Whitehorse Family Violence Prevention Action Plan 2021-2025

19 September 2021

WHITEHORSE
CITY COUNCIL

Whitehorse City Council says no to violence. Council is committed to working together with the community to model and promote equal and respectful relationships. We want a community where everyone is valued and safe.

(Council Statement on Prevention of Family Violence and Violence against Women and Children, 2019)

WHITEHORSE CITY COUNCIL

Summary

The *Whitehorse Family Violence Prevention Action Plan 2021-2025* is an action plan of the *Whitehorse Health and Wellbeing Plan 2021-2025.*

The *Whitehorse Family Violence Prevention Action Plan 2021-2025* (the Action Plan) articulates the key priority partnership actions that Council and the community will implement to prevent family violence, including elder abuse. The Action Plan emphasizes prevention of violence from happening in the first place – also known as primary prevention – but also includes priority actions for early intervention and response.

This four-year Action Plan adopts a socio-economic and settings-based approach to the problem of family violence, recognising the gendered nature of family violence and violence against women and working to tackle the root causes of the problem.

Reducing the prevalence of family violence contributes to building a safer and more secure environment in the City of Whitehorse. Implementing a broad range of activities which complement and reinforce the impact of one another will be more likely to achieve results and sustain change.

In developing this Action Plan, Council has articulated how it will work alongside the community to promote gender equity and in turn prevent family violence. Local government plays a role as both a setting and a leader for action.

Many areas of Council play a role in family violence prevention

The Action Plan is guided by priorities emerging through the development of the Whitehorse Health and Wellbeing Plan 2021-2025, stakeholder consultation, review of the Action Plan 2019-2020 and changes in legislation and the service system. Consideration was given to the additional demands of the pandemic crisis on participating stakeholders. The data tells us that family violence, elder abuse and child abuse have been exacerbated by the restrictions imposed during the COVID-19 pandemic.
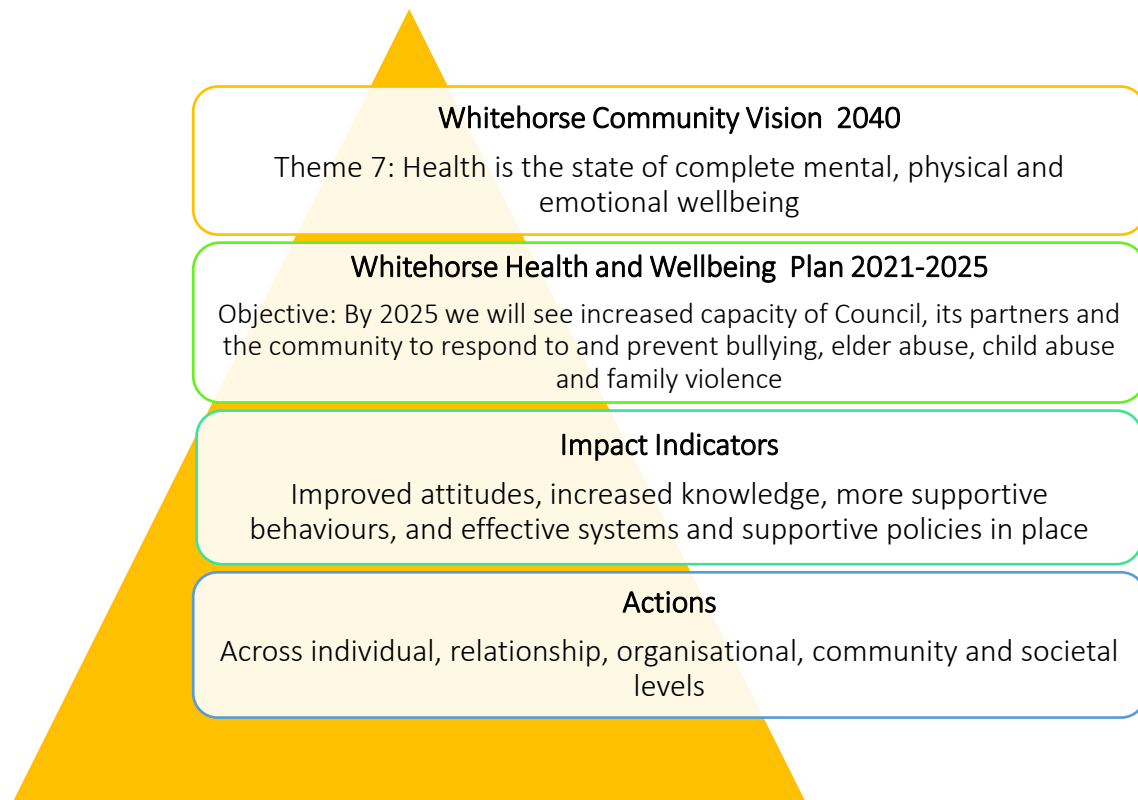
By taking action in line with with Federal, State and regional polices, we are contributing to long-term change whereby people in Whitehorse, and more broadly:

- Hold attitudes and beliefs that reject gender inequality and family violence
- Actively challenge attitudes and behaviours that enable violence
- Have homes, organisations and communities that are safe and inclusive
- Live and practise confident and respectful relationships

Family violence, and violence against women, is preventable. Together with the community, Council will take action across individual, relationship, organisational, community and societal levels to increase our capacity to respond to and prevent family violence, including elder abuse.

Our priority approaches are
- Timely, tailored information
- Innovation in ways to inform and educate people
- Fostering positive attitudes about women, people who are LGBTIQ+ and older people
- Whole of organisation/service approach to gender equality
- Recognition that intersectionality compounds the risk and impacts of family violence

Whitehorse Community Vision 2040
Theme 7: Health is the state of complete mental, physical and emotional wellbeing

Whitehorse Health and Wellbeing Plan 2021-2025
Objective: By 2025 we will see increased capacity of Council, its partners and the community to respond to and prevent bullying, elder abuse, child abuse and family violence

Impact Indicators
Improved attitudes, increased knowledge, more supportive behaviours, and effective systems and supportive policies in place

Actions
Across individual, relationship, organisational, community and societal levels

Read the full Action Plan to learn more about how Council and community will work together for the prevention of family violence over the four years 2021-2025.

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Introduction

The *Whitehorse Family Violence Prevention Action Plan 2021-2025* (the Action Plan) is an action plan of the *Whitehorse Health and Wellbeing Plan 2021-2025*. With these two plans Council has identified priorities, objectives and partnerships to address both prevention and response to family violence, including elder abuse. Reducing the prevalence of family violence contributes to building a safer and more secure environment in the City of Whitehorse, and we know that implementing a broad range of activities which complement and reinforce one another will be more likely to achieve results and sustain change.

This four-year Action Plan adopts a socio-economic and settings-based approach to the problem of family violence. It recognises the gendered-nature of family violence and violence against women and to tackle the root causes of the problem. The first Action Plan, *Whitehorse Family Violence Prevention Action Plan 2019-2021,* ran for two years and was ambitious in scope. The greatest gains from implementing the first Action Plan were seen in the increased collaboration within Council and with community stakeholders to deliver primary prevention of family violence activities.

The Whitehorse Collaborative Action Network for Prevention of Violence against Women (CAN4PVAW) reviewed the first Action Plan in July-August 2020. This feedback, combined with an assessment of achievements at the end of June 2021, highlighted recommended areas for inclusion in the 2021-2025 Action Plan.

Over the next few years Council will be navigating its role and opportunities that come with the introduction of the Inner East Orange Door at Box Hill and the introduction of the Gender Equality Act 2020.

The actions of this plan build on the activities undertaken in previous years. Many of the actions are collaborative in nature, involving the combined efforts of different Council departments and stakeholder organisations. The COVID-19 pandemic has considerably impacted our community and the work of all contributors to this Action Plan.

Definition of family violence

The Victorian Family Violence Protection Act 2008 defines family violence[1] as:

'Behaviour by a person towards a family member of that person that:

- is physically or s?ually abusive

- is emotionally or psychologically abusive

- is economically abusive

- is threatening

- is coercive

- in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person

- includes behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of behaviour referred to in these ways.'

Further definitions relevant to this Action Plan are included in the last section of this document.

Policy context

Nationally, Australia's efforts are guided by The National Plan to Reduce Violence against Women and their Children 2010 – 2022.[2] At the state level, the 2015 Victorian Royal Commission into Family Violence recognised the seriousness of family violence and its consequences for individuals, families and communities. Recommendation 94 of the Royal Commission final report requires that Local Government Councils "report on the measures they propose to take to reduce family violence and respond to the needs of victims". This requirement is aimed at increasing the focus on family violence prevention and applies to Municipal Public Health and Wellbeing Plans.

Since 2015, Victoria has developed legislation, policies and programs to address the drivers of family violence. In May 2017 Victoria released the first state-wide primary prevention strategy, *Free from Violence: Victoria's strategy to prevent violence and all forms of violence against women, action plan, 2018 – 2021*.[3] This strategy puts into practice a series of short and long-term initiatives to build

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[1] State of Victoria. Family Violence Protection Act 2008 No. 52 of 2008. Available:
http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/f932b66241ecf1b7ca256e92000e23be/083D69EC540CD748CA2574CD0015E27C/$FILE/08-52a.pdf

[2] Council of Australian Governments. *National Plan to Reduce Violence against Women and their Children 2010-2022*
Available: https://www.dss.gov.au/women/programs-services/reducing-violence/the-national-plan-to-reduce-violence-against-women-and-their-children-2010-2022

[3] State of Victoria (Department of Health and Human Services). *Free from violence: Victoria's strategy to prevent family violence and all forms of violence against women First action plan 2018– 2021.* Available:
https://w.www.vic.gov.au/system/user_files/Documents/fv/1710039_Free%20from%20Violence%20First%20Action%20Plan%202018-2021%2016.pdf

the infrastructure and systems to prevent family violence. Councils are expected to align with these Victorian government plans.

In 2020 the Victorian government passed the Gender Equality Act requiring proscribed entities such as local governments to implement gender audits, gender equality action plans and gender impact assessments of policies, programs and services.

International, national and state strategies recognise that family violence is driven by gender inequality. Therefore, a significant amount of the work of this Action Plan is about supporting sustained positive change in gender relations. This Action Plan is strongly informed by the detailed work undertaken by the world-leading work of Our Watch and their approach to change set out in the Framework called *Change the Story*. [4]

The City of Whitehorse is a partner in Together For Equality & Respect (TFER) [5], a collaborative, cross sector partnership of organisations working together to prevent violence against women in Melbourne's Eastern Metropolitan Region. Over 25 organisations are members of the Partnership.

The TFER Partnership and Strategy have, over time, strengthened the Region's ability to prevent violence against women by supporting a shared vision and alignment of mutually reinforcing initiatives.

This Action Plan, which sits beneath the Whitehorse Health and Wellbeing Plan, aligns with the Community Vision 2024 and the Council Plan as well as these national, state and regional policies and plans (Figure 1):

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[4] Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) and VicHealth (2015) Change the story: A shared framework for the primary prevention of violence against women and their children in Australia, Our Watch, Melbourne, Australia. Available: https://www.ourwatch.org.au

[5] Together for Equality and Respect Strategy: Preventing Violence Against Women in Melbourne's East 2017-2021, Women's Health East, Melbourne. http://whe.org.au/tfer/strategy-overview-document/

Figure 1: Alignment of Whitehorse Family Violence Prevention Action Plan 2021-2025 with National and Victorian prevention policies and local Strategic Directions

National Policies	State/Region Policies	Strategic Directions
National Plan to Reduce Violence Against Women and their Children 2010-2022	Victorian Gender Equality Act 2020	Whitehorse Community Vision 2040
	Safe and Strong: A Victorian Gender Equality Strategy	
Change the Story: a shared framework for the primary prevention of violence against women and their children in Australia, Our Watch	Free From Violence: Victoria's strategy to prevent family violence and all forms of violence against women	Priority area: Health and Wellbeing
	Recommendations arising from the Victorian Royal Commission into Family Violence	
	The Victorian Public Health and Wellbeing Plan	
	Together for Equality and Respect Strategy and Action Plan 2021-2025	

Whitehorse Health and Wellbeing Plan 2021-2025

Whitehorse Family Violence Prevention Action Plan 2021-2025

The Action Plan also recognises Council services' role in early intervention and responding to family violence. Since September 2018 this role has been changing due to the introduction of the Victoria Government's Information Sharing Reforms. As part of the rollout of these reforms, Victorian Councils are required to comply with:

- Multi-Agency Risk Assessment and Management (MARAM) Framework
  Established in law under *Part 11 of the Family Violence Protection Act 2008*, the MARAM underpins the FVISS and CISS as the legislative instrument for risk identification, assessment and management. The MARAM offers support for achieving organisational alignment of policies,

processes and procedures to represent a consistent understanding of family violence and child wellbeing and safety best practice.

