome, recognising the needs and interests of all those involved, input from participants on how they will

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participate and providing information required to participate and communicating to participants how their input affected the outcome.

Certain groups within the community may experience barriers to effective engagement due to their cultural norms, their health and wellbeing, the social networks and their location. Effective community engagement processes consider these circumstances and maximise opportunities to reach these groups to involve them in the decision-making process.

**What does this mean for Moonee Valley?**

Council’s commitment to effective community engagement is discussed in the Council Plan 2017-2021 and MV2040. Council provides several opportunities to engage the community in decisions that affect them including inviting responses to draft policies and strategies, advertising planning permit applications, drop ins to promote the project and answer questions, visits to key stakeholders running community information sessions when major projects are planned. Council also has a digital engagement platform, Your Say Moonee Valley which offers a number of engagement tools to facilitate a two-way conversation with community about projects, their ideas and feedback.

Council’s community engagement approach is established and guided by the existing Moonee Valley Community Consultation Service Charter (2008). This document describes principles that will underpin Council’s consultation activities and the benefits derived from effective community consultation processes.

**What does this mean across our neighbourhoods?**

People living in Niddrie-Essendon West, Flemington and Essendon are the least satisfied with Council’s community engagement processes and outcomes while people living in Aberfeldie and Keilor East are the most satisfied with Council’s community engagement processes and outcomes (refer to Figure 19).

*Figure 19 – Index scores of satisfaction with Council’s community engagement processes and outcomes (with 95% confidence intervals)*
Promising Practice

The International Association for Public Participation provides several resources, events and training to assist the community engagement practitioner. It also describes the three pillars of public participation namely the core values, ethics and the spectrum for public participation.

Guidelines to run inclusive engagement practices can be found at Victorian Multicultural Commission and The Tasmanian Government.

Other resources include:

- an industry-recognised Quality Assurance Standard Guide which provides a reference point for government organisations.

What could Council’s role be?

Partner – Council can implement its community engagement strategy with relevant partners, agencies and stakeholders, including adjoining municipalities.

Regulate – Council can ensure that the community is effectively engaged in applications for planning permits and planning scheme amendments.

Monitor - Council can:

- incorporate effective monitoring, reporting and evaluation processes into the community engagement processes
- review the findings in the Community Engagement and Participation at Moonee Valley – Issues and Opportunities Paper
Facilitate - Council can facilitate effective community engagement processes by preparing a comprehensive coordinated community engagement plan and building capacity and support teams across Council on implementation of their community engagement.

**Target populations**

Municipal wide population as well as:

- homeless people and/or those in housing stress
- Aboriginal and Torres Strait Islander people
- people with a disability or mental illness
- culturally and linguistically diverse people
- children
- social, locally and technologically isolated people (such as new arrivals, older people, people experiencing family violence, unemployment, single people, young people not engaged in education or employment, people living in public housing, international students)
- carers
- LGBTIQA+ people

**Policy and legislative framework**

Amendments to the *Planning and Environment Act 1987* require Council and VCAT to take account of the number of objections to a proposal during the decision-making process.

The recent passing of the *Local Government Act 2020* has changed Council requirements around community engagement. The Act includes a principle that “the municipal community is to be engaged in strategic planning and strategic decision making”. Part 3, Division 1 identifies that:

“(1) A Council must adopt and maintain a community engagement policy.
(2) A community engagement policy must—
   (a) be developed in consultation with the municipal community; and
   (b) give effect to the community engagement principles; and
   (c) be capable of being applied to the making of the Council's local laws; and
   (d) be capable of being applied in relation to the Council’s budget and policy development; and
   (e) describe the type and form of community engagement proposed, having regard to the significance and complexity of the matter and the level of resourcing required; and
   (f) specify a process for informing the municipal community of the outcome of the community engagement; and
   (g) include deliberative engagement practices which must include and address any matters prescribed by the regulations for the purposes of this paragraph and be capable of being applied to the development of the Community Vision, Council Plan, Financial Plan and Asset Plan and
   (h) include any other matters prescribed by the regulations.
(3) A Council must adopt the first community engagement policy under this section on or before 1 March 2021.”

The Act also includes community engagement principles.
19 COMMUNITY LEADERSHIP

At a glance

- community leadership is an essential component of democratic governance, enabling local governments to effectively respond to existing and emerging social, economic and environmental issues.
- strong community leadership is particularly important in building resilience during times of change, hardship and trauma.

The big picture

Community leadership involves collaborative and collective actions and initiatives that promote the wellbeing, development and strengthening of local communities. It is an essential component of democratic governance, enabling local governments to effectively respond to existing and emerging social, economic and environmental issues. While community leadership is a process and an outcome, it is also a principle that underpins local governments’ actions and functions at every level.

Community leaders may be self-appointed or elected, and may represent communities of interest (e.g. women, LGBTQIA+ people, Aboriginal and Torres Strait Islander people, people from a specific cultural group, young people or older people) or communities of place. They may currently fill leadership positions such as CEO’s of organisations or they may be volunteers within a local community who champion an issue. Their role is to identify actions that harness opportunities and enable individuals and communities to meet their goals and aspirations. This role also involves empowering individuals and communities to reach their full potential by transferring skills that build individual and collective capacity.

Strong community leadership is particularly important in building resilience during times of change, hardship and trauma. It enables communities to respond positively to events such as bushfires and floods, community diversification, technological advancement and financial vulnerability. It results in strong, socially inclusive communities.

