Connecting a diverse Victoria

How individual communities shape neighbourhood houses

NEIGHBOURHOOD HOUSES VICTORIA

Humans need others to survive. Regardless of one's sex, country or culture of origin, or age or economic background, social connection is crucial to human development, health, and survival. The evidence… supporting this contention is unequivocal. When considering the umbrella term social connection and its constituent components, there are perhaps no other factors that can have such a large impact on both length and quality of life - from the cradle to the grave.
Yet, social connection is largely ignored as a health determinant because public and private stakeholders are not entirely sure how to act.

(Holt-Lunstad, Robles, & Sbarra, 2017)

VICTORIA
State
Government

Neighbourhood Houses Victoria proudly acknowledges the Aboriginal custodians of this land and we pay our respects to their culture, their people and elders past, present and future.

Contents

List of Tables

Table of Figures

Background

There were 375 neighbourhood houses funded in 2017 by the Victorian Government through the Neighbourhood House Coordination Program. Just over 51% were located in greater metropolitan Melbourne (n=190), 13.3% in regional centres or large country towns (n=50), and 36% in rural and remote communities (n=135).

In 2017, neighbourhood houses delivered over 480,000[1] activity sessions. They deliver activities aimed at a wide range of cohorts (Neighbourhood Houses Victoria, 2018) and some are delivered in dozens of community languages (Neighbourhood Houses Victoria, 2017).

In October-November 2017, a survey of neighbourhood house participants in Victoria was conducted by Neighbourhood Houses Victoria in collaboration with the Department of Health and Human Services.

Neighbourhood houses were asked to select one week during a six-week period to invite all participants, including volunteers and visitors, to complete a short, anonymous, self-administered questionnaire on paper or online. Participation in the survey was voluntary.

Ninety-nine per cent (n=371) of all Neighbourhood House Coordination Program funded neighbourhood houses participated in the survey, producing a sample size of 46,458 participants, living in 97% of Victoria's postcodes. A similar survey was conducted in 2013 with 46,720 participants, providing good comparative data.

All background population data mentioned in this report is from the Australian Bureau of Statistics 2016 census data unless otherwise stated.

Key findings of the survey and their implications are outlined in this report.

The headlines

Females continue to make up the overwhelming majority of neighbourhood house participants at 74%; males make up 25%, with the remainder identifying as gender diverse (0.2%), other (0.1%) or preferring not to say (0.4%).

The majority of neighbourhood house participants, 59.6%, are of working age, i.e. 20-64 years (2013, n=62.4%). The highest proportion of participants in any age range is 26.1% aged 65-79 years (n=12,088) which is more than double the background population of 11.4%. These results have changed significantly[2] compared to 2013 when the highest proportion of participants was 22.6% in the 30-44 years age range, followed by those aged between 65 and 79.

Indigenous Victorians make up 0.8% of the state's population, but 1.6% of neighbourhood house participants identify as Aboriginal, Torres Strait Islander or both.

The proportion of neighbourhood house participants who identify as having a disability or long-term impairment is 21.7%, higher than the background population of 18.5% in Victoria (ABS 2016).

More than half (52%) have a healthcare or concession card, compared with 23.7% of the Victorian population as a whole (Department of Social Services, 2017). The majority (57%) of respondents with a health care or concession card are aged 64 and under.

Asked what brought them to the neighbourhood house on the day of the survey, and able to choose more than one reason for attending, participants chose an average of 1.32 reasons per person.[3] The most common reasons were a course or a class at 34% followed by social group at 30%.

Participants were also asked to nominate the main benefit(s) in coming to the neighbourhood house. Again, they were able to choose more than one answer, nominating an average of more than 2.3 benefits per person.

As in 2013, 47% nominated 'spending time with other people' as the main benefit of coming to the neighbourhood house, with 40% saying the main benefit was to 'meet new people/make friends'. Overall, 57% of respondents chose one or both of these responses.

Thirty-four per cent of participants nominated 'improve my personal wellbeing/confidence' as a benefit and 24% nominated 'improve my health'.

While 'develop a new interest or activity' has fallen by 4% since 2013, 'help my community' has increased by 5%. Neighbourhood house volunteers were encouraged to complete the survey and the increase is reflected in the Neighbourhood House Annual Surveys which show that volunteering in neighbourhood houses has increased by 25% since 2013.

Sixteen per cent of participants nominated 'improve my job skills' as a benefit, rising to 20% when controlled for working age.

---

[1] Unpublished data from the 2017 Neighbourhood Houses Survey.

[2] 2 proportion Z test, significance threshold was set at .05, 30-44 age group p value < .001, Z = 8.78, 65-79 age group p value < .001, Z = 18.86

[3] The reasons for coming and main benefits of coming to the neighbourhood house options were based on the results of a 2012 survey trial conducted in the Loddon region. Participants in the trial provided open-ended answers which were then codified and grouped for the main survey. An additional benefit, 'Improve my life skills', was added in 2017 based on evaluation from the 2013 participant survey.

The headlines

These are several findings that stand out from the results of this survey:

- Neighbourhood houses continue to play an important role in engaging and connecting disadvantaged people and those at risk of social isolation, including people with disability, older persons and concession cardholders.

- The neighbourhood house sector continues to cater for a diverse group of participants with equally diverse reasons for participating and benefits being derived.

- Participants still identify multiple reasons for attending their neighbourhood house and the average number of benefits has increased slightly from 2013.

- The most commonly identified benefits across the whole sample are associated with community connection, participation and reducing social isolation. Fifty-seven percent of all participants identify 'spend time with other people' and/or 'meet new people/make friends' as benefits; these are even more significant for specific age.

These latter findings matter. The Australian Psychological Society (2018) found one quarter of adults are lonely and half of all Australians feel lonely at least one day per week. It noted lonely Australians have significantly worse physical and mental health compared to connected Australians. It also revealed that loneliness is experienced across all age ranges at close to the average for all ages except for those over 65 who experienced lower levels of loneliness. It is prevalent regardless of gender.

The personal and economic costs of social isolation are gaining prominence internationally. Research has shown that loneliness cost UK employers £2.5 billion annually (NEF, 2017) while the Centre for Economics and Business Research put the total cost at £32 billion including health and justice system costs (Jo Cox Commission on Loneliness, 2017). In the US, the additional cost to the health system of loneliness amongst older Americans alone was US$6.7 billion (Flowers et al, 2017). According to research by Holt-Lunstad, Robles, & Sbarra (2017), 'feeling socially connected to the people in one's life is associated with decreased risk for all-cause mortality as well as a range of disease morbidities'.

The body of research demonstrating the benefits of social connection in terms of individual and community wellbeing continues to grow. These benefits include, for individuals, positive ageing, improved physical and mental health, positive parenting and improved child development, and better education and employment outcomes for young people. For communities, the benefits include reduced crime rates (Carcach & Huntley, 2017), a sense of solidarity and respect for others, positive social practices, a feeling of trust and safety, better information and innovation sharing, increased inclusive attitudes and respect, and turning community assets into outcomes such as higher education attainment and employment (Pope, 2011; Kyrkilis, 2012).

Recommendations from a range of prominent health organisations (VicHealth, 2016; Dementia Australia, n.d.) suggest that to stay both physically and mentally well, people participate in the kind of opportunities neighbourhood houses offer: connecting with others, strengthening relationships, leading physically active lives, eating well, taking time to relax and reflect, contributing to your community and challenging your mind.

"...the most commonly identified benefits are associated with **community connection**, participation and reducing social isolation"

A Deloitte Access Economics (Deloitte, 2018) report examining a single neighbourhood house (Morwell Neighbourhood House) estimated the value of the quality of life gain associated with improved social capital for 188 participants engaged in activities in 2017 was calculated at $393,762.

The report identified a further $39,407 in value of further social participation and improvements to mental health that were unable to be calculated due to lack of existing valuing frameworks. The total calculable community benefit from all Morwell Neighbourhood House activity was estimated at around $600,000 while total income for the neighbourhood house for 2016/17 was under $140,000.

The Deloitte report also notes benefits that were unable to be calculated due to the absence of established benchmarks or methodology while noting associations with ill health in the literature. These included improved mental health and reduced social isolation.

These reported outcomes from a single neighbourhood house together with the results of the Neighbourhood House Participant Survey demonstrate that neighbourhood houses deliver high value in terms of community benefits and suggest that spending in health and other services is reduced by continued investment in neighbourhood houses.