- Family Violence Information Sharing Scheme (FVISS) Ministerial Guidelines

Made under *Part 5A of the Family Violence Protection Act (FVPA) 2008* and the *Family Violence Protection (Information Sharing and Risk Management) Regulations 2019*. The FVISS authorises information sharing to assess or manage risk of family violence.

- Child Information Sharing Scheme (CISS) Ministerial Guidelines

Made under *section 41ZA of the Child Wellbeing and Safety Act*, the CISS authorises information sharing to promote the wellbeing and safety of children.

The MARAM Framework outlines and underpins the necessary policies, practice and procedural considerations required for Information Sharing Entities, including Councils, to align with to be compliant with the legislated requirements.

Alignment with the Information Sharing reforms is an ongoing process. From 2020 Council service roles in Information Sharing will extend beyond Maternal Child Health Services, offering an opportunity for review of current information sharing policies, processes, capabilities and data retention systems for improved integration with the MARAM framework, the FVISS and the CISS.

Extent of the issue – family violence in the City of Whitehorse

Overview

Family violence affects people from all backgrounds and walks of life. As a community we all pay the human, financial and social costs.

Intimate partner violence is the leading preventable contributor to death, disability and illness in Victorian women aged 15–44 years, with the greatest burden due to the wide-ranging and persistent effects on women's health and increased risk of anxiety and depression.[i] In Whitehorse 23.6 per cent of females experience anxiety or depression.[ii]

Intimate partner violence, which may involve sexual assault, is the most common and pervasive type of family violence perpetrated by men against women.

Family violence occurs when a perpetrator exercises power and control over another person. It involves coercive and abusive behaviours resulting in fear and insecurity. It covers a wide spectrum of conduct that involves an escalating spiral of violence – physical, sexual psychological, emotional, cultural, spiritual and financial. Family violence affects people across the community regardless of social status, occupation, sexuality, age or cultural background.

Men can be victims of family violence, but research shows that men are mostly the perpetrators of intimate partner violence and family violence. Violence against women is now accepted across the world as one of the most serious issues we face. Its impacts are damaging and far reaching.

Table 1: Family incident rate, Eastern Metropolitan Region 2015-16 to 2019-20

LGA	Family incident rate per 100,000 population (July – June)					% change
	2015-16	**2016-17**	**2017-18**	**2018-19**	**2019-20**	**2015/16 – 2019/20**
Boroondara	466.5	443.0	441.6	465.1	515.1	10.4%
Knox	1090.1	996.1	972.4	1045.4	1156.3	6.1%
Manningham	640.5	580.2	565.6	561.2	593.7	-7.3%
Maroondah	1054.9	947.4	868.9	974.2	1091.1	3.4%
Monash	699.3	706.9	626.8	693.1	710.4	1.6%
Whitehorse	629.0	605.4	607.0	665.8	723.9	15.1%
Yarra Ranges	1052.7	954.3	1007.1	1005.9	1116.6	6.1%
Victoria	1263.3	1209.8	1177.5	1253.0	1315.4	4.1%

Source: Crime Statistics Agency (2021), Family Violence Data Portal

Rates of family violence incidents in Whitehorse have been historically around half that of the State average (Table 1), however in the second quarter of 2020 rates of family violence incidents in Whitehorse increased by 25.2 per cent compared to the same time in 2019. By contrast, the State average only increased by 12 per cent, indicating that in Whitehorse during the start of the pandemic family violence incidents were increasing at a rate of more than double that of the State. Often family violence is not reported. In fact of women who have experienced violence by a former partner since the age of 15, 65 per cent have never contacted the police.[iii]

Australian surveys and studies estimate that children are present in between 36 – 59 per cent of family violence incidents. [iv]

Statistics

Offences

The rate of crimes against the person which were family *offences* in Whitehorse for 2019/2020 was 280.0 per 100,000 population which is an increase of 141 per cent since 2010/2011 (rate of 116.0).[v] In 2019/2020 the rate of crimes against the person which were family *offences* in Whitehorse in which women were victims was 341.0 and for men it was 110.0 per 100,000 population, representing a 211 per cent higher rate for women.[vi]

Incidents

The City of Whitehorse has almost half the rate of recorded family violence *incidents* for Victoria. However, there were still 1,302 family violence incidents reported in 2019/2020; an average of 25 incidents every week.[vii] It is estimated that only 25 per cent of family violence incidents are reported to the police[viii] so the true annual number of family violence incidents in Whitehorse may be closer to greater than 5,200 per year, equating to 100 incidents per week.

Perpetrators and victims

Community and family violence is mostly perpetrated by men.[ix]

Violence in the general community is mostly experienced by men perpetrated by someone not known to them while family violence and intimate partner violence (including sexual assault) victims are mostly women in a current or former relationship with the perpetrator.[x]

Women and children are far more likely to experience violence in the home than in the general community, and by a male known to them.

- Every week, at least one woman is murdered in Australia by a current or past partner.
- Children are present as victims or witnesses in at least a third of all incidents reported to police.
- Women with a disability experience higher risk of violence.

There is an established link between problem gambling and family violence. International research indicates that people who have significant problems with their gambling are more likely than people without gambling problems to be the victims and perpetrators of family violence.[xi]

Drinking alcohol can be linked to a range of negative effects on children and families. This includes injury, child neglect, abuse and violence. Children experience a range of harms, with the most common being the witnessing of verbal or physical conflict, drinking or inappropriate behaviour. Because of other's drinking children are at risk of being verbally abused, left in an unsupervised or unsafe situation, physically hurt or exposed to domestic violence. [xii]

Children

In 2014 Whitehorse had a rate of 4.2 per 1,000 children of substantiated child abuse cases for children aged 1-17 years, compared with 9.2/1,000 for Victoria.[xiii] Children's exposure to domestic violence has been increasingly recognised as a form of child abuse.

The rate of co-occurrence of Australian children experiencing physical abuse and being exposed to domestic violence, and experiencing sexual abuse and being exposed to domestic violence have been estimated at 55 per cent and 40 per cent respectively.[xiv]

Family violence has detrimental and long-lasting effects on children and young people.[xv]

People with a disability

Forty-seven per cent of adults with disability *report* having experienced violence after the age of 15, compared with 36 per cent of adults without disability.[xvi]

Women and girls with disabilities not only experience significantly higher levels of all forms of violence but the violence is more intense and frequent than amongst the general population.[xvii] Women and girls with disabilities are also subjected to violence by a greater number of perpetrators throughout their life.[xviii]

Older people

Psychological and financial abuse contributes to poor mental health of older people. A review of 2,385 calls relating to abuse made to the Seniors Rights Victoria state-wide helpline in the period 2012-2019 found that:[xix]

- most victims were aged 70-90 years
- the abuse was mostly psychological and financial
- 72 per cent of victims were women
- 54 per cent of perpetrators were men
- 91 per cent of perpetrators were family members; among them, sons (39%), daughters (28%), partners (10%), in-laws and grandchildren
- 36 per cent of victims were residing with their abuser.

Impacts of COVID-19 pandemic

In March 2020 the outbreak of a novel coronavirus was declared a pandemic and formally named COVID-19. The Australian and Victorian governments responded by introducing a series of pandemic control measures aimed at containing and minimising the transmission of the virus both from outside and within communities.

The full impacts of the COVID-19 pandemic on all of the preventable contributors to poor health and wellbeing are not fully realised. However a VicHealth survey conducted in September 2020 during the second wave of the coronavirus pandemic in Victoria (the second in a series undertaken by VicHealth) found distinct differences between the experiences of communities facing hardship and the wider population.

The VicHealth survey found that people experiencing the most significant health and wellbeing impacts of the second wave of COVID-19 compared to the Victorian population overall were young people aged 18–35 years, people on low incomes, people who were unemployed and people with a self-reported disability.

Research by Respect Victoria (2020) found there to be a high degree of resilience by older people in the face of the threat of COVID-19 and the pandemic response. However, there is an apparent increase in ageism, which is a known contributor to elder abuse. Risk factors for elder abuse that have increased during the pandemic response include: social isolation, less access to health care and exercise, more reliance on the use of technology, financial stress and carer stress.[xx]

During the COVID-19 pandemic in 2020 family violence service providers reported that very specific methods of control were being exerted, such as a perpetrator telling their partner that they have the virus and therefore they can't leave the house, or calling police to allege the victim is breaching COVID-19 restrictions. During lockdowns in Victoria women's opportunities to call for help were much more limited, with women contacting family services whilst hiding in bathrooms, backyards, aisles of grocery stores, schools, their cars as well as other opportunities they had away from perpetrators.

Local experience

In 2020 and 2021 Council conducted a series of pandemic impact assessments. Reports from the local specialist family violence service EDVOS about service use during restrictions related to the COVID-19 pandemic (in 2020) show that:

- For the period March to August 2020, while there was no significant increase overall in the total numbers of family violence referrals since March, there were clear spikes in presentations at various times
- First time engagement in victim survivors increased from an average of 30 per cent pre COVID-19 to 60 per cent
- Family violence incidents were more complex and serious
- Half of police referrals were considered high risk and the risk assessments showed increases in frequency and severity of ongoing violence, particularly physical abuse, sexual abuse and coercive control
- Between March and June 2020, referrals and consultations from universal services increased by 20 per cent. This included services such as: local councils, schools, community health services, early childhood providers, counselling & psychologist services.[xxi]

In May 2021 EDVOS reported observation of increase of housing distress and homelessness with tenancy protections winding back and arrears increasing.

The Risk Assessment Multi-Agency Panel (RAMP), which includes representatives from Victoria Police, the Department of Health & Human Services, EDVOS, Corrections, Justice, Monash Health and St Vincent, suspected a level of under-reporting particularly with respect to more serious matters during restrictions as a result of the COVID-19 pandemic. The group also had particular concerns in respect to suicide rates/ideation, under-reporting in the culturally and linguistically diverse community, and financial stress.[xxii]

Council's pandemic needs assessment noted that housing services report it taking longer to allocate community housing vacancies during the restrictions, with a flow on effect for women and children escaping family violence.

In May 2021, the Eastern Centre Against Sexual Assault reported a steady increase in demand.

Older people

According to the Crime Statistics Agency, between 1 April-30 June 2020, despite a decline in the number of family violence-related calls received by Seniors Rights Victoria, the number of older people victim-survivors recorded by Victoria Police increased and the number of incidents involving older people flagged as family violence-related by Ambulance Victoria doubled when compared to the same period in 2019.[xxiii]

In addition to this, between April and the end of June 2020, the number of older people under protection/intervention orders increased by 10 per cent, compared to the same period in 2019.[xxiv]

Council's pandemic needs assessment noted there was more social isolation and less access to appropriate health services in a timely manner for the elderly living at home. There was anecdotal evidence suggesting increased instances of elder abuse including financial abuse.[xxv] However, in Whitehorse in 2020 there were 804 violent crime victim *reports* for persons aged 55+, which was less than the 957 reported in 2019.[xxvi]

Children

Department of Health and Human Service's Intensive Infant Risk Panel reported a large increase in the number of infants at very high risk, the level of family violence being reported as very high, with children present during the violence and in some cases also being held while it was happening. Between April and the end of June 2020 the number of young victim-survivors recorded by Victoria Police had increased by around six per cent, and the number of unique young people protected by a family violence protection order had also increased by around six per cent.[xxvii]

Council's pandemic needs assessment noted further disengagement with secondary education by young people already at risk. There was an increased demand for welfare/police checks and involvement due to issues at home.

What we know about preventing family violence

While family violence is serious and common, we can stop it from happening in the first place. The *Whitehorse Family Violence Prevention Action Plan 2021-2025* identifies the key actions that Council and partner organisations will undertake over the next four years to address the problem of family violence.

Family violence is gendered in nature. While both men and women can be victims and perpetrators of family violence, most family violence and the most severe violence, is perpetrated by a man against a woman. Violence against women is primarily driven by gender inequality.

