HUME CITY COUNCIL

HEALTH & WELLBEING PLAN 2021-2025
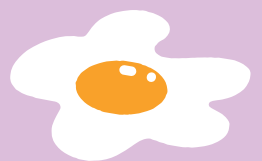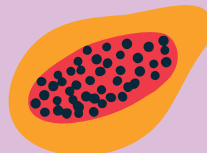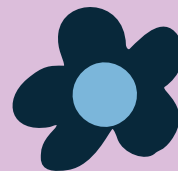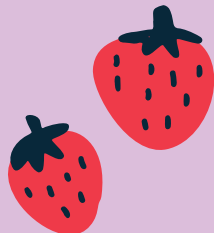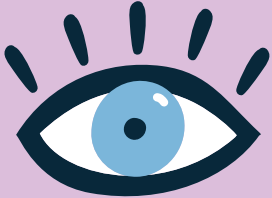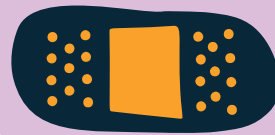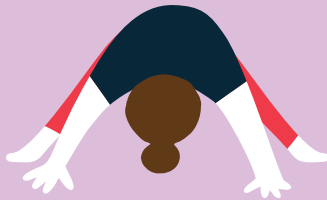
HUME
CITY COUNCIL

Contents

Acknowledgement of Traditional owners, the Wurundjeri Woi Wurrung People

Hume City is located on the Traditional lands of the Wurundjeri Woi Wurrung people, who have lived in the area for approximately 40,000 years. The Wurundjeri Woi Wurrung are a tribe composed of several clans that are the Traditional Owners of separate pieces of land or estates. The Gunung-Willam-Bullak clan are the Traditional Owners of much of the Hume City municipality.

Although significant cultural knowledge was lost following European invasion and settlement, Hume City remains rich in Aboriginal cultural heritage. The municipality has more than 700 registered Aboriginal Cultural Heritage Places including burial sites, artefact scatters, earth features, low density artefact distributions, object collections, quarries, scarred trees and stone features.

Hume has a large and growing population of Aboriginal and Torres Strait Islander people, who come from varied backgrounds, locations and life experiences, and have their own connection to country, culture and community. In 2016, approximately 1,463 Aboriginal and Torres Strait Islander peoples were living in Hume, which was an increase of approximately 40% from 2011. Hume City has the 5th largest Aboriginal and Torres Strait Islander population in metropolitan Melbourne.

Message from the Mayor

It is with great pride that I introduce the *Hume Health and Wellbeing Plan 2021-2025*. Hume City Council is committed to creating a City that supports the health and wellbeing of residents and visitors. The Hume Health and Wellbeing Plan will guide how Council will achieve this, working alongside partners, and community members.

The pandemic has highlighted our strength and resilience in the face of adversity, underpinned by our shared sense of community.

The financial, social and psychological toll on individuals, families and businesses will be felt for years. This Plan outlines Council's commitment to continuing to support communities with a holistic approach throughout recovery and beyond.

This plan is grounded in advice and insights given by community members and local organisations, review of statistical data and key directions identified in other State, regional and Council strategic documents. The plan embraces a holistic view of health and wellbeing encompassing physical, emotional, social and spiritual dimensions and recognises the important role of family, community and environments in supporting positive health outcomes.

We have extended our approach to include new principles and practices to supporting and improving health outcomes in our community including gender equity, economic equity, cultural capability, holistic healing, place-based analysis, and outcomes focused approaches.

By doing so, we hope to deliver positive impacts and address health inequities across the community.

In the years ahead, this plan will guide the development and delivery of an extensive range of services, programs and projects focused on supporting and improving health and wellbeing outcomes in the Hume community. This will include whole-of-community approaches, alongside more targeted approaches aimed at supporting residents of different life-stages, backgrounds, identities and personal circumstances.

Cr Carly Moore
Mayor of Hume City

Hume City Profile

Hume City is a dynamic, young and diverse local government area in the northern growth corridor of Melbourne.

Situated between 15 and 45 kilometres north of the Melbourne CBD, Hume City is undergoing rapid growth, with the population expected to grow by more than 50% from 250,000 in 2021 to 394,700 in 2041. The suburbs that are expected to grow the most in the next 20 years are Sunbury, Craigieburn, Mickleham, Kalkallo and Greenvale. Craigieburn is one of the five fastest growing suburbs in Australia.

Young families are attracted to the affordable housing and nearby employment opportunities of the growth suburbs. Hume City has a larger proportion of infants, children, and adults aged under 25 than Victoria. The median house price is lower than that of metropolitan Melbourne.

43% **own** a house with a mortgage, compared to **33%** of Victorians

40% of residents **work** within the municipality

Hume City Council supports employment throughout the region with the City accounting for

32.4% of jobs

in Melbourne's North region

Most jobs in the municipality are in the industrial sector (e.g., transport, wholesale trade, manufacturing), followed by the population serving sector (e.g., retail, construction, food services). Professional, technical, health and education sectors are less strongly represented in Hume but are more prevalent in certain pockets of the municipality. Consequently, the municipality also enjoys substantial economic diversity.

Hume City is rich in cultural and linguistic diversity.

More than
70,000
residents were **born overseas** (36%) and 45% speak a language other than **English** at home

Iraq, India, Turkey, the United Kingdom and Lebanon are the most common countries of birth other than Australia. However, Hume residents have come from more than 156 other countries, and over 150 languages are spoken in homes across the municipality.

Hume welcomes the largest number of humanitarian migrants of any other local government in Victoria, and the second largest in Australia. In recent years, most were born in Iraq, and smaller numbers in Syria, Bhutan, Nepal and Iran. Common languages spoken are Arabic, Assyrian, Chaldean, Nepali, Turkish and Somali. Humanitarian migrants have significant communities in Broadmeadows and Craigieburn.

About
this Plan

Under the Public Health and Wellbeing Act 2008 (Vic), local governments are required to develop public health and wellbeing plans every four years. These plans identify shared priorities for health and wellbeing across the municipal area, as well as local community needs, providing the basis for integrated planning and action.

The *Hume Health and Wellbeing Plan 2021-2025* presents priority areas and strategies to improve health and wellbeing outcomes in the community over the next 4 years.

Under the Public Health and Wellbeing Act (Vic) Council also has a responsibility to:

- **Create health-promoting environments;**
- **Initiate, support and manage public health planning;**
- **Develop and implement public health policies and programs;**
- **Develop and enforce up-to-date public health standards;**
- **Facilitate and support health and wellbeing agencies operating locally;**
- **Coordinate and provide immunisation services; and**
- **Ensure Hume City is maintained in a clean and sanitary condition.**
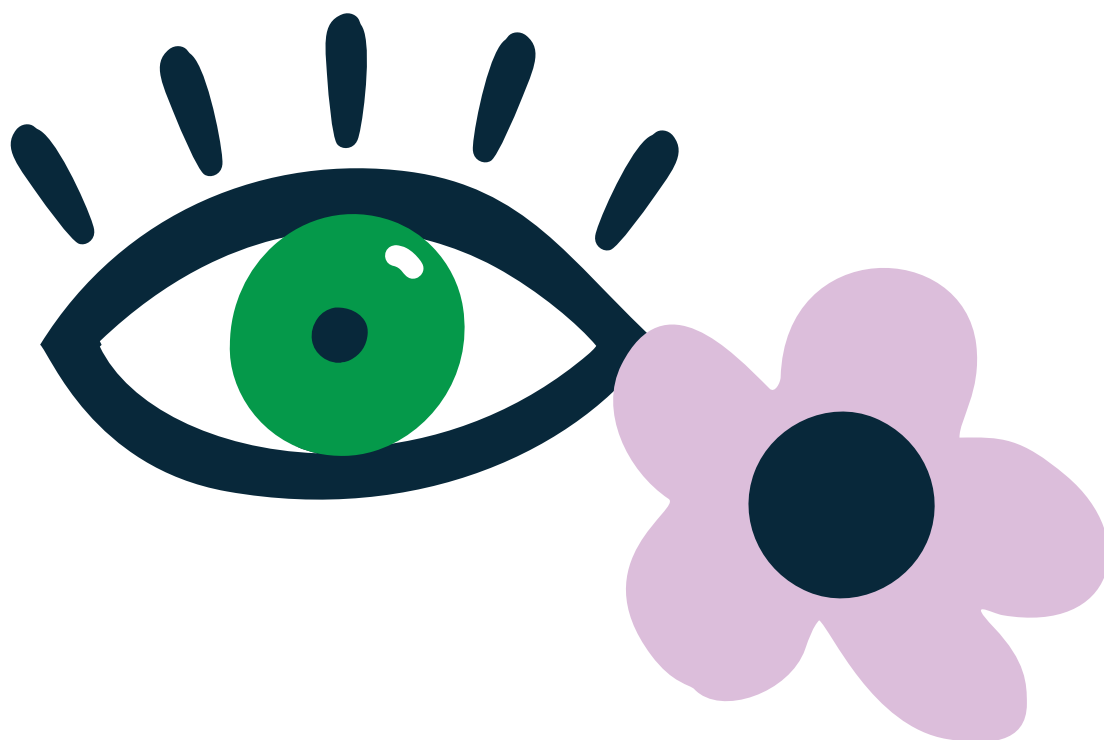
Within each of these responsibilities, Council plays a range of different roles –
as represented in the graphic below:

Hume City Council's roles in health and wellbeing

Statutory Authority

Council has a legislated responsibility under Victorian Law to protect, improve and promote health and wellbeing in Hume City.

Service Provider

Council is a leading provider of services which support health and wellbeing amongst community members. Responsibility for these services is often shared with other government agencies, not-for-profit, non-government organisations and private industry.

Facilitator

Council facilitates, partners and plans with a range of other agencies and service providers to support and promote health and wellbeing outcomes in Hume City.

Advocate

Council plays an important role in advocating on behalf of the community to other levels of government and service providers in order to ensure local health and wellbeing needs and priorities are addressed.

The Plan is shaped by the premise that good health is achievable when individuals, communities, and governments collaborate to build sustainable, inspiring and nurturing environments. People are empowered to live a healthier lifestyle when they are supported with the infrastructure and resources they need.

Health is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

Wellbeing is experienced through our physical, mental, social and spiritual health. Wellbeing can be used in a collective sense to describe how well a society satisfies people's wants and needs.

Council's Planning Framework

The Hume Health and Wellbeing Plan is one of Council's key strategic documents that guides directions and operations at a local level.

The Plan sits within Council's broader integrated strategic planning framework that incorporates the Community Vision, Hume City Council Plan 2021-2025 and the Municipal Strategic Statement.

The diagram below shows the relationship between the Health and Wellbeing Plan, other Council strategic documents and Council operations:

COMMUNITY VISION

SOCIAL JUSTICE

SUSTAINABILITY

4-year Council Plan & Strategic Resource Plan

Municipal Strategic Statement, Municipal Public Health & Wellbeing Plan

Service Plans

Council Strategies, Action Plans, Frameworks

Staff Performance Objectives

Frameworks underpinning the Plan

Social Determinants of Health

The Social Determinants of Health model recognises the connectedness of people, systems and their environments when planning and evaluating health interventions. The model encourages us to examine societal factors that contribute to health and wellbeing outcomes across communities, and develop strategies to prevent poor health and promote good health.

These factors include health service models, harm prevention regulations, health promoting policy and infrastructure, and cultural and social values and practices.

Under the Social Determinants of Health model, it is also apparent that health and wellbeing are strongly influenced by environmental conditions and policies that prevent exposure to harms and traumas, and that promote opportunities and experiences of safety, social connection, and a healthy lifestyle.
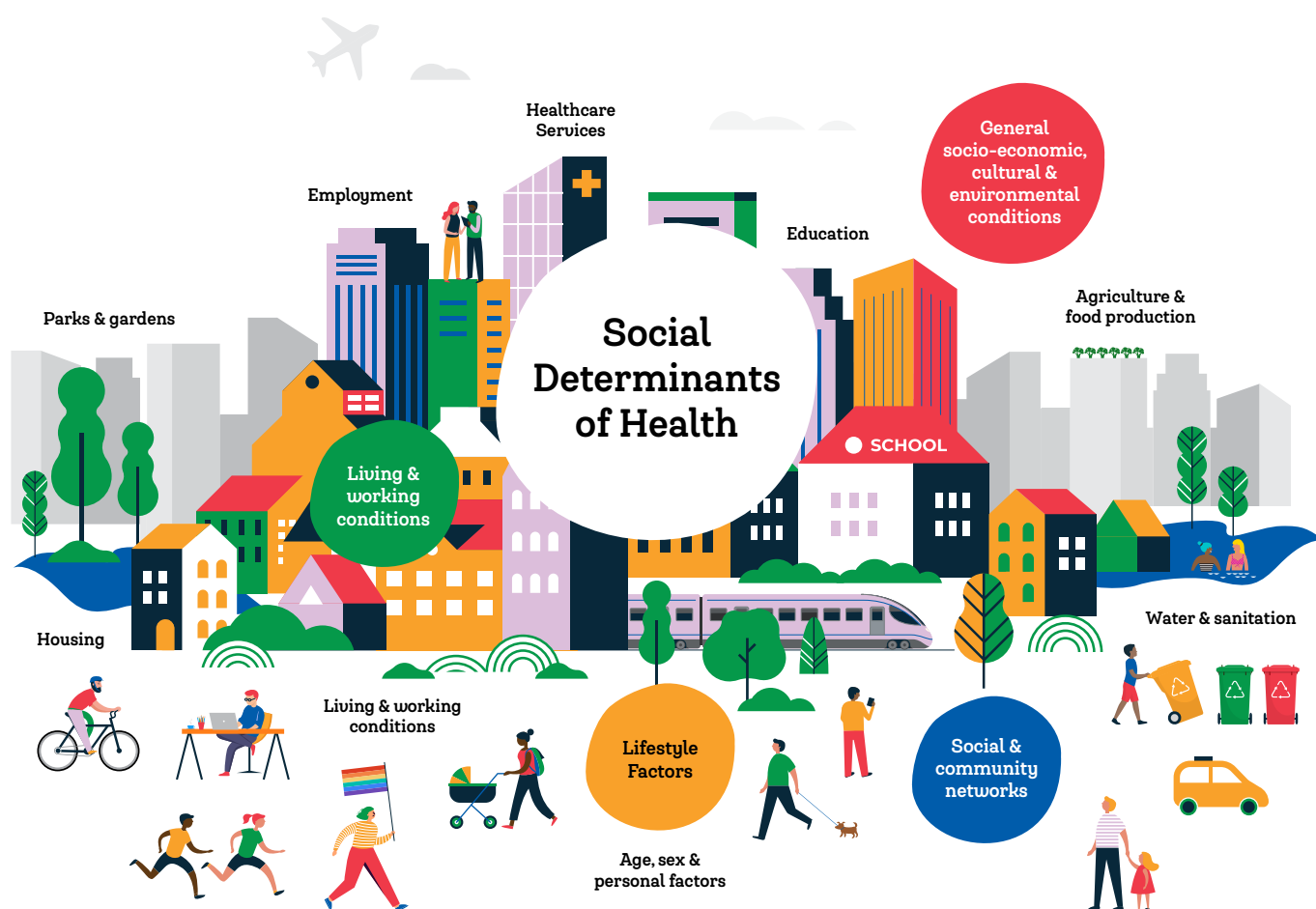

Figure 1: The Social Determinants of Health model guiding Hume's *Public Health and Wellbeing Plan 2021-2025*

Environments for Health

Operating alongside other Council strategies and plans, the Hume Health and Wellbeing Plan seeks to provide direction to the following three social determinants that are key to promoting equity of health outcomes:

· **Economically equitable environments**

· **Culturally capable environments**

· **Green, interconnected and social environments.**

Each of these are explained further below.

Economically equitable environments

Equitable opportunity for economic prosperity is essential for a community with a strong positive identity, cohesiveness, trust and ambition. Economic prosperity is defined by income, consumption and wealth. Societies are most prosperous when there is an equitable distribution of wealth, that is, when there is a small difference between the wealthiest and poorest.

Societies with more equitable distribution of wealth are more likely to have:

· Better health and education outcomes

· Higher levels of trust, civic participation and social cohesion

· Lower rates of crime

· Greater innovation.

Improved equitable distribution of wealth in Hume City and Victoria can improve health, education, quality of life, social cohesion, crime rates and innovation across the state.

"I would like to live in a nice, peaceful community where people are socialising with each other and help them in the time of needed."

Hume City Council supports economic prosperity by strengthening partnerships with community, education and training institutions, and the local economy, and taking opportunities to heighten its strengths and leverage opportunities. Social inclusion initiatives also promote education and economic contribution.

Statistical data can help to provide broad insights, whilst regular consultation with community members and local organisations can provide in-depth understanding.

Economic prosperity can be supported through:

· Financial support for businesses and development opportunities

· Festivals and events

· Workshops and training

· Marketing and promotional activities.