Behind the headlines

Gender

While females continue to make up the majority of participants at 74%, the data indicates neighbourhood houses are no longer exclusively female domains. The 2016 Neighbourhood Houses Annual Survey data shows that 30.6% of neighbourhood houses run Men's Sheds, and more than half of neighbourhood houses deliver activities determined by men aged 45-64 (Neighbourhood Houses Victoria, 2017).

Table 1: Neighbourhood house participants - gender by age

Age range	Female	Male
0-9	56%	43%
10-19	56%	42%
20-29	71%	27%
30-44	80%	20%
45-54	73%	26%
55-64	76%	23%
65-79	74%	25%
80-89	70%	29%
90-99	68%	29%
100+	25%	33%

The gender differential is least pronounced in the under-19 age range, rises in the 20-29 year age range, and peaks in the 30-44 year age range, where female participants outnumber males by four to one (Table 1). The participant survey data shows neighbourhood house participants in the 20-29 year age group most commonly attend neighbourhood houses for courses or classes (32.1%), followed by social groups (21.6%).

Courses or classes also attract 31.2% of the 30-44 year age group, 81% of whom are women, followed by childcare or playgroup (28.8%), 89% of whom are women. This suggests neighbourhood houses continue to provide an important function for women at an age where they are more likely to have responsibility for the care of children.

Of the 121 people surveyed who identified as 'gender diverse' or 'other', the highest proportion were in the 20-29 age group (20%), followed by the 30-44 age group (16.5%). These age brackets have changed since 2013 (30-44, 22% and 45-54, 19%).

Of the 9,931 survey participants who identified as having a disability or long-term impairment (2013 n=9,321), 63% were female and 35% male, with the remainder identifying as gender diverse or other or preferring not to say.

Females are more likely (35%) than males (29%) to go to their neighbourhood house for a course or class, while 29% of both females and males report attending for social groups. Males are almost twice as likely to attend their neighbourhood house to use a service (22%) than females (12%). For people who identify as gender diverse, course or class is the main reason given for attending (41%), followed by social group (33%).

While males and females are equally as likely to attend a social group at their neighbourhood house, females and gender diverse individuals are more likely to attend exercise/health classes and males are more likely to use a service, attend support groups and/or seek advice. Table 2 summarises the different reasons for attending by gender.

Table 2: Reasons for attending neighbourhood houses by gender

	Female	Male	Gender diverse	Other	Total number of respondents
Social group	29%	29%	33%	31%	13,394
Exercise/health class	19%	11%	19%	22%	7,955
Support group	8%	10%	18%	22%	3,885
Advice/help	7%	9%	22%	17%	3,460
Childcare/playgroup	12%	8%	6%	-	4,999
Course or class	35%	29%	41%	31%	15,389
Volunteering/placement	8%	9%	13%	14%	3,963
Job training/job support	3%	4%	5%	8%	1,609
Use a service	12%	22%	8%	17%	6,641

As shown in Table 3, the two top benefits derived from attending neighbourhood houses were the same for female and male respondents, namely 'spend time with other people' and 'meet new people/make friends'. For gender diverse respondents and people identifying as other the top two benefits were 'spend time with other people' and 'improve my personal wellbeing/confidence'.

Behind the headlines

Table 3: Self-reported benefits of attending a neighbourhood house by gender

	Female	Male	Gender diverse	Other	Total number of respondents
Improve my job skills	15%	17%	25%	22%	7,275
Improve my health	26%	19%	33%	22%	11,010
Improve my personal wellbeing/ confidence	36%	29%	49%	39%	15,974
Spend time with other people	49%	41%	48%	44%	21,694
Meet new people/make friends	42%	35%	40%	33%	18,531
Help my community	25%	29%	22%	22%	12,112
Develop a new interest or activity	29%	24%	32%	31%	12,925
Improve my independence	15%	16%	22%	22%	6,927

While males were more likely than other genders to nominate 'help my community' as a benefit, the percentage of those who nominated 'help my community' as a benefit has increased across all genders since the 2013 participant survey (Table 4).

In 2017 we added 'improve my independence' as another potential benefit of attending a neighbourhood house. Respondents identifying as gender diverse and other nominated this as a benefit more frequently (22%) than males (15%) and females (16%).

Twenty-five per cent of gender diverse respondents listed improving job skills as a benefit which is a higher rate than both males (17%) and females (15%) (see Table 3).

Table 4: Change in those nominating 'help my community' as a benefit of attending a neighbourhood house

	Female	Male	Gender diverse	Other
2013	21%	22%	17%	19%
2017	25%	29%	22%	22%

Behind the headlines

Age

Compared with data for the population of Victoria as a whole (Table 5), people in the 30-44 and 45-54 age ranges participate in neighbourhood houses at almost the same rate as they occur in the population, while people in the 55 and above age ranges are over-represented among neighbourhood house participants. People aged 29 and under are under-represented among neighbourhood house participants. Consistent with results from the 2013 participant survey, the population that participates in neighbourhood houses is slightly older than the Victorian population.

Table 5: Distribution of neighbourhood house participants and Victorian population by age

Age range	Neighbourhood house participants	VIC population
0-9	3.9%	12.5%
10-19	4.8%	11.8%
20-29	6.9%	14.4%
30-44	20.5%	21.2%
45-54	13.9%	13.2%
55-64	18.3%	11.4%
65-79	26.1%	11.4%
80-100+	5.1%	4.2%

Compared to the 2013 data there has been a reduction of around 42% in the number of respondents in the 0-9 age bracket. This is well below the background population of Victoria and could be due to the fact several neighbourhood houses have closed their childcare services since 2013.

In terms of reasons for attending the neighbourhood house (Table 6), 55% of those in the 0-9 age group come to attend childcare or playgroups (2013 66%), 21% also came to attend a course or class (2013 21%) and 16% a social group (2013 11%). Thirty-eight percent of those in the 10-19 age range came to attend a course or class. This has reduced from 2013 when over 50% of this age bracket attended for a course or class. On the other hand, those in the 10-19 age group are more than 50% more likely to attend a neighbourhood house to use a service in 2017 than in 2013. Twenty-three percent of this age group also attended for a social group.

Compared to 2013, the 65-79 age group are participating in significantly[4] higher numbers across the whole of Victoria from 9,711 in 2013 to 12,088 in 2017. In 2017, this cohort identified health/exercise classes and social groups as a reason they attended at rates 1.5% higher than in 2013. This data is reflected in recent research conducted by Musculoskeletal Australia (de Silva 2016), as part of the Victorian Active Ageing Partnership, which found that older Victorians participated in structured physical activity programs more often at neighbourhood houses than other venues offering similar activities. In response to this increased demand, neighbourhood houses have increased the number of health and wellbeing courses they run by over 2600 sessions across Victoria since 2013.[5]

---

[4] 2 proportion Z test, significance threshold was set at .05, p value < .001, Z = 18.86
[5] Unpublished data from the Neighbourhood Houses Survey 2013 and 2016

"...older Victorians participated in physical activity programs **more often at neighbourhood houses** than other venues"

Table 6: Distribution of reason for coming to the neighbourhood house by age

	0-9	10-19	20-29	30-44	45-54	55-64	65-79	80-89	90-99	Total number of respondents
Social group	16%	23%	20%	17%	22%	28%	43%	55%	63%	13,394
Exercise/health class	8%	10%	9%	9%	15%	20%	26%	26%	16 %	7,955
Support group	2%	4%	8%	7%	11%	9%	9%	11%	11%	3,885
Advice/help	2%	6%	8%	7%	9%	8%	8%	8%	10%	3,460
Childcare/playgroup	55%	4%	17%	29%	5%	2%	1%	1%	0%	4,999
Course or class	22%	38%	32%	31%	39%	37%	32%	23%	21%	15,389
Volunteering/placement	0%	9%	11%	6%	8%	12%	10%	5%	4%	3,963
Job training/job support	0%	6%	7%	5%	6%	4%	1%	1%	0%	1,609
Use a service	8%	21%	19%	15%	19%	15%	10%	11%	13%	6,641

For those in age ranges from 10 to 64 and 100+, the most common reason for attending neighbourhood houses is for a course or class. While numbers are low (n=12), this reason was identified by 42% in the 100+ age group followed by 39% in the 45-54 age group (n=6,431).