Community leadership styles are unique to different cultures, ages and organisations. It is a priority in almost all aspects of Aboriginal and Torres Strait Islander communities. It is an important component of cultural protection and safety and a way to address the compromised health and wellbeing status of Aboriginal and Torres Strait Islander people. Establishing a long term vision and engaging young people in realising community visions and building community capacity are important components of effective community leadership and promoting emotional and spiritual wellbeing in Aboriginal and Torres Strait Islander communities.

Benefits of effective and strong community leadership are:
- building capacity within the community to take responsibility for affecting change in attitudes, behaviours and norms
- building confidence and wellbeing
- sharing connections, inspiration and opportunities
- providing skills in managing community associations and governance
- enhancing community development and multiculturalism

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537 Ibid
540 Ibid
541 Ibid
542 Ibid
• providing opportunities for individuals to ‘give back’ to their local communities
• providing pathways to education and employment.

Principles underpinning best practice in community leadership are:
• acknowledging the uniqueness of the community
• facilitating community control of initiatives and the work of communities toward self-determination
• building of community infrastructure, capacity and skills together with the broader community
• providing support for community leaders e.g. resources, infrastructure, education and training.

A ‘democracy deficit’ - Accountable local democracy and the demise of local media

The availability of local news in Australia has undergone a sharp or very sharp decline in recent years which is undermining accountability, strong democratic processes and local governance. Up to 3,000 journalists are estimated to have lost their jobs over the last five years and the decline is continuing, with print media most affected. This has meant increasingly across the sector no journalists are attending local government meetings, and there are less press resources to scrutinise and report on local government business. A former director general of the BBC and current chief executive of the New York Times, Mark Thompson, recently suggested that the closure of local papers would only increase without a dramatic shift in policy and investment, and that:

“…A society which fails to provide its different communities and groups with the means to listen and come to understand each other’s pasts and presents shouldn’t be surprised if mutual incomprehension and division are the consequence… a local newspaper, at its best, reflects the place in which you live in all its minute complexity – its celebrations and its commiserations and its incarcerations; it not only holds powerful local figures to account, it shapes shared feelings of hope and of anger and helps to piece together the serial story of where you are”. 544

What does this mean for Moonee Valley?

The City of Moonee Valley Women’s Leadership Program provides women who live, work or study in the municipality an opportunity to participate in initiatives that promote gender equity. The Women’s Leadership Program is a capacity building program for local people who are keen to work with their community to help create a more gender equitable city.

The program aims to:
• empower people who live, work or study in Moonee Valley with the confidence and skills to advocate for change and develop and implement local community projects
• connect together local people who are passionate about gender equity and their community

Outcomes include:
• increased community capacity to deliver gender equity projects
• new networks and stakeholders engaged on gender equity issues
• improved community engagement, and collaboration with council and understanding of the role of Council
• increased gender equity community grant applications

Youth Development facilitates Moonee Valley’s Young People’s Committee – the committee provides young people aged 12-25 opportunities to develop their leadership skills, confidence, networks and support youth-led community

projects, events and advocacy. The group also has opportunities to work alongside Council on ideas and solutions that will help address the needs, wants and aspirations of young people in the community.

Youth Development facilitates a FreeZa program, a committee of young people 12-25 who organise youth arts, culture and events for other young people in the community. Committee members lead the planning, development and delivery of events alongside ongoing opportunities for professional development in leadership, event management and planning.

In 2020, the Moonee Valley Leader ceased a printed edition and moved its publication to an online service.

**What does this mean across our neighbourhoods?**

No data available for neighbourhoods.

**Promising Practice**

The City of Melton Community Leadership Program provides free specialist training to adults living in the municipality. One of the program priorities is to achieve a representation across a range of cultural backgrounds and ages.

The City of Port Phillip Youth Leadership Program provides young people with opportunities to created changes in the municipality.

Examples from the United Kingdom (UK) to increase local media diversity include the:

- BBC creation of the Local Democracy Reporting Service to fund 150 journalists to cover council meetings and local public services, and to share stories both with local news organisations and the corporation.
- Google funding the Bureau Local, a branch of the Bureau of Investigative Journalism in 2018 with a £500,000 grant, to support public-interest journalism in the UK by publishing free data online. It has also funded local online news in three “news deserts” that have lost coverage in the regional areas.

**What could Council’s role be?**

**Advocate** – Council can

- support state and commonwealth initiatives to increase levers and legislation which promote independent media initiatives and sustainability

**Facilitate** - Council can facilitate strong community leadership by:

- demonstrating leadership by investigating opportunities for Council staff to participate in Women’s Leadership Development courses and emerging leaders programs
- strengthening the engagement of Aboriginal and Torres Strait Islander Elders, men, women, youth and communities to provide leadership and direction on issues and challenges experienced by to Aboriginal and Torres Strait Islander peoples
- developing culturally appropriate leadership programs in collaboration with the local Aboriginal and Torres Strait Islander community and other cultural groups within the community
- ensuring that community engagement activities facilitate effective community leadership
- creating opportunities for communities to nominate leaders
- continuing to promote and facilitate community planning
- encouraging community leaders from new and emerging communities develop their leadership skills by:
• Encouraging community members to join/ engage with Council’s leadership projects and programs.
• participating in the New and Emerging Communities Leadership Program
• applying for the annual John Gibson Refugee Community Leadership Grant
• participating in the Centre for Multicultural Youth Advisory Group, Shout Out speaker, Western Youth Group, Game Changer, Young Initiators, Lead Yourself, Lead Others programs
• creating forums where the main stakeholder groups in a community can meet to discuss opportunities and develop approaches to addressing existing and emerging challenges
• Supporting community newspapers through community grants etc

Partner - Council can partner with relevant agencies and stakeholders to develop ways of building capacity within the community to address existing and emerging issues.

