Mr Dean Griggs
Manager Safety and Community Wellbeing
Melbourne City Council

9 July 2014

Dear Mr Griggs,

Response to Beyond the Safe City Strategy 2014-2017

Cohealth (formerly Western Region Health Centre, Doutta Galla Community Health and North Yarra Community Health) is one of the largest community health organisations in Australia, servicing a broad area of high-growth communities across Melbourne's northern, western and inner suburbs. Cohealth provides quality services across mental health, oral health, family violence, alcohol and other drugs, aged care and medical and integrated health services.

Through the Program Manager, Complex Needs Program Central City Community Health Service, cohealth has had ongoing representation on the Melbourne Safe Community Committee that has been involved in the development of the draft Beyond the Safe City (BSC) Strategy. In addition, former Doutta Galla staff have had active involvement in the development of the We Need to Talk City of Melbourne PVAW Strategy, which is cross referenced within this draft strategy and cohealth recently submitted feedback on the City of Melbourne Homelessness Strategy.

A number of consultations across cohealth have occurred to inform this submission inclusive of:

- Staff focus groups
- Feedback from Carlton Safety Group
- Consideration of the Methamphetamine Focus Group responses from October 2013

Cohealth responses to the BSC draft strategy are framed around the key questions posed in the City Of Melbourne feedback submission form below.

What are your thoughts on the overall strategy?

- Cohealth has a focus on working with the most marginalised and vulnerable. This has been a key lens through which we have viewed this draft strategy, aiming to highlight issues of equity including gender equity. In this context there is agreement with the values statement of the draft strategy that social justice and equity, inclusiveness, connectedness, and resilience are integral to a healthy community.

- Cohealth supports the overall direction and proactive intent of the strategy and its hope to tackle safety issues in an integrated and sustainable way and to address the underlying causes of safety issues and prevention, not just the management of their impact. Safety and the perception of safety are essential components of a person's health and wellbeing.

- Cohealth supports the principles that focus on the value of developing innovative partnerships, preventive approaches and gendered responses.

- The complex and intersecting fields of enquiry proposed by the strategy create new areas requiring evaluation and evidence. As a result, the Beyond the Safe City strategic intention to develop a comprehensive research and data knowledge bank is strongly supported.

- In response to the Strategy's sixth principle, Gendered Response, cohealth reiterates its former input into the City of Melbourne We Need to Talk: PVAW Strategy. This important document has been included as a number of actions/themes within it have been transferred to the Safe City Strategy, this including: p.22 action 14, p.24 action 18, p.30 action 31, p.31 action 33, p.32 action 38, p.35-36 actions 41-44, p. 36 action 46.

- Central to strategic themes two and five, is a strong focus on the commercial identity and activities of the 'city'. It may be important to strengthen the focus and/or inclusion on the other 'identities' or hubs that make up City of Melbourne. There appears a stronger emphasis on 'city' (commercial needs/business district) with no emphasis on hubs for services or residents. There is reference to neighbourhoods and communities (beyond the CBD) in the City of Melbourne's Neighbourhood Development Approach through the diagram on page 5 and in the Principle 3, Stronger Communities (pp.6-7). The neighbourhoods that are included in the Neighbourhood Development Approach need to be identified within this strategy.

Are there any additional issues that should be addressed?

- The City of Melbourne's Homelessness Strategy needs to be overtly cross referenced with this strategy, particularly in relation to the development of appropriate safe day and night time spaces in the city and the often complex relationship between homelessness, alcohol and drug use and vulnerability to being assaulted. The proposed actions of Theme 5; Improving the safety of the built environment are important to address the needs of these people.

- Ensure that culturally diverse communities with a particular focus on international students and new and emerging communities are included in gendered responses to his ensure that the participation of women and children is promoted, particularly in accessing night-time activities.

