INQUIRY INTO ENVIRONMENTAL DESIGN AND PUBLIC HEALTH

8 July 2011

VCOSS Submission

VCOSS
Victorian Council
of Social Service

About VCOSS

The Victorian Council of Social Service (VCOSS) is the peak body of the social and community sector in Victoria. VCOSS works to ensure that all Victorians have access to and a fair share of the community's resources and services, through advocating for the development of a sustainable, fair and equitable society. VCOSS members reflect a wide diversity, with members ranging from large charities, sector peak organisations, small community services, advocacy groups and individuals involved in social policy debates.

VCOSS is committed to living out the principles of equity and justice, and acknowledges we live in a society where people are interdependent of one another. VCOSS respects the land we live in and recognises the Indigenous custodians of the country. VCOSS is committed to reconciling all injustices with Indigenous Australians. The VCOSS vision is one where social well being is a national priority, and:

❑ ensures everyone has access to and a fair share of the community's resources and services;

❑ involves all people as equals, without discrimination; and

❑ values and encourages people's participation in decision making about their own lives and their community.

Introduction

The impact of the built and natural environment on health and wellbeing is clear.[1] The wealth of research demonstrates the links between environmental design, behaviour and health outcomes for communities. For example, the research highlights that there is a greater prevalence of walking in areas of greater street connectivity with local destinations, and similarly that obesity is correlated with the availability of fast food outlets.

Most importantly the literature suggests a significant correlation between people's income and their health and wellbeing. People on low incomes experience poorer health and wellbeing than people on higher incomes, with health outcomes progressively improving as income increases. This makes it clear that in order to improve the overall health of the population, it is critical to address the social determinants of health, including experiences in early life, housing, social exclusion, education, employment, social support, stress, addiction, food and transport.[2] This involves elements of environmental design, as well as policies and programs which address poverty and disadvantage. Essentially, interventions to improve health must focus both on people and on the places they live.

The link between physical, social and economic environments and health is reflected in a variety of international and Australian planning resources including guides such as *Environments for Health*[3] and *Healthy Places and Spaces*[4]. These resources outline what kinds of urban spaces are required for good health, and models for how to consider the complex and interrelated factors that influence health and wellbeing.

Unfortunately the current Victorian planning system is not well equipped to manage this kind of complex decision making, particularly through the reactive statutory planning process.

This submission suggests some overarching changes to planning in Victoria to facilitate planning for health and wellbeing and highlights key opportunities for improving public health, within the current planning system.

VCOSS
Victorian Council
of Social Service

Governance of environments for health

In order to deliver more healthy built environments across the state, action needs to be supported by the planning framework. Currently the *Planning and Environment Act 1987* does not include health as one of its objectives and this inhibits the ability of councils to ensure that development in their municipalities contributes to healthier environments.

More broadly the reactive nature of statutory planning makes it harder to produce healthy environments across the state as a whole. It is only able to address individual applications, not the cumulative impact or the relationship between things.

The *Planning and Environment Act 1987* needs to be reviewed to reflect the critical role that environmental design has on health and wellbeing, including the social determinants of health, to ensure that these factors are incorporated into decision making.

Other mechanisms have been developed in an attempt to integrate public health considerations into council decision making. The *Public Health and Wellbeing Act 2008* requires local councils to develop *Municipal Public Health and Wellbeing Plans* that cover key health issues in the municipality. These plans need to be consistent with, but not necessarily integrated into, Council Plans and Municipal Strategic Statements.

Similarly the *Transport Integration Act 2010* requires local planning authorities to notify the Department of Transport of developments that will generate significant impacts on the transport system. While this is critical to facilitate discussion between the local councils and the Department of Transport and support transport planning, there is no formal mechanism for this to be followed up or monitored and transport needs addressed.

In order to 'join the dots' between these pieces of legislation the *Planning and Environment Act 1987* should be reviewed as a matter of priority, with a view to integrating planning for health, wellbeing and transport.