Target populations

• Municipal wide population as well as:
• Aboriginal and Torres Strait Islander people
• young people
• LGBTIQA+ people
• CALD communities
• people at risk of exclusion (new arrivals, refugees and asylum seekers)

Policy and legislative framework

Principles for Council under the Local Government Act 2020 is the economic, social and environmental sustainability of the municipal district. The Act also includes a number of principles on community engagement. Community leadership is vital to ensure community members have a voice and confidence to contribute to their community and Council.
20 VOLUNTEERING

At a glance

- volunteering has a range of social, cultural, environmental and economic benefits to the individual and the community. 545
- it is estimated that in 2010 the median number of hours volunteered by men and women in Victoria was 52 hours and 62 hours per year respectively. 546
- more people are looking for volunteering roles that are flexible, or require shorter hours or shorter term commitments. Corporate volunteering is the fastest growing segment of the volunteer market. 547
- national and state trends in volunteering, such as a reduction in the rate of volunteering and a change in the needs and expectations of volunteers, are likely to affect the voluntary sector in the City of Moonee Valley, and agencies outside the municipality contracted to provide service to residents in the municipality.
- in 2016: 548
  - 17,306 people (17.8 per cent of the community) in the City of Moonee Valley volunteered, representing an increase of 3,633 people (2.5 per cent) from 2011
  - the rates of volunteering in the City of Moonee Valley (17.8 per cent) were lower than for Victoria (19.2 per cent) and Australia (19 per cent).
- in 2016: 549
  - Aberfeldie, Strathmore, Ascot Vale and Essendon had the highest proportion of people who volunteered (23.7 per cent, 20.6 per cent, 21.1 per cent and 20.6 per cent respectively)
  - Strathmore Heights, Keilor East and Niddrie/Essendon West had the highest rate of people who provided unpaid childcare assistance (30.7 per cent, 30.3 per cent and 30.2 per cent respectively)
  - Aberfeldie, Strathmore and Micklea had the highest proportion of people who provided unpaid aged and disability care (14.5 per cent, 14.3 per cent and 14.1 per cent respectively).

The big picture

Volunteering is time willingly given for the common good and without financial gain. 550 Volunteering takes the following forms: 551

- **Formal volunteering** activities are those undertaken through public, private, non-government and community organisations, on some instances in terms of a position description and defined set of hours
- **Informal volunteering** takes place outside of an organisation and may include providing support for another person who does not live in the same house.

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548 Australian Bureau of Statistics, Census data, 2016 compiled by .id consulting
549 ibid
551 ibid
- **Community volunteering** is an extension of informal volunteering which involves a local response to community needs. In some cultures, such contributions to the community are not considered a form of volunteering.

- **Corporate volunteering** involves the donation of employees’ time to voluntary activities such as renovations, mentoring.

Volunteering has a range of social, cultural, economic, environmental and individual benefits. Research conducted in 2017 found that benefits delivered by volunteering include: 552

- **Social**
  - stronger social cohesion and community resilience
  - increased equity in access to participation and leadership opportunities

- **Cultural**
  - maintaining significant cultural, social and linguistic traditions

- **Environmental**
  - enhancement and protection of environmental assets

- **Economic**
  - contributions worth about $23 billion to the Victorian economy in 2011, and set to grow to as much as $42 billion by 2021
  - government services are leveraged by volunteers, with many organisations contracted by government to deliver services dependent on the engagement of a large volunteer workforce for business continuity

- **Individual**
  - provides social contact
  - boosts health and wellbeing
  - creates pathways to employment
  - mediates the negative psychological effects of disadvantage
  - mediates anxiety by enabling active response to community needs
  - provides meaning and purpose during times of transition, e.g. return to work, retirement

Sectors supported by volunteering: 553

- sport and recreation (32 per cent)
- education and training (25 per cent)
- welfare and community (21 per cent)
- religious (19 per cent)
- health organisations (11 per cent)
- emergency services
- health and disability services
- arts, culture and heritage
- environment and conservation

The socio-economic profile of those who receive voluntary assistance is diverse and includes people who are socially excluded, people experiencing mental and physical illnesses, new arrivals and refugees, people experiencing socio-economic disadvantage and people affected by natural disasters. The voluntary sector also plays an important role in animal welfare.

In 2016: 554

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553 Ibid. These percentages refer to the percentage of known volunteers per sector. See page 23

111
• 19 per cent of Victorians participated in formal volunteering and 9.2 per cent of Victorians were involved in informal volunteering
• volunteering rates were higher amongst females aged 15 years and over compared with males (20.8 per cent and 17.6 per cent respectively)

Volunteering rates in Victoria: \(^5^{55}\)
• declined with declining rates of English proficiency
• peaked amongst people aged 40-49
• increased with income
• were highest amongst people in a registered marriage, with a graduate diploma and graduate certificate and within the education and training, welfare/community and sport and recreation sectors, people employed as managers and professionals

It is estimated that in 2010 the median number of hours volunteered by men and women in Victoria was 52 hours and 62 hours per year respectively. \(^5^{56}\)

The main barriers to volunteering were found to include: \(^5^{57}\)
• work and family commitments
• out-of-pocket expenses
• burdensome administrative requirements
• lack of suitable opportunities and support for volunteers with barriers, such as language difficulties, disability etc.
• lack of flexible opportunities, including lack of technological support for virtual assignments and work from home, etc.
• misalignment between sectors where volunteers are called for and sectors that volunteers seek opportunities in
• lack of research, understanding and support for informal volunteering
• lack of financial and human resources available within volunteer involving organisations which reduces organisational capacity to engage and support volunteers

