

Frankston City Health and Wellbeing Plan 2017–2021



opportunity » growth » lifestyle





Welcome to Frankston City

We would like to acknowledge that we are situated on the traditional lands of the Bunurong and Boon Wurrung, this special place now known by its European name, Frankston. We offer our respect to their elders and all Aboriginal and Torres Strait Islander people.

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Message from the Mayor

It is a pleasure to present the Health and Wellbeing Plan 2017–2021, which is integral to Council achieving our long-term community outcome for a Liveable City.



This important document will guide Council to strategically plan and facilitate liveable local communities, enabling residents to enjoy good health and wellbeing at every stage of life.

While I am proud to say that the majority of Frankston City residents are in relatively good health and report having similar levels of wellbeing to all Victorians, it must be recognised that there are still members of our community for whom this is not the case.

Unfortunately in 2017, some residents continue to experience social and economic isolation and other health inequalities, increasing the likelihood of ongoing poor physical and mental health and wellbeing.

The Health and Wellbeing Plan 2017–2021 sets out Council’s approach to tackling the municipality’s most pressing health and wellbeing priorities, providing a strong framework for which to plan and deliver services.

The Plan is underpinned by significant investment made by Council each year to improve health and wellbeing within Frankston City.

In 2017–2018, \$14.62 million is being invested to enhance the health and wellbeing of local families, children and young people through the provision of universal services and by supporting local service providers.

A further \$16.36 million is being spent to improve sports and recreation locally, including the construction of new multi-purpose sports pavilions at Carrum Downs Recreation Reserve and Ballam Park East. These exciting developments will also provide the community with flexible public meeting spaces.

Additionally, \$7.96 million will inspire activity city-wide through festivals and events, and arts and libraries – with planning underway to construct a Langwarrin Library and Integrated Hub.

Alongside this plan, Council will advocate to all levels of government for the development of a Health Industry Centre of Excellence and Health Services Hub to be established locally.

While Council takes the responsibility of positively influencing community health and wellbeing seriously, we cannot achieve our desired outcomes alone and require the support of partners, including other levels of government, primary health and not-for-profit service providers, and the community.

With this said, we invite you to work with us to achieve health and wellbeing for all residents, and our goal of being recognised as the Lifestyle Capital of Victoria



Councillor Brian Cunial
Mayor, Frankston City Council



Executive Summary

The Health and Wellbeing Plan 2017-2021 (the Plan) is Frankston City Council's strategic plan for how we will work over the next four years to create well planned and liveable neighbourhoods so that our community is able to enjoy good health and wellbeing at every stage of life.

The Plan is also Frankston City Council's Disability Action Plan 2017-2021 and has an equity focus to identify, reduce and remove barriers and promote inclusion experienced by people with a disability to promote access, inclusion and participation.

The Plan meets the statutory requirements of the *Public Health Act 2008* and aligns with the Council Plan 2017-2021, Community Plan 2017-2021 and Municipal Strategic Statement.

Over the next four years, the Plan guide Council's work towards the achievement of Frankston City's long-term and strategic community outcomes within our seven local communities to ensure that Frankston City is recognised as the Lifestyle Capital of Victoria and a prosperous future for residents.

The Plan was developed in consultation with the community through Think Big Frankston and other community consultation, which included Frankston City's Disability Inclusion and Access Committee and the Peninsula Health Disability Customer Advisory Group. The development of the Plan was informed by a broad body of evidence that included key indicators of health and liveability as identified through Council's in-house Community Building Outcomes Framework, a place-based analysis of demographic data

and research on the key determinants of health and health inequalities. This process was overseen by the Frankston City Health and Wellbeing Reference Group, represented by multi-sector stakeholders who provided professional expertise and advice on achieving population level community health outcomes.

The Plan is made up of four parts, which viewed together provide a strategic overview of how Council will drive the improvement of health and wellbeing planning at every stage of life:

Part 1 provides the background to the Plan, outlining the framework within which it was developed and an overview of the health and wellbeing status of the Frankston City community.

Part 2 provides an overview of Council's role and investment in the health and wellbeing of our communities, setting out the local, state and national policy context.

Part 3 outlines Council's desired outcomes and priorities for health and wellbeing in Frankston City over the next four years, outlining the places where we will work and the target population groups. It also provides an overview of the evidence on the most pressing place-based health and wellbeing issues and health inequalities within Frankston City that require the strongest focus.

Part 4 outlines how Council is going to deliver the Plan, with the implementation of the Plan will be progressed through an action plan that is reviewed and updated annually.

Part 1:

The Health and Wellbeing Plan for Frankston City



Introduction

The Health and Wellbeing Plan 2017–2021 (the Plan) is the strategic plan for how Frankston City Council will work over the next four years to create well planned and liveable environments within our communities so people are able to enjoy good health and wellbeing at every stage of life.

In doing so, Council will be placing primary prevention at the heart of what we do, taking a systemic approach to the design, planning and delivery of our universal services, infrastructure, recreation facilities, town centres and open spaces to enhance lifestyle opportunities that support good health and wellbeing for all.

The Plan aligns with the Council Plan 2017–2021, Community Plan 2017–2021 and Municipal Strategic Statement to ensure that health and wellbeing outcomes are integrated with our long-term ambitions for Frankston City and reflect the community's needs.

The Plan is also Frankston City Council's Disability Action Plan 2017–2021 and has an equity focus to identify, reduce and remove barriers and promote inclusion experienced by people with a disability to promote access, inclusion and participation.

In developing this Plan, guidance was sought from Council's Disability Advisory Committee.

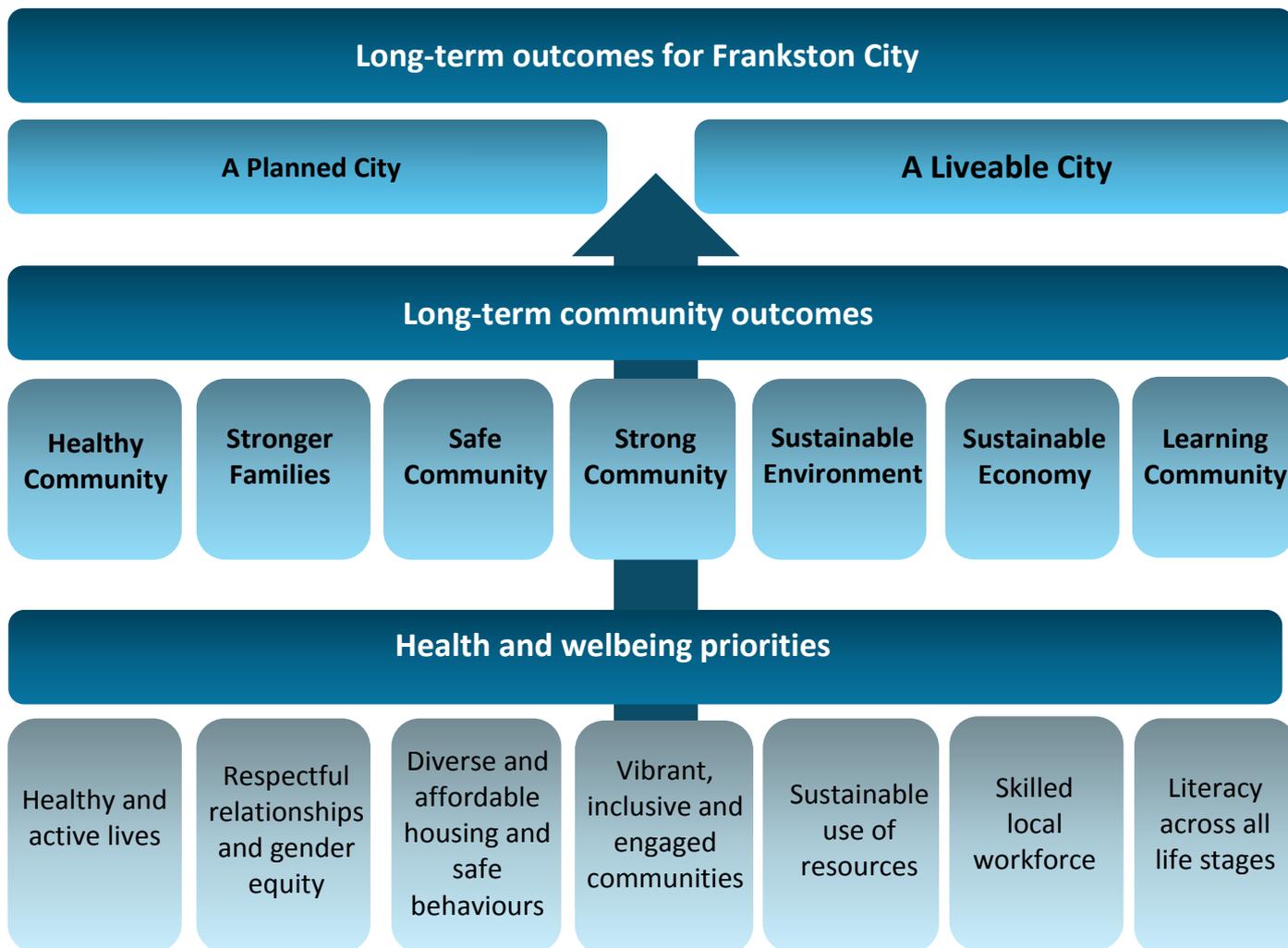
The Plan has been developed in consultation with the community and in collaboration with our partners, and will enable Council and our partners to:

- Understand the evidence on the most pressing place-based health and wellbeing issues and health inequalities within Frankston City that require the strongest focus to guide planning and service delivery.
- Adopt shared goals and work collectively towards improved health and wellbeing within Frankston City.