More than a third of those aged 65-79, 23% of those aged 80-89 and 21% of those aged 90-99 also came to neighbourhood houses to attend courses or classes. Since 2013 there has been even more research which further demonstrates the contribution lifelong learning has on healthy ageing, not only to improve cognitive brain function but also through the benefits of participation and social connection (Keep Your Life in Mind, n.d.; Vic Health 2015).

However, the most common reason for those in the 65-99 age range for coming to the neighbourhood house is to attend a social group. Given this, it is not surprising to find the majority of those in the age ranges from 65-99 nominate 'spend time with other people' as a main benefit of coming to their neighbourhood house. Interestingly, this benefit was also nominated by the majority of all people in the age ranges from 10 to 100+, regardless of the reason for attending (Table 7).

There is substantial evidence that suggests that positive social interaction and relationships improve both mental and physical health. The *Healthy Ageing Literature Review* found 'Social participation promotes feelings of connectedness, improves mental and physical health and is linked to social connectedness. There is strong evidence of a direct link between social connectedness and mental and physical health outcomes.' (National Ageing Research Institute 2016:13). Furthermore, Cacioppo et al. (2011) report that human responses to perceived social isolation is associated with factors contributing to higher rates of morbidity and mortality in older adults and that perceived isolation 'has a stronger association with poor health outcomes than objective social isolation'.

Behind the headlines

Over a quarter of those aged 65 and over come to the neighbourhood house for exercise or health classes, and over 30% identify improved health as a benefit. The Healthy Ageing Literature review also found that 'Physical activity interventions result in improved physical function, reduced mobility disability, improved quality of life, improved mental health, high satisfaction with programs, increased caloric expenditure, high exercise adherence rates, and increased social connections.' (National Ageing Research Institute 2016:10).

The implications are the same as in the 2013 participant survey; the patterns of participation in neighbourhood houses and self-reported benefits should ultimately reduce the cost burden on the health budget.

For the 20-29 year olds, 35% identify 'meet new people/make new friends' as a benefit, and 36% identify 'spend time with other people.'

For the 10-19 year olds, spending time with other people was the most commonly identified benefit at 31%, while over one quarter of respondents in this age range also nominated 'meet new people/make friends' and 'develop a new interest or activity' as benefits. A quarter nominated 'improve my job skills', 'improve my personal wellbeing/confidence' and 'help my community' as benefits.

Socialisation is clearly a key benefit for the 0-9 year olds, with 'meet new people/make friends' identified by/for 56% and 'spending time with other people' by/for 49%.[6]

Table 7: Distribution of self-reported benefits of attending a neighbourhood house by age

	0-9	10-19	20-29	30-44	45-54	55-64	65-79	80-89	90-99	100+	Total number of respondents
Improve my job skills	5%	25%	30%	21%	23%	15%	7%	5%	2%	8%	7,275
Improve my health	7%	12%	14%	15%	23%	28%	33%	33%	23%	17%	11,010
Improve my personal wellbeing/confidence	26%	25%	29%	29%	36%	39%	38%	34%	29%	17%	15,975
Spend time with other people	49%	31%	36%	37%	28%	48%	59%	68%	71%	25%	21,694
Meet new people/ make friends	56%	29%	35%	37%	34%	41%	45%	46%	47%	17%	18,531
Help my community	5%	25%	29%	25%	31%	32%	26%	18%	17%	25%	12,112
Develop a new interest or activity	31%	28%	23%	22%	28%	32%	32%	22%	16%	8%	12,925
Improve my independence	20%	21%	18%	15%	15%	13%	14%	17%	15%	17%	6,927

---

[6] These results most likely reflect the benefits parents and carers identify for children attending neighbourhood houses.

It is also interesting to note that those in the 55-64 and 65-79 age groups identified the greatest number of benefits in coming to a neighbourhood house at 2.5 per person. However, all participants, regardless of age, identified an average of 2.3 benefits, a slight increase on the 2.2 benefit average in 2013.

Disability

People who identify as having a disability or long-term impairment make up a higher percentage of neighbourhood house participants (21.7%) than the general community (18.5%). Data from the Neighbourhood Houses Annual Survey 2016 show 56% of neighbourhood houses deliver programs determined by people with disability, a 1% increase on 2013 numbers.

Male neighbourhood house participants identify as having a disability or long-term impairment at a higher rate than females: 29.7% of males and 18.5% of females identify as having a disability. Although the numbers are much smaller, the highest proportion of those who identify as having a disability are those identifying their gender as other at 41.7% (n=15) followed by gender diverse at 30.6% (n=26).

Looking at the rate of disability for each age range, it is interesting to note that they vary slightly. Unlike the 2013 participant survey where rates of disability increased steadily from the 45-54 age range to 80+, in 2017 25% of those in the 45-54 and 55-64 age ranges identified having a disability or impairment; 24% in the 65-79 age range; 34% in the 80-89 and 42% of those in the 90-99 age range (Table 8).

Table 8: Disability by age

Disability/impairment	0-9	10-19	20-29	30-44	45-54	55-64	65-79	80-89	90-99	100+	Total number
Yes	4%	16%	18%	15%	25%	25%	24%	34%	42%	33%	9,931
No	90%	77%	76%	81%	70%	71%	72%	59%	44%	50%	34,147
I'd rather not say	5%	5%	4%	3%	3%	4%	3%	4%	8%	17%	1,596

Aboriginal and Torres Strait Islander participants identify as having a disability or long-term impairment at a higher rate than non-Indigenous participants: 35.2% of these participants identify as Aboriginal, 31.7% identify as Torres Strait Islander and 27.3% identify as both Aboriginal and Torres Strait Islander (Table 9).

Behind the headlines

Table 9: Disability rates among Aboriginal and Torres Strait Islander neighbourhood house participants

Disability/ impairment	No	Yes, Aboriginal	Yes, Torres Strait Islander	Yes, both Aboriginal and Torres Strait Islander	I'd rather not say	Total number
Yes	21%	35%	32%	27%	-	7,275
No	74%	60%	59 %	67%	37%	11,010
I'd rather not say	3%	4%	8%	6%	37%	15,974
Total number	44,910	651	63	33	410	

By contrast, people for whom English is not the primary language identify as having a disability or long-term impairment at a lower rate than the general neighbourhood house participants: 16.2% (2013 14.7%) of those for whom English is not the primary language identify as having a disability, compared with 22.6% (2013 21.3%) of those for whom English is the primary language.

Participants identifying as having a disability or long-term impairment report meeting new people/making new friends and/or spending time with other people as a benefit at significantly higher rates[7] (64%) than those without a disability or long-term impairment (55%). This is important given this cohort is at increased risk of experiencing social isolation (National People with Disabilities and Carer Council, 2009; VicHealth, n.d.; Teuton, 2018; Griffiths n.d.).

Primary language spoken at home

English is not the primary language for 18.4% (2013 17.9%) of neighbourhood house participants. However, when adjusted for overrepresentation of rural participants in the survey sample, the rate is 21%.

While the participant survey asks if English is the primary language spoken at home, the ABS Census asks if a language other than English is spoken at home (Australian Bureau of Statistics 2016). Consequently, the survey data is not directly comparable with ABS data. English is not the only language spoken at home for 26% (2013 27.6%) of Victorians (Australian Bureau of Statistics 2017a).

In 2013 Neighbourhood House Victoria received feedback that the lower response rate from non-English speaking, Culturally and Linguistically Diverse (CALD) communities was due to a lack of surveys available in community languages[8]. In 2017 the survey was made available in 53 community languages across 76 neighbourhood houses. However, it appears that the provision of the survey in community languages did not lead to an increase in respondents indicating English is not the primary language spoken at home.

---

[7] 2 proportions Z test, significance threshold was set at .05, p value < .001, Z = 15.89

[8] In unpublished data from the Neighbourhood Houses Survey 2013, 21% of neighbourhood houses (n=62) said more neighbourhood house users would participate in the survey if it were made available in community languages; the most requested community languages were Mandarin, Arabic and Vietnamese respectively.