Gender inequality is based on social and cultural norms that reinforce dominant ideas about women and men in society. These norms ensure that women and men do not have equal power, resources or opportunities, and that their voices, ideas and work are not valued equally by society.[6] Gender inequality underpins economic structures (such as the pay gap between men and women), and organisational, community, family and relationship practices. (Read more about Gender Inequality in Whitehorse.)
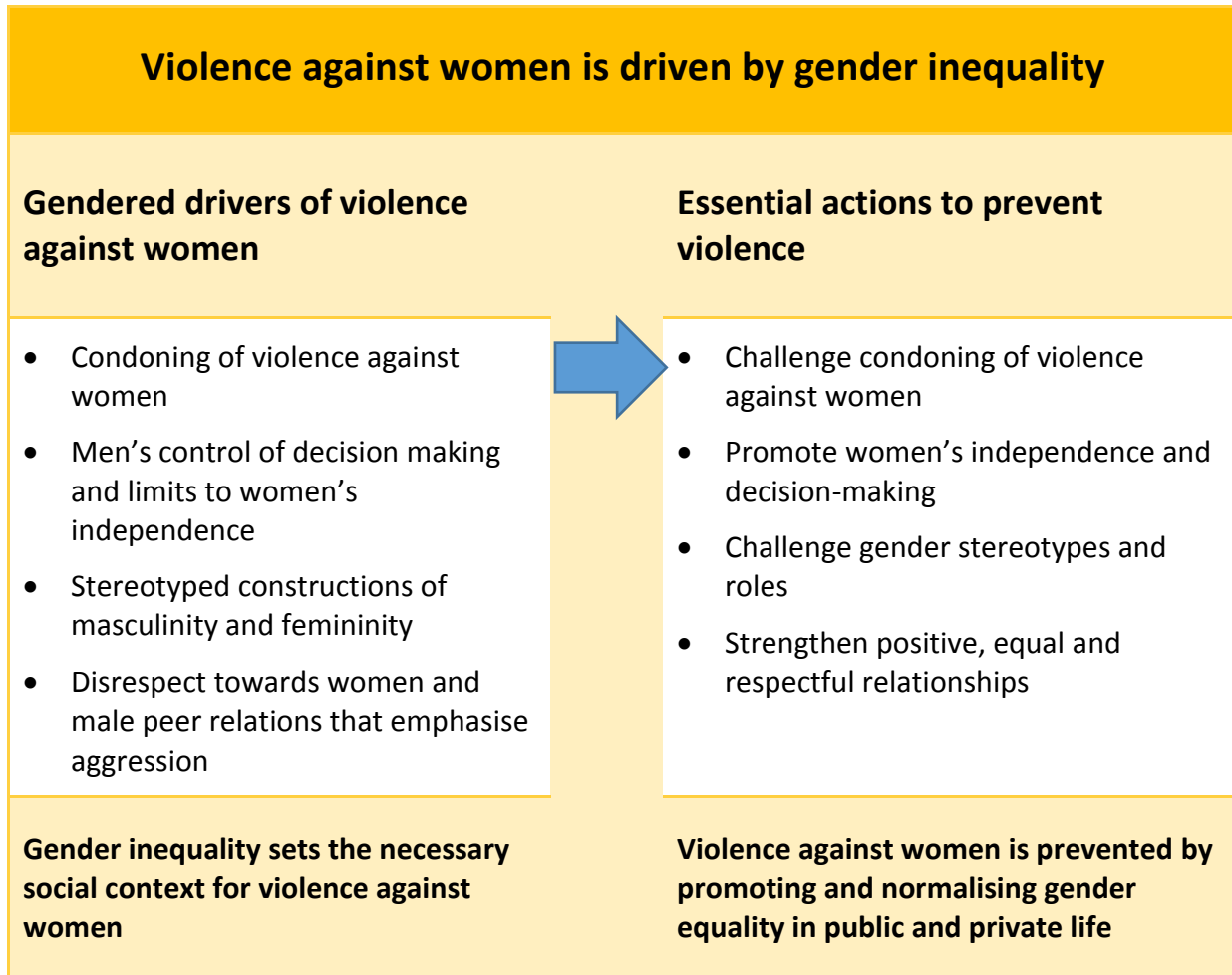
This broad social context of gender inequality produces specific gendered 'drivers' of violence against women (Figure 2) together with reinforcing factors which are known to increase the severity of violence. These gendered drivers inform the essential actions necessary to prevent violence

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[6] Our Watch. Preventing Violence, What You Can do, Women. Available: https://www.ourwatch.org.au/Preventing-Violence/Women

against women from happening in the first place, known as 'primary' prevention. Together, the gendered drivers and essential actions provide a framework for the prevention of family violence.[7]

Figure 2: Essential actions for primary prevention of violence against women and family violence

Violence against women is driven by gender inequality

Gendered drivers of violence against women	Essential actions to prevent violence
• Condoning of violence against women • Men's control of decision making and limits to women's independence • Stereotyped constructions of masculinity and femininity • Disrespect towards women and male peer relations that emphasise aggression	• Challenge condoning of violence against women • Promote women's independence and decision-making • Challenge gender stereotypes and roles • Strengthen positive, equal and respectful relationships
Gender inequality sets the necessary social context for violence against women	**Violence against women is prevented by promoting and normalising gender equality in public and private life**

Our Watch found that the gendered drivers of violence against women are consistently <u>reinforced</u> by the following factors:

- the harmful use of alcohol which can weaken pro-social behaviours

- backlash factors which occur when male dominance, power or status is threatened, and

- previous experience of, or exposure to, violence against women, child abuse, racist and community violence. [11]

Whitehorse City Council services, such as maternal child health, report that alcohol, drugs and mental health issues are factors present in many family violence cases they are involved with. While

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[7] Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) and VicHealth (2015) *Change the story*: *A shared framework for the primary prevention of violence against women and their children in Australia*, Our Watch, Melbourne, Australia. Available: https://www.ourwatch.org.au

these factors may exacerbate or reinforce violence, they are not the underlying causes.[8] The Whitehorse Health and Wellbeing Plan prioritises men's and women's mental health and wellbeing, social isolation and community connectedness.

Attitudes to violence against women differ across population groups.[9] For example, young people and people from some CALD backgrounds are more likely to hold violence-supportive attitudes than other segments of the population.

Particular risk factors for violence affect varying groups differently. Populations of interest in the City of Whitehorse include multicultural communities, new parents, children and young people; Aboriginal and Torres Strait Islander people, people who identify as lesbian, gay, bis&ual, transgender, inters& or queer (LGBTIQA+), people with a disability, older people and international students. The prevalence of violence against women is higher in Aboriginal groups than in the general population. Women with a disability also have an increased vulnerability to violence.[10] (Read more about Demographics)

The probability of violence against women is higher when the consequences of gender inequality intersect with the impact of other forms of inequality and discrimination including racism, discrimination against people with disabilities or discrimination on the basis of s&ual orientation or gender identity.[11] Further, where a person has a low level of support for gender equality, they are more likely to hold attitudes supportive of violence against women. [12] (Read more about Intersectional Disadvantage)

Family violence looks different for groups experiencing intersectional discrimination and disadvantage. For example, we know that an underlying driver of elder abuse is ageism. Social and cultural norms where elder abuse is tolerated arise when older people are regarded as less valuable, are unable to make their own decisions and are considered a burden on resources. The intersection of ageism and gender inequality may make older women at higher risk of abuse. Elder abuse is most often intergenerational, perpetrated by an adult child or other family member against a parent. Parent–child relationships have unique dynamics that influence a person's help-seeking behaviour. People who experience elder abuse may be reluctant to seek help because they fear consequences, including retribution from the perpetrator, or losing or damaging family relationships (with the perpetrator and others). They may also worry about what the consequences will be for the perpetrator.[13]

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[8] Our Watch, *How to report on violence against women and their children – 2019 National edition*, https://d2bb010tdzqaq7.cloudfront.net/wp-content/uploads/sites/2/2019/09/09000510/OW3989_NAT_REPORTING-GUIDELINES_WEB_FA.pdf

[9] ibid

[10] Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) and VicHealth (2015) *Change the story*: *A shared framework for the primary prevention of violence against women and their children in Australia*, Our Watch, Melbourne, Australia

[11] ibid

[12] ANROWS. The National Community Attitudes towards Violence against Women Survey (NCAS). Available: https://ncas.anrows.org.au

[13] Senior's Rights Victoria 2018. Elder Abuse as Family Violence Discussion Paper , Melbourne. Accessed at: https://seniorsrights.org.au/wp-content/uploads/2018/05/Elder-Abuse-as-Family-Violence-FINAL.pdf

Our approach

The *Whitehorse Family Violence Prevention Action Plan 2021-2025* articulates the key priority actions that Council and the community will implement to prevent family violence, including elder abuse. The Action Plan emphasizes preventing violence from happening in the first place – also known as primary prevention – but also includes priority actions in the areas of early intervention and response. The Action Plan's emphasis on primary prevention is illustrated in Figure 3.

*Figure 3: Family Violence Prevention pyramid*
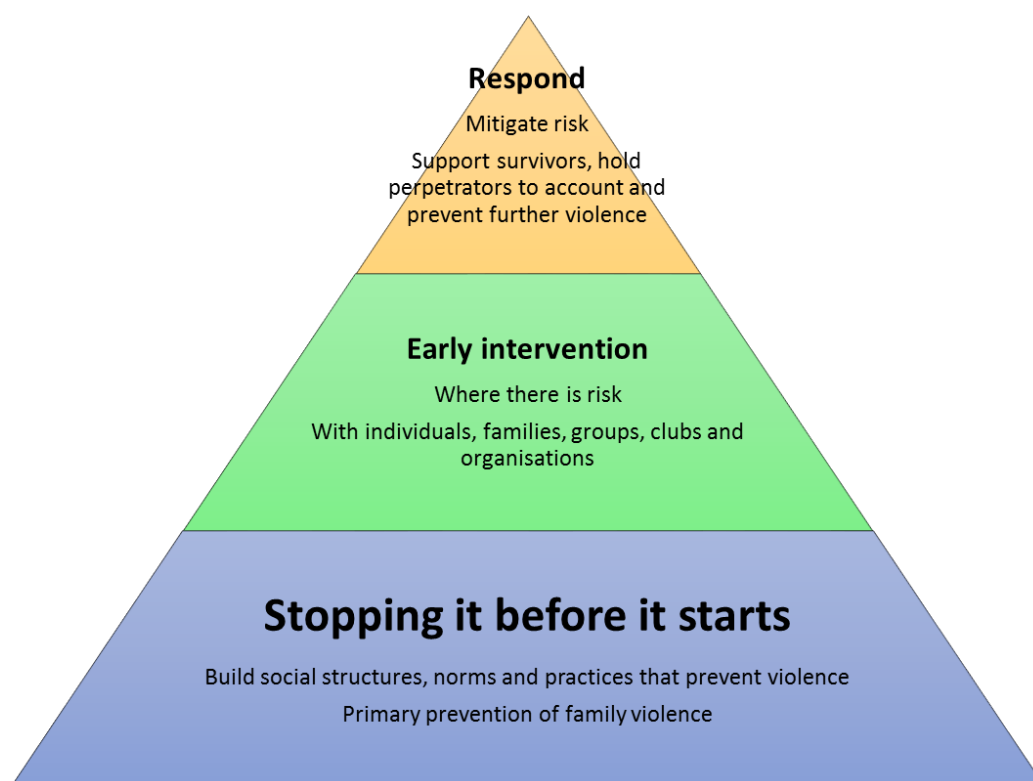
Effective practice in the prevention of family violence uses a variety of strategies applied in the settings in which people live, work, learn and recreate, such as sport, education, workplaces and the community. These are environments that:

- Have a key role in transmitting attitudes and social norms about family violence and gender equality

- Have the potential to reach a large proportion of the population in the course of people's day-to-day lives

- Have the potential to reach priority populations

- Are suitable for prevention interventions which can be feasibly implemented and sustained.

Local government plays a role as both a setting and a leader for action.

Family violence prevention can be directed at four spheres of social life where we want to see change, as illustrated in the socio-ecological model of prevention (Figure 4):

Figure 4: Socio-ecological model of prevention of family violence

Council actions to prevent family violence
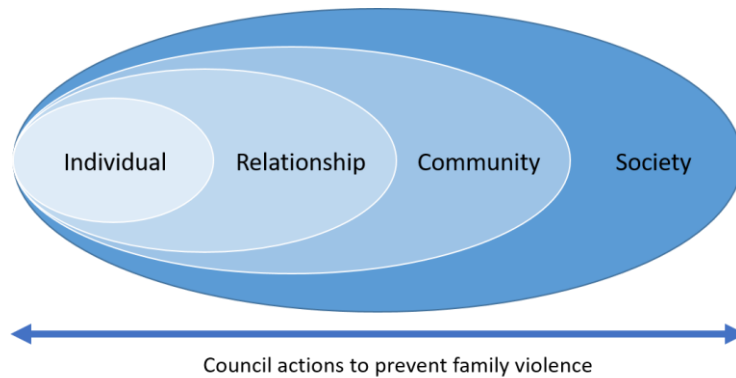
- The **Individual** level relates to Council service staff who have direct contact with residents such as Maternal and Child Health Services and Local Laws teams. It also looks at changes in individuals in the community (awareness, knowledge, attitudes, and behaviour) to promote equality and respect, usually created through information, education or training.