"Family style picnic with entertainment for kids on Sundays where families of the community can get together."
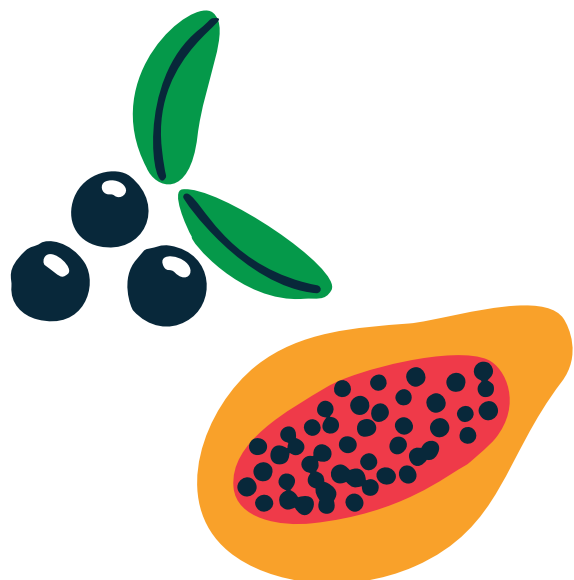
Culturally capable environments

Culturally capable environments are those where:

- there is awareness of surrounding cultures

- there is safety in expressing one's cultural identity, experience and views

- different cultures are engaged with acceptance and respect

- there is an interest in continuous learning.

People thrive in environments that are rich in cultural expression and resources. Opportunities to engage with cultural expression and the full diversity in communities promote inclusivity, acceptance, openness, compassion and give voice to community members who may be marginalised and not 'seen'.

Through greater social inclusivity, people have the resources, opportunities and capabilities to learn, work, engage with local services, events and activities and have a voice in decision-making processes.

Culturally rich environments can be fostered through:

- Visual arts venues

- Performing arts venues

- Music venues

- Festivals – music, arts, cultural and religious

- Intergenerational cultural exchange activities

- Classes of languages other than English in schools.

Green, interconnected and social environments

People thrive in physical environments that are designed to support interactions with others and nature. Built and natural landscapes that welcome walking and group activities support a connection to place and community, and encourage physical activity and emotional wellbeing.

Research has shown that green, seasonal and walkable local areas improve residents' physical and mental health.

Greenspaces in urban areas also help to reduce heat from roads and buildings on hot days. Trees provide shade, giving people and animals refuge in extreme heat events.

Physical environments can be improved through:

- Streets and pathways that connect residential and commercial areas with green spaces

- Parks, gardens, urban native forests

- Tree-lined streets

- Public square

- Sporting tracks and fields

- Maintenance of wetlands, creeks and rivers

- Street and footpath construction and signage to support physically and cognitively impaired community members.

"Spirit is important. The Western approach [to health] deals with body so not uncovering what needs to be done. Need holistic approach, herbal approach."

## Healing: Aboriginal conceptualisation of health and wellbeing

The Aboriginal concept of health and wellbeing is holistic, and grounded in the interconnectedness and harmony between the physical, emotional, social, spiritual and cultural wellbeing of the individual, community, and the environment.

The individual is perceived as inseparable from their family, community and environment. The collectivist values of Aboriginal cultures are essential to understanding illness, distress and healing.

The Aboriginal concept strongly aligns with the WHO definition, and with the systems approach of the Social Determinants of Health model.

The holistic view of health, and the roles of extended family, community, religious beliefs, and folklore beliefs are congruent with some Eastern (e.g., Middle Eastern, South Asia) belief systems of health, wellbeing and healing. Aboriginal Healing practice has great capacity to respectfully incorporate these belief systems into its practice. Hume residents who hold Eastern cultural belief systems can benefit from the Aboriginal Healing approach.

These health and wellbeing concepts, beliefs, knowledge and wisdom will meaningfully shape Council's actions and initiatives for each Health and Wellbeing Plan Priority. Council's actions will display cultural capability in health and wellbeing promotion efforts.
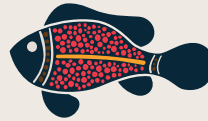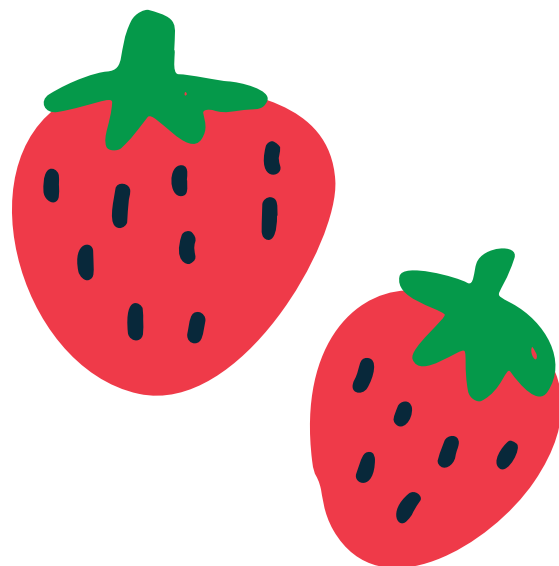

Health and wellbeing

The Aboriginal concept and knowledge of health and wellbeing encompasses the Hume Health and Wellbeing Plan's foundational principles of fairness, equity of opportunities, social justice, and empowerment.

The Close the Gap initiative is an exemplar model for shifting away from the traditional deficit and pathologising paradigm to a strengths and empowerment paradigm.

This Plan has been developed in line with Council's Reconciliation Action Plan 2020-2022. Under that Plan, Hume City Council is taking responsibility for reconciliation, including working to overcome the causes through asset-based and holistic approaches of empowerment, meaningful relationships, and sustainable opportunities.

The Social and Emotional Wellbeing Framework and Hume City Council

The Aboriginal and Torres Strait Islander Social and Emotional Wellbeing (SEWB) Framework is widely recognised as a useful framework for health practice and policy making.

The SEWB Framework describes seven domains of Aboriginal health and wellbeing:

1. Body
2. Community
3. Country
4. Culture
5. Family and kinship
6. Mind and emotions
7. Spirituality.

The seven domains are relational, meaning that health and wellbeing is maintained when they are operating in harmony.

Hume City Council will actively promote social inclusion, healing practices, connection to the local environment, spiritually nourishing events, and culturally capable primary and allied health services. Programs and projects will be most effective when drawing on the strengths of residents, their extended family and friend networks, and community.
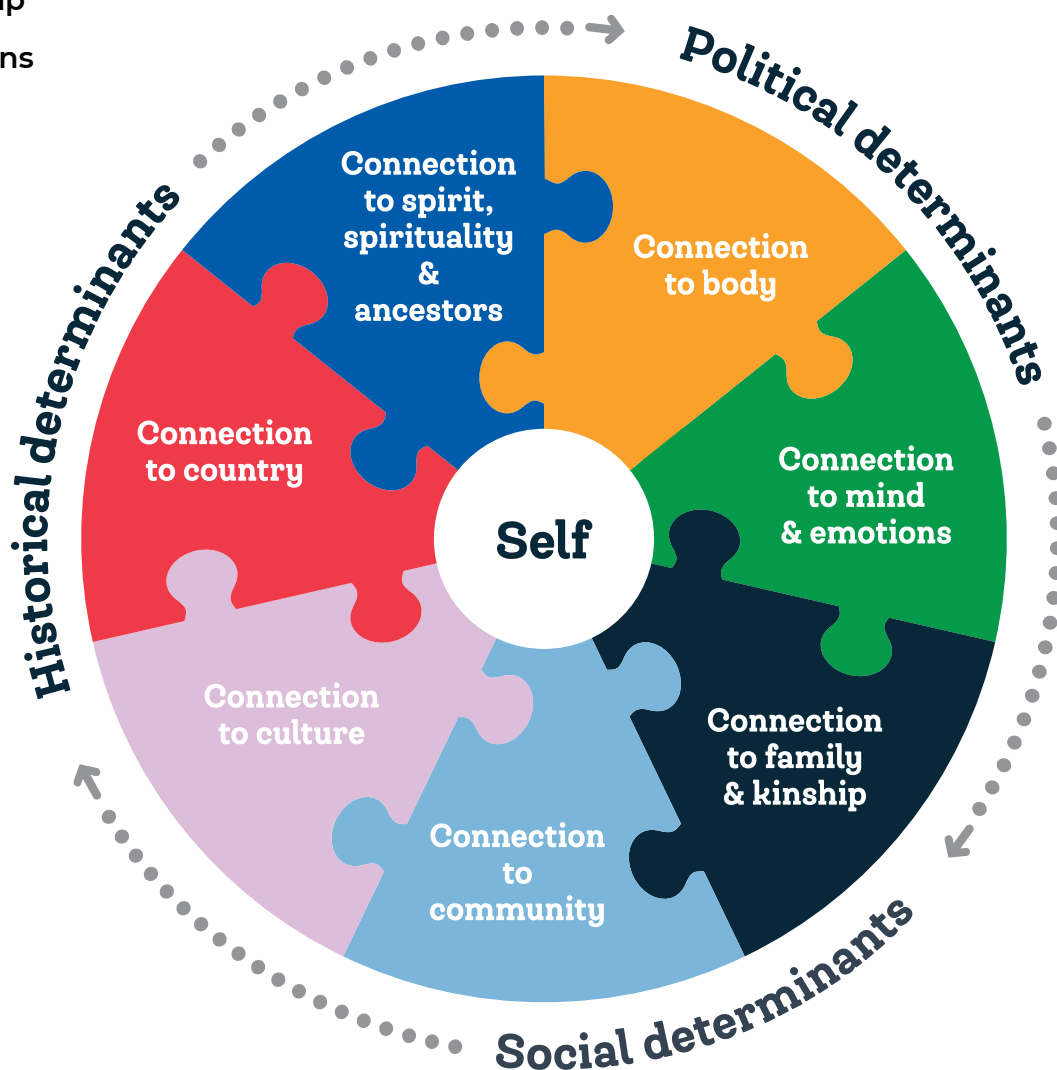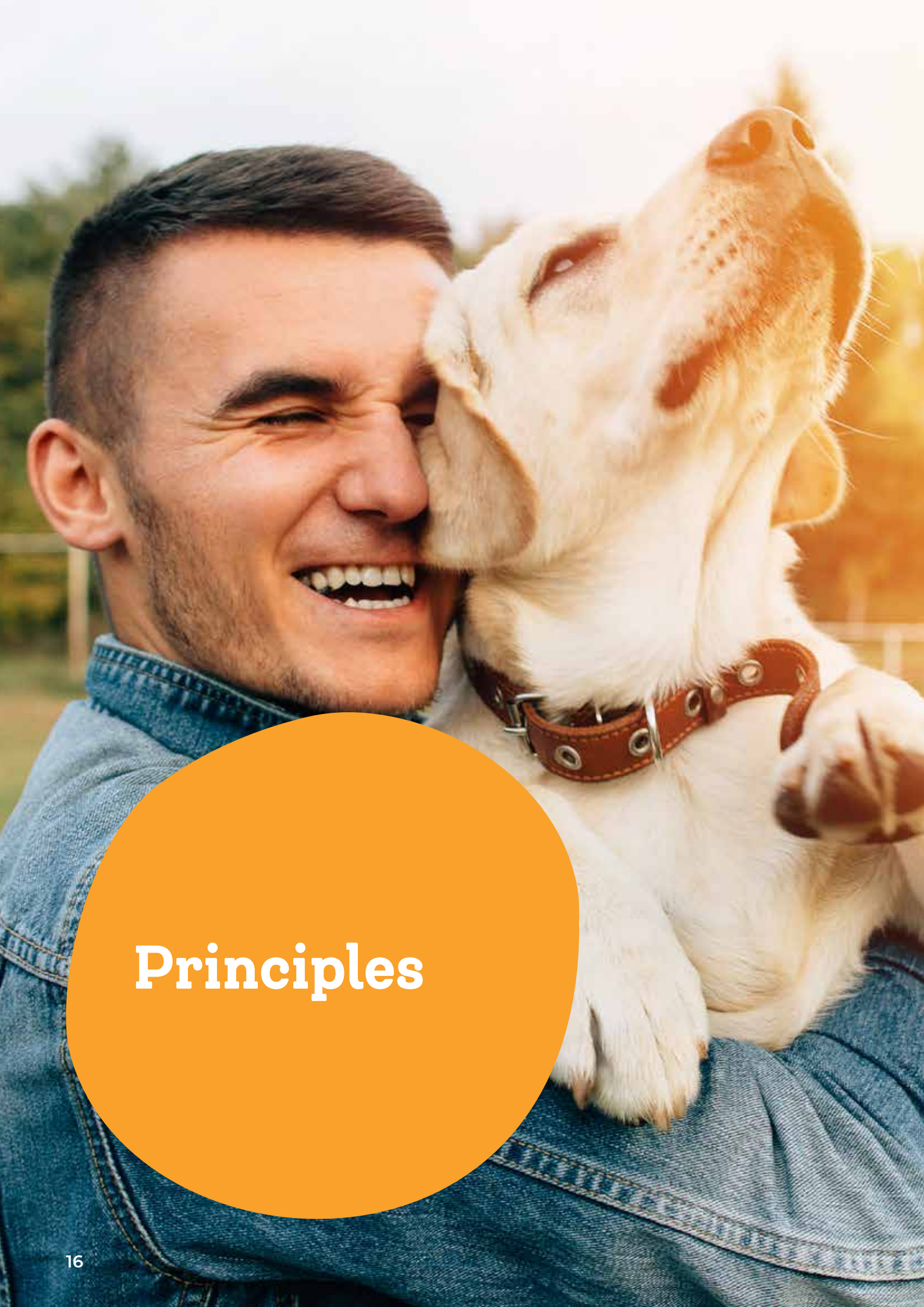

Figure 2: The seven domains of the Aboriginal and Torres Strait Islander Social and Emotional Wellbeing (SEWB) Framework

Principles

Social Justice, Fairness, and Equity of Opportunities

The Hume City Council Social Justice Charter is one of the key documents that underpins the Hume Health and Wellbeing Plan.

Social justice seeks to promote a fair and just community that respects every citizen.

A key focus of this commitment is to reduce disadvantage while strengthening community wellbeing and increasing community participation and sense of belonging.

When delivering actions and initiatives arising from this Plan, Council will:

- Improve standards of access and inclusion for all residents.

- Deliver health and wellbeing policies, programs and services that support equity and fairness.

- Nurture opportunities for engagement and participation.

- Measure the advancement of social justice across policies, services and programs arising from this plan to support rights and accountability.

"A friendly area where people of all cultures can come together and enjoy the community… where I and my family can feel always accepted and safe."

Gender equity and equality

Gender roles are the societal expectations of the actions, attitudes, appearance and social purpose assigned to each gender. These societal expectations are formed by social values and beliefs, and affect the way we work, socialise, interact with family, and the way we see ourselves and our goals. Because gender roles are social expectations that affect every aspect of life, they are a social determinant of health.

Different health and wellbeing outcomes are experienced by each gender across the lifespan. For example, respiratory diseases are common among men in societies where smoking is perceived as a masculine behaviour, and osteoporosis is more common among women who do little weight-bearing exercise because it is not encouraged in their social circles.

Council has a range of obligations to promote and improve gender equity under the Victorian Gender Equality Act 2020, and associated strategies.

Increasing gender equity relies on minimising the impacts of conditions that increase gender discrimination and promoting those that increase equality.

A gender lens has been applied to the Plan and will be applied to future projects, policy and programs arising from this plan. Under each of the priority areas in this plan, insights into gender inequities, and how Council intends to address these, have been included.

Hume's principle of operating with a gender equity framework means that...

· our work does not directly or indirectly favour one gender more than another, and

· we aim to bring equality between genders. We do this by affecting conditions or situations where greater opportunity, rights or favour is given because of gender to the disadvantage of the others, irrespective of intention.

A suite of gender planning and assessment tools will be used when application of the gender equity framework is needed by policy, programs or interventions.

Figure 3: Community descriptions of their hopes for Hume's health and wellbeing

Good practice

The foundational principles and frameworks of the Health and Wellbeing Plan will inform Council's practice. When designing and evaluating our projects, we will consider the social determinants of the issue we aim to address, including the cultural and environmental conditions that may be shaping the issue. We will also apply our social justice and gender equity principles to better understand and address health and wellbeing concerns.

When undertaking projects, we will embrace a **community-led** approach, where community is involved in the design, delivery and monitoring.

Empirical evidence and **reliable local knowledge** will also strongly inform our work. When implementing projects and programs, we will work with local organisations to maximise resources and achieve shared objectives.

A culture of reflective practice will inform project development and progress, and will be underpinned by **systematic evaluation practice**, with the objective of constant improvement.

The COVID-19 pandemic

The COVID-19 pandemic highlighted the need for all of us to be flexible, agile and open to mindful experimentation for innovative and efficient solutions to local issues. Implementation of the actions arising from this Plan will be undertaken with readiness for this nimble mindset.

Partnerships

- Services, organisations and businesses operating in Hume

- Across departments of Hume City Council

- Governments and governmental bodies

- Universities

Good practice

Evidence-based decisions and design

- Community consultation, collaboration, cooperation

- Expert consultation (academic, practitioner and policy experts)

- Comprehensive reviews of empirical evidence

- Establish feedback loops to incorporate learnings from design, implementation and evaluation

Sustainability and accountability

- Outline how the initiative will

  - be financially maintained beyond its initial funding,

  - be practically maintained beyond its implementation, and

  - continue to benefit the community beyond its implementation.

- Outline how the initiatives will be scaled down or discontinued following the anticipated period that they will benefit the community.

Evaluation

- Evaluation embedded at the design of projects and programs

- Systematise real-time evaluation to apply to rapidly changing events, such as epidemics/pandemics and damaging climate events

- Independent evaluation of substantial intervention projects

- The Rainbow Framework will guide evaluation planning, design, implementation and reporting. This framework was developed by Better * Evaluation, which is an international team of academic and public policy experts in project evaluation.

