

Submission from Neighbourhood Houses Victoria*

(*the peak body is in the process of a name change from the Association of Neighbourhood Houses and Learning Centres to Neighbourhood Houses Victoria)

Royal Commission Goals

Neighbourhood Houses are part of a solution focussed approach to Victoria responding to Family Violence. Through this submission Neighbourhood Houses Victoria commit our energy and support to fostering a violence free society. In the spirit of identifying gaps and issues in terms of possible solutions the peak body for Neighbourhood Houses seeks to highlight our sector as an existing and universally valued component of the social architecture. The potential to fully engage and resource Neighbourhood Houses in the response has been largely untapped despite an already significant contribution to responding to issues raised by the Royal Commission. Our members continue to develop community based strategies in support of many of the goals of the Royal Commission.

There are approximately 400 Neighbourhood Houses in Victoria. With 75% of users of Neighbourhood Houses women our sector understands a gendered approach to family violence. Many Neighbourhood Houses have the potential to build on responses to a significant number of the Royal Commission's goals including:

- *Fostering a violence free society*
- *Building respectful family relationships*
- *Increase awareness of the extent and effects of family violence*
- *Reinforce community rejection of family violence*
- *Supporting the safety of people who are or maybe affected by family violence*
- *Supporting adults who have been affected by Family Violence.*

The potential role of Neighbourhood Houses

Responding to the issue of fostering a violence-free society generally and family violence in particular is not new for many in the neighbourhood house sector. The provision of "informal space" is key to this. Informal community space is not an exclusive domain of the Neighbourhood House sector but Neighbourhood Houses are long standing and strong advocates for the important role of 'informal spaces' in any community. The various benefits from the provision of 'space' and 'opportunity' for diverse groups to come together and discuss issues from the perspective of their community is well documented. Neighbourhood Houses facilitates this within a framework of a community development approach.

The Neighbourhood House sector would like to highlight for the Royal Commission our long standing role as part of the existing community infrastructure. The Victorian community has invested their trust and support in Neighbourhood Houses in for more than four decades.

Reach of the Neighbourhood House Sector

The 2014 Neighbourhood House Survey highlights the value communities have ascribed to their Neighbourhood Houses. Last year over **168,000 Victorians visited their Neighbourhood House in an average week**. 50% of existing Neighbourhood Houses are metropolitan based with the other 50% in rural and regional areas. . In 2014 communities made use of their Neighbourhood Houses for an average of 53.7 hours a week. Here is the evidence of how important ‘informal space’ such as that provided by Neighbourhood Houses is to communities from Mallacoota to Port Fairy. There is a Neighbourhood House in every Local Government Area in Victoria and despite limited resourcing the sector works collaboratively across 16 geographic areas in formal legally constituted entities known as ‘networks’ as well as in less formal clusters. Neighbourhood Houses and their Networks are committed to community development

The opportunity to engage with a diversity of communities across all LGAs in responding to Family Violence in all its forms is clear.

Culture of Facilitating Informed Community Conversations and Community Development:

Fostering a violence free society relies on informed **community conversations** around the nature of violence in its many forms. Awareness-raising and encouraging debate and discussion around the impact of violence in any community is central to a response.

An example of how Neighbourhood Houses facilitate community conversations is well articulated in this short clip produced by Well Springs for Women in Dandenong.

[Neighbourhood House Clip](#)

Neighbourhood Houses tackle the issue of violence at several levels.

1. Neighbourhood Houses are community managed and supported to create a **culture of respect** and foster a culture of a **“safe place”** in the neighbourhood, removed from some of the daily stressors with access to non-judgemental support.
2. Neighbourhood Houses provide “time out” with others in the community and the opportunity to reflect on respectful relationships, life’s circumstances and potentially a place for women to consider their situations and potential referral agencies with appropriate resources. This is further supported through many Neighbourhood Houses also offering childcare and occasional child care in particular.

3. Neighbourhood Houses **reflect the diversity** that exists within each community: in rural and regional areas such as Hopetoun and Cann River or in some of the most culturally diverse communities in the state such as Springvale and Dandenong or the ever increasing populations in Victoria's "growth corridors". Violence does not discriminate in terms of culture or income – and neither do Neighbourhood Houses. There is at least one Neighbourhood Houses in every LGA.

Neighbourhood Houses are **experienced collaborators** and have a record of seeking support from a diversity of agencies such as Community Legal Services, Women's Health Services, and Family Violence peak bodies. Supporting women's (re)engagement with their community through volunteering and participation in community education and training is a major function of Neighbourhood Houses. Despite limited resources, many in the Neighbourhood House sector have initiated responses that contribute to "community conversations" and the first five goals of the Royal Commission. A recent example and a great illustrative example of collaborations and responses is "**The Clothesline Project**" coordinated through The Basin Neighbourhood House. It was part of the 16 days of activism against gender based violence. This simple but effective community project drew from the collective experience and expertise of Knox Network of Neighbourhood Houses, Eastern Community Legal Centre, Knox City Council and Women's Health East and the community health service. One of its greatest impacts was the catalyst it provided for community conversations around bearing witness to violence against women. It is low cost and inclusive. This particular project was "showcased" at the Annual Conference of Neighbourhood Houses in May 2015 and as a result is now being replicated in other communities around the state. There are many other examples.

Elder Abuse - often overlooked in discussions on Family Violence

Neighbourhood Houses across Victoria have recently registered interest in being part of a coordinated response to raising awareness of Elder Abuse awareness. In collaboration with the Eastern Community Legal Centre Neighbourhood Houses Victoria is actively seeking resources in support of raising the profile of this issue facing our communities. Elder Abuse does not share the current media and community profile of other forms of family violence. It has its own characteristics and like other forms of family violence it is not contained within any geographic area. There are very few referral agencies that can assist communities or their Neighbourhood Houses with referrals once the issue has been identified or highlighted.

A Task Group is being established to report to the Board of Neighbourhood Houses Victoria (currently known as the Association of Neighbourhood Houses and Learning Centre) on strategic opportunities to increase community conversations and responses to Family Violence and Elder Abuse. Over two hundred representatives from Neighbourhood Houses participated in a forum that explored Elder Abuse.