Table 10: Primary language by age

	0-9	10-19	20-29	30-44	45-54	55-64	65-79	80-89	90-99	100+	Total number
English is primary language	80%	82%	75%	75%	78%	81%	86%	83%	83%	58%	37,297
English is not primary language	18%	16%	23%	24%	20%	17%	13%	16%	15%	33%	8,482
Total number of respondents	1,783	2,235	3,179	9,483	6,431	8,454	12,088	2,113	232	12	

Of all neighbourhood house participants for whom English is not the primary language, 73.1% are female, 25.4% male and the remainder gender diverse or other.

As in the 2013 participant survey, 27% of these participants are in the 30-44 age group, however, the distribution of primary language by age, although a small number (n=12) shows the single highest proportion of participants for whom English is not the primary language are in the 100+ age range at 33% (Table 10).

Twenty-four per cent of those in the 30-44 age group and 23% of 20-29 year olds do not speak English as a primary language. The proportion of people for whom English is not the primary language is lowest in those aged 65-79. This is consistent with the 2013 data. In 2013 the highest percentage of neighbourhood house participants for whom English was not the primary language was in the 20-29 age group at 25% and the proportion of people for whom English was not the primary language was lowest in those aged over 65.

Ninety-two per cent of participants for whom English is not the primary language are located in metropolitan LGAs. Of 114 neighbourhood houses that deliver courses in English as an Additional Language 77% are located in metropolitan Melbourne[9]. This is also consistent with 2013 data (77%).

Although most English as an Additional Language (EAL) activity occurs in metropolitan areas, the provision of EAL in 26 rural neighbourhood houses suggest that even where there are smaller populations of people for whom English is not the primary language, local neighbourhood houses are often providing language services.

Consistent with 2013 Neighbourhood Houses Annual Survey data, data from the 2016 Neighbourhood Houses Annual Survey shows 17% of neighbourhood houses deliver programs in community languages (n=64), 85% of which are located in metropolitan areas.[10] The most popular languages are Spanish, Arabic, Vietnamese and Mandarin. In addition, just over 12% of neighbourhood houses auspice CALD groups, 3% higher than in 2013.

---

[9] Unpublished data from the Neighbourhood Houses Survey 2016.

[10] Metropolitan LGAs including growth and interface councils. Interface LGAs / Councils is a group of 10 municipalities surrounding metropolitan Melbourne where the rural and urban interface occurs.

Behind the headlines

When it comes to reasons for attending the neighbourhood house, there are a few areas of difference between those for whom English is the primary language and those for whom it is not (Table 11). People for whom English is the primary language are 1.68 times more likely to say they attend to use a service than those for whom English is not the primary language. On the other hand, people for whom English is not the primary language are 1.54 times more likely to nominate a course or class as their reason for attending.

People for whom English is not the primary language are less likely to come to the neighbourhood house to volunteer and use a service, though more likely to come for job training or job support, to attend a social group and to seek advice/help.

Table 11: Participation rates - Primary language and reason for attending the neighbourhood house

	English is primary language	English is not primary language	Total number of respondents
Social group	29.0%	28.3%	13,394
Exercise/health class	18.5%	11.8%	7,955
Support group	8.0%	10.1%	3,885
Advice/help	7.4%	8.1%	3,460
Childcare/playgroup	10.8%	10.8%	4,999
Course or class	30.2%	46.4%	15,389
Volunteering/placement	8.8%	7.5%	3,963
Job training/job support	3.2%	4.7%	1,609
Use a service	15.6%	9.3%	6,641
Total number of respondents	37,297	8,482	

These findings are consistent with the differences in benefits nominated by those for whom English is the primary language and those for whom it is not. People for whom English is not the primary language were 88% more likely to choose 'improve my job skills', 82% more likely to choose 'improve my independence', and 20% more likely to choose 'meet new people/make friends' as benefits of coming to neighbourhood houses (Table 12).

In other areas, benefits are identified at similar rates by those for whom English is the primary language and those for whom it is not (Table 12), with those for whom English is not the primary language somewhat more likely to identify 'improve my personal wellbeing/confidence' as a benefit.

"People for whom English is not the primary language were **88% more likely** to choose 'improve my job skills' as a benefit"

Table 12: Distribution of self-reported benefits of attending a neighbourhood house by primary language spoken at home

	English is primary language	English is not primary language	Total number of respondents
Improve my job skills	13.5%	25.4%	7,275
Improve my health	24.6%	20.5%	11,010
Improve my personal wellbeing/confidence	34.2%	36.1%	15,975
Spend time with other people	47.2%	45.6%	21,694
Meet new people/ make friends	38.6%	46.5%	18,531
Help my community	26.9%	23.2%	12,112
Develop a new interest or activity	28.1%	27.4%	12,925
Improve my independence	13.0%	23.7%	6,927
Total number of respondents	37,297	8,482	

Behind the headlines

Aboriginal and Torres Strait Islander participants

Neighbourhood house participants who identify as Aboriginal and/or Torres Strait Islander make up 1.6% of total neighbourhood house participants, twice as high as the background population of 0.8% in Victoria from the 2016 ABS Census.

In terms of age range, the highest percentage of participants who identify as Aboriginal were in the 10-19 age range at 4.0% (i.e. school age) which is consistent with 2013 Neighbourhood House Participant Survey data. Of 20-29 year olds, 3% identified as Aboriginal. Among those who identified as Torres Strait Islander, the largest proportion was in the 90-99 age range at 0.9% (Table 13).

Table 13: Neighbourhood house participant Indigenous status by age

Age range	Not Aboriginal and/or Torres Strait Islander	Yes, Aboriginal	Yes, Torres Strait Islander	Yes, both Aboriginal and Torres Strait Islander	I'd rather not say
0-9	95.3%	2.1%	0.2%	0.1%	2.0%
10-19	93.8%	4.0%	0.3%	0.3%	1.1%
20-29	95.0%	3.0%	0.2%	0.1%	1.4%
30-44	97.0%	1.8%	0.1%	0.1%	0.5%
45-54	96.6%	1.8%	0.2%	0.1%	0.7%
55-64	97.5%	0.9%	0.1%	0.0%	0.7%
65-79	97.7%	0.4%	0.1%	0.0%	0.5%
80-89	96.5%	0.4%	0.1%	0.0%	0.7%
90-99	94.0%	0.4%	0.9%	0.0%	1.7%
100+	91.7%	0.0%	0.0%	0.0%	8.3%
I'd rather not say	75.8%	0.7%	0.3%	0.3%	23.2%
Total number of respondents	44,910	651	63	33	410

In 2017, Aboriginal and Torres Strait Islander participation increased by 0.1% (total n=747). The number of neighbourhood houses reporting two or more Indigenous participants is 114 or 30% of neighbourhood houses across Victoria.

The data suggests Aboriginal and Torres Strait Islanders participate in general activities in neighbourhood houses across Victoria, with only a small minority engaging through groups specifically directed towards Indigenous Victorians. This is consistent with findings that only 1.6% per cent of neighbourhood houses auspice Indigenous groups.[11]

---

[11] Unpublished data from the Neighbourhood Houses Survey 2017.

Behind the headlines

There are some differences in the reasons Victorians who identify as Aboriginal and/or Torres Strait Islander attend neighbourhood houses compared with non-Indigenous Victorians. Those who identify as Indigenous are more likely to attend a support group, seek advice/help and attend for job training/ support. They are less likely to attend an exercise or health class, use childcare or playgroup, and/or attend a course or class (Table 14) than non-Indigenous participants.

Table 14: Participation rates - Reasons for attending the neighbourhood house by Indigenous status

	Not Aboriginal and/or Torres Strait Islander	Yes, Aboriginal	Yes, Torres Strait Islander	Yes, both Aboriginal and Torres Strait Islander	I'd rather not say	Total number of repsondents
Social group	28.8%	26.3%	25.4%	42.4%	32.7%	13,394
Exercise/health class	17.2%	6.6%	12.7%	0.0%	20.0%	7,955
Support group	8.3%	14.4%	15.9%	15.2%	8.5%	3,885
Advice/help	7.3%	19.4%	15.9%	12.1%	8.0%	3,460
Childcare/playgroup	10.9%	8.0%	1.6%	9.1%	8.8%	4,999
Course or class	33.3%	26.6%	17.5%	27.3%	29.5%	15,389
Volunteering, placement	8.6%	6.6%	11.1%	9.1%	6.6%	3,963
Job training/ job support	3.4%	5.5%	9.5%	3.0%	3.7%	1,609
Use a service	14.2%	29.8%	33.3%	18.2%	10.2%	6,641
Total number of respondents	44,910	651	63	33	410	

The benefits identified in coming to the neighbourhood house are identified at mostly similar rates for Indigenous and non-Indigenous Victorians (Table 15). In terms of differences, people who identify as Aboriginal and/or Torres Strait Islander are more likely to choose 'improve my independence' and 'increase my job skills' as benefits and less likely to choose 'develop a new interest or activity' and 'meet new people/make friends' than non-Indigenous participants.