How we developed the Plan

The health and wellbeing priority areas identified within this Plan emerged from in-depth consultations and analyses. The priorities align closely with the Victorian Health and Wellbeing Plan 2019-2023.

Consultations were conducted with primary care services, humanitarian migrant support organisations, community service organisations, migrant community support organisations, disability support organisations, gender equity groups, LGBTIQ+ advocacy groups, Aboriginal and Torres Strait Islander health and advocacy organisations, and child development and support organisations across Hume.

Surveys were conducted with more than 60 health and social service and support organisations that are predominantly operating in the regional areas of Hume.

A **professionals workshop** was held with 30 professionals working in health services, social services, community organisations and advocacy organisations.

Community consultations were held with more than 600 residents through the Hume City Council Vision 2021-2025 community consultation process.

Postcards with questions and space for answers were distributed at 11 pop-up events across Hume, and three childcare centres.

Community workshops were held with residents of diverse backgrounds and locations across urban and regional Hume. Two workshops were held online via Zoom in English, and eight were held in-person, five of which were conducted in Arabic, Turkish, Dari and Assyrian.

Conversation kits were distributed to support community-organised group discussions on their concerns and suggestions for Hume. The kit contained three questions and space for answers. The kit was available via the website and shared with staff networks.

Online discussion forums posted three questions for feedback on the Participate Hume page of the Hume City Council website.
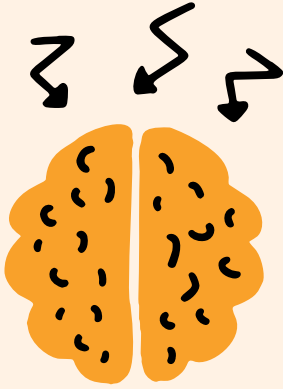
Seven **data sets** were analysed to gain statistical insights into the priority areas, comparing Hume City to the Greater Melbourne or Victorian average.

The following section details the evidence underpinning each priority of the Hume Health and Wellbeing Plan, and the strategic objectives and indicators that Hume City Council will apply to address them in the course of the Plan.

Figure 4: Community engagement process for the development of the Community Vision, Council Plan and Long-term Financial Plan

Priorities for Hume's health and wellbeing

PRIORITY 1: **Mental health and wellbeing**

Mental health is profoundly important to growth, development, learning and resilience. Mental wellbeing protects the body from the impact of life's stresses and traumatic events, and enables the adoption of healthy lifestyles.

Mental wellbeing is a valuable resource for individuals, families and communities. It is associated with better physical health outcomes, positive interpersonal relationships and socially healthier communities. It helps people to achieve their potential, realise ambitions, cope with adversity, work productively and contribute to their community and society.

In 2020, just under a quarter of Hume City adults (23%) reported experiencing high or very high levels of psychological distress, similar to the rest of Victorian adults (24%). Several population groups within Hume City are more likely to experience poor mental health outcomes, including LGBTIQ+ people, older residents, and those who have experienced trauma.

"Mental health issues – bring events like dancing, singing... creative arts and community events... a list of events for the community"
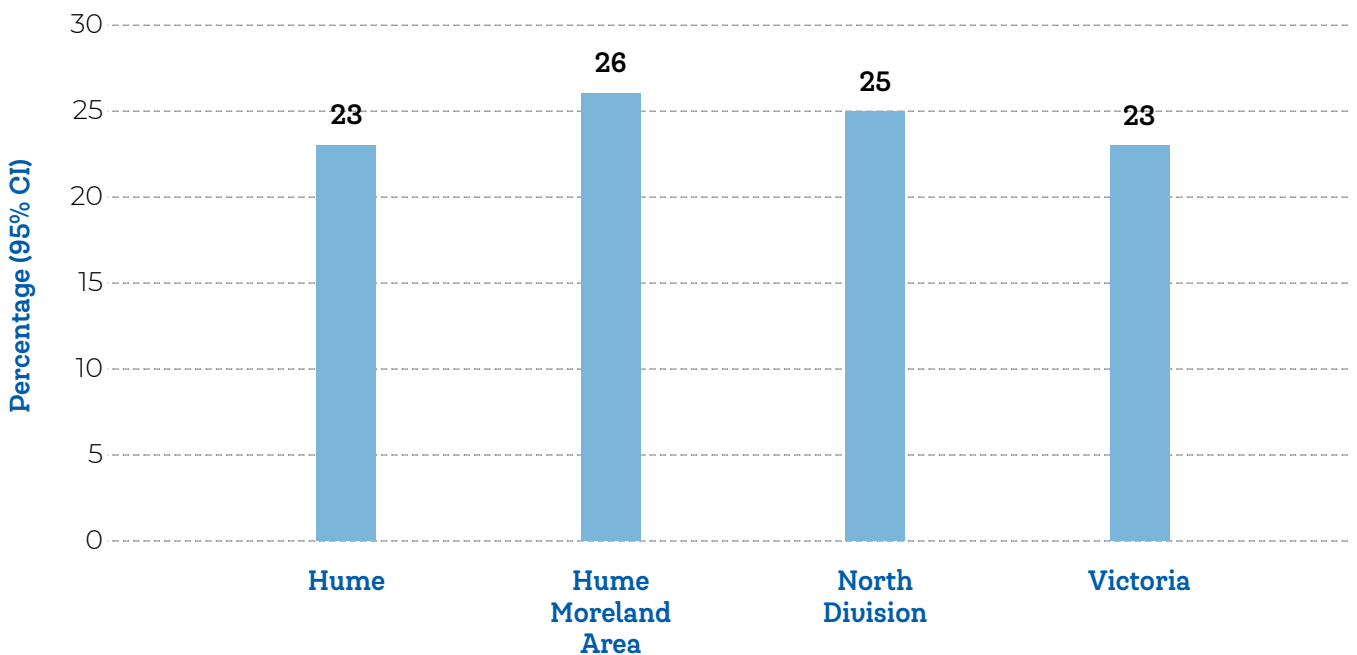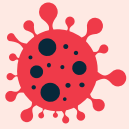
Figure 5: Percentage of adults who experienced high or very high levels of psychological distress, 2020

The COVID-19 pandemic

The economic and social impacts of the COVID-19 pandemic have compounded stressors within the municipality disrupting many existing social support networks and leaving some people and families vulnerable. Services have seen an increase in demand for basic needs assistance, such as food relief and paying bills. A focus on supporting and improving the mental health outcomes for residents will therefore be critical to responding to and recovering from the COVID-19 pandemic.

Victoria's Mental health

In early 2021, the Victorian State Government completed and committed to acting on a range of actions and recommendations arising from a Royal Commission into Victoria's Mental Health System. Over the course of this plan, Hume City Council will be acting on recommendations that are within the remit of local government. This will include delivering a range of culturally relevant, community-led, and holistic prevention and recovery interventions.
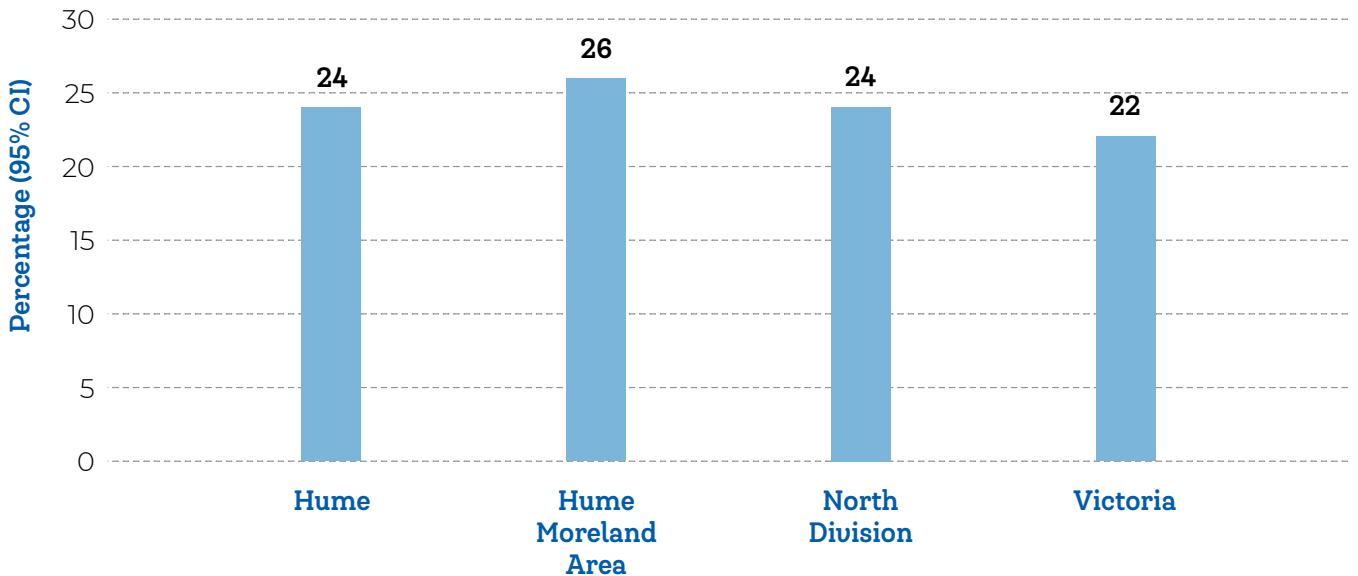
Figure 6: Percentage of adults who rated their satisfaction with life as 'low' or 'medium', 2020

Hume residents access mental health and wellbeing services at higher rates when compared to the North Western metropolitan region. Residents residing in Sunbury and surrounding areas have the highest rates of service attendance within the municipality.

While service attendance provides some clues into local demand and uptake of services, further work is needed to understand whether these services are accessible to diverse Hume residents, their effectiveness in supporting or improving individual and population level mental health and wellbeing outcomes, and gaps in the local area. Building this evidence base further will be a key focus of Council over the course of this Plan.
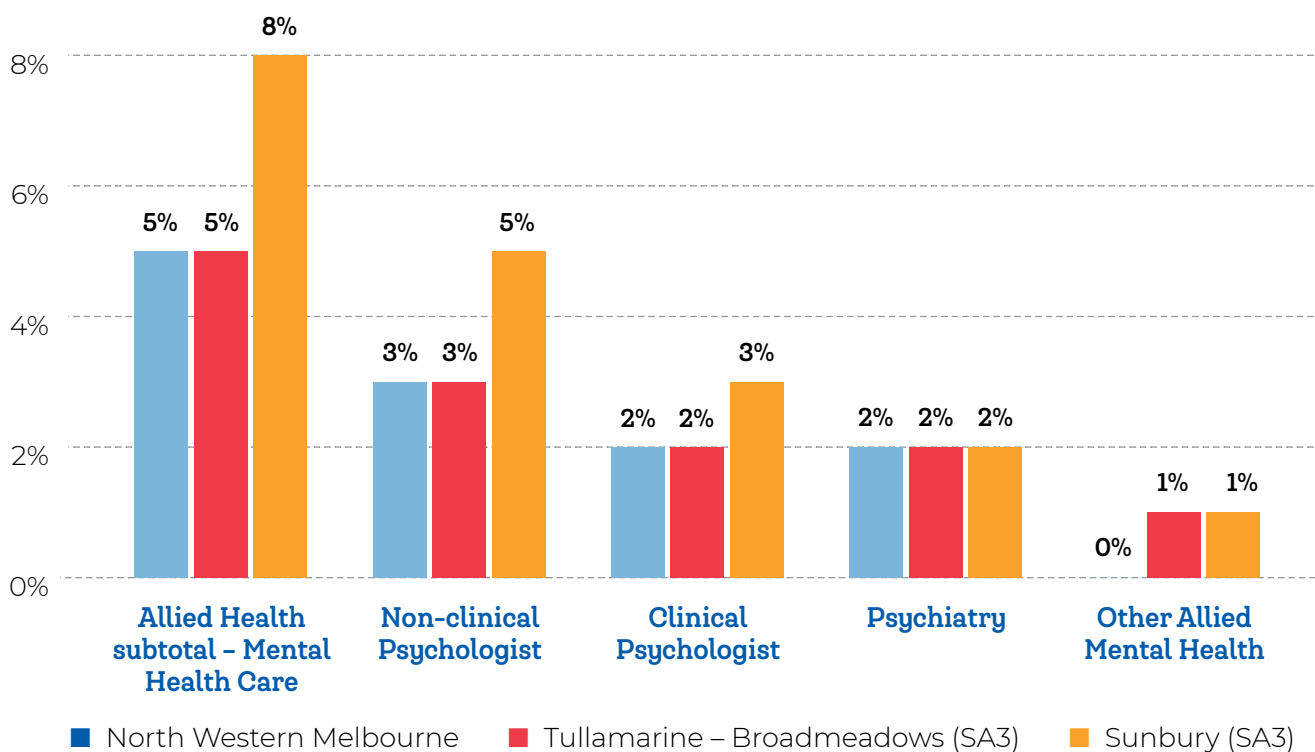
Figure 7: Percentage of individuals who have attended a Medicare-subsidised mental health service, 2017-18

Traditional healing practices, such as deep listening, still awareness, meditation and massage, can treat and promote mental health through realignment of the spirit, body, and connection to community, land and Country. Studies have shown effectiveness with distress and trauma, including intergenerational and colonisation trauma.

A complex mixture of social and personal factors has an effect on mental health and wellbeing.

Because of this, there are different pathways to wellbeing and resilience. For some Aboriginal and Torres Strait Islander peoples, the considerable cultural, social and health impacts of colonisation and post-colonial policies and practices have caused significant psychological distress and trauma. For some migrants, past struggle, and the stresses of adapting to a new country's systems and culture could also be contributing factors.

Victoria's humanitarian refugees

Hume is home to the largest number of Victoria's humanitarian refugees, and many Victorian First Nations peoples. For many of these residents, the social determinants of mental health and wellbeing are compounded by trauma from violence, discrimination, severe disadvantage, and intergenerational trauma.

There is limited information on the number of people in Hume with trauma-related psychological and physical health problems, post-traumatic stress disorder (PTSD), and of barriers to treatment and healing.

Hume City Council has established partnerships with a number of refugee and migrant health organisations and will continue to work closely with these agencies to better understand mental health needs amongst these cohorts.

Mental health and resilience can be promoted through stable and suitable housing, income, neighbourhood safety, trusting relationships, a healthy body, balanced life, community connectedness and spirituality.

In the course of this Plan, Hume City Council will map opportunities to improve community mental health and resilience, including addressing barriers to access to professional services. Council will also work in partnership with government and services to respond to recommendations of the Victorian Royal Commission for Mental Health as they apply to Hume City.

Social Inclusion with technology

COVID-19 has challenged traditional methods of communication and consultation. Hume Council quickly responded by enhancing its social media communications and increasingly utilised video conferencing platforms to regularly consult with the community.

For individuals and families who find in-person consultations and events challenging (e.g., mobility limitations, shift work, health concerns, childcare access), internet-based technologies have enabled greater access to services and community discussions. However, for those with limited access to these technologies, reliance on these technologies by services and organisations has presented challenges.

Hume Council is actively working to reduce the 'digital divide'.

Strategic Objectives

- Review and respond to the recommendations of the Victorian Royal Commission for Mental Health

- Establish Hume-specific quantitative and qualitative datasets on mental health and illness, as well as service access, use and effectiveness

- Promote and enrich personal, social and community connections to enhance resilience and wellbeing

Indicators

- Increased attendance to a Medicare-subsidised mental health service.

- Established Mental Health Promotion and Treatment Network that will operate as a 'community of practice'. It will comprise Hume staff across departments, psychological health services, community wellbeing organisations and faith organisations to ensure a systems approach to project implementation and evaluation.

- Completion of a project that maps relevant mental health promoting or treatment services, organisations, and community interventions.

- Identified opportunities to expand or adapt effective services or projects to continue improvement of resilience and wellbeing in the community.

- Physical, policy and relationship infrastructure that enhances mental health resilience and wellbeing.

- Physical, policy and relationship infrastructure that enhances mental health services and referral pathways.

PRIORITY 2: **Healthy and respectful relationships**

Domestic and Family Violence (DFV) is when a family member uses power and control over another. It does not only include physical violence, but can also include emotional, social, cultural, spiritual and financial violence. DFV can occur against intimate partners, children, family elders, extended family members, carer relationships and kinship networks.

Approximately three times more women than men are affected by DFV in Hume, showing that it is a gendered issue. For Victorian women aged between 15 and 44 years, intimate partner violence is the leading contributor to preventable death, disability and illness, and is the biggest contributor to poor physical and mental health outcomes for women.