- Cohealth suggests an increase in clarity about how gender will be actioned across all the themes. There is a need to articulate more clearly how each theme and its actions are going to be 'gendered responses'. In addition there could be an Increase in clarity on how prevention is conceived of within each theme and its actions. This clarity could be achieved by analysing the strategy across a matrix and seeing how each stated action full fills the principles underpinning it, in practice. For example

	Supporting a prosperous and creative 24-hour city**And all sub- actions**	Changing social and cultural norms to reduce crime, violence and injury**And all sub- actions**	Developing life skills for young children and adolescents**And all sub- actions**	Minimising the harms caused by alcohol and other drugs **And all sub- actions**	Improving the safety of the built environment. **And all sub- actions**
Integrated and evidence based solutions					

Partnerships					
Stronger communities					
Harm minimisation					
Prevention					
Gendered response					
Safer by design					

Are there any additional actions that should be considered?

- Vulnerability to crime is particularly severe for people who live and work in public spaces. It would be important to have overt gendered analysis of who is living and working in the public spaces within Melbourne and targeted actions with these groups.

- Perceptions of safety surveys could be sex disaggregated to give gendered pictures of safety concerns.

- Gendered analysis of VicPol data could highlight who experience what types of crime, and in what places (other than in the home). While some broad statewide data is available that is sex disaggregated *e.g. Homicides against women increased between 11/12 and 12/13: Female victims of crimes against the person increased by 12.6% in 2012/13, a larger increase than male victims (7.2%). Female victims now comprise over half (51.6%) of all victims of crimes against the person.* It is possible to purchase local data that is sex disaggregated.

- Research does discuss the links between safety, crime and gaming, as well as the links between cities with casinos and increased crime. Exploration of these themes may be an additional area of consultation and action planning.

- It is also important that the research that relates to the review of each relevant strategy, such as the *The Perceptions of Safety Survey* (2013), uses methodology that is sensitive to views of vulnerable groups in the community.

See also attached response to existing actions within the plan.

Are there any additional partners that should be considered?

- Continued focus on Inter departmental groups within council working on these themes

- Links between goals and outcomes for many complex social issues are hampered by a lack of evaluative indicators. Formal state and national prevention research partnerships could assist with this

- As noted, research does discuss the links between safety, crime and gaming, as well as the links between cities with casinos and increased crime. Further partnership contribution to this body of research would be important

- Under Theme 3, point 6 under 'What will we do'? – Include health services (eg cohealth) in partnership 'to deliver community education and training to vulnerable groups and newly arrived communities about their individual safety rights and responsibilities'.

Thank you for the opportunity to respond to the draft Beyond the Safe City Strategy 2014-17.

If you would like to discuss any aspect of this submission, please contact Joanne Richardson, Manager Prevention on 8398-4122 or email joanne.richardson@cohealth.org.au

Cohealth looks forward to an ongoing partnership with the City of Melbourne to implement the strategy.

Yours Sincerely

{signed by Jason Rostant}

Jason Rostant
Director Advocacy and Partnerships

Further Additional Actions	Theme 1	Theme 2	Theme 3	Theme 4	Theme 5
'Advocate for improved late night transport options, for example, during Melbourne's premier events', p.9 • Of all the 'what we will do' actions, the **availability of improved and response late night transport options** was a key action that if fulfilled, would significantly affect the successful outcome of all the other 'what we will do' actions, as outlined in Theme one. • **Rationale:** Development and/or promotion of a 24 hour city without 24 hour transport? How can this work? It is important for CoM to acknowledge the vulnerability of people that are stranded in the city, after dusk, without a reliable and safe means of exiting out of the CBD boundary. • **Is advocacy enough? Can the public transport network gain wider address as a whole…** e.g. of journeying to Melton after an early/late evening in the CBD – an hourly VLINE is all that is available. **Key concerns:** • Without adequate public transport other actions in theme 1 may not occur, or be able to succeed. While public transport is important in terms of access and egress from city – It is understood that the capacity of CoM to address it is very limited, Council can advocate, but ultimately it is not responsible to fund. Other information campaigns may be necessary to encourage people to plan their night out so that they minimise risk or jeopardise their safety.	•				
• The popular concept of 24 hour city is '24/7': something on all the time. Maybe consider re-conceptualizing this so that the strategy conveys the 24 hour span of city life but also incorporates the ebb and flow of seasons rather than the "always switched on". This also conveys that some services (other than transport) are not on or available across different times of year. This reduces risk to people who otherwise don't know of the changes to service availability, those who work	•				