The volunteering landscape is changing as a result of social, economic and technological change. While traditional forms of volunteering are still popular, new forms are emerging. More people are looking for volunteering roles that are flexible, or require shorter hours or shorter term commitments. Corporate volunteering is the fastest growing segment of the volunteer market. \(^5^{58}\)

The Ministerial Council for Volunteers has identified these 4 areas of focus for advice to government:

\(^{55}\) ibid
\(^{56}\) ibid
The following priorities for strengthening volunteering in Victoria were released by the State government in 2018:

- **diversity and inclusion** – harnessing diverse perspectives and experiences, ensuring equitable access to volunteering opportunities and supporting social cohesion and community resilience through volunteering
- **volunteering for all ages** – providing skills and pathways to employment, promoting a culture volunteering at all life stages and supporting transitions during employment and into retirement
- **quality volunteer experiences** - providing safe and rewarding volunteer experiences, improving pathways into volunteering and transferability of skills, recognising and celebrating the value and impact of volunteering

**What does this mean for Moonee Valley?**

The voluntary sector plays an important role in supporting the delivery of services and programs in the City of Moonee Valley. National and state trends in volunteering, such as a reduction in the rate of volunteering and a change in the needs and expectations of volunteers, are likely to affect the voluntary sector in the City of Moonee Valley, and agencies outside the municipality contracted to provide service to residents in the municipality.

The following ‘enablers’ have been identified which will support Council in securing the long-term sustainability of the voluntary sector,

- providing strong **leadership and governance** through strategic recognition and support, and best practice management approaches
- demonstrating **innovation** through continuous adaptation to new technology and modern volunteer needs and expectations
- effective **partnership** and sharing strengths to maximise the impacts of volunteering

In 2016:

- 17,306 people (17.8 per cent of the community in the City of Moonee Valley volunteered, representing an increase of 3,633 people (2.5 per cent) from 2011
- the rates of volunteering in the City of Moonee Valley (17.8 per cent) were lower than for Victoria (19.2 per cent) and Australia (19 per cent).

Council has approximately 300 registered volunteers participating in programs such as youth support; aged care; promoting options for health and sustainable living (Walking School Bus); social, creative and leisure services; arts and culture; migrant support; library services; and committees and advocacy groups.

Strategies included in the City of Moonee Valley’s **Volunteering Program Management policy 2017** include:

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560 ibid

561 Australian Bureau of Statistics, Census data 2016, compiled by .id consulting
• support staff who are leaders and managers of volunteers. Recognising good volunteer management and training as central to attracting and engaging suitable Volunteers within Council services and programs.
• align volunteer management practices with the National Standards for Volunteer Involvement
• Ensuring Council’s Volunteering Program contributes to a robust civil society where active participation is encouraged and supported.
• ensuring all volunteers serving at Council have work that is safe, significant, fulfilling, and appreciated.
• ensuring volunteers and staff working with Volunteers comply with statutory obligations such as Occupational Health and Safety requirements and other Equal Opportunity/Anti- discrimination legislated requirements.
• ensuring volunteers are covered within the terms and conditions of the Council’s Public Liability Insurance policy for third party personal injury or damage to property caused by an occurrence in connection with Council business.

What does this mean across our neighbourhoods?

In 2016 (refer to Figure 20):562
• Aberfeldie, Strathmore, Ascot Vale and Essendon had the highest proportion of people who volunteered
• Strathmore Heights, Keilor East and Niddrie/Essendon West had the highest rate of people who provided unpaid childcare assistance (30.7 per cent, 30.3 per cent and 30.2 per cent respectively)
• Aberfeldie, Strathmore and Milleara had the highest proportion of people who provided unpaid aged and disability care (14.5 per cent, 14.3 per cent and 14.1 per cent respectively).

562 ibid
The Victorian Population Health Survey 2014 indicates that in Victoria there are lower self-reported rates of volunteering among particular communities, particularly among people who speak languages other than English. Nevertheless, the following trends provide an indication of the levels of volunteering across the neighbourhoods in the City of Moonee Valley.

The rates of volunteering are typically higher in neighbourhoods in the City of Moonee Valley with a higher socio-economic status. However, Flemington and Ascot Vale, which have high levels of socio-economic status also have higher proportions of people who volunteer, relative to the other neighbourhoods.

**Promising Practice**

Volunteering Australia is the national peak body for volunteering. It provides resources to support organisations involving volunteers and produced the National Standards for Volunteer Involvement that are recognised within Australia as the best practice framework for the support and empowerment of volunteers.

Volunteering Victoria is the state peak body for volunteering and is committed to promoting the highest standards of leadership and stewardship, repositioning volunteering so that its value is recognised and supported by everyone, and to leverage the collaboration inherent in the volunteering sector to optimise volunteering outcomes.

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Not-for-profit-Law is a specialist legal service, providing free and low-cost legal resources, training and advice for community organisations. It has produced a National Volunteer Guide for use by volunteer involving organisations across Australia.

The Volunteer Hub provides resources assisting in the management of volunteers.

Energize Inc is an international training, consulting and publishing firm specializing in volunteerism including resources for leaders of volunteers

The Best Practice for Volunteer Programs resource provide guidance on volunteer management.

Six principles to enhance volunteers’ experiences

- enhance communication
- leverage volunteer insights
- offer incentives that are valued
- enhance the organisation’s image
- create social environments for supporters
- use volunteer management software

Understanding the broader and multi-layered value volunteers, volunteerism and volunteering can bring to organisations and our communities has been included in the report by Emergency Management Victoria: Hiding in plain Sight - the Value of Volunteers, Volunteering and Volunteerism.

What could Council’s role be?