The Plan will be implemented through an Action Plan that is reviewed and updated annually. This process aims to ensure that the Plan remains dynamic, relevant and responsive to the changing policy environment and community's place-based needs.

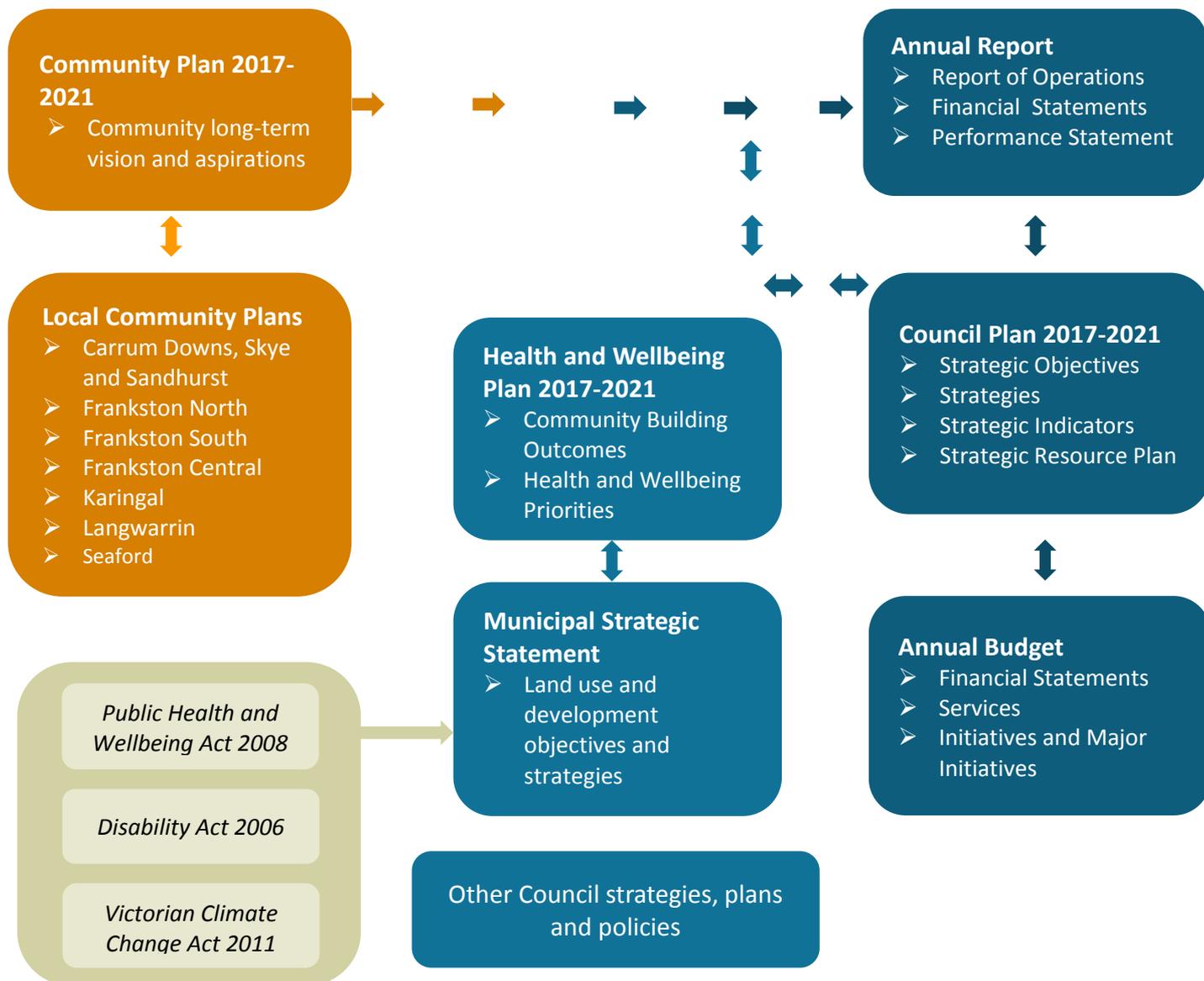
Outcomes and priorities

The Plan will work towards the achievement of Frankston City's long-term and strategic community outcomes within our seven local communities to ensure that Frankston City is recognised as the *Lifestyle Capital of Victoria*:



Frankston City Council's planning framework

The Plan meets the statutory requirements of the Public Health Act 2008 and aligns with the Council Plan 2017-2021, Community Plan 2017-2021 and Municipal Strategic Statement to ensure that health and wellbeing outcomes are integrated with Council's long-term ambitions for Frankston City and reflect the community's needs.



The development of the Plan

The Plan was developed over a 12 month period through a comprehensive analysis of data, research and community consultation, which included:

➤ **Frankston City Community Building Outcomes Framework**

The Community Building Outcomes Framework is Council's in-house health planning framework. The framework, which is based on a comprehensive set of key indicators of health and liveability and draws from a number of key theoretical approaches, enables Council to develop a deep understanding of our community, where and how to best use resources, improve service delivery, form partnerships and build social capital to affect long-term positive change. When applied, the framework facilitates a place-based planning approach to the development of key prevention and early intervention strategies and initiatives that are integrated into Council's universal service delivery system and management of community infrastructure.

➤ **Data analysis**

A place-based analysis of a wide range of data, including: demographic data from the Australian Bureau of Statistics Census; health data from the Victorian Population Health Survey and Victorian Women's Health Atlas; Turning Point Drug and Alcohol data; Crime Statistics from the Victorian Police; and many other datasets.

➤ **Literature review**

A review of a broad body of evidence and research on the key determinants of health and health inequalities. Sources included: VicHealth; Australian Institute of Health and Welfare; ANROWS; Australian Institute of Family Studies; and many others.

➤ **Think Big Frankston and other community consultation**

Consultation was conducted with the community from October 2016 to March 2017 to gain information from residents, businesses and local groups to inform the Council Plan 2017-2021, Community Plan 2017-21 and Health and Wellbeing Plan 2017-2021. This included consultation with community and advisory groups, such as: Frankston Disability Inclusion and Access Committee; the Peninsula Health Disability Customer Advisory Group; Frankston Positive Ageing Group; Frankston Youth Council; and many others.

➤ **Frankston Health and Wellbeing Reference Group**

The professional expertise of Council officers and our partner organisations was sought through a Reference Group, who were actively involved in reviewing the evidence-base, testing the priority outcomes and developing the actions.

➤ **Review of the Frankston City Health and Wellbeing Plan 2013-2017**

Annual reviews of the previous Health and Wellbeing Plan was been undertaken to appraise the successes and challenges of implementing actions, and which has been considered in the approach to the new Plan.

Determinants of health

According to the World Health Organisation, the social conditions in which people are born, live and work is the single most important determinant of good health or ill health.¹ Over the course of a person's life these key determinants of health have a cumulative effect on health and wellbeing.²

The Plan has been prepared within the context of following key determinants of health, taking into account how they accumulate and interact

with each other to impact long-term health and wellbeing:

Social, economic and cultural environments:

- Education
- Employment
- Household income
- Housing and geography
- Food security
- Access to health services
- Social support networks
- Social norms and attitudes
- Exposure to crime
- Access to leisure and culture

Natural and built environments:

- Transport and business infrastructure
- Community infrastructure
- Roads and paths
- Safe design
- Open space and biodiversity
- Housing density

Biomedical and behavioural risk factors:

- Family history (blood pressure, blood lipids, blood glucose, etc)
- Smoking
- Poor diet
- Sedentary lifestyle
- Alcohol consumption
- Illicit drugs



Well-planned and liveable communities

There is an increasing focus on the relationship between urban planning and health with the aim of preventing the onset of chronic disease.

The planning and design of a community can enhance the quality of life for the people that live, work and visit the municipality. The benchmarking of this concept is often described as 'liveability'.

A liveable place is: "...one that is safe, attractive, socially cohesive and inclusive, and environmentally sustainable; with affordable and diverse housing linked to employment, education, public open space, local shops, health and community services, and leisure and cultural opportunities; via convenient public transport, walking and cycling infrastructure".³

Local government has the capacity and opportunity to positively influence the social determinants of health and liveability of communities across the whole life course. As such it is Council's ambition for Frankston City to be a liveable city with welcoming

neighbourhoods, green streets and thoroughfares, parks and natural reserves, an active foreshore and vibrant town centres delivering a living environment that is second to none. With an active and healthy community that is connected through participation in activities at our local and regional sporting facilities, events and festivals.