A primary driver for DFV is gender inequality. Gender inequality can be seen when individuals and institutions condone violence against women, prioritise male-oriented decision-making, limit women's independence, reinforce rigid gender roles and support social and peer norms that emphasise male aggression towards women.
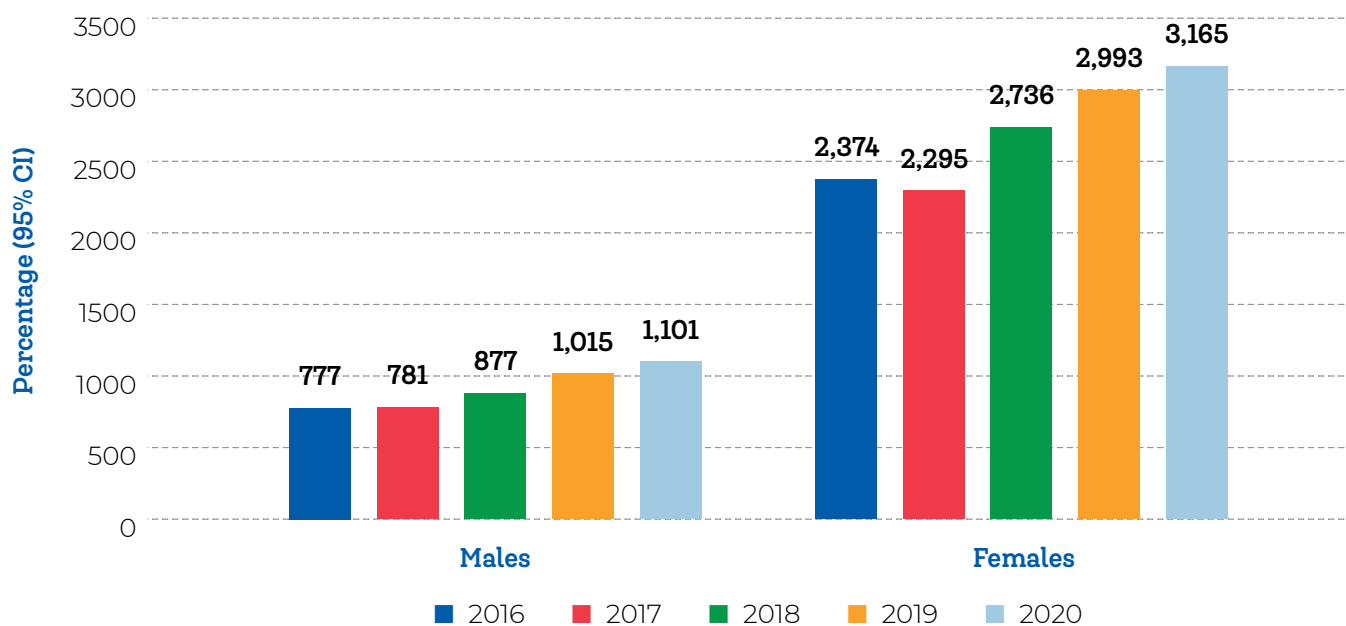
Figure 8: Males and females reported incidences of family violence in Hume, 2016-2020

Environmental and cultural conditions also contribute to or amplify the effects of gender inequality. This can include environments that present high exposure to violence, reduced positive social activity, increased substance misuse, large economic inequality and discrimination or 'backlash factors' (when male dominance, power or status is challenged).

DFV between adults can have significant, flow-on effects for children in the household. Children are often present when police attend DFV incidents, and at least half of parents who report physical or emotional violence in their relationship are aware that their children have been witnesses.

Most children who witness family violence are under 9 years of age, and most incidents involve a male aggressor and a female victim. Children who have been exposed to DFV in their homes are at greater risk of a range of poor health and social outcomes including homelessness, learning difficulties, low self-esteem, depression, anxiety, grief and self-harm.

DFV prevalence has been steadily increasing in Hume at a rate higher than Victoria's average increase each year.

"A safe and clean community that allows my daughter to be able to run around freely as she grows and learns to be a respectful community member"
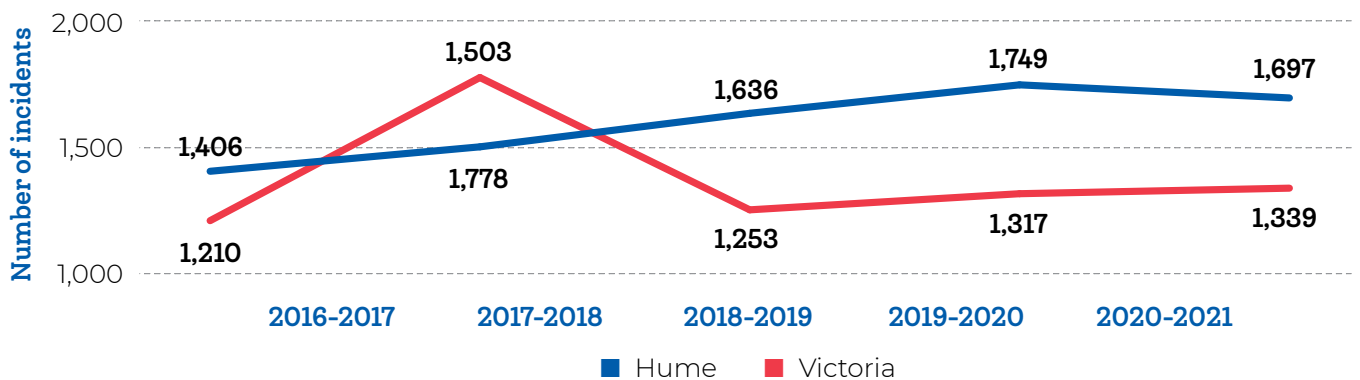
Figure 9: Family violence incident rate per 100,000 population, July 2016 to June 2021

While DFV affects all age groups in Hume, the most affected are those aged 25 to 45 years. Family violence and intimate partner violence were the most common forms of DFV reported to Victoria Police in 2020.

After accounting for size of population, there were more reports in Hume of every type of DFV than the average across the state. 3,165 incidents of family violence were reported by women in Hume in 2020. In 7 out of 10 incidents, the perpetrator was known to the woman.

Preventing domestic and family violence requires establishing gender safe, equitable and inclusive environments in workplaces, services, facilities, communities, and neighbourhoods, as well as ensuring gender equitable and inclusive communications.

Creating these environments requires a wide range of sectors and organisations to work together. Through this Plan, Council will establish and progress a range of partnership-based projects and activities focused on establishing gender safe and equitable environments, while also seeking to improve access to DFV prevention, early intervention and support services across the municipality.

Additionally, Council will continue its contribution to a range of existing regional and State level strategies, partnerships and initiatives including the *Building a Respectful Community Strategy 2017-2021*, the Victorian Government's *Safe and Strong: A Victorian gender equality strategy, the Victorian Public Health and Wellbeing Plan 2015–2019* and *Free from Violence: Victoria's strategy to prevent family violence and all forms of violence against women.*

Our relationships and connections to others extend outside the family to also include the friends we confide in and neighbourhoods and communities we live in. Strong social networks support people to feel cared for, valued and can encourage the adoption of healthier lifestyles and behaviours.
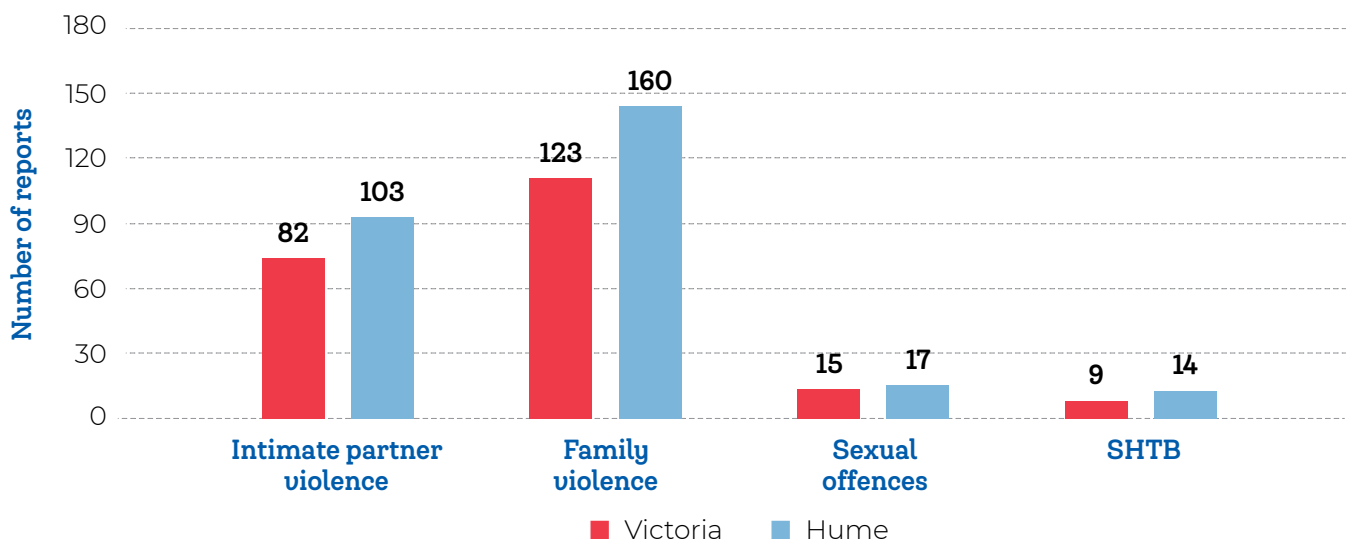

Figure 10: Reports of intimate partner violence, family violence, sexual offences and stalking, harassment, and threatening behaviour (SHTB) in Hume and Victoria, per 10,000 population, 2020

Relationships and connections to others can also support individuals to overcome stressful life events – such as the loss of a loved one.

Providing opportunities for people to connect and foster relationships with others can enhance health outcomes across the community and provides a sense of belonging. In order for people to participate in social opportunities, they must feel welcomed and accepted.

Being respectful of and establishing connections between people of different ages, backgrounds, beliefs and identities enrich individuals lives and that of the broader community.

Events, activities, and community spaces that bring people together can foster understanding and acceptance, enhance feelings of safety while broadening social networks.

Strategic Objectives

· **Reduce increasing incidence of domestic and family violence**

· **Promote respect and equality in families and the community**

· **Advocate for and facilitate infrastructure opportunities that support individuals and families affected by Family Violence**

Indicators

· Reduced number of intimate partner violence and family violence reports per 100,000 population to approximate Victoria's levels by the end of the four-year period of the current Plan.

· Advancement in advocacy and support services in Hume for individuals and families experiencing DFV, intimate partner violence, sexual offences, SHTB, or related abuses.

· Greater proportion of women who feel safe in Hume, approximating the Victorian average.

· An increase in local initiatives that improve women's self-determination and economic opportunities, with priority to those with cumulative disadvantage and greater risk.

· An increase in local initiatives that improve men's respectful relationships and prosocial behaviour, with priority to those with cumulative disadvantage and greater risk.

· An increase in local initiatives for children that address emotional distress and relationships with family members and peers, with priority to those with cumulative disadvantage and greater risk.

· The dissemination of initiatives that educate the community on ways of identifying and addressing family violence in their social circles.

PRIORITY 3: Children's health and wellbeing

The Australian Early Development Census (AEDC) is a nationwide data collection of early childhood development at the time children commence their first year of full-time school.

The AEDC tracks Victorian children's development across five domains: Physical health and wellbeing; Social skills; Emotional maturity; Language and cognitive skills; Communication and general knowledge. Children's scores for each domain are ranked, and the lowest 10% of scores indicate children who are developmentally vulnerable in that domain. Each of these domains is outlined below.

1. Physical health and wellbeing

Children are better able to study, play and interact with others when they have good physical health and wellbeing. This includes being generally independent at school, good motor skills, and good energy levels (e.g., eating healthy and regularly).

2. Social skills

Social skills are essential to establishing and maintaining relationships and navigating social systems, such as family, peer groups, and workplaces.

3. Emotional maturity

Emotional maturity is defined by children's pro-social and helping behaviours at school, and an absence of anxious and fearful behaviour, aggressive behaviour, or hyperactivity and inattention.

4. Language and cognitive skills

English and numeracy literacy are essential to good academic and professional outcomes, and are essential for health literacy.

5. Communication and general knowledge

The ability to express one's thoughts and feelings verbally and to communicate and connect with others through storytelling are essential skills in life. Developmentally appropriate general knowledge helps children and teenagers to understand the world around them and develop their concept of their place and role within it.

Almost one in three Hume children are developmentally vulnerable in one or more of the AEDC domains, which is higher than the rest of Victoria (where one in five children are identified as being developmentally vulnerable in one or more domain). This has remained constant since the AEDC was first introduced in 2009.

Children living in Hume City suburbs with higher levels of economic disadvantage are more likely to experience developmental vulnerability across one or more domain when compared to more affluent suburbs.

Improving childhood development outcomes in Hume City requires ongoing efforts to understand and overcome barriers to access and participation. This includes evolving the design and delivery of local services to improve accessibility, working with partners to raise awareness of common barriers to participation, and providing assistance to parents and families navigating local early years programs and service providers.
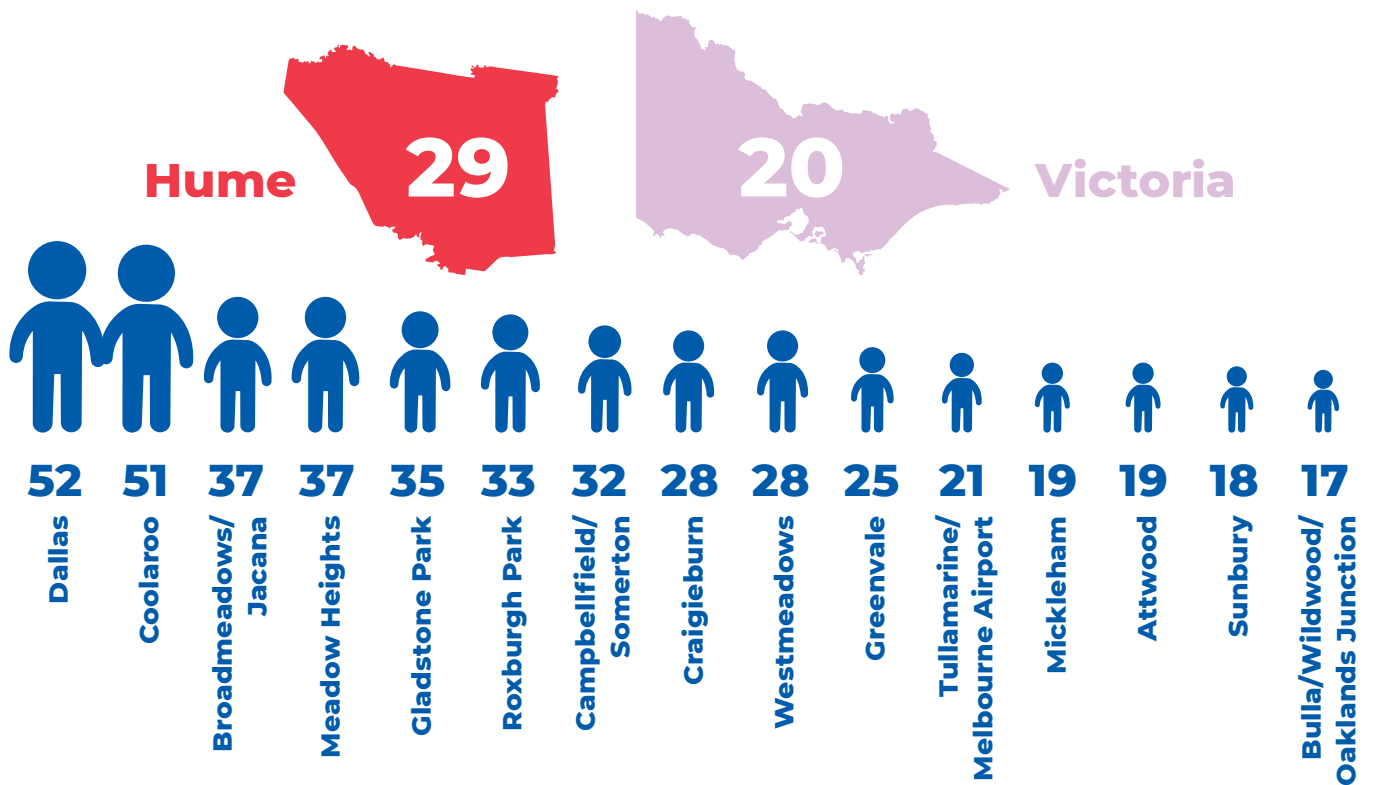
Hume 29 | **Victoria 20**

52	51	37	37	35	33	32	28	28	25	21	19	19	18	17
Dallas	Coolaroo	Broadmeadows/Jacana	Meadow Heights	Gladstone Park	Roxburgh Park	Campbellfield/Somerton	Craigieburn	Westmeadows	Greenvale	Tullamarine/Melbourne Airport	Mickleham	Attwood	Sunbury	Bulla/Wildwood/Oaklands Junction

Figure 11: Percent of children in Hume who were developmentally vulnerable in one or more domain in 2018