Approximately 25% of Neighbourhood Houses participants in Victoria are aged 55 years or older according to 'Multiple Benefits' survey (attached file). There is great interest in knowing more about Elder Abuse its prevalence and impact on communities. Unfortunately Elder Abuse is one of the significant "gaps" in the current discussion and profile of Family Violence media and discussions. The Neighbourhood Houses sector has great potential to response to this gap.

There would be economies of scale in providing the Neighbourhood House sector with resources to access to well established and evaluated training such as Common Risk Assessment Framework.

Referral Confidence

The referrals from Neighbourhood Houses to appropriate services is sometimes problematic with mixed reports about waiting lists and some debate about the evaluations of men's behaviour change programs. Support for evaluations of any programs and resourcing that may follow the Royal Commission needs to consider appropriately rigorous and participatory evaluation and research. Resources and funding are precious and our sector is committed to continual improvement.

Finally, although not an easy task there needs to be an appropriate balance between the necessary and desperately needed emergency responses available in response to Family Violence in all of its forms as well as investment in early intervention and awareness amongst our communities.

Multiple Benefits

How Neighbourhood Houses are good for individuals, communities and government



Multiple Benefits




On the one hand, millions of dollars are committed to alleviating ill-health through individual intervention. Meanwhile we ignore what our everyday experience tells us, i.e. the way we organize our society, the extent to which we encourage interaction among the citizenry and the degree to which we trust and associate with each other in caring communities is probably one of the most important determinants of health.

(Lomas, 1998, p.1181 cited in Whiteford H, Cullen M & Baingana F 2005, 'Social capital and mental health', in H Herrman, S Saxena and R Moodie (eds) 2005, *Promoting mental health: concepts, emerging evidence, practice*, World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and The University of Melbourne, Geneva, pp.70-80.

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There is no such thing as a 'typical' Neighbourhood House user: people who participate in Neighbourhood Houses are as diverse as the Victorian communities they come from.



1. The big picture

There are 371 Neighbourhood Houses and Learning Centres (NHs) currently funded by the Victorian government through the Neighbourhood House Coordination Program (NHCP). Just over 52% are located in greater metropolitan Melbourne, 17.8% in regional centres or large country towns, and 29.8% in rural and remote communities.

In August-September 2013, a survey of Neighbourhood House participants in Victoria was conducted by the Association of Neighbourhood Houses and Learning Centres (ANHLC) in collaboration with the Department of Human Services (DHS). NHs were asked to select one week during a four-week period to invite all participants and visitors to the House/Centre to complete a short, anonymous, self-administered questionnaire on paper or online. Participation was voluntary.¹

Ninety-seven per cent (n=361) of all NHCP funded NHs participated in the census, producing a sample size of 46,720 participants, living in 95% of Victoria's postcodes.

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

Multiple Benefits

1.1 The headlines

Females make up the overwhelming majority of NH participants at 74%; males make up 25%, with the remainder identifying as Trans/other or preferring not to say.

The majority of NH participants (62.4%) are of working age, i.e. below 65 years. The highest proportion of participants in any age range is 22.6% aged 30-44 years (n=10,490)—close to the background population of 21.5%. Table 1 shows the age range of NH participants and compares them with the proportion of the Victorian population in each age range.²

Indigenous Victorians make up 0.9% of the state's population, but 1.5% of NH participants identify as Aboriginal, Torres Strait Islander or both.

For 17.9%, English is not the first language they speak at home, compared with 19.6% of the population in Victoria.

The proportion of NH participants who identify as having a disability or long-term impairment is 20.4%, higher than the background population of 18% in Victoria.

More than half (52%) have a healthcare or concession card, compared with 23.8% of the Victorian population as a whole.³

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 1.35 reasons per person.⁴ The most common reasons given are listed in Table 2.

Participants were also asked to nominate the main benefit(s) in coming to the House/Centre. Again, they were able to choose more than one answer, nominating an average of more than 2.2 benefits per person.

Nearly 47% nominated 'spending time with other people' as the main benefit of coming to the House/Centre, with 41% saying the main benefit was to 'meet new people/make friends'.

Thirty-six per cent of participants nominated 'improve my personal wellbeing/confidence' as a benefit of coming to the Neighbourhood House, and 23% nominated 'improve my health.'

Eighteen per cent of the total nominated 'improve my job skills' as a benefit, rising to 27% when controlled for working age.

Results for the main benefits associated with coming to the Neighbourhood House are summarised in Table 3.

Several findings stand out from the results of this research.

First, there is no such thing as a 'typical' Neighbourhood House user: people who participate in Neighbourhood Houses are as diverse as the Victorian communities they come from.

Table 1

NH participants by age

Age range	NH participants	VIC population
0-9	6.6%	12.5%
10-19	5.1%	12.6%
20-29	7.2%	14.3%
30-44	22.6%	21.5%
45-54	14.4%	13.6%
55-64	18.2%	11.4%
65-79	20.9%	10.1%
80+	4.1%	4.1%

Table 2

Reasons for coming to the Neighbourhood House on survey day

Reason	No.	Percentage
Course or class	17,495	37%
Social Group	12,602	27%
Exercise / health class	7,708	17%
Childcare / playgroup	6,532	14%
Use a service	5,106	11%
Support group	4,277	9%
Advice / Help	3,793	8%
Volunteering, placement	3,669	8%
Job training / job support	1,946	4%

Neighbourhood Houses are effectively engaging disadvantaged people and those at risk of social isolation, including people with disability, older persons and concession cardholders.



Table 3

Main benefits in coming to the Neighbourhood House

Benefit	No.	Percentage
Spend time with other people	21,758	47%
Meet new people / make friends	19,236	41%
Improve my personal wellbeing / confidence	16,877	36%
Develop a new interest or activity	15,128	32%
Improve my health	10,491	23%
Help my community	9,816	21%
Improve my job skills	8,449	18%



Second, Neighbourhood Houses are effectively engaging disadvantaged people and those at risk of social isolation, including people with disability, older persons and concession cardholders.