- The **Relationship** level relates to those settings and programs that seek to promote gender equity and healthy relationships between people. These initiatives are about promoting safety and equality among the next generation and equipping them with the skills to form healthy and respectful relationships in adulthood.

- The **Community/Organisation** level relates to changes to the structures, policies, cultural norms and behaviours in settings such as schools, sporting venues, workplaces and neighbourhoods where social relationships develop.

- The **Societal/Systems** level relates to health, economic and social policies which drive structural reform for gender equity, as well as mass communications that shape community attitudes and question stereotyped constructions of masculinity and femininity.

Developing the Action Plan

In developing the Action Plan, a number of considerations were taken into account:

- Priorities emerging through the development of the Whitehorse Health and Wellbeing Plan 2021-2025. The incidence and risk factors for family violence, violence against women, child abuse and elder abuse are increased. Our community wants to see social connections, social inclusion, mental wellbeing and equity in health outcomes.

- Stakeholder consultation through March – July 2021 clarified the local needs, priorities and capacities of twenty partner agencies. Emerging priorities were:

  - Promote healthier masculinity, challenge discrimination (racism, ageism and ableism)
  - support our LGBTIQ+ community, older Chinese people on parent visas and Iranian people seeking asylum
  - address mental wellbeing which is affected across the board; in particular isolated older people, young people and those economically stressed
  - address the opportunities and challenges of digital information and services
  - help people to reconnect with local services, programs and community groups; bring people of different generations together

- The CAN4PVAW reviewed the Action Plan 2019/2019 in July-August 2020 and identified areas that needed ongoing work

- Council assessed outcomes of the Action Plan 2019/2019 in July 2021, and together with the review by CAN4PVAW, developed a series of recommendations for future possible collaborations based on this information. Most of these recommendations have been incorporated in the Action Plan.

- Consideration was given to the additional demands of the pandemic crisis on participating stakeholders. A review of the data tells us that family violence, elder abuse and child abuse have been exacerbated by the restrictions imposed during the COVID-19 pandemic.

- Progressing Council service alignment with the MARAM Framework

- Opportunities arising with service system changes with the introduction of the Inner East Orange Door in Box Hill

- Requirements of the new Gender Equality Act mean that a number of activities previously part of the Family Violence Prevention Action Plan will now belong with the Gender Equality Action Plan of Council.

Elder abuse is integrated into the Action Plan in recognition that, while not all elder abuse happens at home or by family members, elder abuse and family violence have in common the use of coercive control in close relationships. It is defined as "any action, or deliberate inaction, by a person in a position of trust which causes harm to an older person" (World Health Organization, 2002). Risk factors for elder abuse have increased during the COVID-19 pandemic and are the focus of actions for prevention over the four years of the Action Plan.
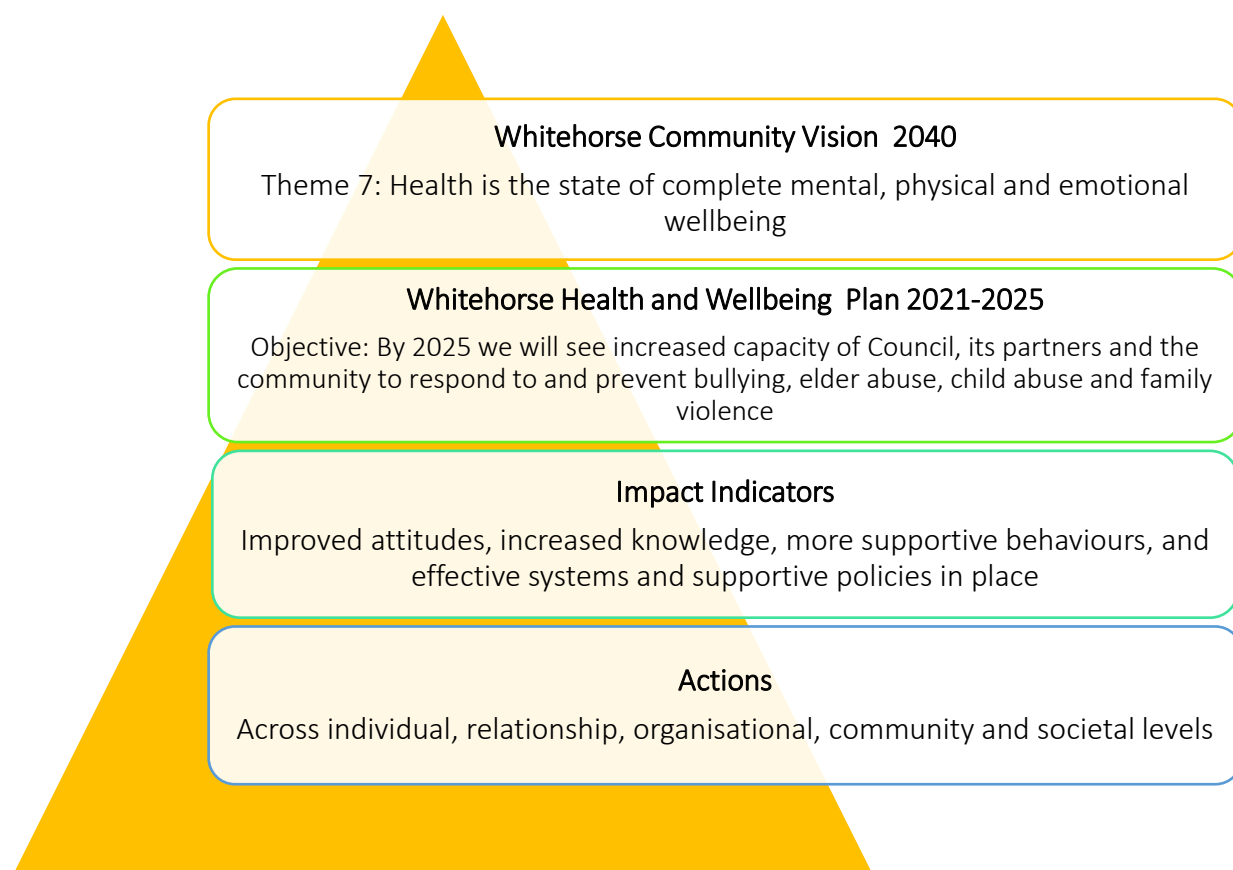
The Action Plan

Family violence, and violence against women, is preventable. Together with the community, Council will take action across individual, relationship, organisational, community and societal levels to increase our capacity to respond to and prevent family violence, including elder abuse.

The prevention of family violence and violence against women and children is a priority of Council's Municipal Public Health and Wellbeing Plan (MPHWP), the *Whitehorse Health and Wellbeing Plan 2021-2025.*

The objectives of the MPHWP align to the Whitehorse Community Vision 2040 Theme 7 in which 'Health is the state of complete physical, mental and social wellbeing and not merely the absence of disease or disability' (World Health Organisation).

The MPHWP objective that guides the *Whitehorse Family Violence Prevention Action Plan 2021-2025* is: By 2025 we will see increased capacity of Council and the community to respond to and prevent bullying, elder abuse, child abuse and family violence.

Whitehorse Community Vision 2040
Theme 7: Health is the state of complete mental, physical and emotional wellbeing

Whitehorse Health and Wellbeing Plan 2021-2025
Objective: By 2025 we will see increased capacity of Council, its partners and the community to respond to and prevent bullying, elder abuse, child abuse and family violence

Impact Indicators
Improved attitudes, increased knowledge, more supportive behaviours, and effective systems and supportive policies in place

Actions
Across individual, relationship, organisational, community and societal levels

The priority approaches of this Action Plan are:

- Timely, tailored information

- Innovation in ways to inform and educate people

- Fostering positive attitudes about women, people who are LGBTIQ+ and older people

- Whole of organisation/service approach to gender equality

- Recognition that intersectionality compounds the risk and impacts of family violence

This Action Plan builds on and adds to the activities undertaken in previous years. Many of the actions are collaborative in nature, involving the combined efforts of different Council departments and stakeholder organisations.

Each action is accompanied by an impact indicator or indicators, some of which (A-O) provide a line of sight to regional and Victorian strategies aiming to prevent family violence and violence against women. See Appendix 2.

Individual level actions

1. Deliver an in-service program for Council staff covering Council's position on PVAW and its relationship with gender equality, and how to respond to family violence, including elder abuse
Lead and partners
Council – CEAD, P&C, SCACS – Customer Service, Community Safety
Impact indicator/measure
D. Increased knowledge among participants about the drivers of family violence and all forms of violence against women
G. Increased awareness of the issue of family violence (including what constitutes family violence)
K. Increased knowledge of the drivers of family violence and men's violence against women
M. Increased confidence in skills to undertake gender equitable action in relevant setting (live/work/play)
Timing
2022-2023

2. Deliver professional development for Council service staff covering requirements of MARAM Framework
Lead and partners
EDVOS
Council – H&FS, WHACS
Impact indicator/measure
Increased knowledge of organisational and individual responsibilities covered by MARAM Framework.
Timing
2021-2025

3. Deliver *3Rs of Family Violence* training to people who live, work, learn and play in Whitehorse

Lead and partners

EDVOS

Council - CEAD

Impact indicator/measure

D. Increased knowledge among participants about the drivers of family violence and all forms of violence against women

G. Increased awareness of the issue of family violence (including what constitutes family violence)

K. Increased knowledge of the drivers of family violence and men's violence against women

Timing

2021-2022

4. Deliver *Ways to Play* workshops for parents, caregivers and children residing in Whitehorse

Lead and partners

EDVOS

WML

Council – H&FS

Impact indicator/measure

N. Increased confidence in skills to challenge gender inequality in relevant setting (live/work/play)

Timing

2021-2022

5. Adapt Council's Women's Safety Cards for the LGBTQIA+ community and people of Chinese background

Lead and partners

Council – CEAD

FAN

CCSSI

CHH

Impact indicator/measure

LGBTQIA+ people and people of Chinese background have increased access to information about supports for FV and mental wellbeing.

Timing

2021-2022

6. Deliver education sessions to staff in the FV services sector covering the barriers facing people who live with a disability and those who identify as LGBTQIA+ and ways to overcome these.

Lead and partners

Council - CEAD

Impact indicator/measure

Identification of strategies to overcome barriers for people who live with a disability and those who identify as LGBTQIA+

Timing

2022-2025

7. Assist people who live with a disability and people who identify as LGBTQIA+ to advocate for equity of access to family violence and support services

Lead and partners

Council – CEAD

FAN

Impact indicator/measure

People who live with a disability and people who identify as LGBTQIA+ will have increased confidence to advocate for access to FV and support services.

Timing

2021-2025

Relationship level actions

8. Collaborate in the development of online FV primary prevention culturally sensitive resource for Chinese parents in ante and post-natal settings.

Lead and partners

healthAbility

Council – CEAD, H&FS

Impact indicator/measure

Use of online FV primary prevention culturally sensitive resource by new parents in Whitehorse

Timing

2021-2025

9. Deliver seminars for parents and children covering respectful relationships, healthy masculinity, parenting and mental wellbeing.

Lead and partners

Council – H&FS

Impact indicator/measure

L. Increased knowledge of respectful and equal relationships

O. Increased confidence in skills to support and promote equal and respectful relationships

Timing

2021-2025

10. Deliver education sessions for community groups, schools and other organisations in Whitehorse about family law, intervention order process, respectful relationships, cyberbullying and online safety.

Lead and partners

ECLC

Council – CEAD

Impact indicator/measure

L. Increased knowledge of respectful and equal relationships

Timing

2021-2025

Community/ organisation level actions

11. Look for innovation in whole of community collaborative activities, primarily with TFER around the 16 Days of Activism Against Gender-based Violence (16 DOA)and call to action events, World Elder Abuse Awareness Day (WEAD), as well as engaging potential partners not already connected into the CAN4PVAW. Focus on priority areas.

Lead and partners

Council - CEAD

CAN4PVAW members

Eastern Health

Eastern Elder Abuse Network and the EEAN Primary Prevention Working Group

Impact indicator/measure

J. Increased collaboration between local council and community working together to promote gender equality and violence prevention in local areas

Timing

2022-2025

12. Increase networks and information sharing between Council departments, CAN4PVAW members and Chinese support services.