In developing this Plan, we have used the available evidence to assess the relationship between the key determinants of health and the liveability of the municipality with the aim of taking a more coordinated approach to developing strategies and initiatives that prevent poor health and wellbeing and enable people to live healthy and active lifestyles. Place-based assessments have been undertaken centred on the following community building outcomes, which are considered to be effective in measuring the health and liveability status of a local community:



Local Communities

To be effective in our approach and better understand the unique needs of our communities we have undertaken a place-based assessment for each of the following seven local communities:

- Carrum Downs, Sandhurst and Skye Local Community
- Frankston Central and Frankston Heights Local Community
- Frankston North Local Community
- Frankston South Local Community
- Karingal Local Community
- Langwarrin Local Community
- Seaford Local Community

Health and wellbeing in Frankston City

The majority of people in Frankston City are living in good health. However research has shown that there are some key issues in the municipality that are having a significant impact on health and wellbeing. These issues are being felt more acutely in certain local communities.

The key issues that are having an impact on health and wellbeing that we are most concerned about are as follows:

Lifestyles – nutrition and physical activity

- There are 75 sporting pavilions, over 100 sporting clubs and a regional aquatic centre.
- Two in five adults engaging in sufficient levels of physical activity, which is below the Victorian average.⁴
- 15% of people drink sugar sweetened soft drinks every day.⁵
- Only 8% of people meet the national guidelines for vegetable consumption.⁶
- One in three people are considered to be overweight and one in five people to be obese.⁷
- 17% of people report as smokers.⁸
- Above Victorian average rates of young people with sexually transmissible diseases.⁹

The community says:

Through Think Big Frankston and other community consultations, the community said they wanted to see:

- Footpaths, tracks, parks and open spaces that promote **active outdoor recreation** such as walking, cycling, skateboarding and rollerblading.
 - Accessible sports clubs.
 - Skill development to support **healthy eating**, food preparation and food budgeting skills for young people, people on a tight budget, people learning to manage a chronic disease and widowed seniors.
- 75% of people travel to work by car while 1.6% cycled or walked.¹⁰

Respectful relationships and gender equity

- The highest rate of family violence in Metropolitan Melbourne.¹¹
- The rate of family violence incidents with a female victim was more than 3.5 times higher than those with a male victim.¹²
- 6% of women earn a high income (over \$1,250 a week) compared to 17% of men.¹³
- Nearly half of women earn below the weekly minimum wage (below \$599) compared to less than third of men.¹⁴
- Above Victorian average rates of children (0-17 years) on child protection orders and in out-of-home care.¹⁵
- More than double the number of females carry out more than 15 hours of unpaid domestic work per week compared to males.¹⁶

Housing affordability and harmful behaviours

- Nearly 90% of people feel safe walking in their street during the day.¹⁹
- Nearly a third of households are living in rental stress, and one in ten are living in mortgage stress.²⁰
- In December 2016, one in ten rental properties were considered to be affordable for people on low incomes.²¹
- 45% of people who consume alcohol are at risk of lifetime harm.²²
- Drug and alcohol related hospitalisation rates significantly above State averages.²³
- \$585.48 is being spent per adult each year on pokies.²⁴

The community says:

Through Think Big Frankston and other community consultations the community said they wanted to see:

- **Financial skills and empowerment** for young people transitioning to adulthood or parenthood, vulnerable or socioeconomically disadvantaged women.
- Access to **education and information** about respectful relationships and gender identity – for young men and women in the community and in the classroom.
- **83% of single parents are female compared to 18% of male.**¹⁷
- One in five females report high levels of psychological distress compared to one in ten males.¹⁸

The community says:

Through Think Big Frankston and other community consultations the community said they wanted to see:

- More **affordable** small housing options so people have housing choice.
- Increased access to housing support services for people experiencing housing stress.
- Increased access to **crisis accommodation** for people needing urgent accommodation.
- Increased feeling of safety, especially at night in local communities.

Social inclusion and mental health

- Residents reported an average resilience score of 6.5 out of 8, compared to 6.4 for Victoria.²⁵
- Less than one in ten people report being satisfied with life as a whole.²⁶
- Just over half of people think their neighbourhood is 'close-knit', higher than the state average.²⁷
- 16% of people experience high levels of psychological distress.²⁸
- 71% of people think their neighbours are willing to help each other out.²⁹
- Just under half of people think multiculturalism makes life in their area better.³⁰
- Nearly 14% of people do volunteer work.³¹

Energy efficiency and housing quality

- The air and water quality in Frankston is rated as very good³², with clean and safe beaches for swimming and recreation.
- 15% of households have solar installations, higher than the state average³³
- Over half of household waste is being recycled.³⁴
- In 2015-16, 95 complaints were made to the Energy and Water Ombudsman about credit-related energy and water disconnections.³⁵

The community says:

Through Think Big Frankston and other community consultations the community said they wanted to see:

- Reduced barriers to participation in community events and festivals by people with a disability.
- Improved access to transport in and around Frankston.
- Support for vulnerable or socially isolated people to access services and navigate service systems.
- Programs for children aged 10 to 13 years.
- Programs and supports to help people experiencing high psychological distress to stay mentally healthy.
- Increased cultural safety and support for diverse communities.

The community says:

Through Think Big Frankston and other community consultations the community said they wanted to see:

- Knowledge, resources and skills for people to manage finances by paying less on household food and utility bills.
- Households are consuming an average of 14.95kWh of electricity per day.³⁶
- Households are consuming an average of 429 litres of water per day.³⁷

Education and employment

- There was job growth of 8.4% from 2006 to 2011, contributing to a total of 36,631 jobs³⁸.
- 85% of young people are successfully completing Year 12 or equivalent.³⁹
- 6% of the local workforce is unemployed.⁴⁰
- One in ten young people are not engaged in full-time education, training or employment.⁴¹
- One in ten people hold a bachelor or higher degree.⁴²
- Over half of our residents travel outside of the municipality for work.⁴³

Literacy rates

- 95% of children in Grade 3 are achieving benchmarks in literacy.⁴⁴
- 91% of young people in Year 9 are achieving benchmarks in literacy.⁴⁵
- One in five children are developmentally vulnerable when they start school.⁴⁶
- 14% of children's parents report one or more concerns with their speech or language on entry to school.⁴⁷
- Just under half of Frankston residents have no qualifications.⁴⁸

The community says:

Through Think Big Frankston and other community consultations the community said they wanted to see:

- **Pathway opportunities** for people entering or re-entering the workforce, with a focus on people experiencing additional barriers to employment.
- **Work experience**, traineeships and mentoring for young people in transitioning into the workforce.
- Tailored approaches for people to **improve skills** and gain qualifications.
- Increased access to local employment.

The community says:

Through Think Big Frankston and other community consultations the community said they wanted to see:

- Increased focus on **early years education**.
- Incentives to pursue education, like scholarships, funding, and programs to help **young people** stay connected, or get reconnected to learning.
- **Life skills** and health education, like mental health, cooking and budgeting.
- Vocational training and educational opportunities for **older people**.

Health inequalities

A key challenge for local government is to promote health equality across the municipality, ensuring that all population groups within the community have equitable access to services, infrastructure, programs and open spaces that promote health and wellbeing and enable people the opportunity to thrive in the places where they live.

To reduce health inequalities, the principle of health equity must be applied. Health inequalities are differences in health status between population groups that result from social, economic and geographical influences that are avoidable, unfair and unnecessary.⁴⁹ Health equity therefore is the notion that all people should have a fair opportunity to attain their full health potential, and that no one should be disadvantaged from achieving this potential if it can be avoided.⁵⁰

Focussing on health equity allows Council to orient resources and supports to the people who need them the most, how and where they need them. This Draft Plan will aim to address health inequalities across all stages of life through an equity approach.