Facilitate - Council can facilitate the voluntary sector by:

- working to better understand and fulfil the role of local government within volunteering sector networks
- contribute communications resources and networks to leverage events such as National Volunteers Week National Volunteer Weeks organised by Volunteering Australia
- contributing to research targeting priorities for strengthening volunteering in Victoria
- promoting changes in human resource management strategies that could result in a more efficient and effective use of available volunteer time
- identifying existing and potential gaps in resources supporting the voluntary sector such as information about volunteering opportunities in the local community, local volunteer training and opportunities for volunteer management and networking
- raising awareness about the needs of volunteers, needs of volunteer involving organisations and the priorities for strengthening volunteering

Provide – Council can:

- conduct targeted marketing and recruitment campaigns to promote volunteering in undersubscribed sectors such as community service, young people, education, health and disability services
- offer management and training, particularly in the use of technological volunteering platforms

Funder – Council can ensure that the community grants selection panel is informed about priorities for strengthening volunteering and the need for capacity building projects

Regulate – Council’s regulatory roles include:

- ensuring that its volunteering initiatives comply with the full range of legislative obligations relevant to the voluntary sector and provide relevant information to the community about their obligations by referring to information found at Not-for-Profit-Law and in the National Volunteer Guide
• ensuring that community organisations funded through community grants comply with any legislative requirements, or at a minimum acknowledge the need to comply and have committed to a process of continuous improvement to align processes with regulation

**Monitor** – Council can conduct research into trends relating to changes in the way volunteering is taking place e.g. technology, recruitment practices, and support research efforts to measure the impacts of volunteering and the efficacy of volunteer involving organisations

**Partner** – Council can

• continue to partner with organisations involved in using and recruiting volunteers to increase both opportunities for and benefits from volunteering
• collaborate with other organisations to develop innovative solutions to meet the support needs of volunteers and volunteer program managers

**Advocate** - Council can

• advocate for resources to support the administration of compliance checks in a timely way to ensure that volunteers, organisations and clients of volunteer services have appropriate protection
• advocate for resources to support leaders of volunteers with professional development in risk management, mobilisation and organisation of volunteer workforces

**Target populations**

Municipal wide population as well as all groups listed on page 46 of MV2040.

NB: UN research shows that globally volunteers tend to share a motivating passion for the strengthening of equity and social justice which means that they are attracted to work designed to reach all target populations listed on page 46.

A 2015 report by AMES looked at the role volunteering played in increasing social connections and social capital of new migrant populations as well as the benefits to the broader community to meet and interact with new arrivals.

**Policy and legislative framework**

The scope of the policy and legislative framework within which volunteers and volunteer organisations is broad and reflects the diversity of contexts within which volunteering takes place.

Legislation relevant to volunteers involves the following areas of law (more information can be found in the National Volunteer Guide)

• volunteer safety
• unlawful workplace behaviour
• recruiting, inducting, managing performance and termination
• intellectual property
• confidentiality
• privacy
• collection and storage of personal information
• holding of records in relation to volunteers

The *Equal Opportunity Act 2010* applies to organisations and individuals involved in the voluntary sector. The discrimination provisions in the *Equal Opportunity Act 2010* do not cover volunteering as a separate area of public

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564 AMES, Volunteering and Connection to the Australian Community: Survey Findings, 2015.
life. However, they may apply to volunteers in certain circumstances depending on the type of organisation. The sexual harassment provisions of the Equal Opportunity Act 2010 apply to volunteers in the same way as they apply to paid employees. Under the Equal Opportunity Act 2010, an organisation may be required to make reasonable adjustments for a volunteer with a disability in certain circumstances.

21 AFFORDABLE HOUSING

At a glance

- the rate of homelessness in Victoria is 42 persons per 10,000 people and has increased seven per cent over the last five years.\(^{566}\)
- the largest proportion (44 per cent) of people classified as homeless are living in severely overcrowded dwellings.\(^{567}\)
- the City of Moonee Valley has a lower rate of households experiencing housing stress (9.1 per cent) than Greater Melbourne and the Western Region (11.7 per cent and 12.3 per cent respectively).\(^{568}\)
- in 2016 there were 403 homeless persons the City of Moonee Valley which represents a slight decrease from 409 in 2011. This is a rate of 35 persons per 10,000 persons which is lower than the rates for Victoria and Australia (42 and 50 respectively).\(^{569}\)
- in December 2019, there were 13 affordable rental properties available in Moonee Valley representing 1.1 per cent of the total available rental properties.\(^{570}\)
- there are concentrations of households experiencing housing stress in Flemington, Ascot Vale, and Essendon (15.3 per cent, 11.5 per cent and 9.6 per cent of households respectively).
- the neighbourhoods experiencing the highest proportion of housing stress in the municipality are typically characterised by the highest levels of socio-economic disadvantage.
- the neighbourhoods of Flemington and Ascot Vale had the highest rates of households in social housing in 2016 (15.4 per cent and 14.5 per cent respectively).
- the SA2 localities\(^{571}\) of Flemington and Ascot Vale had the highest number and rate of homelessness in the municipality in 2016.
- young people (homeless youth aged 12 to 24 years) account for 32 per cent of homeless persons living in severely crowded dwellings, 23 per cent of persons in supported accommodation for the homeless\(^{572}\)

The big picture

Access to safe and secure affordable housing is one of the key social determinants of mental and physical health and wellbeing\(^{573}\) and access to labour markets.\(^{574}\) One of the objectives of the Housing Act 1983 is to ensure that every person in Victoria has adequate, appropriate and affordable housing. Other purposes of this Act are to regulate the rental housing sector to promote security and variety of tenure, facilitate the participation of relevant stakeholders in the management of public housing, monitor the financial sector and coordinate the provision of necessary community services and amenities associated with public housing.