Hume 16 | **Victoria 10**

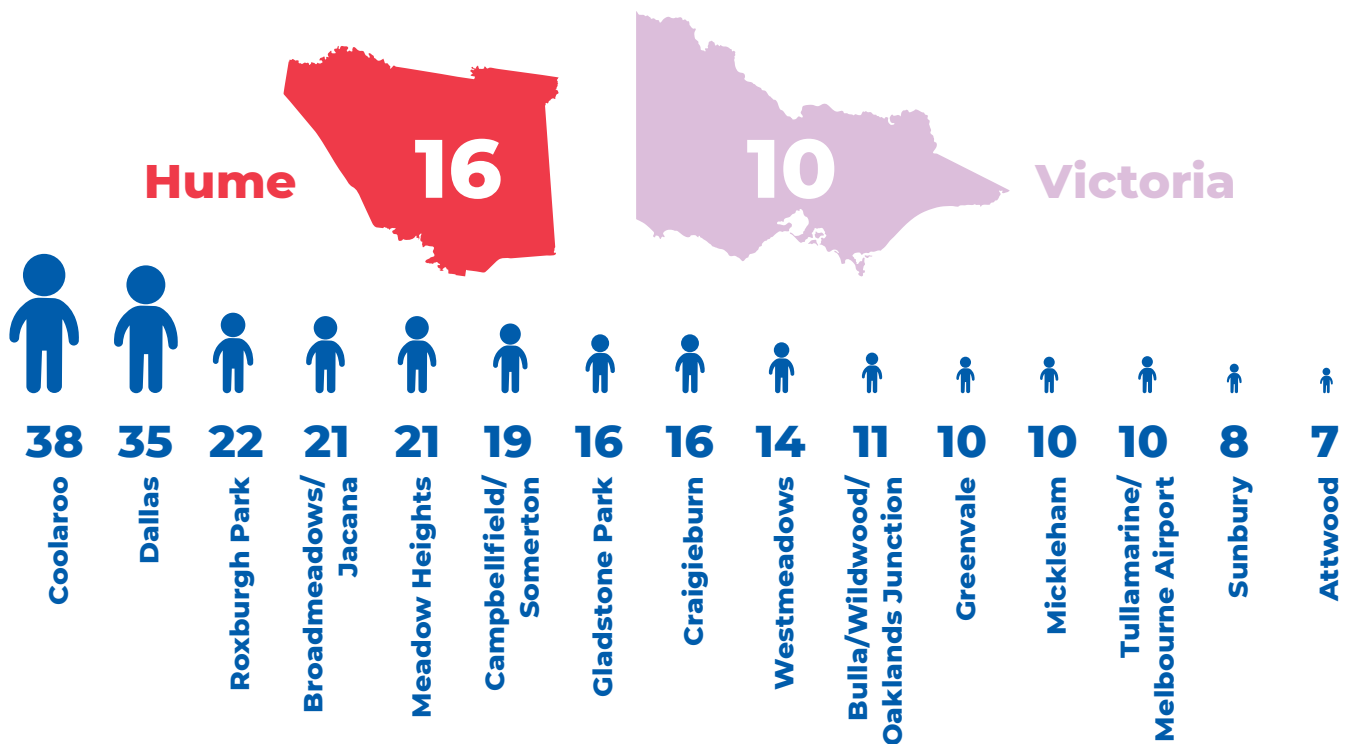| 38	35	22	21	21	19	16	16	14	11	10	10	10	8	7
Coolaroo	Dallas	Roxburgh Park	Broadmeadows/Jacana	Meadow Heights	Campbellfield/Somerton	Gladstone Park	Craigieburn	Westmeadows	Bulla/Wildwood/Oaklands Junction	Greenvale	Mickleham	Tullamarine/Melbourne Airport	Sunbury	Attwood

Figure 12: Percent of children in Hume who were developmentally vulnerable in two or more domain in 2018

The COVID-19 pandemic

In response to the COVID-19 pandemic, Hume City Council was able to adapt and modify a range of early learning programs and services to ensure that children and families were able to continue to access key foundation services despite lockdowns and remote learning. This included transitioning Kindergarten, Long Day Care, Maternal and Child Health and Inclusion Support programs to online platforms.

Throughout the life of this Plan, Council will continue to carefully monitor the impacts of the pandemic on childhood development and mental health and design and deliver services and projects in response.

Strategic Objectives

· **Reduce the percentage of children who are developmentally vulnerable on each Australian Early Development Census (AEDC) domain**

· **Facilitate the development of a range of services and programs that build social connection, fosters skill development and supports communities of care**

Indicators

· Delivery of Hume City Council's *Connect and Thrive - A Plan for Young People in Hume 2022-2026* strategy.

· Progress across key objectives identified within *Hume 0-24 Framework*.

· Hume trends in each domain approach the Victorian trends in AEDC data.

· Strengthened relationships with organisations expert in youth health and wellbeing.

PRIORITY 4: **A healthy environment, climate action and community resilience**

Comprehensive and reliable climate models show that Victoria's climate is rapidly becoming hotter and dryer, and that average temperatures and rainfall will be so extreme in the next few decades that bushfires and floods will become more frequent and intense.

Heatwaves have doubled in Australia in the last 50 years, and the rate is likely to double again in Victoria by 2050. Rainfall during the cool season has reduced in Victoria in the last 30 years and might decline further before 2050. Meanwhile, storms, hail and flooding are likely to become more common in the coming decades.

The changing climate is a determinant of health because of the direct and indirect impact it has on physical and mental health, food and water quality and supply, disruption to large industries, and increased risk of disease transmission.

Alongside the rest of the world, these environmental changes will have serious implications for Hume City residents.

Hotter climate harms to health

- Older people, children, pregnant women, and homeless people are at greater risk of illness and death during heatwaves.
- Increased risk of illness from heatwaves (e.g., heatstroke, vulnerability due to asthma and other respiratory illnesses, liver and kidney disease) will overwhelm the public health system in Hume because of a lower ratio of public health facilities and GPs to residents than other regions.
- Mental health impacts result from illness and caring responsibilities, loss or reduction of employment, anxiety, survivor guilt and trauma in severe events.
- Houses with poor insulation, ventilation and no air conditioning contribute to heat-related illness and higher electricity costs.
- Reduced fresh food supply and higher costs of fresh food due to extreme heatwave events.

Irregular rainfall harms to health

- Reduced fresh food supply and higher costs of fresh food due to drought and flooding events of food bowl regions.
- Storm damage to houses and businesses, increasing housing stress and homelessness.
- Increasing cost of water.
- Mental health impacts result from illness and caring responsibilities, loss or reduction of employment, anxiety, survivor guilt and trauma in severe events.

Industrial pollution harms to health

- Large industrial estates produce a significant amount of air and stormwater pollution, which affects waterways, animals, and plant life.
- Industrial fires have had significant impacts to air and water quality, and pose a risk to people with heart disease and lung conditions.

At a local level, responding to and mitigating against the effects of climate change requires ongoing advocacy efforts from Council, continued efforts to improve community resilience to extreme weather events, and sustained investment in areas like renewable energy, water capture and other treatments that improve air quality and cool the environment.

Effectively responding to climate change at the local level also requires commitment and action from others. Hume City Council is committed to working towards climate action that embraces a shared vision and strategic framework between industry and all levels of government that prioritises harm prevention, and community-oriented initiatives and advocacy.

Strategic objectives

- **Demonstrate climate leadership by reducing greenhouse emissions from Council operations and responding to climate impacts via adaptation**

- **Advocating to other levels of government to take urgent climate change action in proportion to the challenges it presents**

- **Support community climate change action through the delivery of services, community engagement and support for community advocacy and climate leadership**

- **Support and promote community involvement in nature connection, environmental action and to contribute to maintaining a healthy environment**

Indicators

- Advocacy outcomes for national and state strategies and policies that actively reduce the harms of industry on the environment and prevent further escalation of anthropogenic climate change.

- Implementation of practice and technology by Hume industries that reduces their carbon emissions and water pollutants.

- Zero industrial fires in Hume.

- Implemented projects that improve community awareness of anthropogenic climate change and its impacts on health and wellbeing and emergency responses during extreme weather events.

- Implementation of Environmentally Sustainable Design and Development (ESD) policy for Council property, acquisition and sales.

- Implemented projects that raise the awareness and good practice skills of employees in high polluting industries.

- Implemented programs to increase access to renewable energy for residents in affordable housing and residents identified as vulnerable.

- Increased density of urban green islands, natural shade (trees), and paths connecting green spaces.
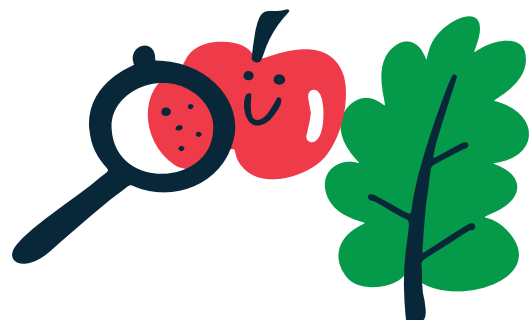
PRIORITY 5: **Housing**

An increasing number of families and individuals in Hume City have been experiencing housing stress and insecurity, and the risk of homelessness. The impacts of the COVID-19 pandemic have exacerbated these housing concerns.

Historically, the municipality has offered affordable housing to households of very low to moderate incomes. However, property and rental costs in Hume have increased at considerably higher rates than income in the last 20 years. The proportion of affordable rental properties has dropped from 75% in 2006 (417 affordable properties) to just 7% in 2019 (92 affordable properties). It is expected that by 2035, the number of households experiencing rental stress will increase to 10,350.

Social housing in Hume almost halved from 4.2% of properties in 2001 to 2.8% in 2016. In 2019, there were twice as many applications for social housing than available properties. Social housing is owned, controlled and managed by State Government or community housing organisations for very low, low, and moderate income households. This limits the direct influence of Council, however, influence through advocacy and collaboration will be an important Council priority in the course of the Plan.

Most of the social housing in Hume is between 30 and 50 years old. Apart from general standards of these properties after this time, they also often do not meet current energy and water efficiency building regulations, nor are they fit to adequately protect residents from future severe climate events.
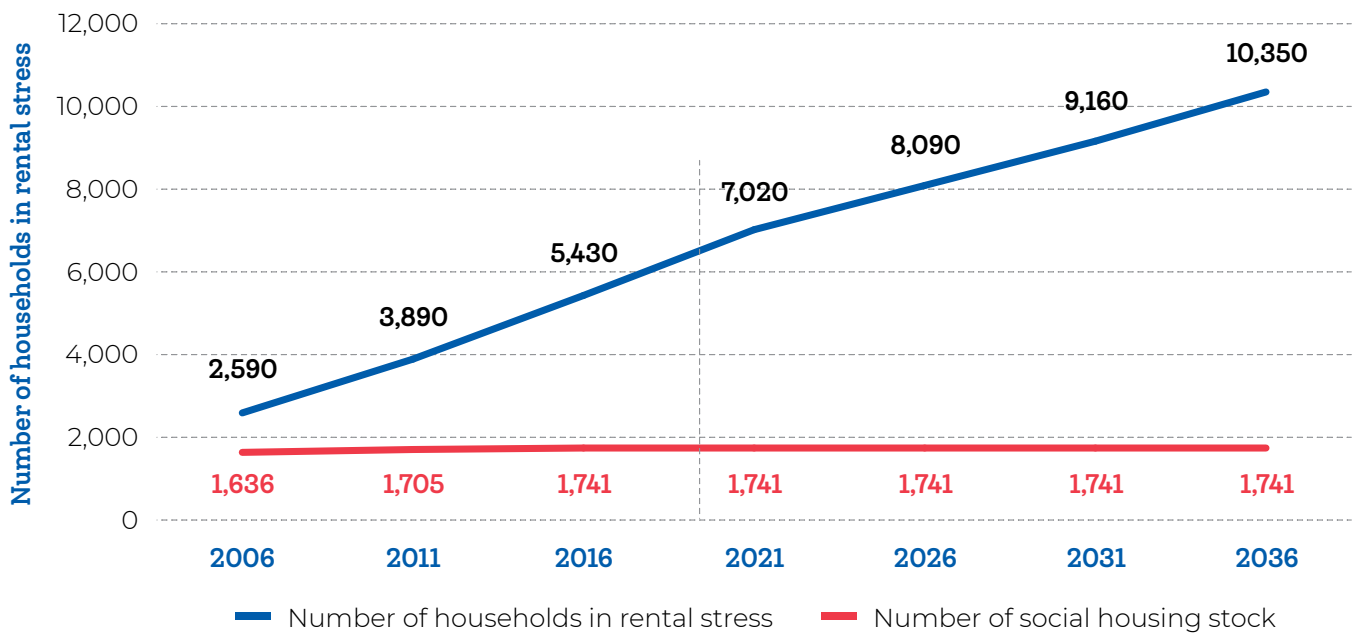
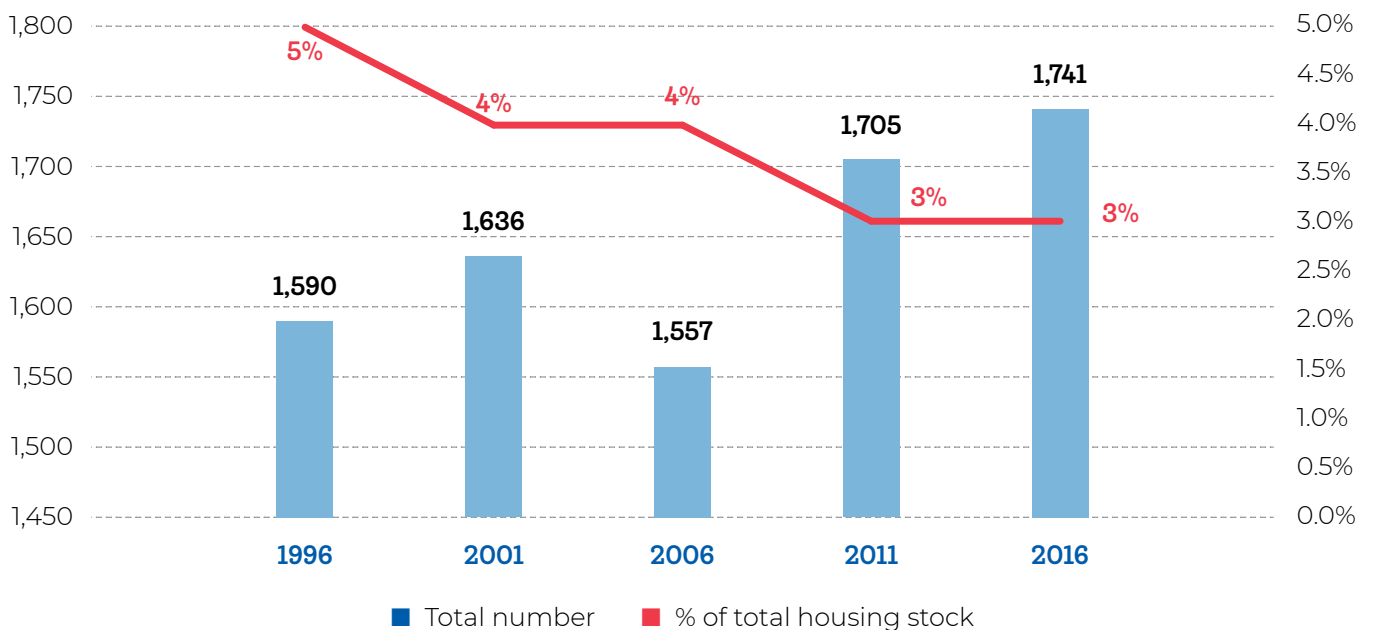Figure 13: Actual and Projected Growth in Rental Stress in Hume from 2006 to 2036

Figure 14: Number and Proportion of Social Housing Dwellings in Hume from 1996-2016

COVID-19 pandemic

Insecure and unstable employment due to the COVID-19 pandemic placed an even greater strain on many vulnerable households. Council worked with local organisations to provide households with essentials such as fresh food. Council also developed strategic and policy frameworks to respond to crises such as the pandemic, and prepare for emergent long-term concerns for housing affordability.

In addition to a shortfall in affordable housing options for households with very low to moderate incomes, Hume City has a disproportionate number of larger homes with gardens that are unsuitable to new and emerging households. This mismatch between dwellings and households is projected to remain high, at 78% in 2041.

There is urgent need for more diversity and choice in housing for small households of one or two members.

Suburbs with more older residents have the largest mismatch. Safety and maintenance of a large home and garden are substantial challenges for many older residents.

To address affordable housing and diversity issues, Hume City Council has recently developed an *Affordable Housing Policy 2021* and *Housing Diversity Strategy 2020*.

These documents detail a range of measures and approaches Council is undertaking in these areas including advocacy, negotiations with developers, planning amendments and identification of land in its ownership that may be suitable and appropriate for affordable housing.

New medium and high-density accommodation in Hume must provide affordable and social housing options and meet high building and energy efficiency standards to support residents' climate change resilience.

Effectively planning for current and future housing demands requires a strongly collaborative approach with government and the housing sector. Hume City Council is committed to working with partners on opportunities to improve housing diversity, accessibility, and standards.

In addition to improving the supply of affordable and adequate housing, addressing housing and homelessness issues in Hume City requires a range of other services and organisation to work together. To effectively support those who are at risk of or who are currently homeless, there is need for accessible and wrap-around services that comprehensively address presenting needs, while also addressing the root causes of homelessness.

Youth homelessness

Crisis and transitional accommodation provide short-term accommodation to people and families who would otherwise be homeless.

In 2018-19, 549 young people (1.9% of people aged 15-24 years in Hume) sought help from specialist homelessness services in Hume. Most of these young people (473 people) attended the services alone, without a family member, and almost two-thirds (343 people) had also sought help in the past.

Young people of Aboriginal and Torres Strait Islander backgrounds and those born overseas are over-represented at specialist homelessness services in Hume.