Third, participants identify multiple reasons for coming to their Neighbourhood House and multiple benefits in attending, which may not be directly related to those reasons. The most commonly identified benefits across the whole sample are associated with community connection, participation and reducing social isolation. Close to 50% of all participants identify 'spend time with other people' and over 40% identify 'meet new people/make friends' as benefits; these are even more significant for specific age cohorts (see 2.2, Table 8).

Myriad research in Victoria and internationally demonstrates the specific and measurable benefits of social connection – and its corollary, social capital – in terms of individual and community wellbeing. These benefits include, for individuals, better physical and mental health, positive parenting, improved child development, better education and employment outcomes for young people, and positive ageing. For communities, the benefits include positive social practices, better information dissemination and innovation, improved social cohesion, increasing inclusive attitudes and respect, and turning community assets into outcomes such as jobs and educational achievement.⁵ An extensive literature review conducted by VicHealth in 2010 provides strong evidence of the positive impacts of social connection on physical and mental health and wellbeing, particularly where those connections are socially inclusive, supportive, participatory and diverse.⁶

The results of the Neighbourhood House Participant Survey strongly suggest that spending in health and other critical intervention services is reduced by strengthening individual and community wellbeing through investment in Neighbourhood Houses.



...participants identify multiple reasons for coming to their Neighbourhood House and multiple benefits in attending, which may not be directly related to those reasons

Multiple Benefits

2. BEHIND THE HEADLINES

2.1 Gender

Neighbourhood Houses were established in the 1970s, largely in response to the isolation of women in the home. While females continue to make up the majority of participants at 74%, the data shows NHs are no longer exclusively female domains. This is consistent with Neighbourhood Houses Survey 2012 data showing 30% of Neighbourhood Houses auspice men's sheds, and nearly half involve men aged 45-64 in program planning and design.⁷

While females continue to make up the majority of participants at 74%, the data shows NHs are no longer exclusively female domains.

The gender differential is least pronounced in the under-19 age range, rises in the 20-29 year age group, and peaks in the 30-44 year age range, where female participants outnumber males by more than four to one (Table 4). The participant survey data shows NH participants in the 20-29 year age group most commonly attend NHs for courses or classes (35%), followed by social groups (20%). Courses or classes also attract 34% of the 30-44 year age group, followed by childcare or playgroup (31%). These data suggest that Neighbourhood Houses continue to provide an important function for women in their childbearing years.

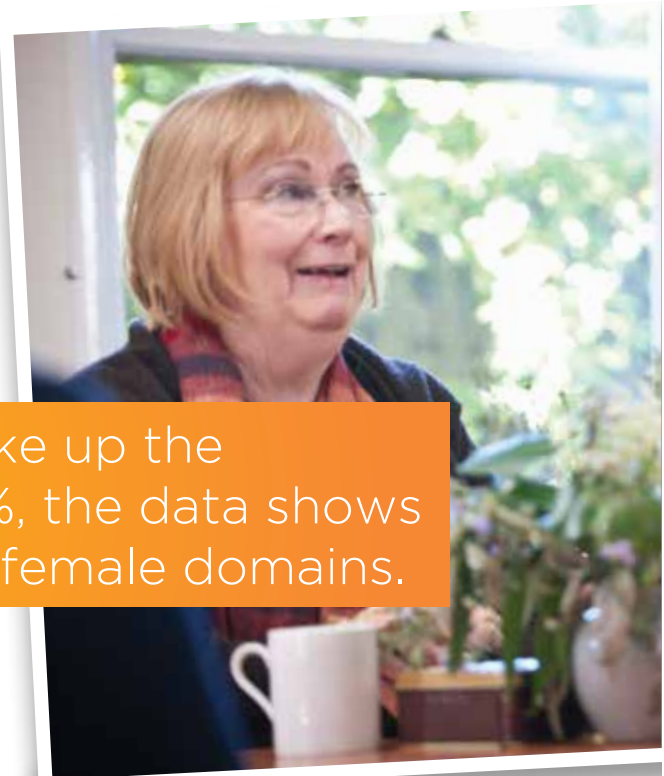
Table 4

Neighbourhood House participants by age and gender

Age range	Female	Male
0-9	54%	45%
10-19	58%	41%
20-29	72%	27%
30-44	81%	18%
45-54	76%	23%
55-64	76%	23%
65-79	74%	25%
80+	68%	30%

Of the 104 people surveyed who identified as Trans, the highest proportion were in the 30-44 age group (22%), followed by the 45-54 age group (19%).

Of the 9,321 survey participants who identified as having a disability or long-term impairment, 65% were female and 33% male, with the remainder identifying as Trans/other or preferring not to say.





Females are slightly more likely than males to go to their Neighbourhood House for a course or class—the reason for attending given by 39% of females compared with 35% of males—while 27% of both females and males report attending social groups. For people who identify as Trans, social group is the main reason given for attending (35%).

Table 5

Reasons for attending Neighbourhood Houses by gender

	Female	Male	Trans	Other
Social Group	27%	27%	35%	23%
Exercise / health class	18%	11%	14%	13%
Support group	9%	11%	20%	11%
Advice / Help	7%	11%	17%	7%
Childcare / play group	15%	12%	9%	11%
Course / class	39%	35%	36%	37%
Volunteer	8%	9%	10%	5%
Job training / support	4%	5%	9%	5%
Use a service	9%	15%	15%	19%

Females are more likely to attend exercise/health classes and childcare/playgroups at their Neighbourhood House, while males are more likely to use a service, attend support groups and/or seek advice. Table 5 summarises the different reasons for attending by gender.

The top three benefits derived from attending Neighbourhood Houses were the same for female, male and Trans/other respondents, namely: spending time with other people, meeting new people/making friends, and improving wellbeing/confidence. However, females nominated these benefits at higher rates than males (see Table 6). Males and Trans were more likely than females to list improving job skills as a benefit, while almost equal proportions of females and males nominated 'helping my community' as a benefit.

All participants, regardless of gender, nominated an average of two or more benefits from attending their Neighbourhood House.