Affordable housing is defined by the Planning and Environment Act 1987 as:

> Housing (purchase and rental), including social housing, that is appropriate for the housing needs of any of the following:

- very low income households
- low income households.

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\(^{566}\) Australian Bureau of Statistics, Censo of Population and Housing Estimating Homelessness 2016 Cat. 2049.0

\(^{567}\) ibid

\(^{568}\) Australian Bureau of Statistics, Census of Population and Housing 2016, compiled by .id consulting

\(^{569}\) Australian Bureau of Statistics, Census of Population and Housing 2016

\(^{570}\) Australian Bureau of Statistics, Censo of Population and Housing Estimating Homelessness 2016 Cat. 2049.0


\(^{572}\) Statistical Area 2 (SA2) are medium-sized general purpose areas that represent a community that interacts together socially and economically. They typically reflect suburb boundaries and have an average population of about 10,000 people.


\(^{574}\) Phibbs, P. and Thompson, S. The health impacts of housing: toward a policy-relevant research agenda, AHURI Final Report No.173. Melbourne: Australian Housing and Urban Research Institute, 2011.
• moderate income households.

The annual Governor in Council Order, which forms part of the definition of affordable housing under the Planning and Environment Act 1987, specifies the income ranges for very low, low and moderate income households for affordable housing that is not social housing. The income limits for social housing are determined by the Director of Housing.

Factors such as rising house prices and upfront costs such as a deposit, stamp duty and fees may limit the potential for people to purchase their own homes. Other factors such as increasing rental costs and a shortage of rental accommodation may lead people to live in housing that is inadequate, unsuitable or not located in close proximity to social networks, services and employment.

The lack of affordable housing is both a cause and effect of poor health and becomes an issue if mortgage and rent payments increase as a share of income.575 Housing stress affects households in the lowest 40 per cent of incomes who are paying more than 30 per cent of their gross weekly income on housing costs.576 In 2017-18 the needs of more than a third (38.2 per cent) of Victorian clients experiencing homelessness did not have their needs met. This represents an increase from 34 per cent in 2013-14. 577

The lack of affordable housing is a major contributor to homelessness which is one of the clearest indicators of disadvantage and social exclusion.578 Homelessness, which includes people living in severely overcrowded dwellings,579 is both a cause and effect of gambling-related harm, substance abuse and mental illnesses.

The rate of homelessness in Victoria is 42 persons per 10,000 people and has increased seven per cent over the last five years.580 The largest proportion (44 per cent) of people classified as homeless are living in severely overcrowded dwellings.581 Housing First is a model that first started in the US in the 1990s and is about securing housing first before addressing other health issues. Studies on this model show this approach has long-term positive outcomes and is more cost effective than other methods.582

Homes for Victorians 2017 and Plan Melbourne 2017 recognise the need to increase the supply of affordable housing across Victoria. At the State level, The Victorian Government has established the Social Housing Growth Fund583 to increase the stock of affordable housing and has a partnership focus with the community housing sector. At the national level, the Federal Government has recently established the National Housing Finance and Investment Corporation (NHFIC) to allow low cost loans for new affordable housing.

A number of agencies and networks are advocating for greater investment and funds to support the growth of social housing in Victoria and across Australia. This includes the Everybody’s Home Campaign, Community Housing Industry Association’s National Plan for Affordable Housing and a report calling from greater investment in affordable housing from the Northern and Western Homelessness Networks - A Crisis in Crisis.

What does this mean for Moonee Valley?

Indicators of housing affordability in the City of Moonee Valley are as follows:

• in December 2019, there were 13 affordable rental properties available in Moonee Valley representing 1.1% of the total available rental properties.584 This has major ramifications for a diverse population (income levels) as low

575 Australian Bureau of Statistics, Census of Population and Housing 2016, compiled by .id consulting
576 ibid
578 ABS Census of Population and Housing Estimating Homelessness 2016 Cat. 2049.0
579 ibid
580 ibid
581 ibid
and moderate income households will be less likely to be able to live in Moonee Valley outside of public housing estates.

- the City of Moonee Valley has a lower rate of households experiencing housing stress (9.1 per cent) than Greater Melbourne and the Western Region (11.7 per cent and 12.3 per cent respectively).\(^{585}\)
- in 2016 there were 403 homeless persons the City of Moonee Valley which represents a slight decrease from 409 in 2011. This is a rate of 35 persons per 10,000 persons which is lower than the rates for Victoria and Australia (42 and 50 respectively).\(^{586}\)
- in December 2019 the Western Melbourne Office of the Department of Health and Human Services had 1,164 applicants on the Victorian Housing Register.\(^{587}\)

Council recently launched an affordable housing data dashboard – see the website for up-to-date data.

The current supply of social and affordable housing in the City of Moonee Valley is as follows:

- 17 registered rooming houses\(^{588}\)
- 2,877 public housing dwellings\(^{589}\)
- 2,118 households renting social housing representing 4.6 per cent of all households (compared with 2.6 per cent for Greater Melbourne)\(^{590}\)
- 360 community housing units owned or managed by housing providers\(^{591}\)
- 138 transitional housing properties.\(^{592}\)

The Flemington Estate is one of the public housing sites included in The Public Housing Renewal Program. This Program is part of the Victorian Government’s commitment under Homes for Victoria to increase public housing stock by 10 per cent. The proposal proposes replacing 198 dwellings on the Holland Court part of the Estate with at least 218 new social housing homes, along with private dwellings. It will also include 4,000m² of open space, new cycling infrastructure and a new community garden.

What does this mean across our neighbourhoods?