VCOSS
Victorian Council
of Social Service

Increased physical activity, active transport and incidental exercise

The attractiveness of a place, perceptions of safety, the provision of footpaths and cycle lanes, the proximity and mix of local destinations and the provision of public transport all increase the desirability of walking and cycling and increase the likelihood of people incorporating physical activity into their day to day life.[5] For people without private transport, including both younger and older people, people with a disability and those who cannot afford to run a private vehicle, these modes of transportation are particularly important.

Walking and cycling

Currently Clause 56 of the Victorian Planning Provisions applies to subdivisions in a number of residential and mixed use zones. Among other things, it aims to ensure that walking and cycling infrastructure are included and the provision of and access to public transport is prioritised on new subdivisions. However, only subdivisions over 60 lots are required to develop plans to provide and link pedestrian and cycling infrastructure. This means that developments under this size do not have to produce these plans, potentially leaving pockets unlinked and under serviced for active transport infrastructure.

Urban form for active transport

Infrastructure is not the only factor that influences active transport. The availability of local destinations and the quality of people's experience of walking and cycling and other forms of active transport also influence behaviour. Some councils have proactively sought to provide guidance on the implementation of Clause 56 by producing detailed walkability and active transport guidelines. A good example of this is the City of Greater Geelong's *Walkability Toolkit*[6].

In order to provide local destinations, the low density of housing in new greenfield areas needs to be increased. Current guidelines encourage very low densities of 15 lots per hectare. These very low densities make it difficult to have sufficient catchments to support efficient public transport infrastructure, or economically viable local businesses and community facilities within what is considered a 'walkable catchment' – 400m.

Public transport

The use of public transport requires incidental exercise, to get to and from stops and destinations. Evidence from Melbourne and other cities demonstrates how physical activity increases with more efficient public transport services[7].

In areas with fewer public transport services, car usage is higher and rates of incidental exercise are lower[8]. Timing the delivery of new public transport services is critical to influencing households' transport behaviour. The early delivery of public transport services in new communities can help to relieve residents' need to purchase and run one or more vehicles, and help to cement travel behaviours that do not rely on vehicle ownership.

VCOSS
Victorian Council
of Social Service

Recommendations

In order to encourage physical activity through active transport and incidental exercise the Committee should make recommendations to:

1. Increase guidelines for residential dwelling densities in new subdivisions to 30 dwellings per hectare in order to support active transport as recommended by *Healthy by Design*.

2. Reduce the threshold for 'integrated mobility' requirements in Clause 56 from subdivisions of 60 lots to 15 lots.

3. Consider incentives to provide of integrated cycling infrastructure in established areas, such as the provision of matching funds for bike path initiatives.

4. Require councils to develop active transport policies to enhance Clause 56 requirements, and provide resources to support them to implement these.

5. Improve the accessibility and availability of public transport, particularly in areas that currently have a low level of service.

Social connectedness, mental health and wellbeing

Environments that facilitate social interaction can reduce social isolation, a leading cause of poor mental health.[9] Creating 'social environments' relies on building in safe and enjoyable spaces for active transport, community facilities, such as libraries, parks and pools, and community services, such as health centres, children's centres and youth services.

Community services

The provision of social and community services lags behind population growth, particularly in growth areas. In 2009-10, suburbs in Melbourne's growth areas experienced rates of population growth well above the state average,[10] but not a commensurate growth in the provision of social and community services. This is because, for many community services, providing new or expanded levels of service delivery relies on new initiatives in the annual state budget process, rather than automatically rising with population levels.

In practice, this means that residents of growth areas have fewer local services than people in established parts of Melbourne and some regional areas despite having a demonstrated higher need for supports – with lower birth weights than metropolitan Melbourne or rural Victoria, lower rates of breastfeeding, higher rates of post-natal depression, higher rates of child protection notifications and, substantiations and protection orders and lower rates of year 12 completion.[11]

In addition to improving funding mechanisms to improve service delivery levels, attention is also required to the provision of premises suitable for community services, as often growth areas have no available space that can be used for this purpose. Within both local and state governments service and asset planning are often separate functions – with this being particularly evident in greenfield areas. These processes need to be integrated to consider both the capital, recurrent and non-capital resources required to build, staff and deliver services.[12]

Transport and employment

The availability of employment affects both social interaction and the resources available to a household to support good health.[13] It is critical to support local employment, close to where people live by planning for commercial and mixed use spaces throughout a region. However social networks and employment opportunities cross cities and suburbs more than ever before so it is also important to make sure that people can travel across the metropolitan area easily. Providing the public transport infrastructure to connect people with jobs and social support networks is highly effective in supporting community wellbeing.