"Participants who identify as Aboriginal and/or Torres Strait Islander make up 1.6% of total neighbourhood house participants, **twice as high** as the background population of Victoria"

Table 15: Distribution of self-reported benefits of attending a neighbourhood house by Indigenous status

	Not Aboriginal and/or Torres Strait Islander	Yes, Aboriginal	Yes, Torres Strait Islander	Yes, both Aboriginal and Torres Strait Islander	I'd rather not say	Total number of repsondents
Improve my job skills	15.6%	17.7%	28.6%	24.2%	17.6%	7,275
Improve my health	23.8%	18.6%	30.2%	24.2%	22.0%	11,010
Improve my personal wellbeing/confidence	34.4%	33.0%	23.8%	27.3%	33.7%	15,975
Spend time with other people	46.9%	38.6%	54.0%	39.4%	42.7%	21,694
Meet new people/ make friends	40.0%	33.5%	50.8%	27.3%	39.3%	18,531
Help my community	26.2%	25.3%	25.4%	24.2%	18.8%	12,112
Develop a new interest or activity	28.0%	22.3%	23.8%	27.3%	24.4%	12,925
Improve my independence	14.8%	21.0%	22.2%	33.3%	14.4%	6,927
Total number of respondents	44,910	651	63	33	410	

"Community is much more than belonging to something; it's about doing something together that makes belonging matter."
Brian Solis

Reasons and benefits

As outlined in Table 16, people identify multiple reasons for coming to neighbourhood houses at an average of 1.32 reasons per person compared to 1.35 in the 2013 Neighbourhood House Participant Survey.

Table 16: Reasons for coming to the neighbourhood house on survey day

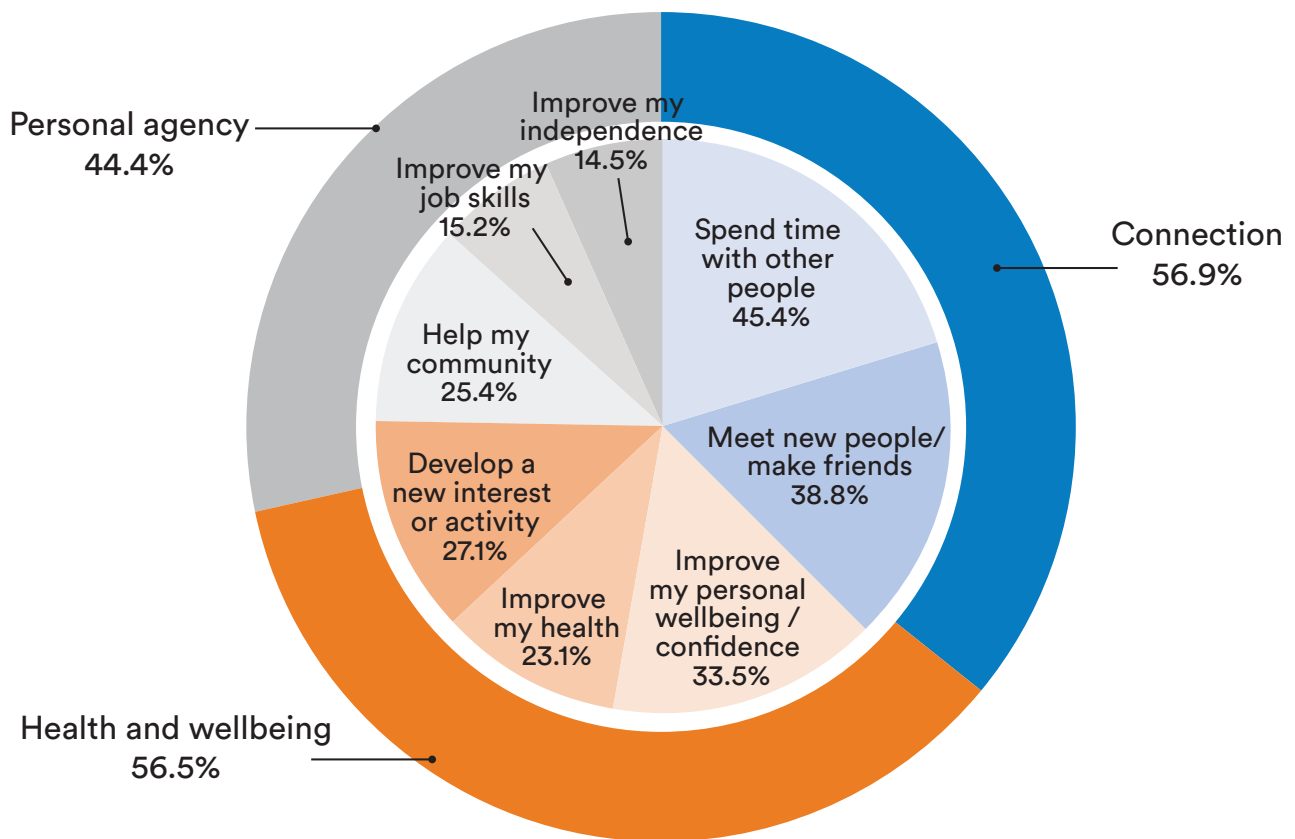|	No. of responses	Percentage of total respondents
Course or class	15,389	34%
Social group	13,394	30%
Exercise/health class	7,955	18%
Use a service	6,641	15%
Childcare/playgroup	4,999	11%
Volunteering, placement	3,963	8%
Support group	3,885	9%
Advice/help	3,460	8%
Job training/job support	1,609	4%
Total number of respondents	37,297	8,482

Similarly, people identify multiple benefits of coming to neighbourhood houses – an average of 2.3 benefits per person compared to 2.2 in the 2013 neighbourhood house survey.

In some instances, there is a direct relationship between the stated reasons for attending a neighbourhood house and the benefits they associate with it (Figure 1). It is not surprising, for example, that 80% of people who attend an exercise or health class identify 'improve my health' as a benefit; or that 78% of people who volunteer identify 'help my community' as a benefit; or that 77% of those who attend the neighbourhood house for a social group identify 'spend time with other people' as a benefit. Similarly, those who attend job training/job support strongly identify 'improve my job skills' as a benefit.

In other instances, the benefits derived from coming to the neighbourhood house do not appear to be directly related to the reason for attending. 'Spending time with other people' for example, is identified as a benefit by substantial numbers of participants regardless of their reason for attending, including 56% of those who attend for advice/help, 54% of those who come for exercise/health class, and 53% of those who volunteer or do placements.

Interestingly, for those who came to the neighbourhood house for a course or class, the benefits, 'develop a new interest or activity' and 'spend time with other people' received almost equal weighting.

Figure 1: Main benefits in coming to the neighbourhood house

Personal agency
44.4%

Improve my
independence
14.5%

Improve my
job skills
15.2%

Connection
56.9%

Spend time
with other
people
45.4%

Help my
community
25.4%

Meet new people/
make friends
38.8%

Develop a
new interest
or activity
27.1%

Improve
my health
23.1%

Improve
my personal
wellbeing /
confidence
33.5%

Health and wellbeing
56.5%

Of those who come to the neighbourhood house for advice and help, 53% also say it improves their personal wellbeing and confidence, and 33% say it improves their independence.

Of those who attend support groups, 69% identify spending time with other people as a benefit, 64% identify improving personal wellbeing and confidence, 59% identify meeting new people and making friends, 43% identify improving health, and 39% identify helping their community.

In fact, people who attend support groups identify the highest number of benefits in coming to the neighbourhood house at 3.51 per person. The group identifying the next highest number of benefits are those who come for advice/help at 3.28 benefits per person, followed by those who come for job training/job support at 3.10 benefits per person. This has changed since 2013 when the highest number of benefits per person was from those attending support groups at 3.33, followed by those who attend for volunteering/placement at 2.97 benefits per person.