The following factors demonstrate that a lack of affordable housing is experienced to the greatest extent in the suburbs in the south of the municipality:

- there are pockets of households experiencing housing stress throughout the municipality, with concentrations of housing stress in Flemington, Ascot Vale, and Essendon (15.3 per cent, 11.5 per cent and 9.6 per cent of households respectively). (Refer to Figure 21).

The neighbourhoods experiencing the highest proportion of housing stress in the municipality are typically characterised by the highest levels of socio-economic disadvantage. However, Essendon, which has a relatively low

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585 Australian Bureau of Statistics, Census of Population and Housing 2016, compiled by .id consulting
592 ibid
level of socio-economic disadvantage has a relatively high rate of housing stress (compared with other neighbourhoods in the municipality).

Figure 21 - Housing stress, Moonee Valley, 2016

Source: .id consulting

- the neighbourhoods of Flemington and Ascot Vale had the highest rates of households in social housing in 2016 (15.4 per cent and 14.5 per cent respectively). (Refer to Figure 22)
- there are small concentrations of social housing in the central neighbourhoods of Essendon, Essendon West, Aberfeldie, Moonee Ponds and Avondale Heights. (Refer to Figure 22).

Figure 22 – Percentage of households renting social housing, Moonee Valley, 2016

Source: .id consulting
• the SA2 localities\(^593\) of Flemington and Ascot Vale had the highest number and rate of homelessness in the municipality in 2016. The SA2 localities of Niddrie-Essendon West, Strathmore and Keilor East, had the lowest number and rate of homelessness in 2016 (refer to Figure 23).

**Figure 23 - Number of homeless people and homelessness rate per 10,000, SA2, 2016**

<table>
<thead>
<tr>
<th>Location</th>
<th>No. Homeless</th>
<th>Rate homelessness per 10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flemington</td>
<td>125</td>
<td>126</td>
</tr>
<tr>
<td>Ascot Vale</td>
<td>76</td>
<td>112</td>
</tr>
<tr>
<td>Essendon - Aberfeldie</td>
<td>28</td>
<td>76</td>
</tr>
<tr>
<td>Moonee Ponds</td>
<td>30</td>
<td>43</td>
</tr>
<tr>
<td>Keilor East</td>
<td>7</td>
<td>18</td>
</tr>
<tr>
<td>Strathmore</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Niddrie - Essendon West</td>
<td>6</td>
<td>4</td>
</tr>
</tbody>
</table>

Source: .id consulting

**Promising Practice**

• inclusionary planning tools have leveraged significant quantities of affordable housing supply in the UK and US\(^594\). Inclusionary planning provisions applying in NSW seek to increase the amount of affordable housing.\(^595\) Sydney’s **Inner West Council** has announced that all developments over 1,700 square metres will have to include a 15 per cent affordable housing target, where the development produces over 20 dwellings.

• the City of Port Phillip is implementing a commitment to delivering more than 500 affordable dwellings through the **In our Backyard – Growing Affordable Housing in Port Phillip 2015-2025** strategy. Actions include using council property to deliver affordable housing, optimising benefits from existing affordable housing sites, implementing planning mechanisms and providing local government leadership. Council has established a successful partnership with **Housing First** (formerly the Port Phillip Housing Association) and is committed to providing property and cash contributions to local housing organisations, advocating for an affordable housing planning mechanism that will incentivise private sector delivery of new affordable housing in urban renewal areas.\(^596\) The **Port Phillip Housing Strategy** notes Council’s intension to build stronger partnerships between government, non-government and private industry in the planning, funding and delivery of affordable housing. Community housing and private housing developers are intended to play an important role in this partnership model.

• the Brisbane City Council partnered with the Queensland Government to provide seed funding to establish the Brisbane Housing Company in 2002. Other local governments have established Housing Trusts to collect land,

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593 Statistical Area 2 (SA2) are medium-sized general-purpose areas that represent a community that interacts together socially and economically. They typically reflect suburb boundaries and have an average population of about 10,000 people.


595 ibid

money or donations/philanthropy/grants for affordable housing projects – Moreland Affordable Housing Ltd is one such charitable entity established by Moreland City Council “to address the lack of secure and affordable housing options available to residents across Moreland”.

- the Moreland Land Trust is an independent charitable legal entity responsible for the long term lease of Council owned land and development of housing assets on this land. The Trust can also facilitate the provision of community and social infrastructure such as kindergartens and small enterprise spaces.

- the City of Port Phillip Housing Trust was established in 2005 through the transfer of ownership of 12 Council-owned community housing projects to the Trust. Access to housing owned by the Trust for people living in the City of Port Phillip is secured through a Trust Deed and retention of contributions to projects within the City of Port Phillip. Council’s interests are represented through the nomination of two directors who consist if a Councillor and the Housing Development Officer.

- delivery of multi-tenure developments in NSW will seek to deliver social and affordable rental, private market rental and owner-occupied housing.

- planning incentive schemes in NSW have facilitated the delivery of accessory dwellings such as granny flats, boarding houses.

- innovative partnerships can identify real alternatives including incentives, partnerships and community engagement.

- council approach to affordable housing needs to be underpinned by a strong evidence-base on local housing need and market capacity, including locally specific targets for affordable housing as part of wider housing supply programs.

- a recent pilot project by Moreland and Darebin Council’s on an affordable housing advisory service embedded at Council was evaluated and the report includes a number of case studies.

A 2019 Canadian study trip as part of MVCC’s attendance at the NewCities Foundation award ceremony identified:

- The City of Montreal has set targets with some developments to keep a diverse population living in the city. This includes: 20% family housing; 20% social housing; and 20% market.