Recommendations

In order to encourage social connectedness to improve mental health and wellbeing the Inquiry should make recommendations to:

1. Fund human services on a full cost recovery model which includes components for population, administration and facilities to enable them to deliver community services when and where they are needed.

2. Increase guidelines for residential dwelling densities in new subdivisions to 30 dwellings per hectare in order to support active transport as recommended by *Healthy by Design*.

3. Ensure that mixed use and commercial zoning is spread throughout municipalities.

4. Improve the accessibility and availability of public transport, particularly in areas that currently have a low level of services.

VCOSS
Victorian Council
of Social Service

Building design and affordable housing

Quality affordable housing

Housing not only shapes the urban form but is critical to supporting both physical and mental health. A lack of housing can have a devastating impact on an individual's health. People experiencing homelessness have significantly poorer health than people with secure housing. A recent survey in Melbourne found that 62 percent of people sleeping rough had a serious medical condition, and 58 per cent had three or more medical conditions.[14] Sleeping rough clearly affects health, but secondary and tertiary homelessness also has an impact. One third of people experiencing homelessness have a mental health issue but of those, half developed mental health problems after becoming homeless.[15]

Increasing the spread of affordable housing across Victoria is critical to addressing this issue. However, affordable housing, both to rent and purchase, is concentrated in areas with fewer amenities, employment opportunities, public transport and other services. Increasingly, the shortage of affordable rental housing is pushing people into marginal forms of tenure, such as rooming houses, caravan parks and tents which threaten households' health and safety.

Increasing affordable housing across metropolitan and regional areas will significantly assist access to healthy environments for low income households. Further the ability to obtain and remain in secure housing has a significant impact on physical and mental health.[16]

There are a number of ways to secure affordable housing throughout metropolitan and regional areas, however neither the planning system, nor the social housing system, currently has the tools or resources to deliver this. Without either the planning tools, or government assistance, many low income households will continue to struggle with high housing costs. This stress alone effects household wellbeing, but combined with environmental factors such as poor amenity and fewer jobs, results in much poorer health outcomes.

The quality and type of housing has also been shown to influence both physical and mental health. Owner occupied households have better health than those in rental accommodation, and poor quality housing, particularly housing with damp and mould increases respiratory infections[17]. In a survey of low cost properties for rent in Melbourne and Geelong, VCOSS found that 19 percent had visible and extensive mould[18]. Unfortunately there are currently no standards that cover the quality of rental housing in Victoria. With fewer housing choices, many low income households are forced to take substandard rental accommodation that could pose a risk to their health and safety.

Accessible housing

Accessible homes provide safer environments for children and families, and are essential through episodes of frailty, disability and temporary impairment. Making sure that new buildings are safer and more easily adaptable will help people stay in their homes for longer as they age, support aging in place and provide people with a disability more choice and independence in their housing options into the future.

Accessibility standards are in place for new public spaces including footpaths and bus stops, however there is no requirement for new housing to be accessible to people with a disability and mobility impairments. While it is cheaper to build in accessibility up front, without accessibility standards people are left to make costly access changes only after they acquire a disability or develop a mobility impairment through accident or aging. This compounds the difficulties facing these households and the subsequent impact on their health and wellbeing.

Recommendations

In order to improve health and wellbeing through the provision of quality affordable and accessible housing the Committee should make recommendations to:

1. Introduce Universal Housing standards for all new homes and major home renovations to improve independence and mobility options for people with a disability or mobility impairment.

2. Implement minimum standards for health and safety in rental housing.

3. Invest in affordable housing programs and, in particular, in programs that address chronic homelessness.

4. Require all developments by the Urban Renewal Authority on government land to have a minimum of 20 per cent affordable rental housing.

5. Increase guidelines for residential dwelling densities in new subdivisions to 30 dwellings per hectare in order to promote a mix of house sizes and types.