Lead and partners

Council - CEAD

CAN4PVAW members

Impact indicator/measure

J. Increased collaboration between local council and community working together to promote gender equality and violence prevention in local areas

Timing

2021-2025

13. Inform early years and maternal child health services of opportunities for increasing *whole of service* approach to gender equity.

Lead and partners

EDVOS

WHE

Impact indicator/measure

J. Increased collaboration between local council and community working together to promote gender equality and violence prevention in local areas

Timing

2022-2023

14. Seek further opportunities to roll out gender equality initiatives in Sports Clubs in Whitehorse using outcomes from the Sports Club Pilot GE Project.

Lead and partners

Council – LARS, CEAD

Impact indicator/measure

J. Increased collaboration between local council and community working together to promote gender equality and violence prevention in local areas

Timing

2021-2023

15. Conduct analysis of sports facilities utilization to identify patterns and diversity of people using sports facilities, with a focus on female participation and prioritisation by clubs.

Lead and partners

Council – LARS

Impact indicator/measure

Baseline data about gendered patterns of sports facilities use is available for planning.

Timing

2021-2023

16. Implement Gender Equality Co-design Project with local Rotary Club to improve women's membership experience, participation and longevity in the club.

Lead and partners

healthAbility

Rotary Club Box Hill Central gender equity interest group Council

Women's Health East

Council – CEAD

Impact indicator/measure

Documented outcomes and best practice is available to inform development of tools and strategies for implementation in other Rotary Clubs within the Whitehorse cluster.

Timing

2021-2022

17. Promote the use of Self-Assessments of Accessibility by FV sector organisations.

Lead and partners

Council – CEAD

Impact indicator/measure

Use of accessibility self-assessment tool by FV sector organisations

Timing

2022-2025

18. Produce an information pack (hard copy and online) for international students in Whitehorse
to support mental health and informed consent about: Health and wellbeing for success; the law and accepted behaviours**;** Council facilities and services**;** Where to go for help

Lead and partners

Council – CEAD

ECLC

IEPCP

CHH

Deakin University

Impact indicator/measure

J. Increased collaboration between local council and community working together to promote gender equality and violence prevention in local areas
G. Increased awareness of the issue of family violence (including what constitutes family violence)

Timing

2021-2022

19. Host local events to promote intergenerational social connections and valuing of diversity. Focus on priority areas.

Lead and partners

Council – CEAD, WHACS, ACS

CAN4PVAW members

Impact indicator/measure

J. Increased collaboration between local council and community working together to promote gender equality and violence prevention in local areas

Timing

2021-2025

20. Support CALD communities in Whitehorse in primary prevention of family violence and elder abuse through community legal education, in-language resource development, advocacy and tailored projects, such as the Matter of Respect project with Indian, Falam Chin, and Karen community leaders.

Lead and partners

ECLC

Council – CEAD

Interfaith Networks

Impact indicator/measure

J. Increased collaboration between local council and community working together to promote gender equality and violence prevention in local areas

Timing

2021-2025

21. Promote and encourage the Whitehorse business community to create leadership and mentoring opportunities focussed towards young women; women with disability or with experience of mental health issues; older women; migrant women; and women in and out of the workforce.

Lead and partners

Council – I&ED

CAN4PVAW members

Impact indicator/measure

J. Increased collaboration between local council and community working together to promote gender equality and violence prevention in local areas

Timing

2021-2025

22. Lead the Whitehorse CAN4PVAW

Lead and partners

Council - CEAD

Impact indicator/measure

J. Increased collaboration between local council and community working together to promote gender equality and violence prevention in local areas

Timing

2021-2025

Societal/systems level actions

23. Explore partnerships and evidence through consultation and research to inform a strategic sector response about the co-occurrence of harmful drug and alcohol use, mental illness and family violence presenting to Council MCH services.

Lead and partners

Council – H&F Services

RFVP

Tertiary sector

Impact indicator/measure

J. Increased collaboration between local council and community working together to promote gender equality and violence prevention in local areas

Timing

2022-2025

24. Conduct ongoing liaison within Council to ensure alignment of the Whitehorse Family Violence Prevention Action Plan with Council's Gender Equality Action Plan (GEAP).

Lead and partners

Council – P&C, CEAD

Impact indicator/measure

C. Increased collaboration and coordination within council

Timing

2021-2025

25. Undertake Gender Impact Assessments in accordance with Council's GEAP

Lead and partners

Council - All

Impact indicator/measure

P. Achieve the following quality criteria as outlined in TFER Gender Equity audit tool:
  – Sex disaggregated data used for planning projects, programs and services
  – Gender impact of projects, programs and services monitored and evaluated
  – Written policy/policies that affirm a commitment to gender equity
  – Feedback from community consultation analysed by gender

Timing

2022-2025

26. Partner in the EMR Together for Equality and Respect Strategy

Lead and partners

Council

TFER/WHE

Impact indicator/measure

J. Increased collaboration between local council and community working together to promote gender equality and violence prevention in local areas

Timing

2021-2025

Monitoring and reporting

Council will monitor the *Whitehorse Family Violence Prevention Action Plan 2021-2025* as an integral part of the *Whitehorse Health and Wellbeing Plan 2021-2025*. Monitoring and annual reporting will be supported through Council reporting cycles across each department. Partnership actions will be reviewed by the Whitehorse CAN4PVAW as necessary. Updates of key actions contributing to the prevention of family violence will be posted on Council's website.

Council will report to the Victorian Government on its "measures to respond to and prevent family violence" as requested; currently this is every two years.

The Victorian Government's *Free from Violence: Victoria's strategy to prevent family violence and all forms of violence against women*[14] sets out clear, shared outcomes and indicators that have guided the development of this Action Plan.

The Action Plan contributes to long-term change whereby people in Whitehorse, and more broadly:

- Hold attitudes and beliefs that reject gender inequality and family violence

- Actively challenge attitudes and behaviours that enable violence

- Have homes, organisations and communities that are safe and inclusive

- Live and practise confident and respectful relationships.

In addition, the Evaluation Framework of the regional prevention strategy Together for Equality and Respect[15] lists a number of indicators relevant for this Action Plan.

These indicators are used to measure the impact of a number of actions in this plan and to provide a line of sight to these regional and Victorian strategies aiming to prevent family violence and violence against women. See Appendix 2.

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[14] Victoria State Government. 2017. Free from Violence: Victoria's Strategy to Prevent Family Violence and All Forms of Violence Against Women, State of Victoria (Department of Premier and Cabinet), https://www.vic.gov.au/familyviolence/prevention- strategy.html

[15] Together for Equality and Respect Strategy: Preventing Violence Against Women in Melbourne's East 2017-2021, Women's Health East, Melbourne. http://whe.org.au/tfer/strategy-overview-document/

Partner agencies

Council hosts the CAN4PVAW, a network of stakeholders who meet on a regular basis to collaborate on activities and support the implementation of the Action Plan. Membership includes:

Carrington Health/ healthAbility

Eastern Centre Against Sexual Assault (Eastern Health)

Eastern Community Legal Service

EDVOS – Specialist Family Violence Service

Family Access Network

Inner East Primary Care Partnership

Nadrasca

Respect and Responsibility Education Schools Project

Whitehorse City Council – Community Engagement and Development, Health and Family Services, Men's Action Group

Whitehorse Manningham Library

Women's Health East and TFER Partnership

Yarra Valley Water

A number of other organisations and individuals are network members who are not able to attend on a regular basis and who receive invitations and information, providing feedback and taking up opportunities for collaboration as they are able:

Blackburn Football Club

Box Hill South Neighbourhood House

Centre for Holistic Health

Chinese Community Social Services Inc.

Clota Cottage Neighbourhood House

Deakin University

Department of Human Services – Multicultural Services

Kara House

Kerrimuir Neighbourhood House

Migrant Information Centre

Mitcham Neighbourhood House

Victoria Police

Definitions

Violence against women is "Any act of gender-based violence that results in, or is likely to result in, physical, s&ual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life".[16] It encompasses, but is not limited to, "physical, s&ual and psychological violence occurring in the family, including battering, s&ual abuse of female children in the household, dowry related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation; physical, s&ual and psychological violence occurring within the general community, including rape, s&ual abuse, s&ual harassment and intimidation at work, in educational institutions and elsewhere; trafficking in women and forced prostitution; and physical, s&ual and psychological violence perpetrated or condoned by the state, wherever it occurs."

Family violence is when a person (perpetrator) uses coercive and abusive behaviours to exercise power and control over another member of their family (victim survivor) that causes harm and distress. The types of violence can include physical, s&ual, psychological, emotional, spiritual and financial abuse. Family violence is used as a general term for abusive behaviours that occur between different members of the family including family-like, kinship or carer relationships. Family violence can affect anyone regardless of age, cultural background, education, s&uality or ability. Family violence may also be called domestic violence, intimate partner violence, child abuse, and elder abuse.

Gender: The socially learnt roles, behaviours, activities and attributes that any given society considers appropriate for men and women; gender defines masculinity and femininity. Gender expectations vary between cultures and can change over time.[17]

Intersectionality: A lens which recognises that women are affected by forms of marginalisation including racism, s?ism and discrimination related to ethnicity, Aboriginality, s?uality or disability, which may make them more vulnerable to gender-based violence. Intersectionality recognises that social structures and systems, and the way they intersect, play a large role in creating social conditions that shape the ways in which people experience inequality, injustices, disadvantage and violence.

Elder abuse is any act that harms an older person and is often carried out by someone they know and trust such as an adult child, family member, partner, carer or friend. The abuse may be verbal, physical, social, financial, psychological or s&ual and can include mistreatment and neglect.

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[16] United Nations General Assembly, 1993

[17] https://www.ourwatch.org.au/What-We-Do/National-Primary-Prevention-Framework, p 61.

Abbreviations

ACS	Arts and Cultural Services
CALD	Culturally and Linguistically Diverse
CAN4PVAW	Collaborative Action Network for the Prevention of Violence against Women
CEAD	Community Engagement and Development
CHH	Centre for Holistic Health
DAC	Disability Advisory Committee
ECLC	Eastern Community Legal Centre
FAN	Family Access Network
H&FS	Health and Family Services
LARS	Leisure and Recreation Services
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender/gender diverse, Queer Intersex, Asexual
MCH	Maternal and Child Health
MSC	Migrant Settlement Committee
PFV&VAW	Prevention of Family Violence and Violence against Women
PVAW	Prevention of Violence against Women
RFVP	Regional Family Violence Partnership
RRE	Respectful Relationships Education
SCACS	Strategic Communications and Customer Services
TFER	Together For Equality & Respect
WELS	Whitehorse Early Learning Services
WHACS	Whitehorse Home and Community Services
WHE	Women's Health East
WML	Whitehorse Manningham Library

Appendix 1: Demographic information
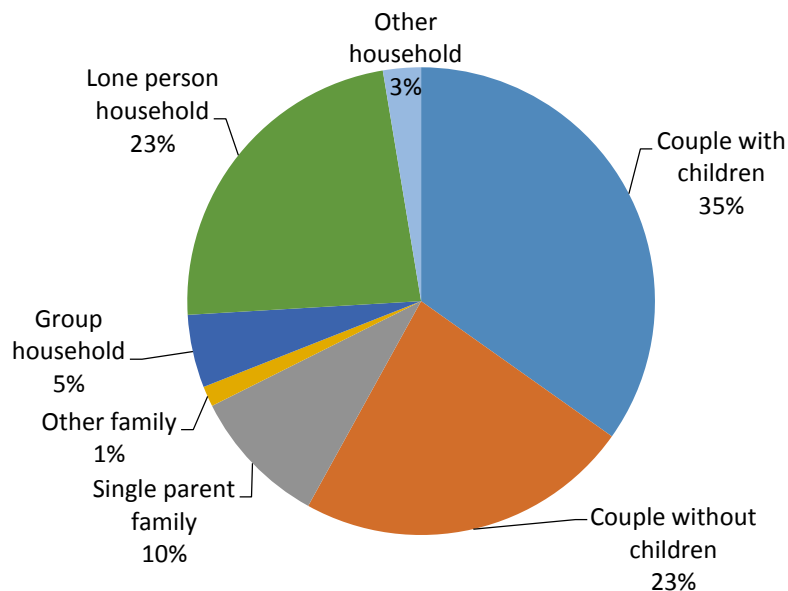
The population

On 30 June 2019, it is estimated that 178,739 people lived in Whitehorse. The population age distribution is generally similar to the state average. Whitehorse has proportionally more people in the over 70 age groups and 20-24 year olds, and proportionally less people in the 25 to 39 year old age groups than all of Melbourne. The median age in Whitehorse was 38 years. Twenty per cent of the population are aged less than 18 years.