Many of the drivers of youth homelessness are related to family dysfunction and violence, economic instability, mental illness, and emotional distress. Youth homelessness preventative strategies must therefore address the causes of these issues, and harm minimisation strategies must ensure quality, accessible and available services and suitable policy.
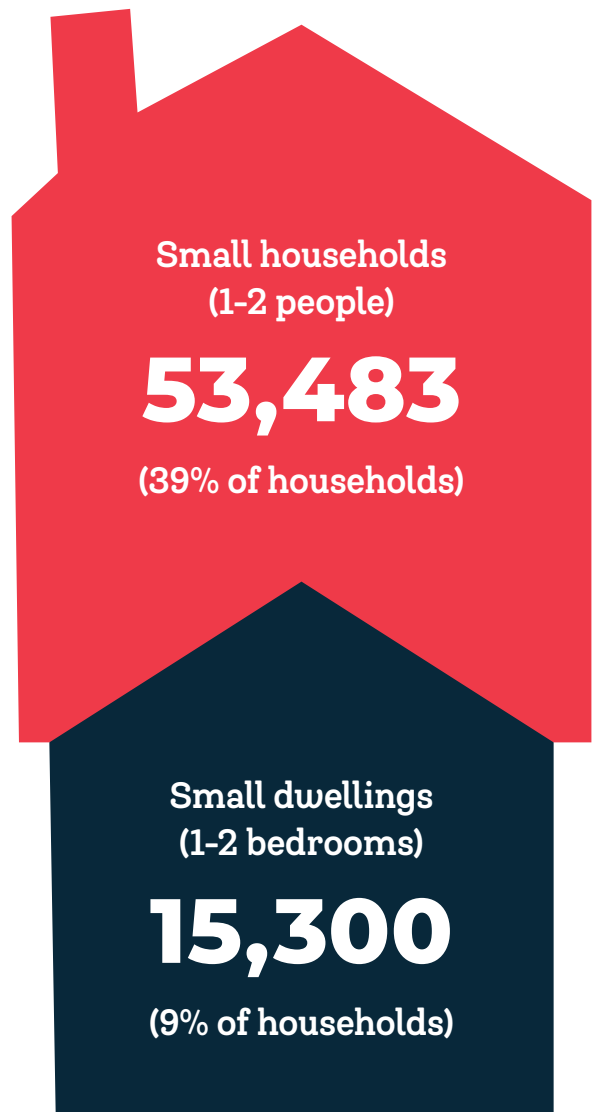
Small households (1-2 people)

53,483

(39% of households)

Small dwellings (1-2 bedrooms)

15,300

(9% of households)

Figure 15: Discrepancy between small households and small dwellings in Hume, projected for 2041

Strategic objectives

· **Support the provision of adequate affordable, appropriate and efficient housing stock for the growing population**

· **Advocate for adequate crisis and transitional accommodation to meet growing need**

· **Promote environmental sustainability housing outcomes for Hume's vulnerable residents**

· **Advocate for services and programs that deliver targeted support to those who are at risk of insecure housing and homelessness across Hume City**

Indicators

· Establishment of a community of practice and network that comprises local government officers, practitioners, and policy makers, who aim to develop and implement multidimensional prevention and harm minimisation strategies.

· Life skills training available that helps end cycling back into homelessness.

· Develop a plan to increase the proportion of social housing stock relative to population applicants.

 – Undertake a program of advocacy to the State Government for appropriate policy and investment to increase supply and quality of social housing in Victoria.

 – Improved availability of crisis accommodation services.

 – Expanded transitional housing program that effectively secures affordable housing.

· Wrap-around services to assist and prevent need for crisis and transitional accommodation.

 – Culturally competent approach to outreach and service provision

· Actions taken towards implementation of the Hume Housing Diversity Strategy 2020, which outlines approaches to diversify the housing developments to meet the diverse needs of the community.
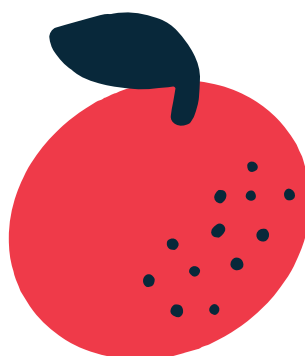
PRIORITY 6: **Gambling harm minimisation**
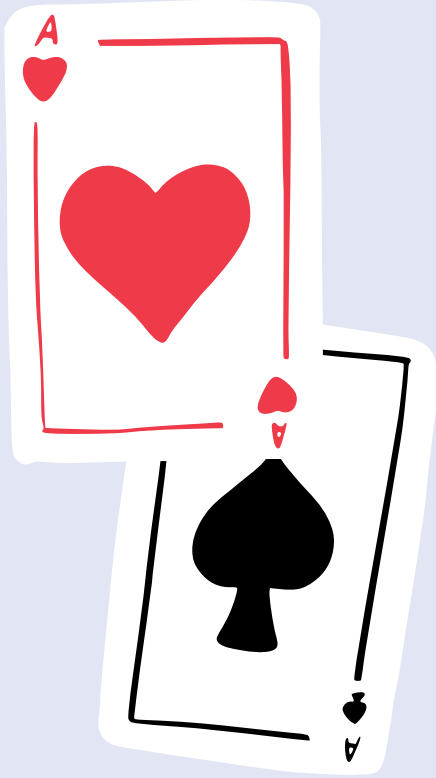
Research demonstrates that problem gambling is most strongly associated with gaming machines (i.e., pokies) than any other gambling product. Features that contribute to their harm are the machine's programming, venue design, their ubiquitous presence in residential and shopping districts, and 20-hour opening. Victorians are aware of the potential personal and social harms of gambling products, and gaming machines is of primary concern.

It is estimated that a 10% increase of gaming machines (e.g., from 500 to 550 machines) in a municipality results in a 6% increase in demand for gambling help services. The actual increase of problem gambling is likely to be approximately 10%, because approximately 65% of people do not seek professional help.

In the 2019/20 financial year, residents in Hume City **lost**

$85.9 million

to gambling on **gaming machines**

Each day,

$235,439

was lost to the **pokies** in Hume

Hume residents **lost**

28% more

than **Greater Melbourne**, despite earning **20% less** on average than other workers in Greater Melbourne

There are

833 gaming

machines in Hume

Any level of regular gambling has serious public health consequences. Although individual problem gamblers experience a greater severity of harm, harm from low-risk and moderate-risk gambling has a greater impact on the community because it affects more people. For example, many gamblers will hide their losses from friends and family, which can impact relationships.

The harms are almost equal to those incurred from alcohol use and dependence and major depressive disorder.

Young men are commonly the highest risk group for experiencing gambling-related problems.

List of gambling harms:

· relationship and friendship difficulties

· poorer mental, emotional and physical health

· smoking heavily

· binge drinking

· financial difficulties, including insolvency and bankruptcy

· work/study difficulties

· crime.

COVID-19 pandemic

Gambling venues across Victoria were closed between 16 March 2020 and 8 November 2020 to slow the spread of coronavirus. In Hume, losses in November remained low, however in December 2020 and January 2021 losses were higher than in 2018-19 and 2019-20. Figure 16 shows that the 'over-correction' of losses in December 2020 placed Hume in fourth position in gaming machine expenditure of all Greater Melbourne LGAs.

These gambling related harms are also present within Hume's communities. The 2018 Gambling Survey conducted by Hume City Council demonstrated that the five top gambling harms that were experienced by respondents were: financial hardship; relationship break down; poor mental and physical health; addiction and loss of housing.

Minimising gambling harm at the local level requires comprehensive action from Council, local organisations/industry and community members.

This includes advocating for improved regulation and product safety, concerted efforts to limit further growth in gambling machine numbers, ensuring accessible and appropriate services are in place to support those experiencing gambling harm and contributing to ongoing research in this area.

Gambling harm can also be minimised by ensuring local residents have access to a rich variety of social, leisure and recreation options that provide a suitable and appealing alternative to gambling venues. These and other approaches are articulated within Council's *Gambling Harm Minimisation Policy 2019*, and will continue throughout the delivery of this Plan.

Strategic objectives

- Continue to implement Hume City Council's Gambling Harm Minimisation Policy

- Advocate to federal and state government for legislative changes to prevent and minimise gambling harm on communities

Indicators

- Enacting of the EGM sinking cap policy.

- Industry divestment from gambling products.

- Harm assessment of gaming venues undertaken by any company that has applied for a gambling venue licence.

- Support and advocate for culturally capable therapeutic and community services.

- Research undertaken to understand the most effective strategies for reducing and preventing gambling-related harms in local communities.

- Alternative recreational and social activities to gambling products have been offered to support stronger social networks, especially among young men.

- Partnerships with community organisations, peak bodies and venue operators to support joint advocacy efforts to secure changes in the gambling sector and thereby reduce risks and harms from gambling in communities.
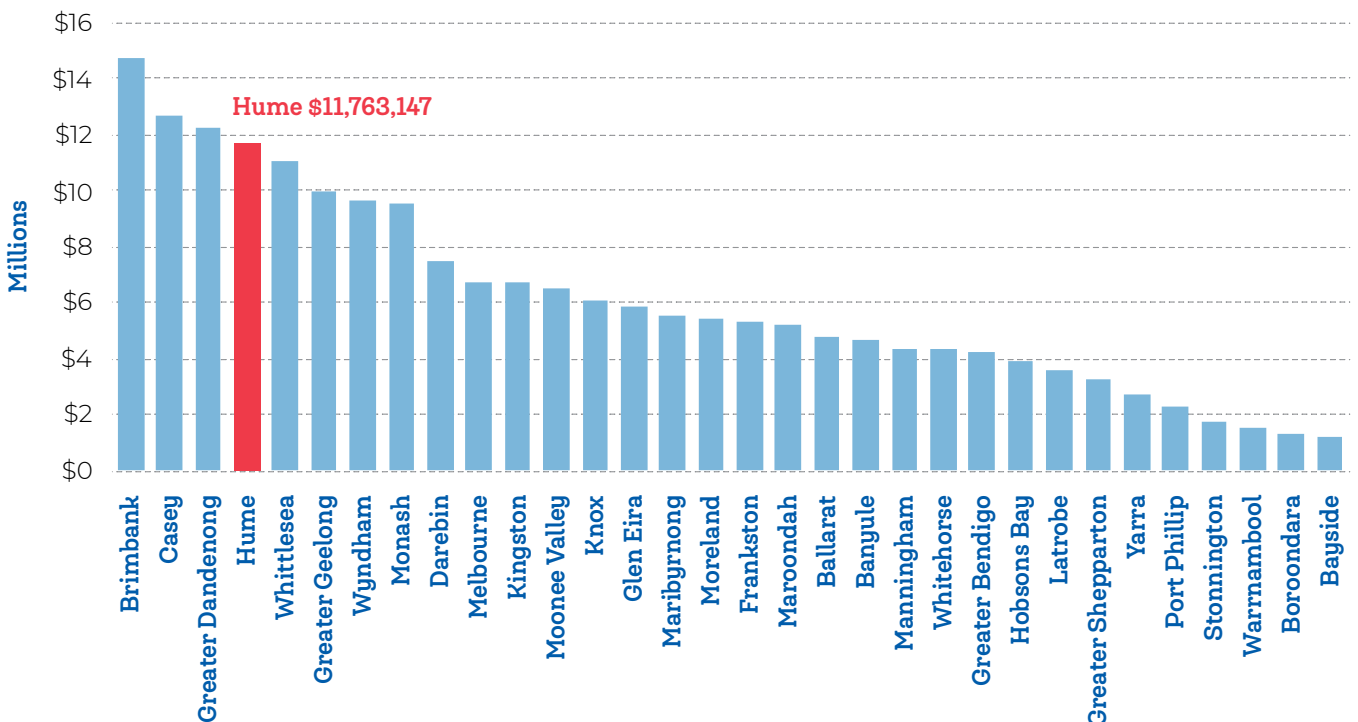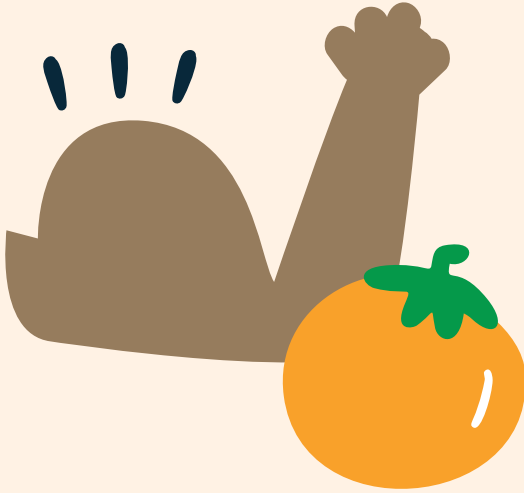

Figure 16: EGM losses in December 2020

PRIORITY 7: **Healthy eating and active living**

A healthy diet and regular exercise are important for reducing chronic disease risk and maintaining good physical and mental health.

Overweight and obesity is the leading contributor to chronic disease in Australia. In Hume, more than half (61%) of adults were overweight in 2020.

Physical inactivity increases the risk of diabetes, bowel and uterine cancer, dementia, breast cancer, coronary heart diseases and stroke.
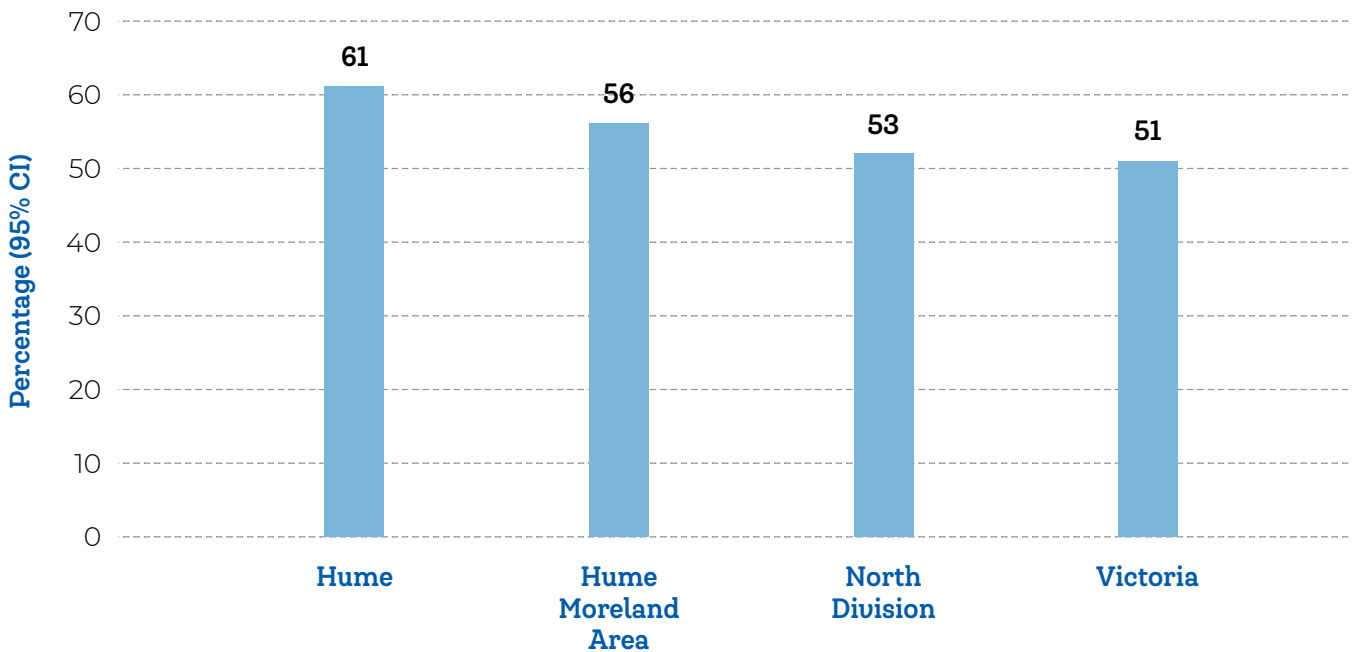

Figure 17: Percentage of adults who are overweight in 2020

One quarter of Hume's children, or more than

12,000 children

are overweight or obese, and **8.6%** (4,400 children) are obese. These prevalence rates are similar to those of Greater Melbourne.

Overweight and obesity in children has declined substantially in Hume since 2014-15. There is little difference between boys and girls in their weight, however there is a socioeconomic pattern, where wealthier regions tend to have fewer children who are overweight or obese.

Hume

8.6%
Obese

16.2%
Overweight or obese

75.2%
Healthy or underweight

Greater Melbourne

7.2%
Obese

16.2%
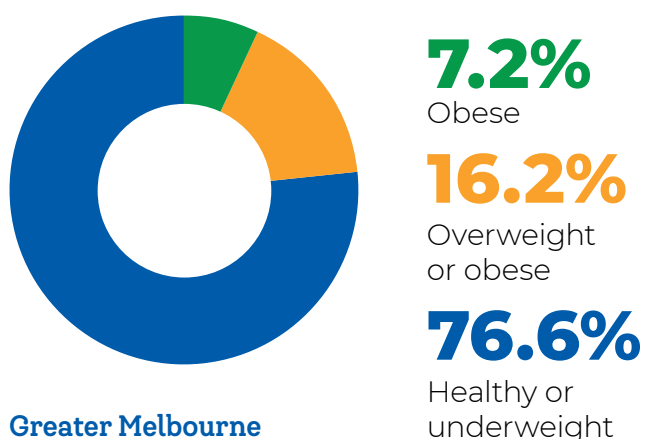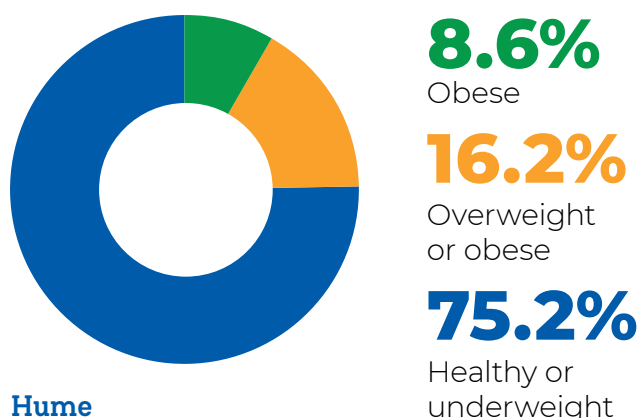Overweight or obese

76.6%
Healthy or underweight

Figure 18: Percent of children in Hume and Greater Melbourne who are obese, obese or overweight, and healthy or underweight, 2017-18

Parents and families play an important role in shaping and influencing the eating habits of children. Creating healthy food environments at home can positively impact on dietary outcomes for children, while also providing the foundation for healthy eating habits later in life.