Table 6

Benefit in coming to the Neighbourhood House by gender

	Female	Male	Trans	Other
Improve my job skills	18%	20%	29%	11%
Improve my health	24%	18%	20%	21%
Improve my personal wellbeing / confidence	38%	32%	34%	32%
Spend time with other people	49%	42%	31%	50%
Meet new people / make friends	43%	37%	34%	39%
Help my community	21%	22%	17%	19%
Develop a new interest or activity	33%	30%	23%	34%
Job training / support	4%	5%	9%	5%
Use a service	9%	15%	15%	19%



Multiple Benefits

2.2 Age

Compared with data for the population of Victoria as a whole (Table 1), people in the 30-44, 45-54, and 80+ age ranges participate in NHs at almost exactly the same rate as they occur in the population, while people in the 55-64 and 65-79 age ranges are over-represented among NH participants. People aged 29 and under are under-represented among NH participants. Put simply, the population that participates in Neighbourhood Houses is slightly older than the Victorian population as a whole.

That said, it is possible that 0-9 year olds are under-represented in the survey sample as there is some evidence that parents, when asked to complete surveys on behalf of their children, filled in their own demographic information.

In terms of reasons for attending the NH (Table 7), 66% of those in the 0-9 age group come to attend childcare or playgroups. While the figures show 21% in this age group also come to attend a course or class and 11% a social group, it is not clear whether these data reflect what brought the parent or carer, or the child to the NH.

More than 50% of those in the 10-19 age range come to the NH to attend a course or class. This includes young people enrolled in alternative to school programs: preliminary data from the 2013 Neighbourhood Houses Survey shows approximately 18 NHs that are Registered Training Organisations (RTOs) deliver alternative to school programs such as VCAL annually across 16 LGAs in Victoria. Other programs targeted at this age group include out of school hours' care, holiday programs, and homework clubs.



Table 7

Reason for coming to the Neighbourhood House by age

	0-9	10-19	20-29	30-44	45-54	55-64	65-79	80+	Total Number
Social Group	11%	24%	20%	17%	22%	30%	41%	55%	12,602
Exercise / health class	6%	13%	10%	10%	17%	21%	25%	23%	7,708
Support group	2%	6%	9%	7%	10%	11%	13%	13%	4,277
Advice / Help	2%	8%	9%	6%	9%	10%	9%	10%	3,793
Childcare / playgroup	66%	3%	17%	31%	4%	2%	1%	0%	6,532
Course or class	21%	52%	35%	34%	46%	43%	36%	24%	17,495
Volunteering, placement	0%	8%	12%	6%	8%	11%	9%	4%	3,669
Job training / job support	0%	6%	8%	5%	7%	5%	1%	1%	1,946
Use a service	4%	10%	17%	11%	12%	11%	10%	10%	5,106

The implications are that participation in Neighbourhood Houses ultimately reduces the cost burden on the health budget.

For those in all age ranges from 20 to 64, the most common reason for attending NHs is for a course or class, with the highest proportion in the 45-54 age group (46%).

More than a third of those aged 65-79 and 24% of those aged 80+ also come to Neighbourhood Houses to attend courses or classes. A Healthy Ageing Literature Review conducted by the Victorian Department of Health in 2012 found lifelong learning is an essential component of healthy ageing, improving cognitive brain function and enhancing capacity for civic participation, as well as providing 'an avenue for participation and connectedness'.⁸

However, the most common reasons given for those aged 65-79 and 80+ for coming to the NH is to attend a social group: for 41% of those aged 65-79 and for 55% of those aged 80+. Given this, it is not surprising to find the majority of those in 80+ age group (66%) nominate 'spend time with other people' as a main benefit of coming to their Neighbourhood House (Table 8), compared with 47% of the total (Table 3).

Table 8

Benefits of coming to the Neighbourhood House by age

	0-9	10-19	20-29	30-44	45-54	55-64	65-79	80+	Total Number
Improve my job skills	2%	33%	30%	22%	28%	18%	7%	5%	8,449
Improve my health	6%	13%	16%	15%	25%	29%	32%	30%	10,491
Improve my personal wellbeing / confidence	27%	33%	33%	31%	39%	42%	40%	34%	16,877
Spend time with other people	51%	33%	36%	40%	40%	49%	59%	66%	21,758
Meet new people / make friends	59%	34%	38%	38%	37%	41%	45%	42%	19,236
Help my community	4%	15%	21%	19%	25%	26%	24%	16%	9,816
Develop a new interest or activity	25%	36%	28%	27%	34%	38%	37%	27%	15,128
I'd rather not say	1%	8%	5%	4%	3%	2%	1%	2%	1,511

Around 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 found '[o]lder people's participation in social, economic, cultural, spiritual and civic affairs...is essential for their health and wellbeing'. The study found '[c]rucially, participation is linked to social connectedness', which reduces the risk of cognitive decline and results in better mental health and physical health outcomes.^{9,10}

Similarly, a National Ageing Research Institute (NARI) review of dementia research found contact with social networks and social activity are among factors that reduce the risk of cognitive decline, all-causes dementia and Alzheimer's disease.¹¹

Multiple Benefits

Spending time with other people is the benefit most commonly identified by NH participants aged 30 and above. Significantly, the NARI review also found '[m]idlife social engagement mediated later life cognitive health.'

The implications are that participation in Neighbourhood Houses ultimately reduces the cost burden on the health budget.

Table 9

Disability by age

	0-9	10-19	20-29	30-44	45-54	55-64	65-79	80+	Total Number
Disability/ impairment - Yes	4%	10%	20%	14%	24%	25%	25%	36%	9321
Disability/ impairment - No	92%	82%	75%	83%	71%	71%	71%	56%	35021
Rather not say	2%	5%	3%	2%	3%	2%	2%	5%	1325
Total Number	3064	2364	3369	10490	6675	8440	9711	1903	

For the 20-29 year olds, 38% identify meeting new people/making new friends as a benefit, and 36% identify spending time with other people. This is significant, given 20% of this cohort identify as having a disability and are at risk of social isolation (see Table 9).