While fifty-two per cent of the population in Whitehorse are female, there are more males than females in all of the five year age increments under 40 years. For every five year age increment over 50, there are more females than males. This is particularly so for the older age groups; there are nearly twice as many women as men aged 85 plus. Box Hill has a larger concentration of residents aged 20-29 than the rest of the municipality.

> There are nearly twice as many women as men aged 85 plus in Whitehorse

Whitehorse is home to many families. In 2016, there were 60,431 households in Whitehorse and, as illustrated in Figure 2, the most common household type comprised couples with dependents (34.5 per cent). Lone person households and the heads of lone-parent households are more frequently women. In 2016, 62.3 per cent of all people living alone were female, and this ratio increases with age. 81.7 per cent of lone-parent households in Whitehorse have a female head.

Figure 1 – Whitehorse Household type, 2016


Changing population profile

Whitehorse has an increasingly ageing population. Currently more than 17.5 per cent of people are over the age of 65 and 3.1 per cent of the population is aged 85+. Between now and 2041, the

number of people aged 65+ will increase by approximately 11,113 people. In Whitehorse 63.4 per cent of people with a disability are aged 65 or over. Also, many people aged over 65 years care for a person with a disability, long term illness or old age. (In 2016 there were 3,705 carers in Whitehorse aged over 65). Around 34 per cent of people aged 75+ in Whitehorse live alone, the larger proportion of these being female (77 per cent).

A growing and changing population in Whitehorse is seeing relative increases in the numbers of young people (1,851 under the age of 25 between 2011 and 2016) and people born in non-English speaking countries of origin (12,139 between 2011 and 2016). The age structure forecasts for the period 2016 and 2040, as illustrated in Figure 3, indicate a 26.9 per cent increase in population for under working age, a 36.4 per cent increase in population of working age and a 38.8 per cent increase in population of retirement age. The population is forecast to increase at an average annual rate of 1.5 per cent between 2016 and 2041 (ID Consulting, 2020).

Figure 2 – Whitehorse Population and Household Forecasts, 2016 to 2041
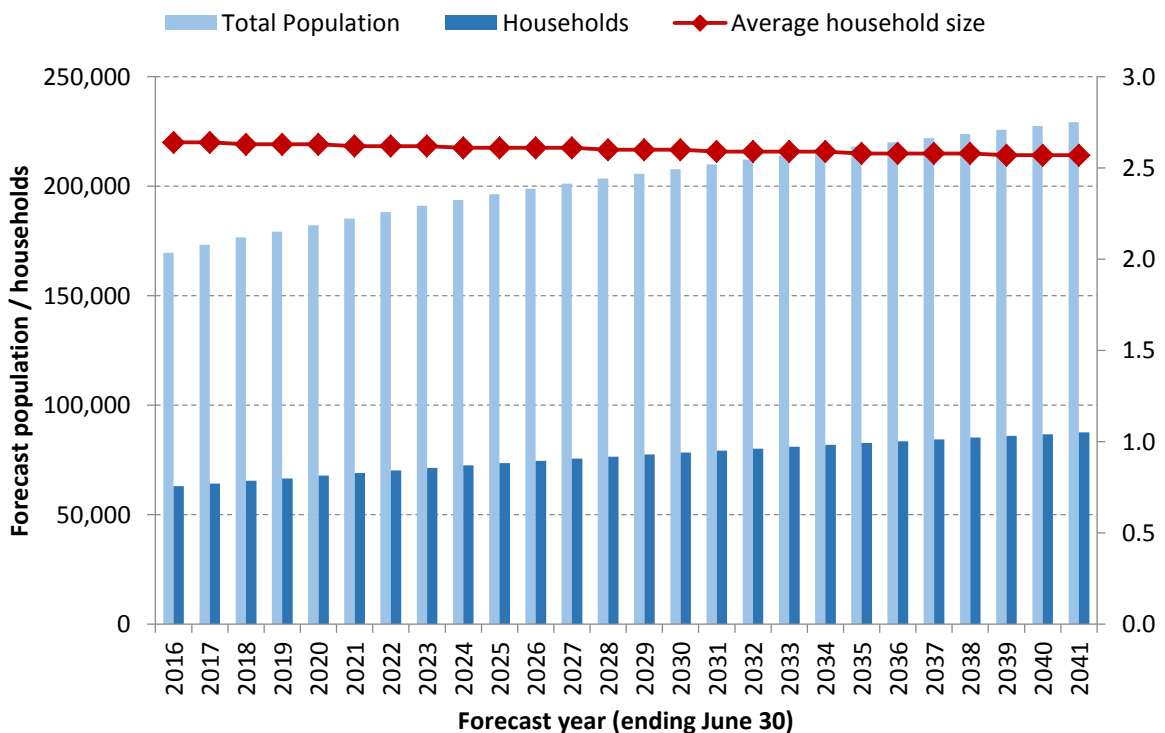
Source: .id Consulting (2021), Census of Population and Housing

While the dominant household type in Whitehorse is 'Couple families with dependents', by 2041 the largest forecast increase is expected in 'Lone person households' as illustrated in Figure 3. It is estimated that at this time lone households will account for more than a quarter of all households in Whitehorse, predominantly with older people and younger residents. The average household size is expected to fall from 2.6 in 2016 to 2.57 by 2041, as illustrated by the red line in Figure 2.

Figure 3 – Whitehorse Household Types Forecast, 2016 to 2041
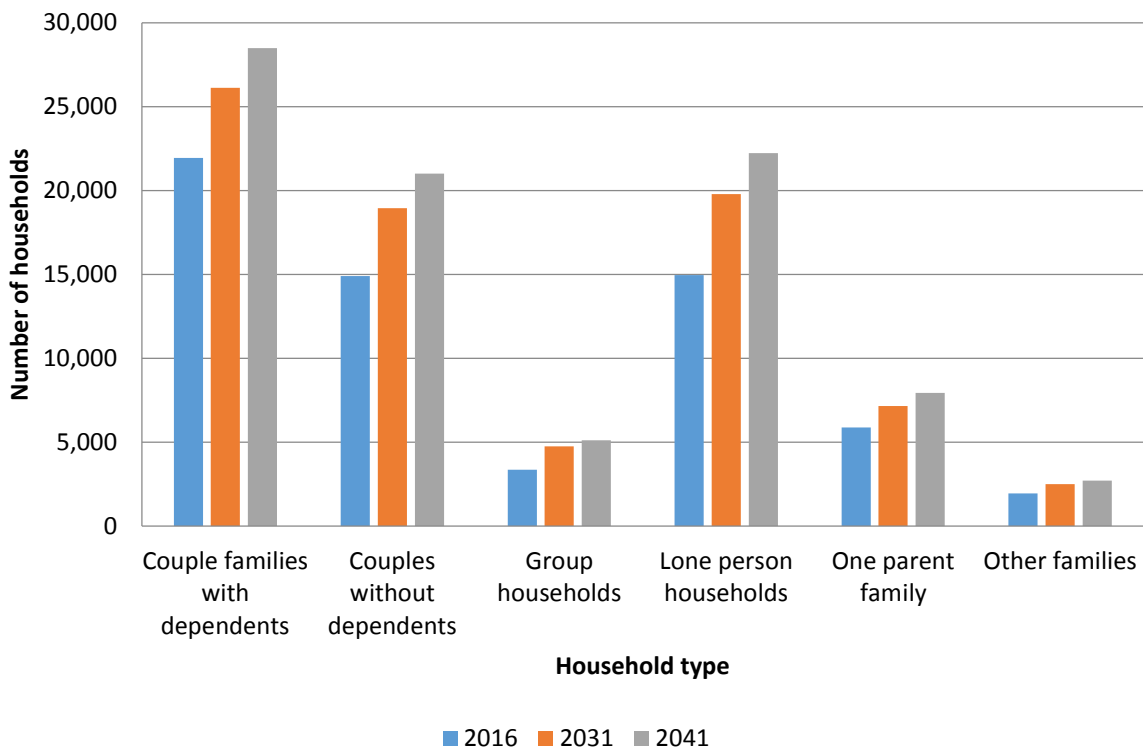
In Whitehorse, the rate of new settler arrivals per 100,000 of population is among the highest in the state at 1,105.1, in comparison to the Victorian average of 682.5.[xxviii] Between 2012 and 2017 the highest number of new settler arrivals was from China at 6,516, followed by India at 1,657 and Malaysia at 543.

Population groups

People of diverse ages, genders, abilities and cultural and language backgrounds make up the population of Whitehorse.

Children and their families

Children aged 0-11 years account for 13.4 per cent of the total Whitehorse population, slightly less than Greater Melbourne at 14.9 per cent. There is a higher proportion of male children aged 0-11 years (14.1%) compared to female (12.8%). Between 2016 and 2041, the 0-11 age cohort is expected to increase by 5,946 residents. Over the same period, the percentage of households comprised of couples with dependent children is expected to decrease from 34.8 per cent to 32.6 per cent.

Young people

Young people aged 12 to 25 years account for 19.3 per cent of the total Whitehorse population, which is comparable to the 18.3 per cent across Metropolitan Melbourne.

There are 16,128 male and 15,234 females aged 12 to 25 living in Whitehorse.

A total of 31.5 per cent of young people aged 12 to 25 living in Whitehorse were born in a non-English speaking country, significantly higher than Metropolitan Melbourne (22.1%) and Victoria (18.2%). In addition, 38.4 per cent of all young people speak a language other than English at home.

A total of 54.2 per cent of 18 to 24 year olds in Whitehorse are attending a university, compared to 40.3 per cent for Metropolitan Melbourne. A similar percentage of students in Whitehorse and Greater Melbourne attend TAFE (6.9% and 7.5% respectively).

Five per cent of 15-24-year-olds in Whitehorse are not in employment or education..[xxix]

Adults

People aged 25-65 years account for 52.2 per cent of the total Whitehorse population, 3 per cent less than Greater Melbourne at 55.2 per cent. There are 48.1 per cent male and 51.9 per cent female in this age group. Between 2016 and 2041, this age cohort is expected to increase by 30,754 residents.

Gender differences in working aged adults reveal distinct differences in employment and income:

- The female median weekly income is $498 (persons aged 15+)
- The male median weekly income is $798 (persons aged 15+)
- 15.2 per cent of females undertake 30+ hours of unpaid domestic work each week
- 2.6 per cent of males undertake 30+ hours of unpaid domestic work each week
- 33.7 per cent of females are employed full-time
- 62.9 per cent of males are employed full-time
- 8.1 per cent of employed females are in a managerial position
- 15.2 per cent of employed males are in a managerial position.

Parents

In Whitehorse 34.5 per cent of households are couples with children and 9.5 per cent are single parent families. 81.7 per cent of single parents are female and 18.4 per cent are male.

Over 85 per cent of families in Whitehorse have one or two children:

- 42.5 per cent one child
- 42.7 per cent two children
- 12.1 per cent three children
- 2.7 per cent four or more children

In Australia the proportion of same-sex couple families with children increased from 12 per cent in 2011 to 15 per cent in 2016. Female same-sex couples were more likely to have children than male same-sex couples.

In Whitehorse, females are more likely than males to provide care to dependent children over a fortnight period. 30.4 per cent of females gave care over a fortnight, compared with 25.0 per cent of males

Older adults

Older people have a wealth of knowledge, experience and actively contribute to the wellbeing of the community. Many older people are caring for others – partners, children and grandchildren. The interconnectedness of physical and mental health plays out strongly for older people.

Good physical health enables older people to socialise, travel and work and to participate actively in society while poor physical health increases the risk of isolation and depression.

- In 2016, 17.5 per cent of Whitehorse residents were aged 65 plus; this compares with 14 per cent for Metropolitan Melbourne.
- The municipality is 42.9 per cent male; 57.1 per cent female
- 40.7 per cent of people aged 65 plus years in the City of Whitehorse were born overseas;
- 31.8 per cent were from a non-English speaking background, compared with 46.2 per cent and 35.7 per cent respectively for Metropolitan Melbourne;
- The largest non-English speaking country of birth for people aged 65 or more in Whitehorse in 2016 was China, where 5.3 per cent or 1,493 people aged 65 years or more were born. This is followed by Greece (4.4%) and Italy (3.9%). More than one in four persons over 65 years speaks a language other than English at home (26.6%).
- Approximately 7,628 people in the City of Whitehorse need help with daily living tasks due to disability. Of these, 63.4 per cent of people with a disability are aged 65 or over.
- In 2016 there were 3,705 carers aged 65 plus in the City of Whitehorse providing unpaid assistance to a person with a disability, long term illness, or old age.
- The rate of people using residential aged care in the Eastern Metropolitan Region of Melbourne (including City of Whitehorse) is 49.7 per 1,000 people in the aged care population.[xxx]

The population of males and females aged 65 years and over is forecast to increase by a total of 11,113 persons between 2016 and 2041, which is an increase of 5,694 females and 5,419 males (ID Consulting, 2020), resulting in a total of 39,729 or 17.3 per cent of the total population.