Equipping families and parents with simple information, education and training relating to food and diet is an important way in which Council can support the creation of healthy food environments at home.

For babies and infants, breastmilk is the healthiest food for the first 6 months of life. During this period, breastmilk provides all the nutrients and fluid a baby needs, supports the baby's immune system while building loving and nurturing bonds between mother and child. Supportive workplaces, public places and spaces with suitable facilities are important to encourage and support breastfeeding.

The recommended hours of weekly physical activity for adults are 2.5 to 5 hours of moderate intensity activity with muscle-strengthening exercises, or 1 to 2.5 hours of vigorous intensity activity, or an equivalent combination of both moderate and vigorous activities.

More Hume adults (5%) than Victorians (2%) had a sedentary lifestyle and did not exercise at all in a week. Hume has one of the lowest rates of activity by adults and children in Victoria, whether organised or non-organised activity.

However, among those who do exercise, a similar percentage of Hume (54%) and Victorian (56%) adults exercise long enough per session, and in a week.

Residents who do exercise tend to engage in organised exercise at gyms, sports centres, and the percentage of residents who jog in an average week approximates the Victorian percentage. Walking and cycling are not as common in Hume, and cycling is statistically lower in Hume (7%) than the Victorian percentage (12%).
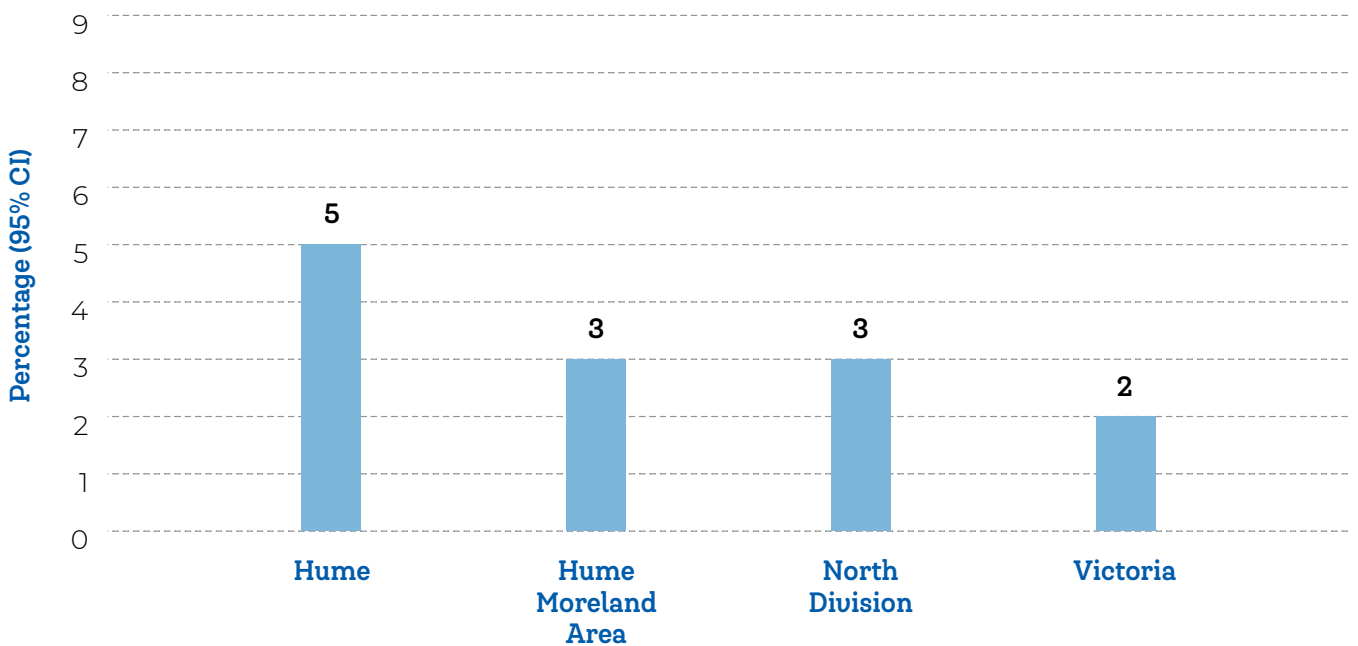
Figure 19: Percent of adults living a sedentary lifestyle, 2017

COVID-19 pandemic

During the COVID-19 pandemic approximately 2 in 5 children in Melbourne were less active and spent less time outdoors, while between 15% to 30% were more active. Children who participate in team sports reduced the hours of active play, however some children who do not normally participate in team sports maintained or even increased their activity during lockdowns.

It is recommended that adults have at least five serves of vegetables and two serves of fruit each day. When compared to the rest of Victoria, a higher proportion of Hume City residents do not meet their recommended dietary intake of fruit and vegetables (58%). It is important to highlight, however, over half of all Victorian adults (52%) do not meet these guidelines either, highlighting this is an area for state-wide attention and action.
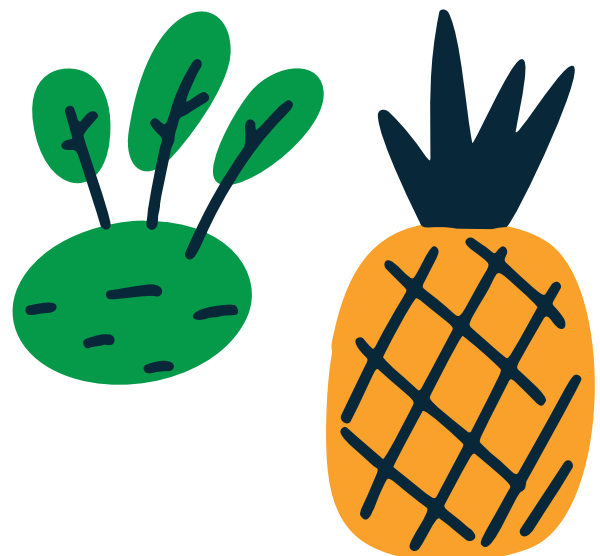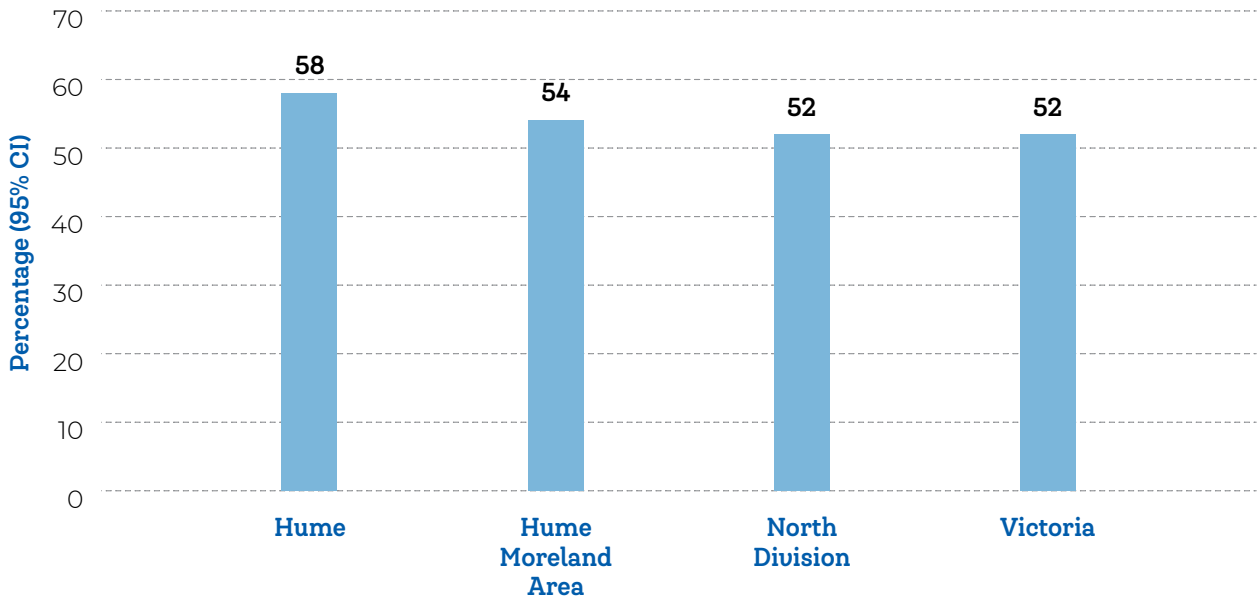
Figure 20: Percent of adults who do not meet dietary guidelines for fruit or vegetable consumption, 2017
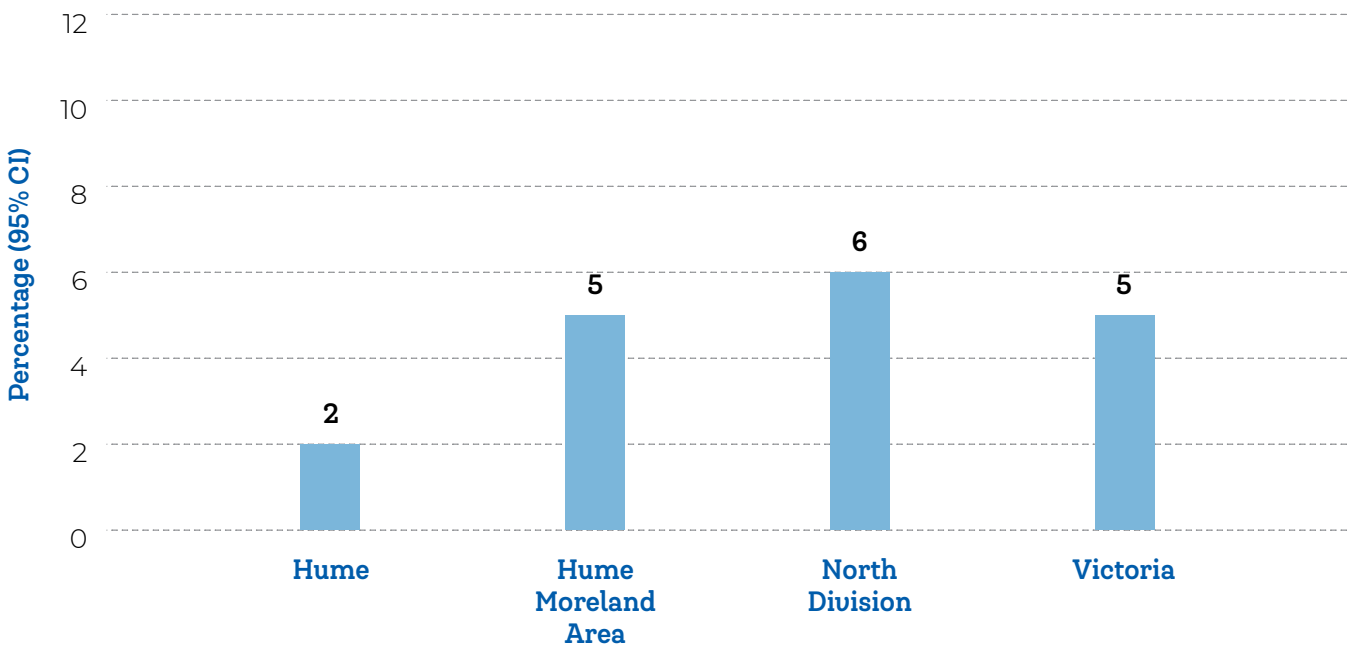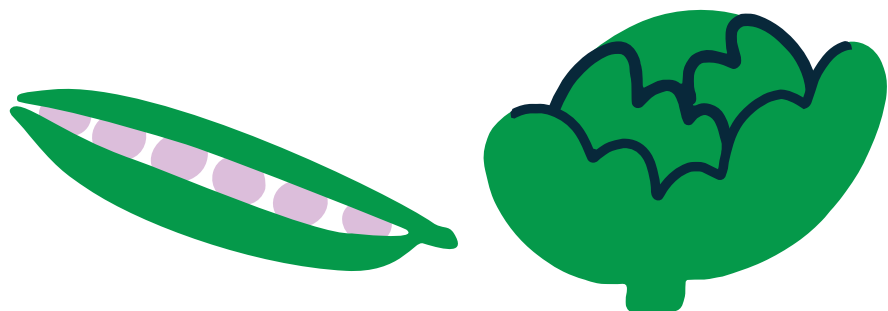

Figure 21: Percent of adults who met vegetable consumption guidelines only, 2017

Significantly more Hume adults drank sugar-sweetened soft drinks daily than other Victorians (see Figure 22). Hume is the third highest municipality of Greater Melbourne in daily soft drink consumption.

Slightly more Hume adults consumed take-away meals and snacks more often than once a week compared with other regions (See Figure 23).
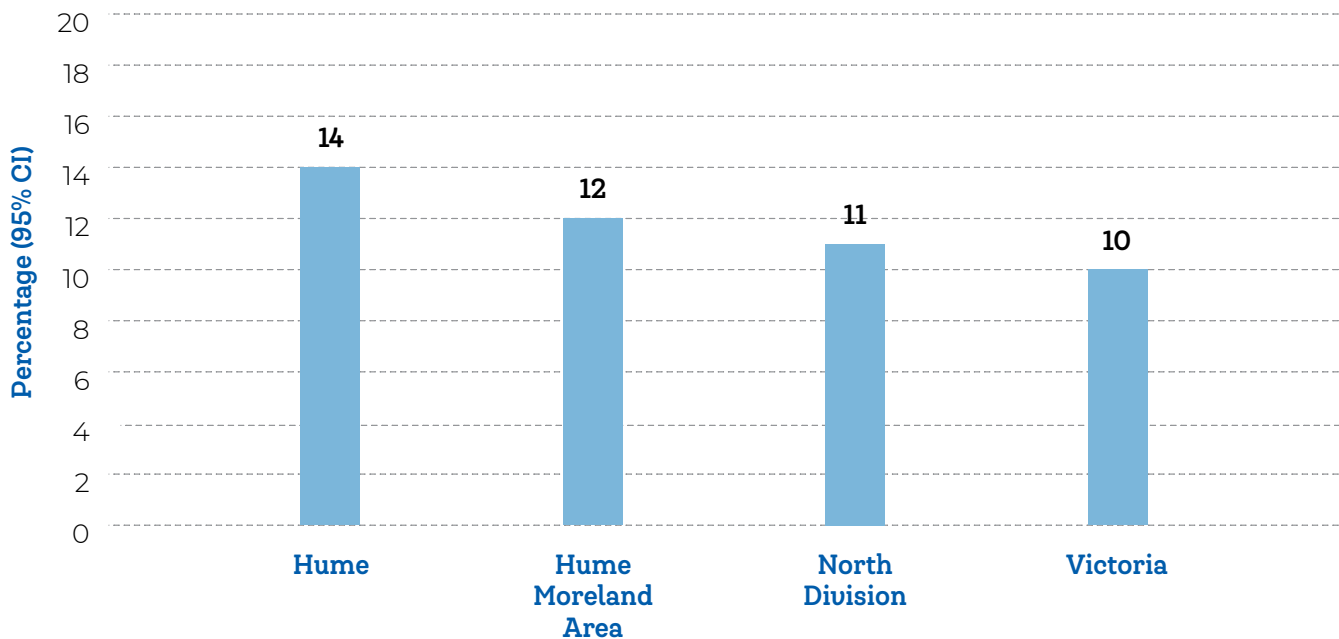

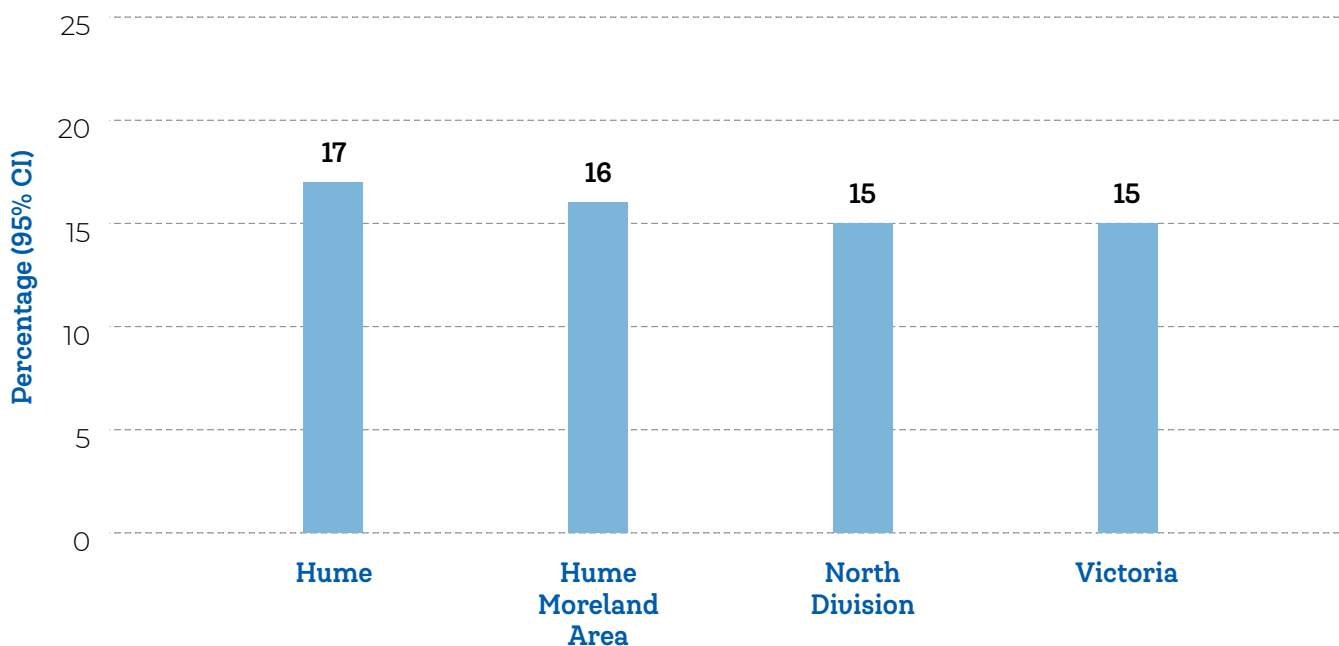Figure 22: Percentage of adults who drink sugar-sweetened soft drinks daily, 2017

Figure 23: Percentage of adults who consume take-away meals or snacks more often than once a week, 2017

Poor diet and unhealthy weight are common in low-income suburbs. A range of social and environment factors contribute to this health disparity. Some of the main factors including the cost of fresh food, lack of understanding of food labels, the proximity and density of fast food outlets compared to fresh food stores in low income and growth areas, and greater marketing of processed foods than fresh foods in supermarkets in low income and growth suburbs.