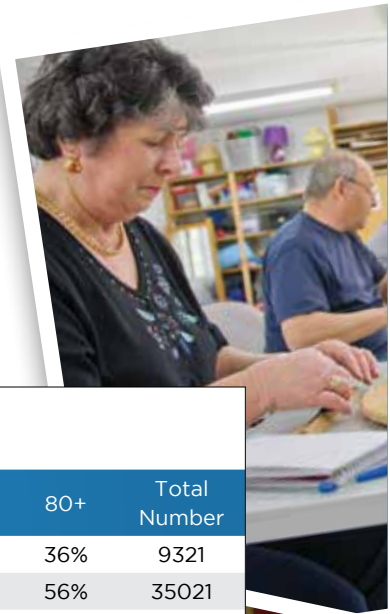
For the 10-19 year olds, developing a new interest or activity was most commonly identified benefit at 38%, although one-third of respondents in this age range also nominated 'improve my job skills', 'improve my personal wellbeing/confidence', 'spend time with other people' and 'meet new people/make friends' as benefits.

Socialisation is clearly a key benefit for the 0-9 year olds, with 'meet new people/make friends' identified by/for 59% and 'spending time with other people' by/for 51%¹².

It is also interesting to note that those in the 55-64 and 65-79 age groups identified the most number of benefits in coming to a Neighbourhood House at 2.5 per person.

However, all participants, regardless of age, identified an average of 2.2 benefits in coming to their Neighbourhood House.

Table 8 shows the benefits of coming to the Neighbourhood House by age.





2.3 Disability

As noted in the opening section, people who identify as having a disability or long term impairment make up a higher percentage of NH participants at (20.4%) than the general community (18%). Data from the Neighbourhood Houses Survey 2012 show 55% of NHs deliver programs determined by people with disability.

Male NH participants identify as having a disability or long-term impairment at a higher rate than females: 26% of males (n=3,065) and 18% of females (n=6,108) identify as having a disability. Although the numbers are much smaller, the highest proportion of those who identify as having a disability are Trans at 40% (n=42).

Table 10

Disability rates among Aboriginal & Torres Strait Islander NH participants

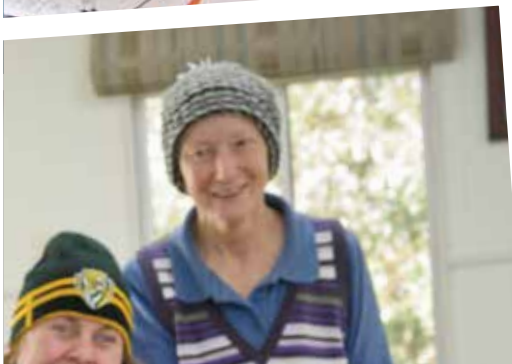
	No	Yes, Aboriginal	Yes, Torres Strait Islander	I'd rather not say	Total Number
Disability/ impairment - Yes	20%	33%	35%	21%	9321
Disability/ impairment - No	76%	60%	36%	39%	35021
Disability/ impairment - Rather not say	3%	6%	20%	37%	1325
Total Number	44977	591	84	452	

Looking at the rate of disability for each age range, it is not surprising to see the percentage of those who identify as having a disability increase with age from 24% of those in the 45-54 age range, 25% in each of the 55-64 and 65-79 age ranges, and 36% of those in the 80+ age range (Table 9). The exception is in the 20-29 age range, where 20% of participants identify as having a disability. It would be interesting to learn more about the nature of NH engagement with this cohort.

Aboriginal and Torres Strait Islander NH participants identify as having a disability or long-term impairment at a higher rate than the general NH participant population: 33.2% of participants who identify as Aboriginal and 34.5% of those identifying as Torres Strait Islander also identify as having a disability or long-term impairment (Table 10).

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 NH participant population: 14.7% of those for whom English is not the primary language identify as having a disability, compared with 21.3% of those for whom English is the primary language.

...people who identify as having a disability or long term impairment make up a higher percentage of NH participants at (20.4%) than the general community (18%)



Multiple Benefits

2.4 Language

English is not the primary language for 17.9% of Neighbourhood House participants. This is lower than the background population in Victoria of 19.6% for whom English is not the primary language. However, ANHLC has data to suggest lack of survey forms in community languages may have resulted in people from non-English speaking, Culturally and Linguistically Diverse (CALD) communities being underrepresented in the participant survey.¹³

Of all NH participants for whom English is not the primary language (n=8,284), 71% are female, 27.7% male and the remainder Trans/Other.

Table 11

Primary language by age

	0-9	10-19	20-29	30-44	45-54	55-64	65-79	80+	Total Number
English is primary language	83%	81%	74%	77%	78%	83%	86%	84%	37624
English not primary language	15%	17%	25%	21%	21%	16%	12%	14%	8284
Total number	3064	2364	3369	10490	6675	8440	9711	1903	

While 27% of all NH participants for whom English is not the primary language are in the 30-44 age group (consistent with this being the age range of the highest percentage of NH participants overall), the distribution of primary language by age shows the single highest proportion of NH participants for whom English is not the primary language are in the 20-29 age range at 25% (Table 11). Twenty-one per cent of those in the 30-44 and 45-54 age ranges 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 and over.

Data from the Neighbourhood Houses Survey 2012 shows 17% of NHs deliver programs in community languages (n=63), 85% of them in metropolitan areas. The most popular languages are Spanish, Arabic, Mandarin and Vietnamese respectively. Just over 9% of NHs auspice CALD groups.

Table 12

Primary language and reason for attending the Neighbourhood House

	English is primary language	English is not primary language
Social Group	27.40%	26.10%
Exercise / health class	17.70%	11.50%
Support group	9.00%	10.30%
Advice / Help	8.10%	8.50%
Childcare / playgroup	14.50%	12.40%
Course or class	34.60%	52.30%
Volunteering/ placement	8.40%	5.70%
Job training / job support	3.90%	5.50%
Use a service	11.00%	11.00%





17% of NHs deliver programs in community languages

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 12). People for whom English is the primary language are 65% more likely to say they attend for exercise or health classes than those for whom English is not the primary language. On the other hand, people for whom English is not the primary language are 66% more likely to nominate a course or class as their reason for attending.