Contact details

For further information regarding the VCOSS submission to the *Inquiry into environmental design and public health* contact:

Sarah Toohey
T: 03 9654 5050
E: sarah.toohey@vcoss.org.au

References

[1] McDonald J, Wise M & Harris P, *The Health Impacts of the Urban Form: A review of reviews*, Centre for Health Equity Training, Research and Evaluation, part of the research Centre for Primary Health Care and Equity, University of New South Wales, Sydney 2008, Hensgen S, *Planning for Health*, Planning Futures Pty Ltd, Adelaide 2009, Vichealth, *People, places and processes to tackle health inequalities annotated bibliography*, Vichealth, Melbourne 2007.

[2] Wilkinson R &Marmot M (eds) *The Solid facts*, World Health Organisation, Denmark 2003

[3] Department of Human Services, Environments for Health, State Government of Victoria 2007 accessed at http://www.health.vic.gov.au/localgov/mphpfr/downloads/mphpf.pdf

[4] *Australian Local Government Association, National Heart Foundation of Australia and Planning Institute of Australia, Healthy Spaces and Places: A national guide to designing places for healthy living.* Planning Institute of Australia, Canberra, 2009 accessed at http://www.healthyplaces.org.au/site/design_for_active_transport.php

[5] McCormack G R, Giles-Corti B & Bulsara M, 'The relationship between destination proximity, destination mix and physical activity behaviours' in *Preventive Medicine vol* 46, 2008 pp 33–40 and Capon A G & Blakely E J, 'Checklist for healthy and sustainable communities' in *NSW Health Bulletin* Vol. 18 issue 3-4, pp51-54, Southworth M, 'Designing the Walkable City' in *Journal of Urban Planning and Development*, vol.131, issue 4, 2005, pp.246-257

[6] City of Greater, *Geelong Clause 56 Walkability Toolkit*, City of Greater Geelong, Geelong accessed at http://www.geelongaustralia.com.au/ct/documents/item/8cd9bd471204de4.aspx/

[7] Burke M and Brown A, Distances people walk for transport, Road & Transport Research, September 2007pp.16-29 and Bus Association Victoria *Bus Solutions*, Issue 2 March 2010, http://www.busvic.asn.au/database/files/BusSolutions2.pdf

[8] Department of Transport, *Victorian Integrated Survey of Transport Activity: Mode Share - Based on Number of Trips,* State Government of Victoria 2007 accessed at http://www5.transport.vic.gov.au/vista/#view=modeShareTripsView

[9] VicHealth, Opportunities for social connection: A determinant of mental health and wellbeing, VicHealth, Melbourne, 2010

[10] Department of Planning and Community Development, *Population Bulletin 2011*, State Government of Victoria, Melbourne 2011 http://www.geelongaustralia.com.au/ct/documents/item/8cd9bd471204de4.aspx/

[11] Marston G, Mason and Murphy J, *Human Service Gaps at the interface between urban and rural*, Centre for Applied Research RMIT 2003

[12] Casey S, *Establishing standards for social infrastructure*, University of Queensland, 2005

[13] Department of Human Services, *Fair Health Facts 2009,* State Government of Victoria, 2009

[14] Homeground Services, *Melbourne Street to Home Results Briefing*, November 2010 accessed at http://www.homeground.org.au/assets/melbournes2hbriefing-oct10-2.pdf

[15] Chamberlain C, Johnson G and Theoblad J, *Homelessness in Melbourne: Confronting the Challenge*, Centre for Applied Social Research, RMIT University, February 2007 p.6

[16] Hulse, K. and Saugeres, L. *Housing Insecurity and Precarious Living: An Australian Exploration*, Final Report no. 124, Australian Housing and Urban Research Institute, Melbourne 2008

[17] Water A, *Do housing conditions impact on health inequalities between Australia's rich and poor?*, Australian Housing and Urban Research Institute, Canberra 2001, p.iii.

[18] Victorian Council of Social Service (VCOSS) *Decent not dodgy: secret shopper survey* , Victorian Council of Social Service, Melbourne, 2010.