Some known health inequalities amongst key population groups that have influenced this Draft Plan include:



People with a disability or chronic health problems

- Around one in five of all Victorians have a disability.⁵¹
- Amongst the most socially and economically disadvantaged groups in Australia, being a major contributor to their poor health.⁵²
- Have higher rates of chronic illness, and more likely to have early onset of chronic conditions.⁵³
- A number of barriers prevent people with disabilities from accessing timely and effective health care, including physical and organisational barriers, and discriminatory attitudes.⁵⁴
- There is growing evidence that women with disabilities are more likely to experience violence.⁵⁵
- People with an existing illness or disability are almost twice as likely to live in dwellings in very poor condition as people without a disability or illness.⁵⁶
- Being hardest hit by poor energy efficiency and energy-related poverty.⁵⁷
- Experience multiple barriers in finding employment and retaining employment⁵⁸.
- Nearly one in four people with severe or profound disabilities have a high level of psychological distress compared with 5% in the general population.⁵⁹

Aboriginal and Torres Strait Islanders

- There is a significant health gap between Aboriginal and Torres Strait Islanders and other Australians. Aboriginal and Torres Strait Islanders suffer the worst health of any population group in Australia, with a high burden of disease and low life expectancy. It is estimated that chronic diseases are responsible for 80% of the mortality gap between Aboriginal and Torres Strait Islanders and other Australians.⁶⁰
- Aboriginal and Torres Strait Islander women experience violence at around twice the rate of other Australian women⁶¹, and are 34 times more likely to be hospitalised due to family violence related assaults than other Australian women.⁶²
- Aboriginal and Torres Strait Islanders experience higher levels of unemployment – more than treble other Australians⁶³ and face discrimination in the workforce or when applying for work.⁶⁴

Low-income households or people living in socio-economic disadvantaged areas

- Higher rates of chronic diseases.⁶⁵
- Tend to have the poorest health outcomes, including higher rates of long-term or severe health conditions.⁶⁶
- Higher proportion self-report risk behaviours including: higher rates of obesity; higher rates of smoking; and higher rates of risky alcohol consumption.⁶⁷
- A higher proportion of Victorians from an area with low SEIFA or who are not employed have insufficient levels of physical activity.⁶⁸
- Around 30% of low-income rental households are living in housing stress, paying more than 30% of their weekly income on rent.⁶⁹

Older people (aged over 65 years)

- Most affected by chronic disease (78%), with almost half of older people affected by chronic disease having to cope with five or more chronic diseases.⁷⁰
- Access to services can become difficult due to specialist services not being available in their local area and reduced levels of independency.⁷¹
- Neglect could be as high as 20% amongst older women.⁷²
- Elder abuse can result in pain, injury and even death, and is associated with higher levels of stress and depression and an increased risk of nursing home placement and hospitalisation.⁷³
- Nearly 60% of older people experienced ageism when looking for work⁷⁴.

People from culturally diverse and linguistically diverse backgrounds

- Women from culturally diverse communities face additional barriers to education and employment as a result of language barriers; racism and discrimination; lack of culturally responsive services; lack of access to information about their rights, the legal system and the support systems available in their languages; separation from family and other support networks; and insecure visa status.⁷⁵
- A higher proportion of Victorians from a non-English speaking country or who mainly speak a language other than English at home do no days of physical activity in a usual week and a lower proportion participate in organised physical activity on a weekly basis.⁷⁶
- There is strong evidence that race-based discrimination causes mental health and wellbeing problems such as anxiety, depression, stress and poor quality of life.⁷⁷
- Experiencing race-based discrimination is also linked to unhealthy coping behaviours such as dropping out of physical activity and community activities, smoking and misusing alcohol or drugs.⁷⁸
- Experience higher levels of unemployment and disadvantage.⁷⁹

Vulnerable children and young people, including children in out-of-home care

- A higher proportion of children growing up in Frankston City are faring worse in terms of early childhood development and educational attainment.
- Young people are more likely than people of other age groups to be living in unaffordable housing, private rental, overcrowded households, and to have recently experienced a forced move.⁸⁰
- Poverty rates for children are strongly related to the education level of the family. Families without Year 12 education attainment have poverty rates at least double the national average.⁸¹

People who are lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI)

- Trans and gender diverse people may feel forced to hide their gender identity when accessing services, in the workplace and in social settings. They are more likely to experience mental illness, verbal abuse and physical abuse, as well as cyberbullying and social exclusion.⁸²
- Experience much higher levels of abuse and poorer mental health.⁸³
- Are twice as likely to have high/very high levels of psychological distress.⁸⁴
- Have significantly higher rates of suicide than other population groups within Australia, which is largely due to exposure to and fear of discrimination and social exclusion.⁸⁵
- Indigenous LGBTQI Australians, LGBTQI migrants and refugees and LGBTQI young people are at particularly high risk of suicide.⁸⁶

Single parent and lone-person households

- Poverty rates are highest amongst single parent families.⁸⁷
- Two thirds of jobless families are single parent families.⁸⁸
- People living single parent households with dependent children have more difficulty accessing services.⁸⁹
- A higher proportion of lone-person households do no days of physical activity in a usual week.⁹⁰
- Men who live alone have lower levels of education, are lower income earners and are more likely to be in less prestigious jobs than those living with others.⁹¹
- Men who live alone are more likely to smoke than those living with others (27% compared to 20%), and more likely to drink heavily than those living with others (39% compared to 31%).⁹²

Homeless people

- Lack of tenure or homelessness is strongly linked with poor health outcomes.⁹³
- Research from Europe and America indicates that homeless people have a life expectancy of between 43 and 48 years.
- Health problems are one of the biggest precipitants in becoming homeless and one of the biggest perpetuating factors for remaining homeless.

Part 2:

Frankston City's approach to health and wellbeing



The role of local government in improving health and wellbeing

Local government plays an important role in improving health and wellbeing through the planning and design of liveable neighbourhoods to create environments that foster inclusive and sustainable communities and promote physical and psychological wellbeing.

This Plan will strive to ensure that Frankston City's local communities are well-planned and

liveable and that people enjoy good health and wellbeing through Council's role as:

➤ **Service provider**

Council provides universal services to all population groups across all life stages, including: maternal and child health; immunisations; childcare; youth hang outs; community centres; libraries; aged care and disability services; arts and cultural activities.

➤ **Local leader, partner and advocate**

Council facilitates partnerships and collaborative action between the community, government, services, not-for-profit, education and private sectors to create positive outcomes for the municipality.

➤ **Planner**

Council is a planner of services, recreation, infrastructure, the environment and economic development; a social and community planner; and a land-use and open space planner.

➤ **Community builder**

Council provides community engagement and development, community grants, community events and major festivals.

➤ **Infrastructure, waste, environment, recreation and open space manager**

Council manages infrastructure, waste, the environment and recreation and open space providing and maintaining infrastructure and facilities to accommodate people of all abilities and life stages. This includes eight community centres and neighbourhood houses; 138 playgrounds; 75 sporting pavilions; 26 kindergartens; 22 maternal and child health centres; a regional arts centre; plus more.

➤ **Local laws, building surveyor and environmental health protector**

Council upholds compliance with local laws, animal management and inspects food premises.

➤ **Employer**

Council employs a sizeable workforce and encourages the development of its staff to deliver quality services to the public.

Frankston City Council's investment in health and wellbeing

Frankston City Council has been building its knowledge of our community for many years and as such a great deal of work is already underway to build environments that promote health and wellbeing.

In 2017–18 alone, Council will be investing:

- \$14.62 million to support and enhance the health and wellbeing of families, children and young people.
- \$13.2 million for the provision of indoor and outdoor recreation centres to improve health and wellbeing within the community.
- \$7.96 million to stimulate activity in the municipality through events, festivals, arts and libraries.
- \$7.34 million to ensure the safety of the community.
- \$21.89 million for the preservation of the local amenity and promotion of a safe, clean and attractive city through maintaining civil infrastructure, shopping centre precincts, natural resources, foreshore infrastructure and recreation reserves.
- \$15.73 million to provide strategies for the waste management needs of the municipality and the recovery and recycling facility.
- \$7.96 million to support social, recreational, cultural and economic life of the community through innovative planning and development initiatives, delivering projects and managing quality public spaces.
- \$5.27 million to undertake research and implement policies and programs to enhance community wellbeing, social inclusion, participation, empowerment and resilience.

The following significant work is already underway to support good health and wellbeing:

- The Carrum Downs Recreation Reserve is being upgraded with a new \$3.8 million community sporting pavilion and car park for the benefit of the community and local sporting clubs.
- A new shared community sporting pavilion is being constructed at Ballam Park, with the \$1.4 million Ballam Park East Pavilion set to house local football, netball and cricket clubs along with other community groups.
- The \$1.1 million upgrade of Frankston's regional playground at Ballam Park is underway to provide a range of play experiences for all ages, including teenagers.
- A new regional centre for tennis is being developed to provide adequate pathways within the sport. A Tennis Strategy will also be developed to guide the future development of this sport within Frankston City ensuring that the quality of facilities is maintained and sustainable for tennis participation.
- A new Coast Guard and Boat Refuge are being constructed at Olivers Hill to improve the safety of people enjoying water sports and recreation at Frankston's vibrant waterfront.
- East Karingal Kindergarten is being renovated to improve its disability access and creating a more modern facility. Plans are also in place to improve kindergarten facilities in Langwarrin and Seaford.
- Plans are underway to construct the Langwarrin Library and Integrated Hub to deliver a vibrant cultural facility for the Langwarrin community.
- Council is working in partnership with Peninsula Health to support sporting clubs to be smoke-free through the Frankston Mornington Peninsula Smoke Free Charter.