This is consistent with Neighbourhood Houses survey data showing 68% of NHs deliver courses in English as a Second Language.¹⁴

People for whom English is not the primary language are less likely to come to the NH to volunteer, though more likely to come for job training or job support.

Table 13

Primary language and benefits of coming to the Neighbourhood House

	English is primary language	English is not primary language
Improve my job skills	16.30%	27.20%
Improve my health	23.70%	17.80%
Improve my personal wellbeing / confidence	35.80%	39.70%
Spend time with other people	47.40%	45.40%
Meet new people / make friends	40.60%	45.50%
Help my community	21.60%	19.50%
Develop a new interest or activity	33.20%	30.10%
I'd rather not say	3.00%	3.40%
Total Number	37,624	8,284

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 60% more likely to choose 'improve my job skills', and 25% less likely to choose 'improve my health' as a benefit of coming to Neighbourhood Houses (Table 13).

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 13), with those for whom English is not the primary language somewhat more likely to identify 'meet new people/make new friends' and 'improve my personal wellbeing/confidence' as benefits.



Multiple Benefits

2.5 Aboriginal and Torres Strait Islander participants

As noted above, NH participants who identify as Aboriginal or Torres Strait Islander (ATSI) make up 1.5% of total NH participants, higher than the background population of 0.9% in Victoria.

In terms of age range, the highest percentage of participants who identify as Aboriginal were in the 10-19 age range at 3.1% (i.e. school age); this was also the age range where respondents were most likely to tick 'rather not say' in response to the survey question. Of 20-29 year olds, 2.3% identified as Aboriginal. Among those who identified as Torres Strait Islander, the largest proportion was in the 20-29 age range at 0.6% (Table 14).

Table 14

Indigenous status by age

	ATSI - No	Aboriginal- Yes	Torres Strait Islander - Yes	Rather not say
0-9	97.5%	1.3%	0.1%	0.1%
10-19	94.4%	3.1%	0.5%	1.6%
20-29	95.6%	2.3%	0.6%	1.1%
30-44	97.3%	1.3%	0.2%	0.4%
45-54	96.5%	1.6%	0.2%	0.7%
55-64	96.8%	1.0%	0.1%	0.9%
65-79	97.1%	0.5%	0.1%	0.6%
80+	94.6%	0.9%	0.1%	1.3%
I'd rather not say	72.4%	1.0%	0.2%	24.3%
Total Number	44977	591	84	452

A close examination of the data suggests Aboriginal and Torres Strait Islanders participate in general activities in 64 different NHs across Victoria, with only a small minority engaging through ATSI-dedicated groups. This is consistent with findings that only 4% per cent of NHs auspice Indigenous groups.¹⁵



NH participants who identify as Aboriginal or Torres Strait Islander (ATSI) make up 1.5% of total NH participants, higher than the background population of 0.9% in Victoria.

There are some differences in the reasons people who identify as ATSI attend Neighbourhood Houses compared with non-Indigenous Victorians. Those who identify as ATSI are more likely to attend a social group or support group, volunteer or do a placement, and attend for job training/support. They are twice as likely to attend a NH for advice and support, and 2.3 times more likely to use a service at a NH. They are less likely to attend an exercise or health class use childcare or playgroup, and/or attend a course or class (Table 15).

Table 15

Reasons for attending the Neighbourhood House by Indigenous status

	No	Yes, Aboriginal	Yes, Torres Strait Islander	Rather not say
Social Group	26.9%	30.8%	29.8%	0.1%
Exercise / health class	16.7%	9.8%	11.9%	1.6%
Support group	9.0%	15.7%	14.3%	1.1%
Advice / Help	8.0%	16.4%	13.1%	0.4%
Childcare / playgroup	14.3%	9.8%	3.6%	0.7%
Course or class	37.9%	22.3%	29.8%	0.9%
Volunteering, placement	7.9%	10.5%	8.3%	0.6%
Job training / job support	4.1%	7.8%	13.1%	1.3%
Use a service	10.8%	24.7%	28.6%	24.3%
Total Number	44977	591	84	452

The benefits identified in coming to the Neighbourhood House are identified at mostly similar rates for Indigenous and non-Indigenous Victorians. In terms of differences, people who identify as ATSI are less likely to choose 'spending time with other people' and 'meeting new people/make friends' as benefits - though these are still identified as benefits by more than one-third of ATSI participants; and for Aboriginal NH participants, 'spending time with other people' is the most commonly identified benefit (Table 16). For Torres Strait Islanders, the main benefit is 'develop a new interest or activity.'

Table 16

Benefits of coming to the Neighbourhood House by Indigenous status

	No	Yes, Aboriginal	Yes, Torres Strait Islander	Rather not say
Improve my job skills	18.2%	20.0%	22.6%	0.1%
Improve my health	22.6%	21.8%	17.9%	1.6%
Improve my personal wellbeing / confidence	36.4%	32.7%	27.4%	1.1%
Spend time with other people	47.0%	39.1%	32.1%	0.4%
Meet new people / make friends	41.6%	33.0%	33.3%	0.7%
Help my community	21.1%	22.2%	31.0%	0.9%
Develop a new interest or activity	32.8%	23.5%	34.5%	0.6%
Total Number	44977	591	84	1.3%
Use a service	10.8%	24.7%	28.6%	24.3%
Total Number	44977	591	84	452

Multiple Benefits

THE 20-29 YEAR OLD COHORT: SOCIAL INCLUSION IN ACTION

The researchers were surprised by the results of the Neighbourhood House Participant Survey for the 20-29 year age cohort.

This is not an age group where we would anticipate high levels of engagement with Neighbourhood Houses as, all other things being equal, most people in this cohort would be studying, working and solidifying relationships and social networks. Indeed, as a proportion of NH participants, people in this age range participate at roughly half the rate that they occur in the general population.

What is striking are the demographic features of those 20-29 year olds who do participate in Neighbourhood Houses:

- 20% identify as having a disability or long-term impairment, compared with approximately 8.3% of the general population in this age range*
- 25% report that English is not the primary language they speak at home
- 2.3% identify as Aboriginal, compared with 0.74% of this age group in Victoria**
- 56% have a healthcare or concession card.