Changes to people's diet after they migrate can be complex. For many migrants, adapting to new lifestyles and food and dietary practices in Australia can lead to less healthy eating and exercise habits than they experienced in their home country. Migrants might hold onto their traditional eating habits or embrace local food, depending on various factors, including the availability of ingredients for traditional meals; the affordability of foods; living in 'food desert' suburbs (outer suburb growth regions often has few fresh food outlets); shift work that limits access to fresh food and/or time to cook fresh food; workplace lunchtime culture that is inhibitory of traditional meals; and their children's preferences (who are influenced by Australian advertising and their peers who are of various cultural backgrounds).

"Festival in spring to group with friends and neighbours to do yoga, Pilates, creating opportunity to meet up and do exercise."
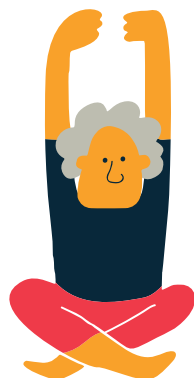
Maintaining a healthy diet and an active lifestyle is partly an individual choice, but is also strongly influenced by the environment and culture they live in. This means that while some responsibility lies with individuals, responsibility also lies with communities, all levels of government, non-government organisations and industry. Hume City Council will continue to work with its partners in its advocacy, policy, and interventions to help provide residents with a healthier environment, rich in accessible and diverse food and exercise opportunities.

"Bike/walking paths to and from housing estates to local shops would promote activity and ensure the safety of pedestrians."

Parks and open space in Hume City are important public resources that provide opportunities for people of all ages for people to be physically active. In addition to supporting physical activity, these places and spaces also provide opportunities for people to connect socially, connect with nature and to play, learn and explore. Being within these natural environments can also support and contribute to health by reducing stress, improving concentration and productivity, and by providing a sense of connection to place and land. To make the most of these opportunities, continued efforts are needed to ensure that parks and open spaces are accessible, safe, interesting and appealing to people of all ages and abilities.

Strategic Objectives

- Support and promote the consumption of healthier food and drinks

- Promote and support participation in active travel, sports, active recreation and leisure

- Reduce inequities in physical activity opportunities

Indicators

- Infrastructure to support healthy food and drink options.

- Implemented initiatives that reduce the social and economic barriers to healthy diet and incidental and formal exercise.

- Policy and infrastructure to facilitate and encourage non-organised exercise in Hume neighbourhoods.

- The percentage of residents who meet vegetable consumption guidelines approximate those of the Victoria by 2025.

- Implemented initiatives that reduce gender inequities in organised exercise (e.g., subsidised childcare at gyms, women-only training periods in gyms and parks, funded community initiatives supporting women of all ages to exercise regularly).
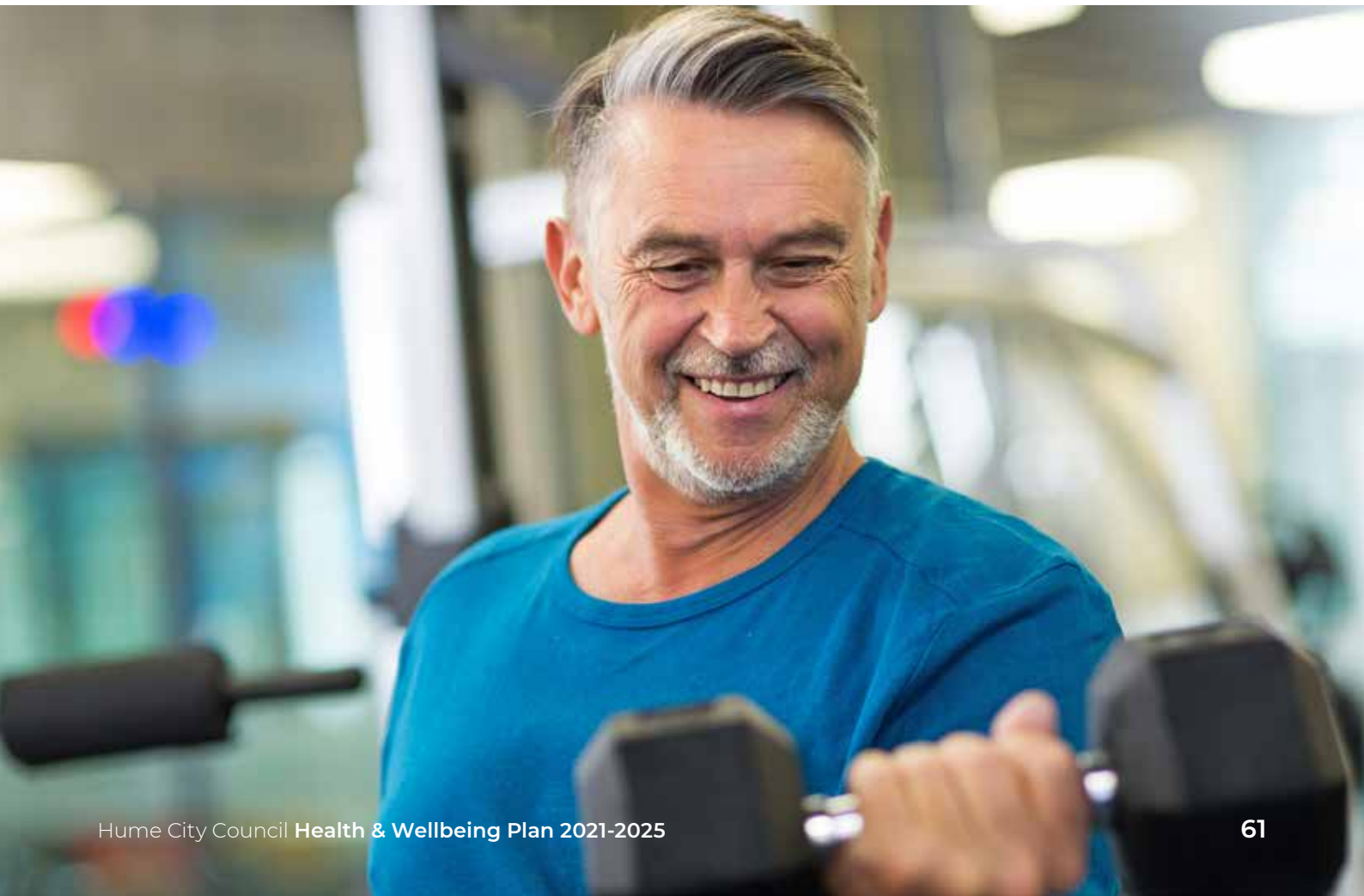
Tobacco use remains a leading cause of preventable chronic illness and death in Australia, despite decades of health promotion campaigns and significant reduction of tobacco use prevalence. It is a major cause of cancer, chronic obstructive pulmonary disease (COPD), and cardiovascular diseases (e.g., heart attack, stroke), and is estimated to cost the state $5 billion dollars each year.

Research has demonstrated that deaths related to tobacco use are much higher in current smokers than ex-smokers, showing that quitting smoking substantially reduces health risks at any age. In 2019, only 12% of all Australians smoked tobacco daily compared to 20% in 2001, demonstrating a significant decline. Australians are also smoking fewer cigarettes per day than they were in 2001 (13 vs 16 cigarettes), and those who smoke a pack of cigarettes a day (20 or more) are older, showing that young people are less likely to smoke large numbers of cigarettes a day.

2001

2019

Across Australia, slightly more men **(16%)** are smokers than women **(12%)** however ,that gap has been progressively closing over the last 20 years

In 2020, 21% of Hume adults were current smokers compared to 16% of Victorians. Of those who smoke in Hume City, 12% do so on a daily basis. While smoking rates in Hume City are comparable to the rest of Victoria, the significant adverse impacts of smoking on health means it is an area warranting continued focus and action at the local level. It is also important to highlight that smoking remains common amongst some groups within the community, including those with lower incomes and those with mental illness.

Harms from smoking extend beyond the individual. Passive smoking, or exposure to secondhand smoke, can impact negatively on those who are exposed. In recent years, the State government has sought to reduce secondhand smoke exposure through the introduction of smoke free outdoor dining areas and smoke free areas around certain public infrastructure and events.

While these steps are positive, further work will be progressed under this Plan to establish and expand smoke-free environments across the municipality, coupled with continued promotion of tobacco-free lifestyles.

Use of shisha is common across several cultural groups, where it is valued as both a traditional cultural and social practice. Shisha is usually smoked in cafes that are dominated by men, although smoking rates among women are increasing, especially in Western countries.

Shisha delivers more toxins to the body than mainstream tobacco products. Smokers are at increased risk of many of the same preventable diseases as cigarette smokers. Many shisha users and café owners are unaware of the harmful effects of shisha smoking and the effects of second-hand smoke for nearby nonsmokers and employees.

While the prevalence, frequency and volume of shisha smoked by Hume residents is currently unknown, Hume City has a high density of cafés and venues that offer shisha smoking and products. Further research into this area is needed for Council and health services to understand the need in the community, and to develop efficient and effective strategies to prevent and reduce shisha-related harm.

In addition to shisha and cigarette smoking, growing concern has been highlighted in Hume City and elsewhere about the increasing popularity of e-cigarette use, also known as vaping, particularly among young people. Vaping can include the use of nicotine-based and nicotine-free products, and while the extent of harm of these are not yet clear, evidence suggests vaping is not risk free.

As with shisha, further work is necessary to understand the prevalence, use and harms of vaping within Hume City.
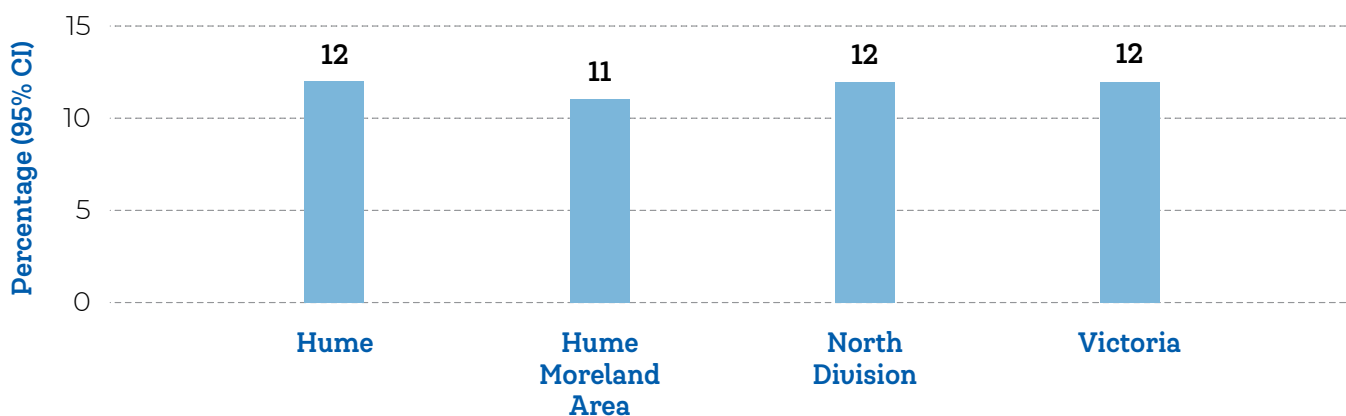

Figure 24: Percentage of adults who used tobacco daily, 2020

Strategic Objectives

· **Better understand shisha and e-cigarette use and its harm to the community**

· **Implement smoke free outdoor environments and denormalise smoking**

Indicators

· Rate of tobacco use among Hume residents approximates the rate of use in Victoria.

· A report of the evidence of shisha use and harms in Hume that can inform planning, policy and interventions.

· Strategic planning and policy reviews that outline:

– outcomes of consultations conducted with community and local traders;

– smoking laws and regulations for local outdoor public areas (e.g., sporting fields, outdoor shopping strips, outdoor events and functions);

– shared priorities and responsibilities for establishing and maintaining smokefree open public spaces in Hume between council, local traders and community groups.
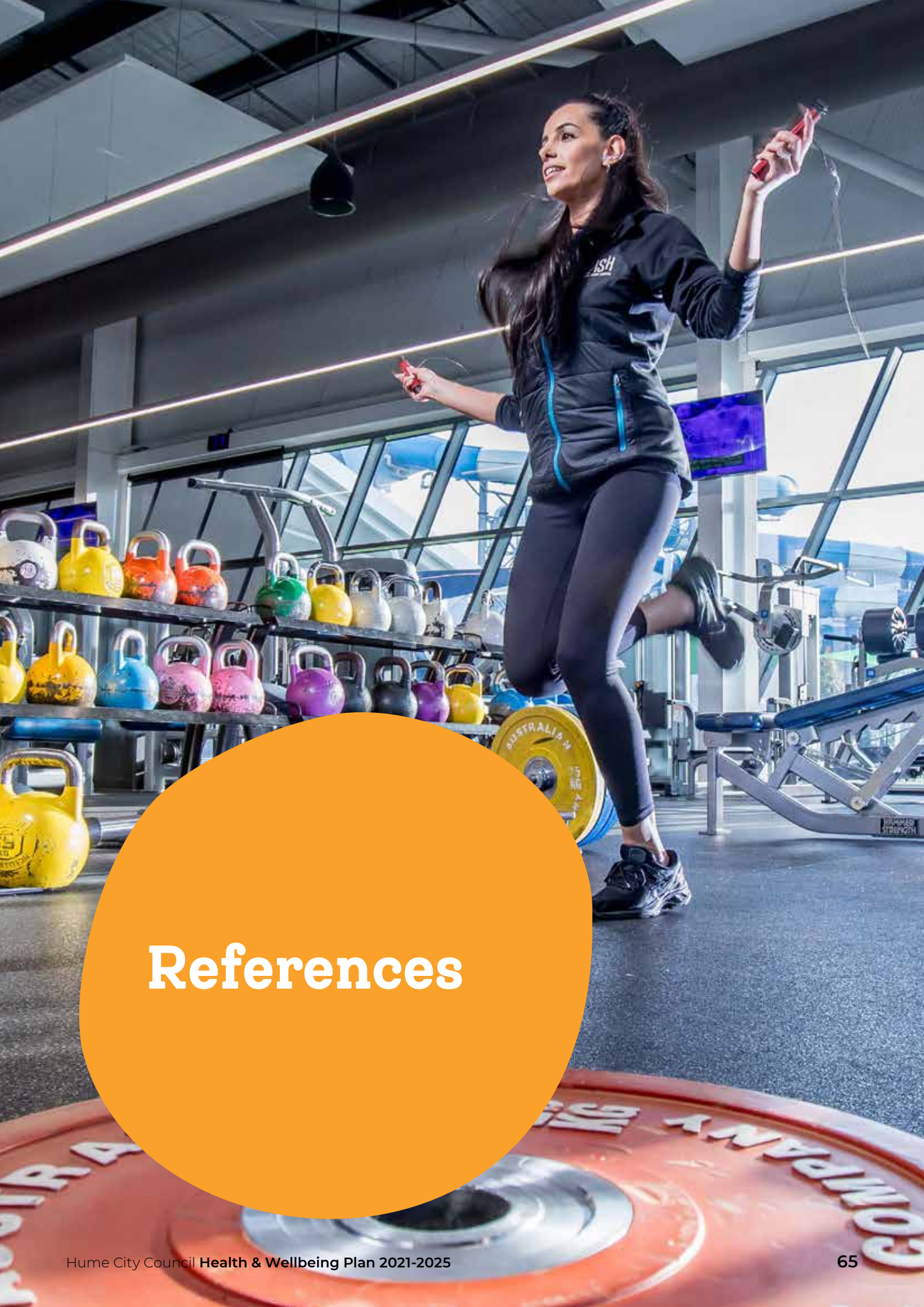
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