Some of the work that has already started will continue:

- Council is funding SalvoCare Eastern to deliver the Community Roof pilot project to facilitate a practical solution to the current homelessness crisis through a tertiary prevention model that provides housing for homeless people with the necessary supports.
- The Public Artworks Program has been expanded to enhance the reputation of the City as a centre for health, education and the arts. Sculptures have been selected from the Bondi and Cottesloe Sculptures by the Sea exhibitions and installed at various locations through the municipality for a duration of two years. A new art mural has been recently completed in Thompsons Lane with another commissioned for Gallery Lane.
- Dreaming Poles were recently commissioned for installation in the Dreaming Trail at Frankston Botanical Gardens.
- Youth Services is continuing to host free skate competitions around the municipality with hundreds of young people joining in.
- Young people can continue to download the free mobile phone app, Choose Respect to have access to respectful relationship advice and support. Council sponsored the development of the phone app to support young people to develop strong and healthy relationships.
- The Frankston Regional Recycling and Recovery Centre (FRRRC) will continue to provide residents from Frankston City and neighbouring municipalities with a much needed local recycling and recovery facility.
- There is continuing focus in the Central Activity Area with major developments underway by both private investors and state government. Council is working in partnership with the State Government to redevelop Frankston's Train Station Precinct. Council also has planned upgrades for Station Street Mall, Nepean Highway Boulevard, Shannon Mall and Clyde Street Mall.
- Council will continue to award thousands of dollars through the Small Business Grants Program to accelerate the growth of local businesses, stimulating the local economy and creating new jobs. In 2017 alone \$60,000 was awarded to five local businesses resulting in the creation of 148 new jobs.
- The Space Innovators Program will continue to go from strength to strength and has recently enabled the development of the Frankston Foundry, a business co-working space and start-up incubator for entrepreneurs and technical professionals. A recent grant from State Government will mean that Frankston is able to host a large number of entrepreneurship and innovation events, stimulating new business locally and generating employment.

Government policy and legislative context

The Plan is a legislative requirement under the *Public Health and Wellbeing Act (2008)*. The Act requires that a plan be developed every four years at both the State and local government levels to outline health and wellbeing priorities for the area.

The Plan has been guided by several Victorian State Government plans that set out the policy priorities for a healthy Victoria, in particular:

➤ **Victorian Health and Wellbeing Plan 2015-2019**

The Plan aligns with the Victorian Government's priorities to improve all Victorian's health and wellbeing, as follows:

- Healthier eating and active living
- Tobacco-free living
- Reducing harmful alcohol and drug use
- Improving mental health
- Preventing violence and injury
- Improving sexual and reproductive health

➤ **Ending Family Violence: Victoria's Plan for Change**

The Victorian Government's plan to achieve the vision of a Victoria free from family violence by implementing all 227 recommendations of the Royal Commission into Family Violence.

➤ **Koolin Balit**

The Victorian Government's Aboriginal Health Strategy 2012–2022, as it relates to local governments role to influence Aboriginal health and wellbeing at the local level, especially around a healthy childhood and caring for older people.

➤ **Victorian Aboriginal Local Government Action Plan**

An important resource for councils to develop and strengthen engagement, partnership and employment opportunities with their Aboriginal communities. Frankston City Council will look to the Action Plan in engaging in best practice.

➤ **Safe and Strong: A Victorian Gender Equality Strategy**

Sets out the Victorian Government's framework for sustained action to achieve a safe and equal society.

The Plan also works towards meeting Council's statutory obligations under the *Victorian Climate Change Act 2010*, which requires local government to have regard to climate change when preparing a Municipal Health and Wellbeing Plan.

Disability Action Plan

The Plan is also Frankston City Council's Disability Action Plan 2017–2021, which Victorian public sector bodies are required to prepare under the Disability Act 2006 for the purposes of:

- Reducing barriers to people with a disability accessing goods, services and facilities
- Reducing barriers to people with a disability obtaining and maintaining employment
- Promoting inclusion and participation in the community of people with a disability
- Achieving tangible changes in attitudes and practices which discriminate against people with a disability

As Council's Disability Action Plan, our Plan is also guided by the **Victorian State Disability Plan 2017-2020** which outlines the Victorian Government's vision is to build on an inclusive

community where people with a disability are supported and empowered to make choices that enable them to live a life they value.

Local policy context

Frankston City Council is guided by a suite of strategic guiding plans that together provide the overarching strategic vision and direction for the municipality. The Plan is one of these.

The others include:

➤ **Frankston City Council Plan 2017–2021**

The Council Plan sets ambitious and high level strategic objectives, and guides at the highest level activity undertaken by Council. The Council Plan 2017-2021 is focused on achieving Council's vision of being the Lifestyle Capital of Victoria through four key pillars of a planned city, a liveable city, a well governed city and a well-managed city.

➤ **Municipal Strategic Statement (MSS)**

The MSS is one of Council's key strategic documents, providing overarching direction for land use and development through planning provisions. The MSS has undergone an extensive review in recent years, providing the opportunity for consideration and integration of health and wellbeing into the statement wherever possible.

➤ **Frankston Community Plan 2017–2021**

The Community Plan reflects the community's aspirations for the continued shaping of Frankston City to make it an even better place to be, and articulates their ideas and priorities for Frankston City's successful future.

A partnership approach

Council has an ongoing commitment to working in partnership in order to deliver improved health and wellbeing outcomes of the community.

Council's key health partners in the Frankston community are:

➤ Peninsula Health

The major provider of clinical and community health services in Frankston City and the Mornington Peninsula.

➤ Peninsula Health Community Health

The provider of a broad range of affordable services for people living in Frankston and the Mornington Peninsula.

➤ Frankston Mornington Peninsula Primary Care Partnership

Fosters connection between local government, clinical and community health services and community agencies, and assumes major responsibility for health promotion in Frankston and on the Mornington Peninsula.

➤ South East Melbourne Primary Health Network

Funded by the Federal Government with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care.

➤ Women's Health in the South East

Work to improve the health and wellbeing of women in the Southern Metropolitan Region of Melbourne and focuses on two main priority areas: sexual and reproductive health, and mental health including the prevention of violence against women.

Council also works with a broad range of not-for-profit agencies, including: Community Support Frankston; SalvoCare Eastern; Peninsula Legal Community Legal; and disability services.

Part 3:

The health and wellbeing priorities for Frankston City



Community Building Outcome 1

Frankston City is a Healthy Community

Long-term ambition:

People in Frankston City are empowered to take control of their health and wellbeing to enjoy active and healthy lifestyles at every stage of life with access to high quality health services and facilities.



Health and wellbeing priority:

1.1 Healthy and active lives

Our priority is for all people in Frankston City to be healthy and active at every stage of life through environments that enable:

- Equitable access to affordable fresh and nutritious food, healthy food choices and drinking water
- Physical, mental and social activity
- Equitable access to a range of accessible and high quality recreation and leisure infrastructure that encourage healthy lifestyles and participation, especially by under-represented groups
- Good sexual and reproductive health
- Active local trips

Places – where we will work:

Whereas Council will work across all local communities within the municipality, the evidence shows that place-based prevention strategies and initiatives are required for:

- Carrum Downs, Sandhurst and Skye Local Community
- Frankston North Local Community
- Karingal Local Community

People – target population groups:

Research tells us that the health and wellbeing of the following population groups is at greater risk of preventable medical conditions:

- People living in socio-economic disadvantaged areas
- People experiencing social exclusion
- People with a disability
- Aboriginal and Torres Strait Islanders
- People already experiencing risk factors

Evidence – why being healthy and active living is important for health and wellbeing:

Frankston City enjoys an enviable location that lends itself to healthy and active lifestyle opportunities, with residents reporting similar wellbeing to all Victorians giving themselves an average score of 75.7 out of 100.⁹⁴

However there is a proportion of the population experiencing above Victorian average levels of poor health and wellbeing as a result of preventable chronic diseases. For example, the health statistics for Frankston City show a higher than average prevalence of preventable heart disease, diabetes and cancers. This is of

concern as chronic diseases are the leading cause of illness, disability and death in Australia.

An unhealthy diet is responsible for a significant proportion of chronic disease burden, with body weight being a particularly common health risk⁹⁵. A healthy diet is considered to be one that is high in fruit and vegetables and low in

saturated fats, added salt and added sugar. The *Australian Dietary Guidelines* recommend eating a minimum of two serves of fruit and five serves of vegetables per day per adult. It is known that in Frankston City only 7.7% of people are meeting these guidelines for vegetable consumption and 51.5% for fruit consumption⁹⁶. It is also known that 34.1% of people in Frankston City are considered to be overweight and 19.9% of people are considered to be obese⁹⁷.

Research undertaken by VicHealth shows that there is a trend in Victoria for a lower fruit and vegetable consumption amongst people who are unemployed and areas with a low SEIFA score⁹⁸.