More than thirty per cent of people aged 65 plus in the City of Whitehorse were born overseas, with a non-English speaking background. Evidence shows that older people from CALD backgrounds can face a higher risk of social isolation and poorer health outcomes. In addition, those who migrated to Australia at an older age, or who are from refugee background, are at greater risk of encountering mental and physical health issues.

The numbers of people with dementia in Whitehorse will rise significantly (estimated to almost double over the next 34 years) and those at risk of elder abuse will also rise. A fall for an older person may precipitate a loss of function and independence.

People aged 75 and over

Nine per cent of Whitehorse residents are aged 75 years and over. This compares with six per cent for Metropolitan Melbourne and seven per cent for Victoria. Of these older Whitehorse residents:

- 34.1 per cent live in lone person households.
- 59.2 per cent are female; 40.8 are male

Approximately 35 per cent of people aged 80 to 89 years live alone in Whitehorse, which is higher than the percentage for the same group in Greater Melbourne (31.9%) and Victoria (32.9%). Whitehorse has the highest percentage of people aged 90 years plus living alone at 34.2 per cent, which is considerably higher than Greater Melbourne and Victoria, with both just under 30 per cent.[xxxi]

People with a disability

7,628 people in Whitehorse need assistance with core activities and of these, 64.3 per cent are aged 65 or over.

4.7 per cent of people in Whitehorse need assistance with core activities of daily living, compared to 5.1 per cent of Victorians.

41.7 per cent of people who need assistance with core activities in Whitehorse are male, while 58.3 per cent are female. The rate of disability in Australia has remained relatively stable over time with approximately 17.7 per cent of people reporting a level of disability.

Aboriginal and Torres Strait Islander people

According to the 2016 Census, 358 persons or approximately 0.2 per cent of the population in Whitehorse identify as Aboriginal or Torres Strait Islander. While Whitehorse has among the lowest percentage of residents of Aboriginal and Torres Strait Islander origin in the state, this is often underreported.

LGBTIQ+ people

It is very difficult to obtain a reliable estimate of the number of people who identify as LGBTI within the City of Whitehorse. The manner in which survey questions are phrased, the fashion in which the survey is conducted, the survey date, and the segment of the community under investigation can yield distinctly different results. The Australian Human Rights Commission (2014) estimate that 11 per cent of Australian population identify as having a diverse sexual orientation, sex or gender identity, while Hayden Brown (2021) a researcher at the City of Greater Dandenong, using Census and other data, says that 12.5 per cent is a more reliable estimate.[xxxii] [xxxiii] Based on these two studies, the LGBTI population in Whitehorse is estimated to be somewhere between 19,661 and 22,342 residents.

People from non-English speaking culturally diverse backgrounds

The City of Whitehorse is a diverse community, with roughly a third of the population born in a non-English speaking country (33.1 per cent), and over 36.7 per cent of people speak a language other than English at home.

We have a higher rate of new settler arrivals (1,105.1 per 100,000 population) than the Victorian average (682.5 100,000 population). As at 30 September 2020, a total of 47 asylum seekers were living in the Whitehorse municipality and have been granted bridging visas.

International students

A significant number of international students choose to study in the City of Whitehorse. In 2019, around 26 per cent of Deakin University's course enrolments were from international students and with more than 30,000 students attending their Burwood campus, this equates to more than 7,700 international students.

It is estimated that up to 40 per cent of international students living in the inner east of Melbourne attend a smaller private RTO rather than a large university or TAFE.[xxxiv]

Gender inequality

Gender inequality is a driver of violence against women, including intimate partner violence and family violence.

Gender inequality is a characteristic of most societies, with males on average faring better in social, economic, and political hierarchies. Gender inequality is perpetuated not just through unequal access to and control over material resources but also through gender norms and stereotypes which reinforce gender roles and constrain the behaviour of both women and men in ways that lead to inequality.[xxxv]

Income distribution

Although Whitehorse is overall a relatively affluent community enjoying good health, the municipality has greater social disparity with more high income earners and more low income earners than other local government areas.

Figure 5 – Whitehorse Weekly Income Distribution compared to Victoria, 2016

Figure 5 illustrates how Whitehorse fares in regard to income distribution compared to Victoria as a whole (the blue line).[18] It shows Whitehorse (blue), males (green) and females (purple) for each of the four quartiles of income (lowest to highest). Females are much more highly represented in the lowest two quartiles (incomes between $0-644/fortnight), while males are most highly represented in the very top quartile (incomes of $1,199 or more/fortnight).

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[18] Individual income quartiles look at the distribution of incomes in the area of interest (LGA) relative to Victoria. Income quartiles are created for Victoria by ranking individuals from the lowest incomes to the highest incomes and then dividing the list into four equal groups or quartiles. In Victoria, 25% of persons fall into each category.

Income

In Whitehorse, females are more represented in lower weekly income brackets (32.4% in the lowest income quartile compared to 24.3% for males) and males more represented in higher weekly income brackets.

$498 female median weekly income	$798 male median weekly income

This difference in individual incomes has far-reaching consequences for women over their lifetime, particularly given their longer life expectancies. Women often reach later years in life with far less savings and smaller amounts of superannuation than men.

Older women retire with much lower superannuation balances than men and 89 per cent of women are worried about maintaining their standard of living in retirement. The Westpac Women and Retirement Readiness Report 2015 found a $145,000 gap between the median super account balance for women and men ($268,000and $413,000respectively). The average 60-year-old Australian woman may need to work an extra 15 years in order to retire with the same superannuation account balance as her male counterpart.[xxxvi]

Unpaid domestic work

In Whitehorse females are much more likely than males to spend 30 hours or more on unpaid domestic work each week.

Hours Per Week	Females	Males
30+	12.7%	2.8%
<30	61.4%	64.9%
None	20.2%	26.7%
Not Stated	5.7%	5.5%

Employment status

In Whitehorse, we observe a lower percentage of females working full-time and higher percentage working part-time compared to males.

Employment Status	Females	Males
Employed full-time	41.9%	66.6%
Employed part-time	50.1%	24.7%
Hours worked not stated	1.2%	1.5%
Unemployed	6.8%	7.2%

Occupations and industries

Despite a marginally higher percentage of females in Whitehorse with a bachelor degree or higher, males are more likely to hold a managerial position (17.1% compared to 10.5%). Working females are more represented in occupations such as professional, community and personal services, clerical and administrative, and sales.

Females are also more represented in industries such as education and training, health care and social assistance and retail. Males are more represented in industries such as manufacturing, construction, wholesale trade, transport / postal / warehousing, information / media / telecommunications.

Care of dependent children

In Whitehorse, females are more likely than males to provide care to dependent children over a fortnight period.

30.4%	25.0%
of females gave care over fortnight	of males gave care over fortnight

There are 5,766 lone parent households in Whitehorse, of which 81.7 per cent have a female head. Females heading lone-parent households have a younger age profile than their male counterparts, with higher proportions aged less than 45 years. This pattern is consistent with Greater Melbourne and the other local government areas of the Eastern Metropolitan Region. Lone parent families are more likely to experience socio-economic disadvantage and be exposed to risks of poorer health and wellbeing.

Assistance to a person with a disability

In Whitehorse, females are more likely than males to provide help to a family member and/or other person with a long-term disability/illness over a fortnightly period.

Over a Fortnight	Females	Males
Assistance given	13.4%	9.9%
Assistance not given	80.6%	84.4%
Not stated	6.0%	5.7%

Intersectional disadvantage

There are systematic gender differences in material well-being regardless of an individual's socioeconomic level. In planning, consideration of the impacts of family violence and violence against women and children should take into account the multiplying effect of disadvantage and discrimination related to gender and other identities, as well as the socio-economic conditions people experience.

An intersectional lens enables us to see problems of equity that appreciate the complexity and diversity of lived experience of people in our community.

People who are unemployed or underemployed

Access to education and employment is fundamental to people's wellbeing, promotes engagement in community life and provides opportunities for people to plan and manage their future security. Healthier people are more productive in all aspects of their lives including being part of the paid and unpaid workforce.

The unemployment rate for Whitehorse is 5.8 per cent. [xxxvii]

People with disability are twice as likely as those without a disability to be unemployed (10 per cent) and have lower rates of labour force participation. There is a greater reliance on government pensions or benefits as the main source of income for people with disability.[xxxviii]

Unemployment is highest among our young people aged 15 to 24 years. Five per cent of 15-24-year-olds in Whitehorse are not in employment or education and are at risk of long-term negative effects on their lives as a result of this.

Relative to Greater Melbourne, Whitehorse had a greater proportion of people in part time work (36.9 per cent compared to 33.5 per cent) and a smaller proportion in full time work (54.7 per cent compared to 58.0 per cent).

The percentage of JobSeeker allowance recipients (generally aged 22+) and youth allowance recipients (excluding students, generally aged 21 and under) in Whitehorse is significantly lower overall (5.8%) compared to Greater Melbourne and Victoria (8.3% and 8.8% respectively).

However, during the height of lockdown restrictions due to the COVID-19 pandemic, between March and November 2020 the number of JobSeeker and youth allowance recipients in Whitehorse increased by 159 per cent (4,291 recipients).[xxxix]

Age discrimination can affect workers' ability to remain in the workforce. One third (33%) of people who had been discriminated against gave up looking for work as a result of experiencing age discrimination.[xl] Experience of involuntary or unexpected job loss in later life is linked to increased rates of depression compared to other forms of retirement from the workforce.[xli]

People on low income

In 2016 Whitehorse had a slightly higher proportion of low income households relative to Greater Melbourne, with 23.9 per cent of households earning less than $495 per week.[19] Low income earners are typically students, older people and people living with a disability. Between 2011 and 2016, in Whitehorse the number of households in the low income earner category increased by 10.9% compared to 2.6% in the highest income group (1,243 households compared to 376 households).

In Whitehorse 11.8 per cent of households are in housing stress and 32.7 per cent of households in the bottom 40 per cent of incomes spend more than 30 per cent on housing costs[xlii]

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[19] Based on "equivalised" household income calculations, where all households are deemed to be the same size.

The working lives of women are often different to the working lives of men. Females in Whitehorse earned less than their male counterparts across all age groups. In Whitehorse, females are more represented in lower weekly income brackets and males are more represented in higher weekly income brackets. The individual weekly gross income for males in Whitehorse was $798 while for females it was $498.

Women are more likely to take primary responsibility for unpaid care work, are more likely to work part-time and in lower paid roles leading to half the superannuation of men on average.[xliii] This difference in individual incomes has far-reaching consequences for women over their lifetime, particularly given their longer life expectancies. Women often reach their later years in life with far less savings and superannuation than men.

People with a disability

Whitehorse City Council recognises that, rather than a diagnostic label defining whether a person has a disability; disability is an evolving concept resulting from the interaction between persons with impairments and the attitudinal and environmental barriers that hinders a person's full and effective participation in society on an equal basis with others. This understanding of disability, grounded in the social model of disability, recognises that the way in which a community is structured through its social, built, natural and economic environments can be further disabling. This approach is in accordance with the United Nations Convention on Rights of Persons with Disabilities.

People with disability and people who experience mental illness continue to face barriers to participating in the community. 1 in 10 people with disability aged 15 or more experienced discrimination in the past year and 1 in 3 avoided situations because of their disability.[xliv]

People with disability are less likely to be engaged in education, particularly higher education, than people without disability. This can be influenced by experiencing discrimination, being denied the right to attend school or not having reasonable adjustments made to the educational environment such as modifying equipment or assessment procedures to make it possible for the person with disability to participate.[xlv]

People with disability are less likely to be employed. Nationally, the unemployment rate for people with autism spectrum disorders is 34.1 per cent, more than three times the rate for people with a disability (10.3 per cent) and almost eight times the rate of people without disability (4.6 per cent).[xlvi]

The ability to form and maintain social connections is integral to people's health and wellbeing. People with disability are less likely to participate in sporting activities or physical recreation, attend cultural events or venues than people without disability. Also, people with disability were less likely to have had daily face-to-face contact with family or friends living outside the household than a person without a disability, more likely to have cared for a person with a disability, long term health condition or old age in the last four weeks, more likely to experience some form of discrimination and more likely to assess their health as poor or fair.[xlvii]

In Australia violence against women and girls with disabilities is far more extensive than amongst women and girls in the general population. Not only do they experience significantly higher levels of all forms of violence but the violence is more intense and frequent. Women and girls with

disabilities are also subjected to violence by a greater number of perpetrators throughout their life.[xlviii]

People with disability are nearly twice as likely (17.91 per cent) than people without disability (9.36 per cent) to experience violence; and violence from a previous or current partner is experienced by 16.52 per cent of people with disability contrasted to 8.74 per cent of people without disability.[xlix]

47 per cent of adults with disability have experienced violence after the age of 15, compared with 36 per cent of adults without disability.[l]

In spite of the increased risk of violence and crime, people with disability continue to face multifaceted barriers when it comes to reporting crime and seeking justice.[li]

Carers of people with disability

In Whitehorse, females are more likely than males to provide help to a family member and/or other person with a long-term disability/illness over a fortnightly period.