The graph in Figure 2 illustrates the multiple benefits identified by neighbourhood house participants regardless of the reasons they attend.

Reasons and benefits

Figure 2: Distribution of self reported benefits of attending a neighbourhood house by reasons for attending
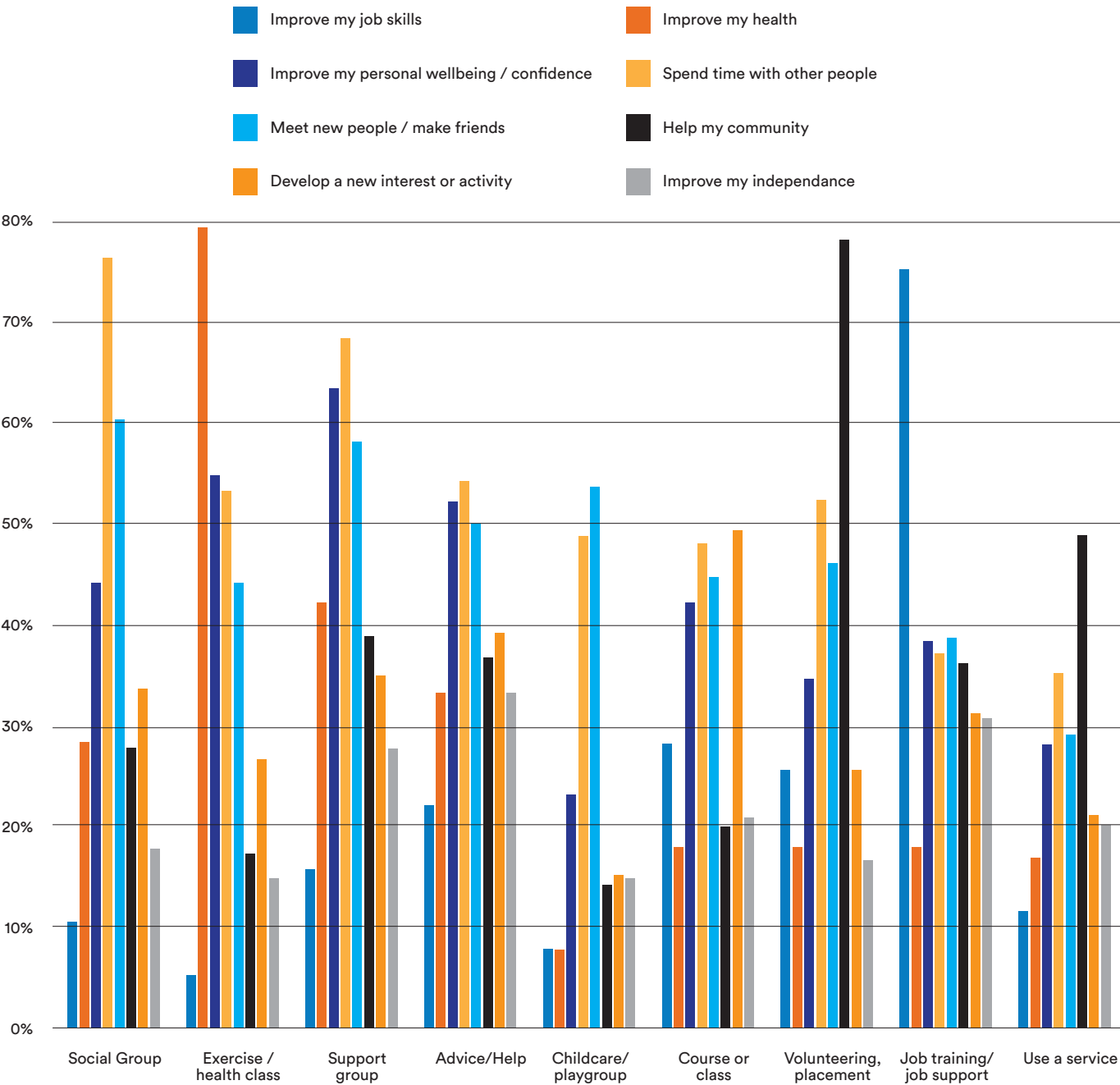
Conclusion

The findings of the 2017 Neighbourhood House Participant Survey are generally very similar to the findings of the 2013 Neighbourhood House Participant Survey, which suggests that neighbourhood houses continue to be relevant and responsive to their communities. They continue to engage people experiencing disadvantaged and/or at risk of isolation.

Neighbourhood houses also continue to respond to some key challenges in Victoria, including supporting social connection, increased populations and demands in growth areas, providing a welcoming, relevant space for positive ageing, Indigenous engagement, training and employment pathways for young people, and meaningful inclusion of people with disability.

The prevalence and cost of social isolation above are significant. Neighbourhood houses not only offer opportunities for community participation but also provide vast opportunities for individuals and families to improve their physical and mental wellbeing, inevitably reducing the burden on public health and intervention services.

With each visit to a neighbourhood house only costing the Neighbourhood House Coordination Program $2.73 (Neighbourhood Houses Victoria, 2017) there is a clear case to increase participation in neighbourhood houses through further investment in this vital community infrastructure.

Case studies: Neighbourhood houses shaped by local challenges

Data from the 2017 Neighbourhood House Participant Survey provides some insights into how neighbourhood houses are responding to the particular challenges facing their communities. The following case studies provide just two examples of how neighbourhood houses can and do respond to these challenges.

CASE STUDY 1: Responding to the unemployment challenge – Melbourne's growth areas

The Victorian Government has identified six major growth areas to house the rapidly increasing Melbourne population. These growth areas are located in the Local Government Areas (LGAs) of Wyndham, Casey, Cardinia, Melton, Whittlesea and Hume.[12] These LGAs recorded a population increase of over 220,000 from 2011 to 2016 according to ABS Census data (Australian Bureau of Statistics 2016b).

The neighbourhood houses and the communities they support in the growth corridors face particular challenges including inadequate infrastructure, limited employment options and reduced access to services and public transport (Essential Economics, 2013).

Of the 371 Neighbourhood House Coordination Program funded neighbourhood houses that completed the 2017 participant survey, 46 are in the six LGAs in the growth corridors. Ninety-four percent of respondents from these neighbourhood houses lived in postcodes areas included in growth area LGAs.

September quarter unemployment rates for 2017 show unemployment in growth area LGAs averaging 7.8% compared to 5.8% in the inner metro LGAs (Department of Jobs and Small Business n.d.).

Furthermore, June 2016 data (Social Health Atlas Australia 2018) shows young people aged 16-24 in growth LGAs were almost twice as likely to be in receipt of unemployment benefit as their counterparts in non-growth area metro LGAs.

The neighbourhood house participants in the growth area LGAs were more likely to be of working age with 66.9% aged 20 to 64 and more likely to report improved job skills as a benefit at 9.3% than those in the rest of Melbourne at 58.9% and 6.7% respectively.

This is particularly marked in the 20-29 year old category. The neighbourhood house participation rate for this age group in the growth areas was 3.2% higher than for Melbourne's non growth LGAs despite a 2.6% lower rate in the growth area population (Australian Bureau of Statistics 2016b). They were marginally more likely to attend for a course or class (39.4%) and 7.4% attend specifically for job training or support compared to the same participant cohort in the rest of Melbourne at 38.2 and 6.7% respectively.

Across all age groups, participants in growth area LGAs identified improving job skills as a benefit from attending their neighbourhood house at higher rates (9.3%) than those participants not in growth areas (6.7%).

Within growth area LGAs, there are areas that are well established and areas that are growing rapidly. A closer look at the areas of differentiation for neighbourhood houses in the growth areas reveals eight neighbourhood houses that have grown and adapted to meet the changing demand in both volume and nature. These eight neighbourhood houses (income greater than $1,000,000) are all located within a few kilometres of the designated urban development zones. All have experienced and been influenced by rapid local population growth in recent years.

---

[12] Mitchell Shire has also been identified as an area for growth but is not included in the 6 Local Government Authorities that are the focus of this paper as it is not yet experiencing the volume of growth of the 6 LGAs included.

Case studies: Neighbourhood houses shaped by local challenges

For these eight neighbourhood houses, the percentage of all participants reporting factors related to the local unemployment challenges are higher compared to other areas as indicated in table 17.