A Food Security Scan undertaken by the Council and Peninsula Health in 2015 showed that the food environment within Frankston City makes fast-food and unhealthy food options more readily accessible than healthy food options, with a ratio of one healthy food outlet (grocers and supermarkets) to every six unhealthy options (take-away, kiosks and fast food). Not surprisingly the food and beverage consumption trends in Frankston City closely reflect the food environment, with 8.5% of people reporting that they eat take-away meals or snacks at least three times a week⁹⁹ and 15.4% of people drinking sugar sweetened soft drinks daily¹⁰⁰.

Participation in physical activity has known health benefits, including reduced risk of

chronic disease and improved mental wellbeing. It is known that 39.1% of people in Frankston City engage in sufficient levels of physical activity, which is 150 minutes or more of moderate-intensity physical activity (such as walking) or 75 or more minutes of vigorous physical activity and doing muscle-strengthening activities on at least two days on a regular basis over one week¹⁰¹. While 41.8% of people in Frankston City report that they engage in 30 minutes or more of physical activity four or more days per week, 19.6% engage in no physical activity during the week.¹⁰² The three most popular non-organised physical activities are walking (53.7%), jogging or running (10%) and cycling (7.6%).¹⁰³

There could be many reasons impacting physical activity levels, including the fact that a much higher proportion of people in Frankston City report that they don't feel safe walking in their neighbourhood during both the day and night than other Victorians¹⁰⁴. Research also shows that physical activity levels vary by social position. Australians with lower levels of education, those who are unemployed, or those living in socio-economically disadvantaged neighbourhoods are more likely to be inactive or do low levels of physical activity.¹⁰⁵

We want people in Frankston City to live healthy and active lives through a healthy diet and engaging in physical activity in order to reduce this prevalence of preventable chronic diseases.

Community Building Outcome 2

Frankston City has

Stronger Families

Long-term ambition:

Families are built on a foundation of respectful relationships and are resilient, with children enjoying positive early development, young people making a positive transition into adulthood and adults ageing well.



Health and wellbeing priority:

2.1 Respectful relationships and gender equity

Our priority is for people in Frankston City to enjoy respectful relationships and gender equity at every stage of life through environments that enable:

- Violence to be prevented
- Positive attitudes towards gender equity
- Empowerment to change the social cultures and behaviours that condone violence
- Awareness of the various forms of violence, including physical, sexual, emotional, psychological and financial abuse and where to seek help
- Inclusion of girls and women

Places – where we will work:

The evidence shows that prevention strategies and initiatives are required across all local communities within the municipality.

People – target population groups:

Research indicates that the health and wellbeing of the following population groups is at greater risk as a result of family violence:

- Women and their children
- Women with a disability
- Aboriginal and Torres Strait Islander women
- Older people

Evidence – why respectful relationships and gender equity is important for health and wellbeing:

Violence against women and their children is an abuse of human rights that has a lasting detrimental impact on health and wellbeing.

Violence has been found to be more damaging to the health of Victorian women aged 15–44 years than any other well-known risk factor, including high blood pressure, obesity and smoking.¹⁰⁶

There is a persevering high incidence of family violence in Frankston City, which has experienced the highest rate of family violence within Metropolitan Melbourne for many years. In 2015-16 Victoria Police responded to a family

violence incident in Frankston City every 3.25 hours.¹⁰⁷

Family violence includes violent or threatening behaviour, or any other form of behaviour that coerces or controls a family member or causes that family member to be fearful. This includes physical, sexual, emotional, psychological and financial abuse.¹⁰⁸

The evidence points to family violence being a gendered issue with the majority of victims

being women and their children, and the majority of perpetrators being men. In 2015-16, 74.8% of all victims in family violence incidents across Victoria were female. For the same year, 76.6% of all perpetrators in family violence incidents across Victoria were male.¹⁰⁹ This trend is also being seen in Frankston City, with the rate of family violence incidents with female victims being 3.5 times higher than that recorded for male affected family members in 2015-16.¹¹⁰

Children are also frequently victims of family violence, either directly or as a result of being exposed to violence in their homes. The Victorian Royal Commission into Family Violence highlighted the long-lasting and serious effects of family violence on children.

Women with a disability are particularly vulnerable to violence. Research has established that women with a disability experience violence at a higher rate, for longer periods, and are less likely to report the abuse, than women without a disability (Healey, 2008).¹¹¹

With the significant increases in the number of older people within the municipality, elder abuse is of particular concern. Elder abuse is often hidden and there is very little research on its prevalence and incidence. The available evidence suggests that the prevalence of elder abuse varies across abuse types, with psychological and financial abuse being the most common types of abuse reported, although one study suggests that neglect could be as high as 20% among women in the older age group.¹¹²

Gender inequality is considered to be the main driver of violence against women, which means that with the right approach violence against women is preventable. This was supported by the Victorian Royal Commission into Family Violence, which stated that “...violence against women and children is deeply rooted in power

imbalances that are reinforced by gender norms and stereotypes.”

Research shows that there is a significant gender pay gap and that women are more likely to have unpaid domestic and caring responsibilities. In Frankston City, 47.4% of women earn below the weekly minimum wage and less than half of women earn a high income compared to men (5.8% compared to 16.7%)¹¹³.

Gender inequality also results in poorer outcomes for men, with traditional gender stereotypes being difficult for many men to live up to. The pressure to remain emotionally resilient often prevents men from seeking help. Men may also face discrimination or disapproval when taking on career paths, caring responsibilities and activities traditionally reserved for women.¹¹⁴

When embedded within a systematic approach that addresses broader determinants of health and wellbeing, changing the social norms, attitudes and behaviours that support gender equality and respectful relationships is considered to be an effective approach to violence prevention. Council has identified that local government has a primary prevention role through its universal service base, and is already taking a stance in preventing family violence through initiatives that aim to build respectful relationships. To date the Council has: launched Choose Respect, an innovative smartphone app to support young people to access information on healthy relationships; delivered Baby Makes 3 through Maternal and Child Health new parent groups to provide information on gender roles for new parents navigating their transition to parenthood; and provided opportunities for women to connect socially through community centres. Council has also delivered staff training on family violence and offers extended family violence leave for its staff. Council is also a proactive member of the Frankston Mornington Peninsula Family Violence Network and took a leading role in launching the Clothesline Project.

Community Building Outcome 3

Frankston City is a Safe Community

Long-term ambition:

People in Frankston City have access to diverse and affordable housing and essential services, feel safe participating in community life and live free from harms associated with alcohol and drugs, gambling, violence and crime.



Health and wellbeing priority:

3.1 Diverse and affordable housing and safe behaviours

Our priority is for people in Frankston City to have housing and be safe at every stage of life through environments that enable:

- Equitable access to affordable, suitable and secure housing
- Homeless people to be well supported by accessible and inclusive primary care and support services
- Feeling safe to participate in community life, both during the day and at night
- Healthy and safe behaviours that minimise harm to themselves and others from alcohol and drug misuse, gambling, violence and crime

Places – where we will work:

Whereas Council will work across the whole municipality, an analysis of local evidence shows that place-based prevention strategies and initiatives are required for the following local communities:

Diverse and affordable housing:

- Carrum Downs, Sandhurst and Skye Local Community
- Frankston North Local Community
- Karingal Local Community

Safe behaviours:

- Frankston Central and Frankston Heights Local Community
- Seaford Local Community

People – target population groups:

Research indicates that the health and wellbeing of the following population groups is being more significantly impacted by housing affordability, housing stress and unsafe behaviours:

- Young and older people living in private rentals
- People with a disability or chronic poor health
- People who live in low-income households or socio-economically disadvantaged areas
- People from culturally and linguistically diverse backgrounds
- Single parents and lone-person households
- People affected by problem gambling

Evidence – why housing and safety is important for health and wellbeing:

While Frankston City is experiencing increased economic growth and prosperity with housing prices increasing by up to 21% in 2016, a dedicated focus is required on housing affordability and housing stress.

In particular, this focus is required on people who are experiencing increasing housing stress and are struggling to stay housed due to

escalating private rental costs, house prices and increased demand for public housing.

Housing is a critical determinant of health and wellbeing, with research showing a link between housing stress and housing quality on mental health and wellbeing¹¹⁵. This is of significance when considering the decreasing availability of suitable and affording housing in Frankston City, and indeed Greater Melbourne. This is being most felt by people on low-incomes and those who are vulnerable to housing insecurity, including people with a disability, young people experiencing family breakdown and women fleeing violence.

Decreasing housing affordability is also resulting in increasing numbers of families and households opting to rent instead of buy due to having to compete for suitable housing with aspirational purchasers and investors. At the last count in 2011, 29.8% of low-income rental households were already living in housing stress¹¹⁶. However in December 2016, only 10.7% of all properties for rent in Frankston City were considered to be affordable for people on a low-income¹¹⁷.

The greatest demand for housing in Frankston City is from lone person households, while traditional three-bedroom houses makes up the majority of available housing. As a consequence, there remains an increasing deficit in the availability of one and two-bedroom rental properties to meet the housing needs. In December 2016, just 0.4% of one-bedroom dwellings were considered to be affordable to low-income singles¹¹⁸.