According to the national ABS Survey of Disability Ageing and Carers (2018), the rate of caring generally increases with age, from 1.0 per cent of those aged less than 15 years to 19.7 per cent of those aged 55 to 64 years. Overall, women were 2.5 times more likely than men to be a primary carer (5.0% compared with 2.0%), the average age of a primary carer was 54 years (51 years for carers overall and 50 years for other carers) and over one-third (37.4%) of primary carers had disability, twice the rate of non-carers (15.3%).[lii]

People from a non-English culturally diverse background

Females who speak languages other than English at home are generally less proficient in spoken English than their male counterparts. The languages for which this pattern is most striking are Vietnamese and Korean. In 2016, 26.2 per cent of females who spoke Vietnamese at home spoke English either 'not well' or 'not at all', compared with 18.8 per cent for males; and 29 per cent of females speaking Korean spoke English either 'not well' or 'not at all', compared with 24.1 per cent of males. This pattern is also evident across the Chinese languages, which are spoken by 19.2 per cent of the Whitehorse community.

Older people from non-English speaking backgrounds, especially those who migrated to Australia at an older age or as refugees, can face a higher risk of poorer health outcomes due to socio-economic disadvantage, social isolation, language barriers, cultural translation difficulties, underexposure to Australian services and systems and lower rates of service access.[liii]

A significant number of international students study in the City of Whitehorse and many of them also reside in the municipality. These students are particularly vulnerable to a number of health and wellbeing risk factors, including lack of access to health care and social support services, social isolation, increased risk of assault, housing insecurity, gambling and unemployment and/or mistreatment whilst in employment.

The economic impact and benefits of international students for the municipality and surrounding areas is well documented[liv] however these students are particularly vulnerable to a number of health and wellbeing risk factors.

For international students the COVID-19 pandemic has intensified their challenges. Emerging and compounding risks for this vulnerable cohort include:

- Heightened risk of depression, anxiety, psychological distress and deteriorating emotional wellbeing, concern for family overseas
- Financial insecurity, loss of employment, limited support from families in home countries due to worldwide economic impacts; growing personal indebtedness and vulnerability to financial scams
- Housing insecurity, risk of homelessness, overcrowding in shared housing
- Vulnerability to housing, employment and sexual exploitation
- Visa insecurity
- Isolation and loneliness, fracturing of relationships
    - Disconnection from the wider community, peers and social support networks
    - Disconnection from universities and education providers
    - Disengagement from course of study
    - Barriers to accessing health and wellbeing support
- Developing online gaming addictions[lv]

The COVID-19 crisis has amplified some of the existing barriers for multicultural communities due to challenges accessing in-language support, disruption in trusted community networks, and the prevailing lack of culturally responsive mental health services.[lvi]

Racist incidents have risen in Australia during COVID-19. At the start of the pandemic in February 2020, the Australian Human Rights Commission recorded more complaints under the Racial Discrimination Act than at any time during the previous twelve months. Since February 2020, a third of complaints received by the Commission were related to COVID-19.[lvii]

People who are LGBTIQ+

Despite increasing acceptance of LGBTI people in Australian society and more visibility in public life and the media, they are still more likely than the general population to experience discrimination, prejudice, violence and abuse in everyday life. Research has demonstrated that this discrimination leads to poorer mental health outcomes and a higher risk of suicidal behaviours for people who identify as LGBTI.[lviii] Council's past engagement activities mirror these themes of poorer mental health outcomes.

People who identify as LGBTI are estimated to make up 17.5 per cent of the population and in Whitehorse this equates to 31,279 residents. Despite increasing acceptance of LGBTI people in Australian society and more visibility in public life and the media, these people are still more likely than the general population to experience discrimination, prejudice, violence and abuse in everyday life. Research has demonstrated that this discrimination leads to poorer mental health outcomes and a higher risk of suicidal behaviours for people who identify as LGBTI.[lix]

LGBT people are between 3.5 and 14 times more likely to attempt and die by suicide compared to heterosexual people[lx]

People who are Aboriginal or Torres Strait Islander

While the numbers are comparatively small in the City of Whitehorse, there exist longstanding inequalities in health and life chances between Aboriginal and non-aboriginal Australians due to the continuing intergenerational impacts of colonisation and dispossession.[lxi]

The estimate of the life expectancy gap (2015-17) between Aboriginal and non-Aboriginal Australians is approximately 8.6 years for males and 7.8 years for females. For Aboriginal Victorians the rate for all categories of potentially preventable hospitalisations has increased over the last ten years, with the rate for chronic conditions increasing by almost 85 per cent.[lxii]

While there is a declining prevalence of smoking among young people, the proportion of Aboriginal Victorians who smoke daily is still high (39.8 per cent in 2014-15).[lxiii]

In 2017-18 the rate for Aboriginal Victorians emergency department presentation for alcohol or drug-related harm was approximately 5 times the rate of non-Aboriginal Victorians. Between 2008-09 and 2017-18, the rate of presentations increased for Aboriginal Victorians from 20.4 to 29.3 per 1,000 persons.[lxiv]

The incidence rate of cancer in Aboriginal Victorians was 57.7 and 49.9 per 10,000 for men and women, respectively, in the 5-year period 2012-16. This is considerably higher than the rates in non-Aboriginal men and women (34.7 and 28.6 per 10,000 respectively). Under exposure to screening and delayed detection is a significant driver of the survival gap between Aboriginal and non-Aboriginal Victorians in cancer treatment.[lxv]

Aboriginal and Torres Strait Islander people are nearly twice as likely to die by suicide with 24.6 suicide deaths per 100,000 people compared with 12.9 deaths per 100,000 people.[lxvi]

Aboriginal and Torres Strait Islander people are 2.6 times more likely to experience high to very high levels of psychological distress than non-Indigenous Australians.[lxvii]

Thirty-three per cent Aboriginal and Torres Strait Islander Australians have experienced verbal racial abuse in the last six months in 2018 compared to 37 per cent in 2016 and there is a 'dose' effect; which means that the risk of high or very high levels of psychological distress increases as the volume of racism increases.[lxviii]

People who are homeless, in housing stress or in insecure housing

Housing plays a critical role in ensuring individuals are able to fully engage in community life, both economically and socially, and is becoming less affordable across the whole of Melbourne. In September 2020, only 2.6 per cent of rental housing in Whitehorse was considered affordable, in comparison to the Victorian average of 14.0 per cent.[lxix]

The number of homeless people in Whitehorse is also high, relative to the rest of the Eastern Metropolitan Region, at 3.0 per cent. Homelessness refers to people living in improvised dwellings, tents or sleeping out, in supported accommodation for the homeless, staying temporarily with other households, in boarding houses, in other temporary lodgings, and living in severely crowded dwellings.

In 2019–20, 41 per cent of all adults and children accessing Specialist Housing Services (Emergency Accommodation) in Australia had experienced family and domestic violence, and females made up the majority of adults experiencing family violence (90%).[lxx]

11.8 per cent of households in Whitehorse are in housing stress (rental or mortgage), compared to Victoria 11.4 per cent and Metropolitan Melbourne 11.7 per cent.

Rental housing stress is highest in Box Hill, accounting for 30.5 per cent of all renters. This is followed by Burwood, with 18.6 per cent of renters. Mortgage stress is greatest in Vermont and Blackburn North, accounting for 9.5 and 8.7 of mortgagees

In December 2020, the percentage of available affordable lettings in Whitehorse was just 1.4 per cent; significantly lower than Victoria at 11.4 per cent and Metropolitan Melbourne at 7.4 per cent.[lxxi] In 2019 Whitehorse only had 2.1 per cent affordable lettings.

People who are digitally excluded

The Australian Digital Inclusion Index (ADII) measures three key dimensions of digital inclusion: Access, Affordability, and Digital Ability. Some Australians are particularly digitally excluded.

Sociodemographic groups with ADII scores 10.0 or more points below the national average (63.0) are Australia's most digitally excluded. In 2020, these groups include:

- mobile-only users (43.7)
- people in low-income households (43.8)
- people aged 65+ (49.7)
- people who did not complete secondary school (51.0).[lxxii]

Women have a lower level of digital inclusion than men across all age categories.

Twenty per cent of Australians are mobile-only users and this is linked to socio-economic factors:

- 32.8 per cent of people in low-income households
- 26.6 per cent of people with low levels of education
- 26.7 per cent of unemployed people
- 35 per cent of Aboriginal and Torres Strait Islander peoples
- 31.2 per cent of people with a disability.[lxxiii]

The stereotype that all older Australians are being left behind in the digital age does not reflect reality. Recent studies reveal a broad range of skills and comfort levels, as well as a willingness to engage in the use of online technology by older people.[lxxiv]

Approximately 70 per cent of Australians aged over 50 use the internet multiple times a day. Younger, 'digitally confident' people in this group are almost three times more likely to access the internet multiple times a day compared to people with low digital literacy. 11 per cent of the Australian population aged 50 years and over do not have any form of internet access. Older people who are digitally disengaged are most likely to be aged over 70, and on low incomes.[lxxv]

People with lower levels of digital access risk missing out on important information and access to beneficial services and supports. Senior people report the expectation that everyone has access to information technology as a form of discrimination.[lxxvi]

The Commonwealth Government's My Aged Care is available only via digital connection – and this is an observed barrier for older clients of Whitehorse Home and Community Services who may have low digital skills, be of non-English speaking background or have limited financial means for internet or digital device access.

The percentage of households with no internet connection in Whitehorse is 11.1 per cent. This is similar to the Melbourne metropolitan rate of 11.3 per cent.

Appendix 2: Indicators supporting the Family Violence Prevention Action Plan

Together the indicators below provide a suite of options to measure the impact of a number of actions in this plan and to provide a line of sight to the regional and Victorian strategies aiming to prevent family violence and violence against women.

Free from Violence Strategy[20]

In 2019 Whitehorse City Council is participating in the Victorian Government's Local Government Free from Violence Program and has agreed to use the following six indicators for evaluation of the Whitehorse Strengthening Local Action for Family Violence Prevention:

A. Increased public commitment to primary prevention initiatives in local government
B. Increased collaboration and coordination within council
C. Increased collaboration between local council and community working together to promote gender equality and violence prevention in local areas
D. Increased knowledge among participants about the drivers of family violence and all forms of violence against women
E. Increased support for gender equality
F. Increased confidence for bystander action

Together for Equality and Respect (TFER) Strategy[21]

Indicators from the Evaluation Framework of the regional prevention strategy Together for Equality and Respect 2017-2021 relevant for this Action Plan are:

Community and Workforce

G. Increased awareness of the issue of family violence (including what constitutes family violence)
H. Increased awareness of the link between gender inequality and violence against women
I. Increased awareness of the issue of gender inequality
J. Increased knowledge about gender equality
K. Increased knowledge of the drivers of family violence and men's violence against women
L. Increased knowledge of respectful and equal relationships
M. Increased confidence in skills to undertake gender equitable action in relevant setting (live/work/play)
N. Increased confidence in skills to challenge gender inequality in relevant setting (live/work/play)
O. Increased confidence in skills to support and promote equal and respectful relationships

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Organisation

P. Increasing number of TFER partners that demonstrate achieving at least 50% of the ten quality criteria as outlined in TFER Gender Equity audit tool. These quality criteria are:

– people in senior positions demonstrate commitment to and leadership on gender issues

– organisation has written policy/policies that affirm a commitment to gender equity

– organisation has procedures that enact the policy/policies

– budget allocation for staff training or other workforce development activity in gender equity

– designated responsibility for promoting gender equity in the organisation

– sex-disaggregated data is used for workforce/HR planning

– action taken to recruit, mentor and retain a representative number of women on the board of the organisation or as local Councillors

– sex disaggregated data used for planning projects, programs and services

– gender impact of projects, programs and services monitored and evaluated

– feedback from community consultation analysed by gender

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