Table 17: Comparison of employment related indicators

	8 large Growth Area neighbourhood houses	Growth Area LGAs	Rest of Melbourne
Identified improved job skills as a benefit	18.1%	9.3%	6.7%
Attended for a class or course	47.8%	27.2%	29.6%
Attended for job training / support	6.3%	3.1%	2.4%
Aged 20-44	42.2%	37.1%	27.3%

The age profile of participants in neighbourhood houses in growth areas is younger than in Inner Melbourne and there is a lower proportion of people reporting a disability or long term impairment. For participants in growth area LGAs, 19.6% were aged 20-64, reported no disability but did have a concession card compared to 15.3% for the same cohort participating in neighbourhood houses in the rest of Melbourne. This suggests that people experiencing unemployment are participating at higher rates in growth area neighbourhood houses.

This responsiveness to the employment needs of a younger population does not come at the expense of building community connectedness and wellbeing in growth area LGAs. Across these growth LGAs, neighbourhood house participants report 'Spend time with other people' or 'meet new people/make friends' at rates equivalent to the state average.

The most significant[13] variation in the reasons to attend a neighbourhood house between the growth area LGA neighbourhood houses and the state average was for attending support groups. The respective rates 6.3% of participants for inner metro LGAs compared to 9.5% in growth LGAs.

[13] 2 proportions Z test, significance threshold was set at .05, p value < .001, Z = 8.62.

CASE STUDY 2: Filling the service gaps – Rural Victoria

The reasons given for attending a neighbourhood house in Victoria's smaller towns with populations below 3,000 differ markedly from the reasons given by participants in wholly metropolitan LGAs (excludes interface LGAs).

Figure 3: Reason to attend neighbourhood house comparative response rates

Legend: Metropolitan Neighbourhood Houses (orange), Small rural (Pop <3000) Neighbourhood Houses (blue)
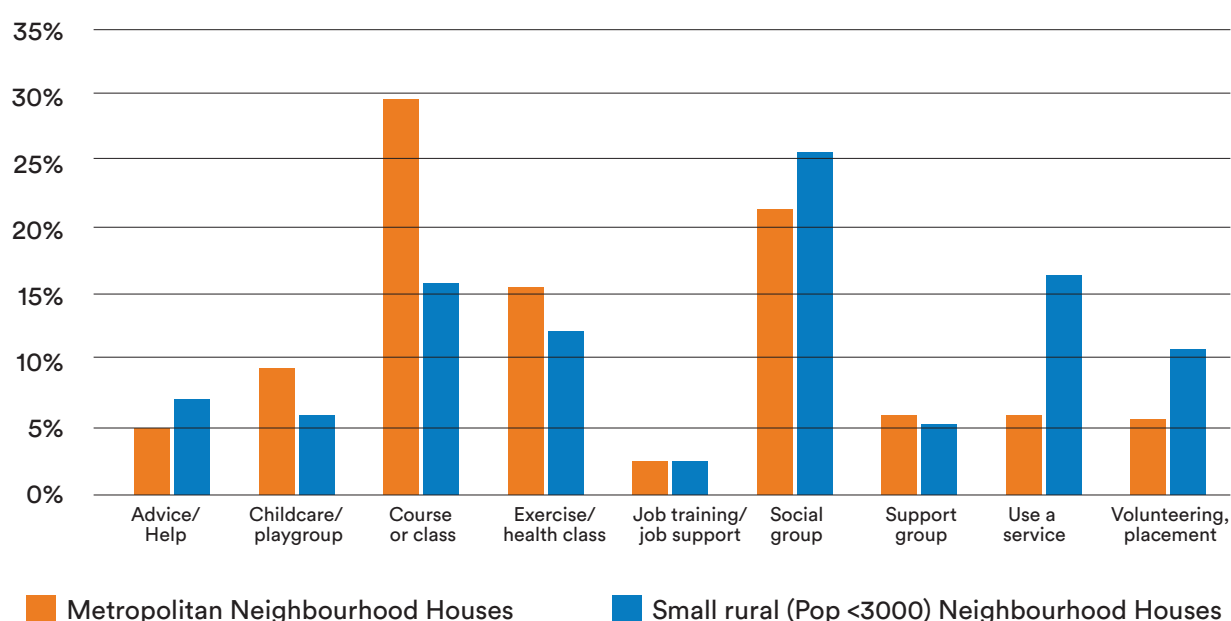
The above chart shows participants in small rural neighbourhood houses are less likely to attend courses and classes, more likely to attend social groups and much more likely to use services provided by the neighbourhood house than their inner metropolitan equivalents.

It reveals a pattern of rural neighbourhood house activity consistent with thin markets in relation to courses and classes but playing an important role in maintaining the social fabric while bridging service gaps experienced in smaller rural towns.

Analysis of the 2016 Neighbourhood Houses Annual Survey found that referral to other services was provided at slightly lower rates (less than 3% difference) compared to inner metro neighbourhood houses, and that childcare and maternal and child health services were provided at 16% and 6% lower rates in small rural neighbourhood houses respectively.

By contrast smaller rural neighbourhood houses provide all other service types at a greater rate than metropolitan neighbourhood houses. Figure 4 shows services delivered in small rural neighbourhood houses at rates more than 1.5 times that of metropolitan neighbourhood houses.

Case studies: Neighbourhood houses shaped by local challenges

Figure 4: Comparative % of neighbourhood houses with specific services

Metropolitan LGAs

Rural less than 3,000 population
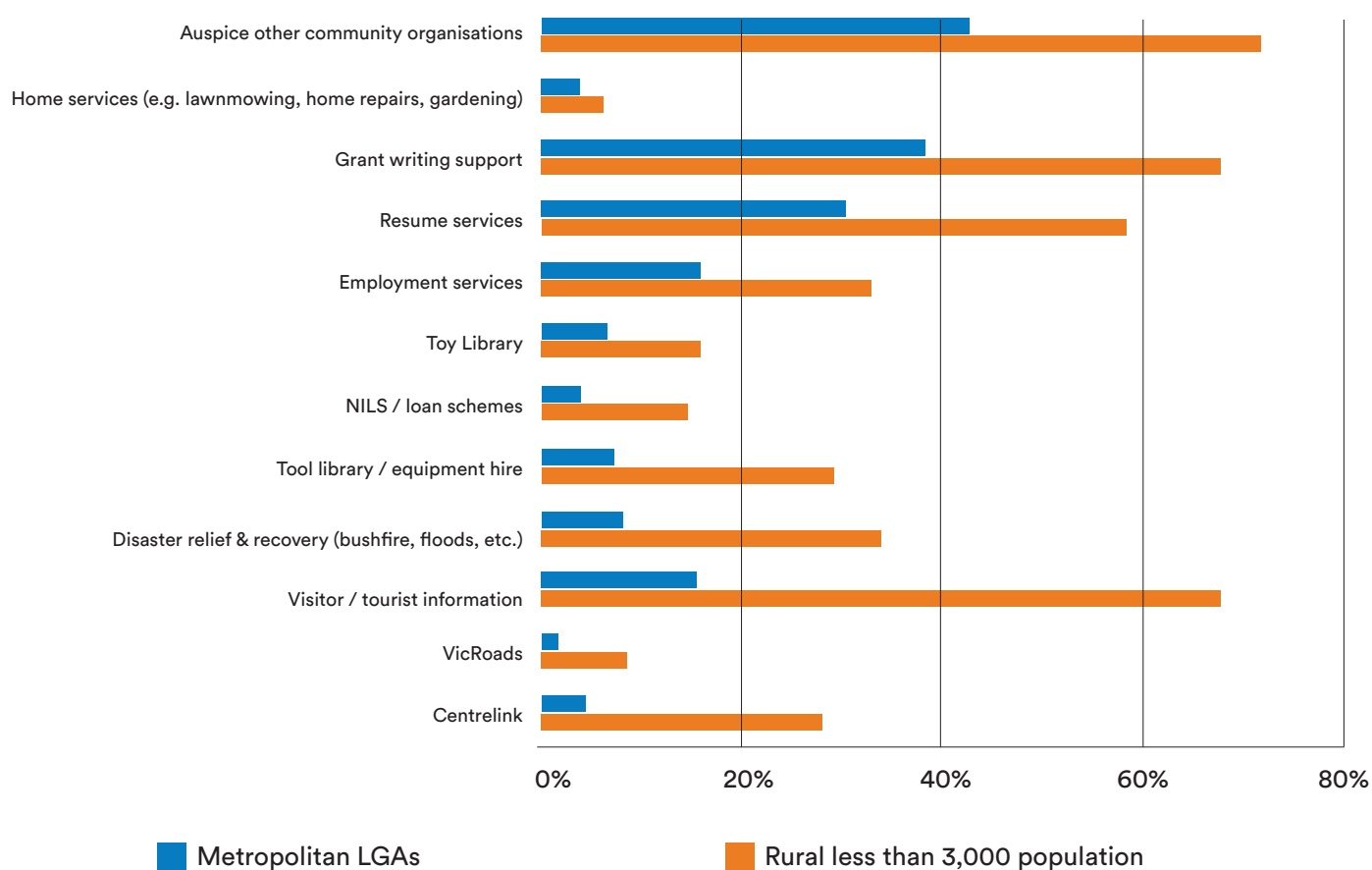
This snapshot into two variations in activities, participant demographics, reasons people attend neighbourhood houses and the benefits they identify, showcase how neighbourhood houses respond to the circumstances of their community.