The shortage of affordable one-bedroom dwellings and social housing within Frankston City is also a cause of concern for those at increased risk of homelessness. There are currently 22,773 people experiencing homelessness in Victoria due to a variety of reasons, including financial difficulties, accommodation issues, family violence and family breakdown, health reasons and general lack of support¹¹⁹. In 2015-16 alone, nearly

4,000 people sought assistance from crisis accommodation services in Frankston City.

Safety is another important determinant of health and wellbeing. Safe communities are influenced by a wide range of structural, environmental, social and economic factors that work together to enhance public spaces and reduce harms so that people feel safe to participate in community life.

A significantly lower proportion of people in Frankston City report feeling safe walking in their street both during the day and at night compared to all Victorians¹²⁰.

Local statistics show that there are above Victorian averages of crime and harmful behaviours associated with alcohol and drug misuse, violence and problem gambling.

Just over one-third of people in Frankston City are identified as being at risk of short-term harm from alcohol consumption (five drinks or more drinks on a single occasion) and 10.8% at high risk of short-term harm each month (11 or more drinks on a single occasion)¹²¹. A much higher rate of people in Frankston City are hospitalised each month resulting from harms associated with alcohol and drugs compared to the State average¹²².

The prevalence of these behaviours is of significant concern for the physical and psychological health, with alcohol being one of the top 10 avoidable causes of disease and death in Victoria¹²³. Research tells us that for every person with a gambling, alcohol or drug problem, five to 10 other people are adversely affected, feeling the health, social and financial impacts of their problem behavior¹²⁴. Problem gambling, alcohol and drug misuse can be linked to family breakdown, family violence, criminal activity, disruption to or loss of employment, and places vulnerable families under financial and psychological stress¹²⁵.

Community Building Outcome 4

Frankston City is a

Strong Community

Long-term ambition:

Frankston City is vibrant and socially inclusive community where diversity is valued, people enjoy good access to community infrastructure and are socially connected, participating in cultural activities, volunteering and have a sense of belonging.



Health and wellbeing priority:

Priority 4.1: Vibrant, inclusive and engaged communities

Our priority is for people in Frankston City to be participating and engaged at every stage of life through environments that enable:

- Good mental health and social connection
- Equitable access to welcoming and inclusive community, sporting and cultural events
- Good disability access
- Access to culturally appropriate services
- Celebration of diversity

Places – where we will work:

Whereas Council will work across the whole municipality, an analysis of local evidence shows that place-based prevention strategies and initiatives are required for the following local areas:

Inclusive and engaged community:

- Carrum Downs, Sandhurst and Skye Local Community
- Frankston Central and Frankston Heights Local Community

Vibrant community:

- Frankston South Local Community
- Langwarrin Local Community.

People – target population groups:

Research shows that the health and wellbeing of the following population groups is being more significantly impacted by social exclusion:

- Low-income households, or people living in socio-economic disadvantaged areas
- People with a disability and chronic poor health
- Aboriginal and Torres Strait Islanders
- People who identify as LGBTQI
- Single-parent and lone-person households
- People who are unemployed
- Older people
- People from culturally and linguistically diverse backgrounds

Evidence – Why a vibrant and socially connected communities is important for health and wellbeing:

Frankston City is emerging as a vibrant city on the bay with a range of lifestyle opportunities for people of all ages, cultures and abilities to participate in local events, festivals and cultural activities.

Each year Frankston City hosts a range of major events including the Waterfront Festival, Ventana Fiesta, Festival of Lights, Party in the Park, Sand Sculpting Australia, Pets' Day Out and the Mayors Family Picnic.

Frankston City also offers a range of community-based events year round including Harmony Day, the International Day Against Homophobia, Biphobia and Transphobia, NAIDOC Week, International Day for People

with a Disability and the 16 Days of Activism Against Gender Based Violence.

It is essential to a strong community that all people feel welcomed, valued and respected and that they are able to express their cultural identity and fully participate in community life.

Social inclusion and engagement in a vibrant community empowers people to build individual and community resilience, and can be a protective factor in reducing mental and physical illness and improving overall wellbeing¹²⁶. Social connections improve levels of social support, decrease levels of stress and increase the amount of collective resources available to people¹²⁷.

Yet there are many people in Frankston City who say that they do not feel connected and are experiencing barriers to participation in community life. While the proportion of people who agree that people in their neighbourhood are willing to help each other (71.3%)¹²⁸, which is similar to the Victorian estimate, a lower proportion of people feel that they live in a close-knit neighbourhood (54.4%)¹²⁹, agree that people in their neighbourhood can be trusted

(64.9%)¹³⁰ and that multiculturalism makes life in their area better (47.2%)¹³¹.

Social isolation and exclusion have a profound impact people's physical and mental health and socio-economic activity. The concept of social exclusion is broader than loneliness, capturing factors such as access to employment, education, health services and transport that may exclude a person from society. It can also include the denial of rights and being subject to discrimination and stigma¹³².

Research shows that poverty, culture and language, and prejudices based on race, religion, gender, sexual orientation, disability, refugee status or other forms of discrimination limit opportunity and participation, cause psychological damage and harm health through long-term stress and anxiety.

Social exclusion can damage relationships, and increase the risk of disability, illness and social isolation. Additionally, disease and ill health can be both products of, and contribute to, social exclusion.¹³³

Community Building outcome 5

Frankston City enjoys a

Sustainable Environment

Long-term ambition:

Frankston City is a vibrant and prosperous coastal community with clean air and water, open spaces and biodiversity and food security and is a showcase of how to protect the natural environment with the sustainable use of resources by all



Health and wellbeing priority:

5.1: Sustainable use of resources

Our priority is for people in Frankston City to use resources sustainably at every stage of life through environments that enable:

- Equitable access to affordable energy efficient housing that promotes healthy living conditions
- Equitable access to the means to improve the energy performance of homes
- A culture of efficiency with access to the means to live more sustainably
- Resilience to climate change

Places – where we will work:

Whereas Council will work across the whole municipality, an analysis of local evidence shows that place-based prevention strategies and initiatives are required for the following local communities which have higher proportions of households living in rental stress, on a low-income and in need of assistance:

- Carrum Downs, Sandhurst and Skye Local Community
- Frankston North Local Community
- Karingal Local Community.

People – target population groups:

Research shows that the health and wellbeing of the following population groups are a greater risk of living in poor housing conditions and less resilient to climate change:

- Low-income households, or people in socio-economic disadvantaged areas
- Private renters
- People with a disability
- Young people living in private rentals
- Older people living in private rentals.

Evidence – Why the sustainable use of resources is important for health and wellbeing:

Of increasing concern is the issue of climate change, which will have an impact on long-term health and wellbeing. Effects are already being felt from higher average temperatures and drier conditions through reduced rainfall.

In Frankston City, climate change will increase the likelihood of more extreme weather events, such as floods, heat-waves, bushfires, storm surges and rising sea levels. The potential effects from these changes on health and wellbeing include a higher incidence of mosquito-borne diseases, a higher incidence of heat-related diseases like heatstroke, exacerbation of existing health condition such

as predisposition to heart attack, a higher incidence of illness from contaminated water supplies and a higher incidence of mental health problems. These effects are anticipated to have a greater impact on more vulnerable groups like those with existing illnesses, older people, low-income households and children¹³⁴.

Limiting climate change and the associated effects on health and wellbeing requires a significant reduction in the generation of greenhouse gas emissions. This can be achieved through the sustainable use of natural resources, such as reducing energy use from high-emitting sources like coal and gas and increasing the uptake of renewable energy and sustainable transport.

Council plays a key role in adapting to and mitigating the risks associated with climate change, and has plans in place to achieve zero emissions (carbon neutral) target by 2025¹³⁵. Council has also made the TAKE2 pledge, a Victorian Government initiative to support Victoria to reach zero emissions by 2050¹³⁶. Over the past 15 years, Council has already reduced its greenhouse gas emissions by 27% (3,903 tonnes) by avoiding energy use, as well as investing in energy efficiency and renewable energy technologies.

Council is also supporting the community with education and initiatives to facilitate the uptake of energy efficiency measures. Yet despite this, there are many barriers to low-income households, many of whom are in private rentals, in improving the energy efficiency of their homes. The barriers cannot be addressed through Council alone and will require leadership on the part of the Victorian Government.

An emerging area of concern within Frankston City is the impact that poor quality housing is having on health and wellbeing, particularly on people who are already experiencing chronic illness and disadvantage. Poor quality housing tends to be energy inefficient and lacking in

good heating and cooling making it less able to provide adequate protection from outdoor conditions. This is of particular concern during extreme weather events which can lead to illnesses from temperature extremes, particularly for those already vulnerable due to medical conditions and age. Energy inefficient houses are also more prone to poor living conditions like damp and mould, which are factors in the development of allergies and asthma. In times of peak energy demand, for example during heatwaves when there is a power outage, occupants in energy inefficient houses are also at greater risk of heat-related stress.