different shifts in the city all the time or those who have relied on a certain service level only for it to fluctuate or cease seasonally. **Key concerns:** • Without clear communications people may not know what is available to whom and when.					
'Work in partnership with alcohol industry and venue operators (all licensed types) to manage the impacts of alcohol use and misuse in and around licensed premises', p. 14 • Importance of working with alcohol providers around accountability **Key concern:** to curb and/or eliminate behaviours that are exacerbated or tolerated with linkage to misuse of alcohol, to send a message and/or change norms that this behaviour or misuse is not ok, not acceptable, and not tolerated. Coupling the above with proactive campaigns around appropriate and respectful behaviour, with the possibility of sanctions or limitations on liquor permits where venues develop a bad track record on safety				•	
'Support and, where necessary, develop public awareness and community safety promotion campaigns that address current social issues including …….misuse of alcohol and other drugs', p. 11 • Focus on changing social norms around alcohol **Key concern:** to curb and/or eliminate behaviours that are exacerbated or tolerated with linkage to misuse of alcohol, to send a message and/or change norms that this behaviour or misuse is not ok, not acceptable, and not tolerated		•			
'Support and, where necessary, develop public awareness and community safety promotion campaigns that address current social issues including …….violence against, women,…. misuse of alcohol and other drugs', p. 11 • Public awareness campaigns incorporate/promote bystander actions; irrespective of issue, VAW, Alcohol and other drugs, road safety, etc. – can a pro-social bystander action or 'norm' be incorporated more powerfully into campaigns? This inclusion seeking to promote pro-social bystander		•			

norms/behaviours as qualities that everyone should uphold, and be readily able to adopt – promotion of the desired CoM citizen [the better citizen in us all?] This campaign could include a media strategy to ensure that appropriate messages were conveyed in the event of reporting violent behaviours, especially events which involved bystander action. Public awareness campaigns that are codesigned and rights based are encouraged.					
'Support businesses and community groups to develop and implement local projects that build safety and resilience with the use of City of Melbourne grants and sponsorship opportunities', p. 11 • Can the 'facilitation of access to such grants' be a process that aides eligibility or awareness by community groups? Can these grants be accompanied with effective promotion and information that supports/encourages community groups to apply and win? • Definition and understanding of terms/language, e.g. 'safety & resilience' – breaking down what this means (for/to others) – developing common definition that all applicants, community groups, understand and identify with. • Can a process and/or attached events to have this initial conversation with community applicants take place	•			
• Creation of Safe Spaces within the built environment for those who are homeless is a key consideration of building design and planning….. • Crime Prevention through Environmental Design (CPTED) is being embraced by many communities. An important part of this process is interviewing members of the community, including vulnerable populations. If the use of CPTED is to be truly effective, these people must be involved.					•
'Explore the development of local syringe container exchange services within community facilities to improve access' **Key concern:** It is not clear what this action is. Is it to improve access to the containers (e.g. for disposal)? To the needles and syringes? Or to the broader services that are already available at existing needle and syringe programs? Regarding disposal, there is a need to ensure that there are more safe options (e.g.				•	

syringe containers/bins) available in facilities. NB. The alcohol and other drugs sector does note include the word 'exchange' when referring to the needle and syringe program. Broader strategies beyond container exchange could include encouraging people to eat and sleep during periods of use					
Under Theme 4 actions , add: *Work with services and communities in hotspots to enhance harm minimisation strategies (e.g. community education on needle stick injuries and dealing with people who are drug-affected)*				•	