References

Australian Bureau of Statistics. (2016a). Census of Population and Housing: Understanding the Census and Census Data, Australia, 2016
Retrieved from **http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20 Subject/2900.0~2016~Main%20Features~LANP%20Language%20Spoken%20at%20Home~10062**

Australian Bureau of Statistics. (2016b). 2016 Census - Cultural Diversity, TableBuilder. Findings based on use of ABS TableBuilder data.

Australian Bureau of Statistics. (2017a). 2016 Census QuickStats,
Retrieved from **http://www.censusdata.abs.gov.au/census_services/getproduct/census/2016/ quickstat/2?opendocument**

Australian Bureau of Statistics. (2017b). 2015 Disability, Ageing and Carers Australia: Victoria.
Retrieved from **http://www.abs.gov.au/AUSSTATS/abs@.nsf/ DetailsPage/4430.02015?OpenDocument**

Australian Psychological Society. (2018). Australian loneliness report.
Retrieved from **https://psychweek.org.au/wp/wp-content/uploads/2018/11/Psychology-Week-2018- Australian-Loneliness-Report-1.pdf**

Cacioppo, J. T., Hawkley, L. C., Norman, G. J., & Berntson, G. G. (2011). Social isolation. Annals of the New York Academy of Sciences, 1231(1), 17-22.
Retrieved from **https://nyaspubs.onlinelibrary.wiley.com/doi/10.1111/j.1749-6632.2011.06028.x**

Carcach Carlos and Huntley Cathie. (2017). Community participation and regional crime, Australian Institute of Criminology, Canberra.
Retrieved from **https://aic.gov.au/publications/tandi/tandi222**

Colucci Erminia, Minas Harry, Szwarc Jo, Paxton Gerogia and Guerra Carmel. (2012) Barriers to and facilitators of utilisation of mental health services by young people of refugee background. Foundation House, University of Melbourne, Centre for Multicultural Youth and The Royal Children's Hospital Melbourne.

Deloitte Access Economics. (2018). Social impact analysis Morwell Neighbourhood House.
Retrieved from **http://www.morwellnh.org.au/wp-content/uploads/2018/05/MNH_Social-Impact- Analysis_May-2018_.pdf**

Dementia Australia. (n.d.). Keep Your Life in Mind,
Retrieved from **https://www.dementia.org.au/dementia-news/issue-12/keep-your-life-in-mind**

Department of Jobs and Small Business. (n.d.). LGA Data tables — Small Area Labour Markets — December quarter 2017.
Retrieved from **https://docs.employment.gov.au/documents/lga-data-tables-small-area-labour- markets-march-quarter-2019**

Department of Social Services, Australia, DSS Demographics December. (2017).
Retrieved from **https://data.gov.au/dataset/ds-dga-cff2ae8a-55e4-47db-a66d-e177fe0ac6a0/details**

de Silva, Renee. (2016). Physical Activity Opportunities for Older Victorians: An Audit and Gap Analysis, Move Muscle, Bone & Joint Health.
Retrieved from **https://www.msk.org.au/wp-content/uploads/2018/07/Audit-and-Gap-Analysis.pdf**

Essential Economics. (2013). One Melbourne or two.
Retrieved from **https://apo.org.au/node/32817**

Flowers L, Houser A, Noel-Miller C, Shaw J, Bhattacharya J & Schoemaker L. (2017). Medicare Spends More on Socially Isolated Older Adults. AARP Public Policy Institute.
Retrieved from **https://www.aarp.org/content/dam/aarp/ppi/2017/10/medicare-spends-more-on-socially-isolated-older-adults.pdf**

Griffiths, H. (n.d.). Social isolation and loneliness in the UK.
Retrieved from **https://iotuk.org.uk/wp-content/uploads/2017/04/Social-Isolation-and-Loneliness-Landscape-UK.pdf**

Holt-Lunstad J, Robles T, & Sbarra D. (2017) Advancing social connection as a public health priority in the United States.
Retrieved from **https://www.apa.org/pubs/journals/releases/amp-amp0000103.pdf**

Jo Cox Commission on Loneliness. (2017). Combating loneliness one conversation at a time – A call to action.
Retrieved from **https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/active-communities/rb_dec17_jocox_commission_finalreport.pdf**

Kyrkilis, J. (2012). Creating Community – Social Connection, Community Wellbeing and Good Practice. Report prepared for the Social Infrastructure Planning Tool Project.

Morgan, A, Brown R, Coughlan M, Boxall H & Davy D. (2018). Reducing crime in public housing areas through community development: An evaluation of the High Density Housing Program in the ACT. Research Reports No.6. Canberra: Australian Institute of Criminology.
Retrieved from **https://aic.gov.au/publications/rr/rr6**

National Ageing Research Institute. (2016). Healthy Ageing Literature Review: Melbourne Victoria,
Retrieved from **https://www2.health.vic.gov.au/ageing-and-aged-care/wellbeing-and-participation/healthy-ageing/healthy-ageing-program**

National People with Disabilities and Carer Council. (2009). National Disability Consultation Shut Out Report: The Experience of People with Disabilities and their Families in Australia.
Retrieved from **https://www.dss.gov.au/sites/default/files/documents/05_2012/nds_report.pdf**

Neighbourhood Houses Victoria, (2017). Neighbourhood Houses Survey 2016.
Report published by Neighbourhood Houses Victoria.

Neighbourhood Houses Victoria, (2018). Neighbourhood Houses Survey 2017.
Report published by Neighbourhood Houses Victoria.

References

New Economics Foundation, (2017). The cost of loneliness to UK employers.
Retrieved from **https://neweconomics.org/uploads/images/2017/02/NEF_COST-OF-LONELINESS_DIGITAL-Final.pdf**

Pope J, (2011). Indicators of Community Strength in Victoria: framework and evidence, Department of Planning and Community Development, State of Victoria.

Samuels Robert, Judd Bruce, O'Brien Bette & Barton Jack, (2004). Linkages between housing, policing and other interventions for crime and harassment reduction in areas with public housing concentrations, Volume 1: Main Report, Australian Housing and Urban Research Institute.

Social Health Atlas of Australia – Victoria - Data by Local Government Area published 3 March 2018. Retrieved from **http://www.phidu.torrens.edu.au/social-health-atlases/data**

Teuton, J. (2018). Social isolation and loneliness in Scotland: a review of prevalence and trends. Retrieved from **http://www.healthscotland.scot/media/1712/social-isolation-and-loneliness-in-scotland-a-review-of-prevalence-and-trends.pdf**

VicHealth (2016), VicHealth Indicators Survey 2015: Selected findings, Victorian Health Promotion Foundation, Melbourne.

VicHealth. (n.d.). Disability and health inequalities in Australia - Research summary. Retrieved from **https://www.vichealth.vic.gov.au/search/disability-and-health-inequalities-in-australia**

Photos

Thank you to the following houses who have supplied photos which feature in this publication: Avenue Neighbourhood House, Carlton Neighbourhood Learning Centre, Duke Street Community House, Morwell Neighbourhood House, SPAN Community House, Wellsprings for Women, Woodend Neighbourhood House, and to Julie Johnston.

NEIGHBOURHOOD
HOUSES
VICTORIA