Further to these findings, we were interested in knowing whether this data reflected inclusion, or the use of Neighbourhood Houses by specific groups, e.g. if people with disability aged 20-29 were coming to Neighbourhood Houses as part of Day Services or to attend disability support groups; if people for whom English is not the primary language were attending activities in community languages, etc.

A closer look at the data reveals people with disability aged 20-29 participate in 198 Neighbourhood Houses in Victoria. Clusters of more than five people with disability aged 20-29 were found in only 29 of these 198 Houses (15%). In other words, the data strongly suggest the majority of people with disability in this age cohort attend general Neighbourhood House programs and activities, rather than specific disability groups.

Similarly, people aged 20-29 for whom English is not the primary language were found to engage in 173 Neighbourhood Houses, appearing in clusters of five or more in only 37 (21%) of these Houses. Again, the data strongly suggest that for the most part, people for whom English is not the primary language are participating and being included in the general programs and activities of Neighbourhood Houses.

It is worth noting the most common reasons given by participants aged 20-29 for attending Neighbourhood Houses are to attend a course or class (35%) and/or a social group (20%). The main benefits identified by this cohort are to meet new people/make friends (38%), spend time with other people (36%), improve personal wellbeing/confidence (33%), and improve job skills (30%).

The implication of these findings is that Neighbourhood Houses play an important role in engaging and including younger people experiencing disadvantage and/or at risk of social isolation.

* ABS data for 2011 show 8.3% of those aged 15-34 nationally have a disability or long-term impairment; 2009 ABS data put the rate for Victoria slightly lower at 6.7%

** ABS data, 2011

Available online: <http://www.abs.gov.au/websitedbs/censushome.nsf/home/communityprofiles> Accessed 14/02/14



Multiple Benefits

2.6 Reasons and benefits

As outlined above, people identify multiple reasons for coming to Neighbourhood Houses at an average of 1.35 reasons per person. Similarly, people identify multiple benefits of coming to Neighbourhood Houses – an average of 2.2 benefits per person.

In some cases, there is a clear relationship between the reasons people come to the Neighbourhood House and the benefits they associate with it (Table 17). 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 NH for job training or job support identify 'improve my job skills' as a benefit.

Table 17

Benefits of coming to a Neighbourhood House by reasons for coming

	Improve my job skills	Improve my health	Improve my personal wellbeing / confidence	Spend time with other people	Meet new people / make friends	Help my community	Develop a new interest or activity	I'd rather not say	Total Number
Social Group	12%	28%	47%	77%	64%	28%	39%	1%	12,602
Exercise / health class	7%	80%	57%	52%	43%	17%	30%	0%	7,708
Support group	17%	40%	66%	71%	62%	37%	39%	1%	4,277
Advice / Help	23%	31%	57%	54%	51%	33%	44%	5%	3,793
Childcare / playgroup	6%	6%	23%	54%	57%	12%	16%	3%	6,532
Course or class	32%	16%	42%	45%	43%	17%	52%	1%	17,495
Volunteering / placement	30%	18%	39%	53%	47%	78%	31%	1%	3,669
Job training / job support	77%	16%	41%	35%	36%	33%	35%	2%	1,946
Use a service	18%	24%	42%	44%	40%	34%	37%	8%	5,106
Total Number	8,449	10,491	16,877	21,758	19,236	9,816	15,128	1,511	

Similarly, those who attend social groups and/or support groups strongly identify 'spend time with other people' and 'meet new people/ make friends' as benefits of coming to the Neighbourhood House.

In other cases, 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 significant numbers of participants regardless of their reason for attending, including 54% of those who come for advice and support, 53% of those who volunteer or do placements, and 44% of those who attend the Neighbourhood House to use a service.

Of those who come to the Neighbourhood House for advice and support, 57% also say it improves their personal wellbeing and confidence, and 31% say it improves their health.

Of those who attend support groups, 71% identify spending time with other people as a benefit, 66% identify improving personal wellbeing and confidence, 62% identify meeting new people and making friends, 40% identify improving health, and 39% identify develop a new interest or activity.

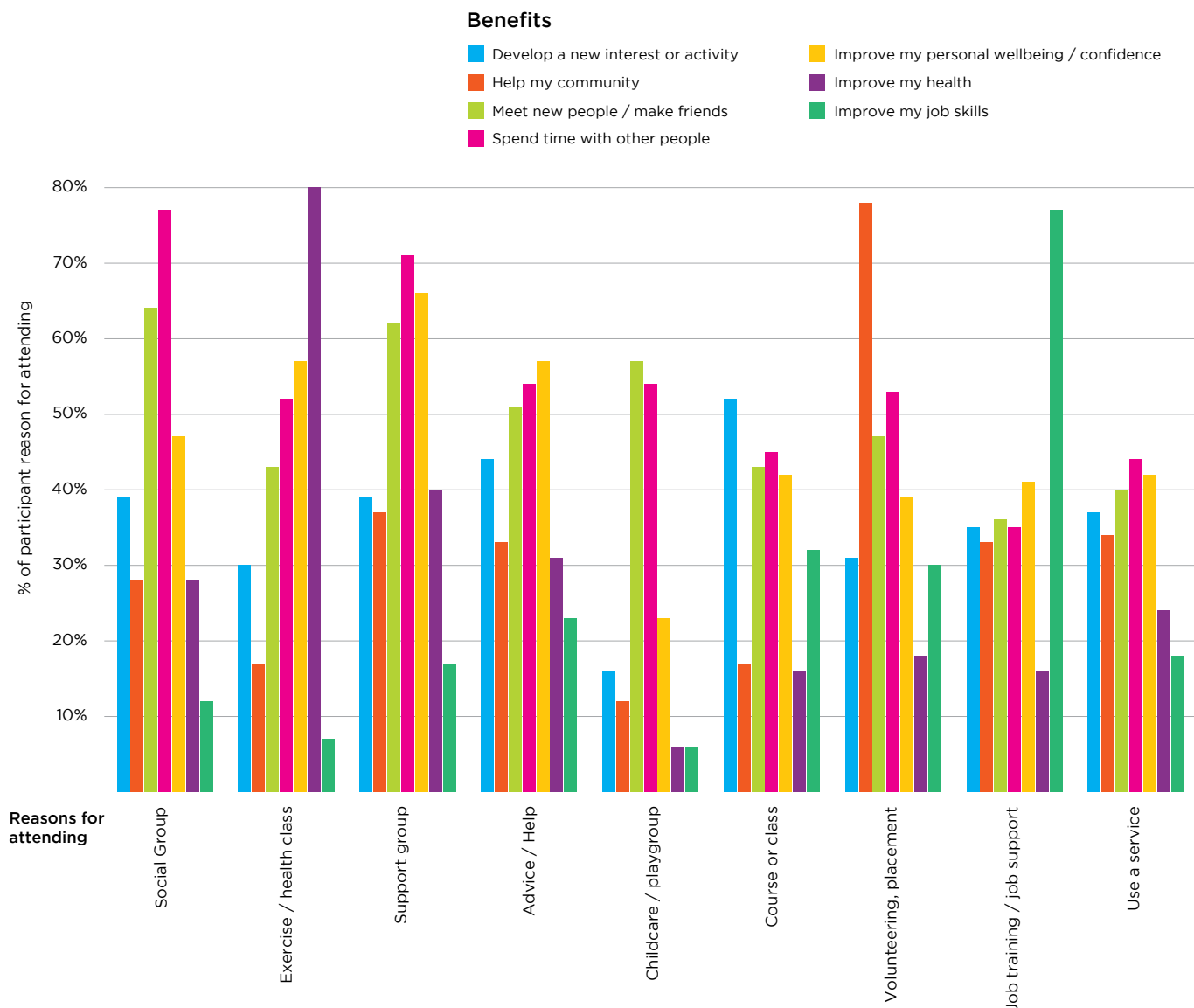
‘Spending time with other people’, for example, is identified as a benefit by significant numbers of participants regardless of their reason for attending