Energy inefficient housing also usually leads to higher energy usage and more expensive utility bills, which can cause energy hardship, debt and disconnections. Energy inefficient housing is therefore of particular concern for low-income households that have limited means to improve the energy efficiency of their home or purchase energy efficient appliances due to financial constraints or because they are renters.

Raising the efficiency of a home from 2 to 5 stars could save a household up to \$600 a year on their energy bills, but low-income households – those who need the savings the most – are missing out because they cannot afford the up-front costs, and/or because they rent¹³⁷.

The added financial stress from excessive utility bills has the potential to impact on mental and physical health of its occupants. Research shows that people who are struggling financially are much less likely to visit the doctor or pay for medications.

Community Building Outcome 6

Frankston City has a Sustainable Economy

Long-term ambition:

Frankston City enjoys a diverse and sustainable local economy, with transport and business infrastructure and a skilled local workforce that attracts viable investment and integrated local supply chains.



Health and wellbeing priority:

6.1: Skilled local workforce

Our priority is for people in Frankston City to be skilled and able to access secure employment at every stage of their working life through environments that enable:

- The development of skills that match the needs of the local economy, now and into the future, to provide access to local employment opportunities
- Equitable access to training and education
- Participation by people with a disability, Aboriginal and Torres Strait Islanders and other under-represented groups

Places – where we will work:

The evidence shows that prevention strategies and initiatives are required across all local communities within the municipality.

People – target population groups:

Research shows that the health and wellbeing of the following population groups are a greater risk of barriers to education and employment:

- People with a disability or poor mental health
- Aboriginal and Torres Strait Islanders
- People from culturally and linguistically diverse backgrounds
- People with caring responsibilities
- Older people, especially older women

Evidence – Why skills and employment is important for health and wellbeing:

Council's economic vision is for Frankston City to be the preferred place to live, learn, work, visit and invest based on a local economy that is sustainable, innovative and inclusive¹³⁸.

It is understood that to be sustainable, innovative and inclusive the local economy must be diverse and growing, providing long-term employment opportunities in resilient and agile industries. It must also provide flexible education systems that upskill the local labour force for future employment opportunities¹³⁹.

Since 2011 Frankston City's economy has grown steadily, with job growth of 8.4% and Gross Regional Product Growth of 11.1%¹⁴⁰, and over

90 businesses having employed five or more staff.

Whereas the job-to-person ratio in Frankston City is favourable, the unemployment rate is higher than the Victorian average and is as high as 13.3% in some local communities.

Despite most economic indicators trending in the right direction, Frankston City's Economic Development Plan identifies the development of Frankston City's local workforce as a key area

requiring attention. With low levels of educational attainment, the local workforce struggles to compete for local employment. For example, the most recent data suggests that that 56% of people employed in the growing Health sector in Frankston City reside in other municipalities.

A key opportunity presenting to Council is to support workforce readiness through training and vocational pathways to enhance the competitiveness of the local labour-force. This can only be achieved together with local employment and education sectors to support new, adaptive and responsive pathways to employment that support local people to achieve higher qualifications and enhanced employment opportunities that align with opportunities in the local employment sector.

Educational attainment and employment are key social determinants of health and wellbeing throughout life. Education equips people to achieve stable employment, have a secure income, live in adequate housing, provide for families and cope with poor health by assisting them to make informed health care choices.

An individual's education level affects not only their own health, but that of their family, particularly dependent children.¹⁴¹ Employment can provide financial independence, a better standard of living and improved physical and mental health.¹⁴²

There are people who are not able to gain secure employment, or would like to complete further studies but cannot afford to. For example, fewer people with disabilities participate in the workforce than those without disabilities. More people with disabilities are unemployed than those without disabilities. Research also shows that people with caring responsibilities experience higher rates of unemployment.¹⁴³

Approximately half of Frankston residents travel outside of the municipality for work, higher than the regional average. Research suggests commuting is associated with negative health effects, such as increased stress, short sleeping times and low self-reported health¹⁴⁴. Time spent commuting can also mean that there is less time available for physical activity and relaxation, and time for social and family activities.

Community Building Outcome 7

Frankston City is a Learning Community

Long-term ambition:

Frankston City is a literate community that harnesses lifelong learning and entrepreneurship and delivers informed educational opportunities that are driven by market required competencies.



Health and wellbeing priority:

Priority 7.1: Literacy across all life stages

Our priority is for people in Frankston City to enjoy high levels of literacy at every stage of life through environments that enable:

- Positive early childhood development
- Educational attainment
- Equitable access to life-long learning opportunities

Places – *where we will work:*

The evidence shows that prevention strategies and initiatives are required across all seven local communities within the municipality.

People – *target population groups:*

Research shows that the health and wellbeing of the following population groups are a greater risk of barriers to education and employment:

- People with a disability or chronic poor health
- Aboriginal and Torres Strait Islanders
- People living in areas of socio-economic disadvantage
- Older people
- People from culturally and linguistically diverse backgrounds
- Vulnerable children and young people, including children in out-of-home care

Evidence – *Why literacy is important for health and wellbeing:*

Learning communities can take many forms. A society that enables access to lifelong learning, within and beyond the classroom, is essential for building a community's capacity to thrive.

Access to lifelong learning is a driver of economic and social prosperity that is known to enhance health and wellbeing, particularly in older people.

One of the challenges for Council is to promote Frankston City as a learning community and increase access to learning and education opportunities across all life stages. To enable this requires government, non-government,

education sector and community partners across Frankston City to harness opportunities for lifelong learning in all environments where people live, learn, work and play.

Literacy levels have an impact on educational attainment, with education recognised as a key determinant of health in Australia.¹⁴⁵

International studies have found links between lower literacy and a higher risk of hospitalisation, higher rates of depression and an inability to understand and comply with the use of prescription drugs¹⁴⁶.

Local statistics point to a higher proportion of people in Frankston City with low educational attainment compared with Victorian averages, with 46.7%¹⁴⁷ of people holding no qualifications compared with only 11.9%¹⁴⁸ of people holding a bachelor degree or higher.

There is also research that shows school completion as a predictive determinant of socio-economic status and health and wellbeing outcomes. In Frankston City there is a lower proportion of young people successfully attaining Year 12 or equivalent (85.3%)¹⁴⁹.

Literacy and language are also essential skills that enable children to develop. A strong foundation in literacy and language prior to school will help the child to continue to develop a range of skills throughout their lives. Whereas the majority of children in Frankston City are developing on track with regards to literacy and language, there is an above average proportion of children who are developmentally vulnerable (7.4% compared to 6.3% for Victoria) and at risk of being developmentally vulnerable (9.7% compared to 8.9% for Victoria) in literacy and language, particularly from those areas experiencing socio-economic disadvantage¹⁵⁰.

The Plan will facilitate the promotion of learning opportunities in both community-based and educational settings, with a focus on enhancing literacy across all life stages.

Part 4:

Delivering the Health and Wellbeing Plan



Implementation – the Action Plan

The ambitions, outcomes and priorities outlined in the Plan will be progressed through the implementation of an Action Plan that outlines specific actions, the role of Council and potential partners.

The actions are prevention-based and outcomes-focused, aiming to take action at a place-based level within local communities to effect change and impact long-term health and wellbeing. As such, there is a focus on the local communities and population groups that are experiencing the greatest health inequalities.

The actions are listed by the Plan's seven outcome areas, but the majority of actions are integrated and work towards more than one outcome as many health issues share interconnecting underlying determinants. The actions are also designed to complement Council's other policies and strategies.

Many of the actions will be implemented in partnership with local service providers, government, community groups and other

organisations along with the broader community.

Delivering the actions set out in our Action Plan will be a process of continuous improvement allowing for flexible and responsive implementation. As such, the Action Plan will be reviewed and updated annually in line with Council's planning and budget cycle, starting with the Action Plan: Year One 2017–2018.

This will grant Council with the opportunity to reflect on the way the actions are being implemented and draw upon evidence to make improvements to the way we are working in order to achieve better results. We will also be able to accommodate any key policy changes occurring at all levels of government, key service system changes, as well as any changing needs of the community.

Monitoring and evaluation

It is a statutory requirement for councils to review their Municipal Health and Wellbeing Plans annually.

The Plan will be reviewed at the end of each year based on progress being made with the implementation of the Action Plan and analysis of any available data.

The Plan will be fully evaluated in 2020–2021 at the end of the four year cycle. This more detailed evaluation will be guided by the indicators outlined in the Evaluation

Framework. These indicators are based on our priorities and have been drawn from Council's Community Building Outcomes Framework to monitor and assess any change that may be occurring within the seven outcomes across the seven local communities. They also align with the Victorian Government's Public Health and Wellbeing Outcomes Framework.

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**FRANKSTON CITY
COUNCIL**

30 Davey Street
Frankston VIC 3199
Australia

PO Box 490
Frankston VIC 3199

Phone 1300 322 322
+61 3 9784 1888

Fax +61 3 9784 1094

frankston.vic.gov.au