- As in parts of Australia, many north American cities have populations who want to live near where they work or play. Gentrification continues to be an issue affecting many cities in north America where local economies are doing well. But poorer community members often have limited access to the private housing market as they have limited access to finance. Some cities are now looking for ways to increase low income communities access to equity (housing) in their communities. For example, the City of Baltimore has established the Community Land Trust initiative. The Mayor of Victoria, British Columbia, Lisa Helps, noted her city was developing land use and other initiatives designed to get:

  "...the housing that we actually need... and that governments need to have the courage to make bold moves and be intentional in fostering real solutions.”

- The City of Victoria has also identified a generational squeeze and are working to find ways to provide equity for young people missing out. To this end their Regional Housing First program, (including creation of a land trust) involved publically owned housing and rental subsidies. It has a focus on homelessness which includes prevention measures.

- These models:

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• Work on cooperative systems for housing and include investment strategies which restore and re-build towns and neighbourhoods.
• Include greater levels of control and protection of these assets to ensure affordability when equity in the asset changes hands; with the aim to prevent property speculation.
• Apply a range of tenure and ownership models apply regarding land and buildings (some collective whilst others more traditional private ownership).
• Useful links include:

  → https://d3n8a8pro7vhmx.cloudfront.net/unitedworkers/pages/234/attachments/original/1453984993/CLTs101.pdf?1453984993
  → https://www.baltimorehousingroundtable.org/clts_in_baltimore
  → https://victoriahomelessness.ca/homelessness-101/regional-housing-first-program/

What could Council’s role be?

Revenue from housing (rates) represents a large proportion of most local government budgets and drives demand for services. Council has limited financial capacity to provide affordable housing. However, Council can influence the availability of affordable housing by influencing the location, type and amenity of housing through the land use planning process, partnering with housing associations and advocating to State and Federal Governments to address affordable housing issues. Council can also assess the feasibility of social housing development on Council owned land.

Partner - Council can:

• partner with providers of social housing to identify opportunities to increase access to affordable housing in the municipality and work to improve responses to homelessness in Moonee Valley, including homelessness response protocols generally and in extreme weather, better service coordination, etc.
• work in partnership with community housing providers and housing associations, and the State Government to increase access to public housing and streamline services available to people living in public or social housing

Monitor - Council can continue to monitor the rates of homelessness (through participation in Street Count), housing stress and availability of affordable housing in the municipality. Recent evaluation projects have identified there may be more effective and less costly ways to monitor homelessness rates than traditional street counts.

Regulate – Council can investigate the feasibility of applying inclusionary zoning planning mechanisms in high growth residential areas which target the local market conditions and work in conjunction with planning incentives to support and encourage overall housing supply. Council also regulate rooming houses and there are examples of local governments working proactively on rooming houses, e.g Glen Eira.

Facilitate – Council can facilitate the provision of affordable housing by investigating the feasibility of:

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• providing incentives in new developments such as floor area uplift, height concessions, limiting appeal rights against developments that deliver affordable housing604
• fast-tracking planning applications and waive any planning fees605
• applying a rebate or concession to rates or charges to support the provision of affordable housing606
• encouraging mixed tenure607
• adopting planning policies that encourage housing diversity and increasing density608
• making public land available for development as affordable housing units609
• offering rates incentives to providers of affordable housing610
• contributing publicly owned land to affordable housing developments611
• offering long term leases on council owned land to community housing providers
• exploring ways to fund or assist social housing developments, for example trusts, lease or sale of Council owned land
• seeking funding through the Victorian Social Housing Growth Fund to deliver additional social and affordable housing on Victorian Government land in Moonee Valley in partnership with the community housing, private and no-for-profit sectors

Advocate – Council can advocate to State and Federal Government to support the provision of affordable housing including supporting the Everybody’s Home Campaign

Target populations
• homeless people and/or people in housing stress (Private renters aged between 18 and 24 years and older than 64 years were most at risk of housing stress).612
• people at risk of exclusion (singles and lone parent households613, 614)
• CALD communities615, 616 (People who were born overseas and arrived in Australia in the last five years accounted for 15 per cent of homeless persons in 2016)617
• older people (the rate of older persons experiencing homelessness has increased from 26 to 29 persons per 10,000 population between 2011 and 2016618)

611 Ibid
613 Ibid.
617 ABS Census of Population and Housing Estimating Homelessness 2016 Cat. 2049.0
618 Ibid.
• people living on low and/or insufficient incomes (people with low levels of education or employment \textsuperscript{619, 620})
• people with disability or mental illness
• Aboriginal and Torres Strait Islander people\textsuperscript{621, 622} (The rate of Aboriginal and Torres Strait Islander peoples who were homeless was 351 for every 10,000 of the Aboriginal and Torres Strait Islander population\textsuperscript{623})
• people experiencing long term health issues such as disability are more likely to experience housing stress compared with other population groups.\textsuperscript{624, 625}
• young people (homeless youth aged 12 to 24 years account for 32 per cent of homeless persons living in severely crowded dwellings, 23 per cent of persons in supported accommodation for the homeless and 6 per cent of persons staying temporarily in other households in 2016\textsuperscript{626}. Nearly 60 per cent of homeless people we aged under 35 years with 42 per cent of the increase in homelessness occurring in the 25 to 34 years age group between 2011 and 2016\textsuperscript{627})

Policy and legislative framework

In June 2018 the Planning and Environment Act 1987 was amended to permit local authorities to enter into a voluntary Section 173 agreement with the developer to include affordable homes in residential developments.\textsuperscript{628} The reforms define affordable housing and give guidance on how voluntary agreements can be negotiated.

\textsuperscript{626} ABS Census of Population and Housing Estimating Homelessness 2016 Cat. 2049.0
\textsuperscript{627} Ibid