In fact, people who attend support groups identify the highest number of benefits in coming to the Neighbourhood House at 3.33 per person. The group identifying the next highest number of benefits are those who come to volunteer or do a placement, at 2.97 benefits per person.

The multiple benefits identified by Neighbourhood House participants regardless of the reasons they attend is illustrated by the graph in Figure 1.

Figure 1.

Benefits of coming to a Neighbourhood House by reasons for coming



Multiple Benefits

3. CONCLUSION

The findings of the 2013 Neighbourhood Houses Participant Survey show Neighbourhood Houses are clearly effective at engaging communities in all their diversity, including people experiencing disadvantage and/or at risk of isolation. These results combined with data from the annual Neighbourhood Houses Surveys further show Neighbourhood Houses and Learning Centres are actively addressing some key challenges in Victoria, including positive ageing, Indigenous engagement, training and employment pathways for young people, and meaningful inclusion of people with disability.

An increasing body of research shows social networks that bring diverse people together strengthen communities, as well as providing individuals and families with tangible benefits that inevitably relieve pressure on health and other intervention services.

With each visit to a Neighbourhood House costing the NHCP \$2.75 there is a clear case for further investment in this vital community infrastructure.¹⁶





Multiple Benefits

ENDNOTES

1. While Neighbourhood Houses were obliged to conduct the survey as a contractual reporting requirement for Neighbourhood House Coordination Program funding, participation of individuals in the survey was voluntary.
2. All background population data from Australian Bureau of Statistics 2011 census data.
3. Social Health Atlas of Australia: Statistical Local Area and Local Government Area, Published 2012. Available online: http://www.publichealth.gov.au/data/social-health-atlas-of-australia%3A-statistical-local-area-and-local-government-area_-published-2012.html Accessed 7 Feb 2014.
4. The lists of reasons for coming and main benefits of coming to the Neighbourhood House were based on the results of a 2012 survey trial conducted in the greater Bendigo region. Participants in the trial provided open-ended answers which were then codified and grouped for the main survey.
5. Pope J, 2011. Indicators of Community Strength in Victoria: framework and evidence, Department of Planning and Community Development, State of Victoria; Kyrkilis, J, 2012. Creating Community – Social Connection, Community Wellbeing and Good Practice. Report prepared for the Social Infrastructure Planning Tool Project.
6. VicHealth, 2010 Opportunities for Social Connection: A determinant of mental health and wellbeing. Available online: http://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/Social%20connection/opportunities_for_Social_Connection_Summary_Nov10.ashx Accessed 11 Feb 2014.
7. ANHLC, 2013. Neighbourhood Houses Survey 2012. Report published by the Association of Neighbourhood Houses and Learning Centres. These data are consistent with preliminary results of the 2013 survey.
8. State of Victoria, Department of Health, 2012, Healthy Ageing Literature Review, Victorian Government, Melbourne. p.15
9. World Health Organisation, Active Ageing: A Policy Framework. 2002: Geneva: World Health Organisation; cited in State of Victoria, Department of Health, 2012, p.14
10. State of Victoria, Department of Health, 2012, p.14
11. National Ageing Research Institute, Dementia Research – Resources and Reviews. Available online. http://www.mednwh.unimelb.edu.au/nari_research/nari_research_dementia-rr.html Accessed 7 Feb 2014
12. These results most likely reflect the benefits parents and carers identify for children attending Neighbourhood Houses.
13. In unpublished data from the Neighbourhood Houses Survey 2013, 21% of NHs (n=62) said more NH 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.
14. Unpublished data from the Neighbourhood Houses Survey 2013.
15. Unpublished data from the Neighbourhood Houses Survey 2013.
16. ANHLC, 2013. Neighbourhood Houses Survey 2012.Endnotes

How Neighbourhood Houses are good for individuals, communities and government



This report is based on research conducted by the Association of Neighbourhood Houses and Learning Centres in collaboration with the Victorian State Government through the Department of Human Services. The survey was made possible through Victorian State Government funding, and the participation of Neighbourhood Houses was a contractual reporting requirement for Neighbourhood House Coordination Program funding. The analysis and conclusions reached by the researchers are their own and are not intended to imply the endorsement of the Victorian government.



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