The Father Bob Maguire Futures Centre

Complementary support for socially, environmentally and economically sustainable outcomes for the community

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ACRONYMS

CBD  Central business district
LGA  Local government area
SIA  Social impact assessment
INTRODUCTION

1.1 Background
The Father Bob Maguire Foundation (the Foundation) has developed the Father Bob Futures Centre Concept (the Centre) which is proposed to be located in the southern fringe of Melbourne in the Fishermans Bend Urban Renewal Area. This area consists of five precincts across the City of Port Phillip and the City of Melbourne.

The purpose of the Centre is to provide an integrated and comprehensive range of services and activities for all in the community but with a particular emphasis on helping the socially excluded, individuals and families experiencing socio-economic disadvantage and financial vulnerability.

A Planning Review Panel has been appointed to review and report on the appropriateness of the draft planning scheme amendment GC81 that will support the implementation of the draft Fishermans Bend Framework.

The purpose of this document is to demonstrate the far-reaching direct and indirect benefits to be gained from the Centre. This is intended to garner the support from all stakeholders involved in shaping the future of Fishermans Bend to assist in identifying a suitable location for this Centre in the urban renewal area.

1.2 Introducing Symplan and Bonnie Rosen
Symplan is an urban and social planning practice that:

Plans for people by developing their capacity to engage in decisions that influence their day to day lives.

Creates places that are engaging and interactive, encourage healthy lifestyle choices, are accessible to all and are responsive to individual needs and abilities.

Was created with the purpose of influencing decisions, policy and legislation that shape the environments within which we live, play, learn, socialise, recreate and go about our daily business.

Bonnie Rosen, Principal of Symplan is an urban and social planner. She is finely attuned to those aspects of the built environment that facilitate people’s capacity to lead healthy, active and engaged active lives. Bonnie is a Registered Planner with Planning Institute of Australia with over 30 years’ experience in Australia and overseas. She was awarded a Fellowship from the Planning Institute of Australia for her contribution to social planning and education. Bonnie is also an accredited mediator with the Resolution Institute Australia and a Member of the Royal Town Planning Institute (UK).

Bonnie’s specific experience and expertise lie in the fields of gambling and liquor policy; theory and practice of community needs assessments; community consultation and engagement; social research and strategic planning. She was a sessional lecturer at the University of Melbourne between 2004 and 2009. In this role Bonnie was responsible for coordinating and delivering courses to both undergraduate and post-graduate students including Social Planning for Health, Planning Safer Cities, Social Planning for Urban Diversity, Participation and Negotiation and Participatory Planning Practice.

Bonnie has been a judge on various panels that adjudicate the Planning Institute of Australia Awards and is on the Investigative Panel of the Planning Institute of Australia which is responsible for investigating breaches of the Code of Conduct. She is also regularly called to appear as an expert witness before the Victorian Commission for Liquor and Gambling Regulation, Victorian Civil and Administrative Tribunal and Planning Panels Victoria.
1.3 Terms of reference
Symplan was requested to identify and evaluate the potential outcomes of the Centre for the new and emerging communities in the Fishermans Bend Urban Renewal Area. This task focussed on the following:

- How community hubs support the key determinants of health
- How the concept aligns with the strategic and planning framework within which the Centre would operate
- How the concept will satisfy local needs, particularly in relation to those being experienced in the City of Melbourne and City of Port Phillip
- Criteria assisting the selection of a suitable site and location for the proposed Centre

The findings and recommendations in the SIA demonstrate the merits of the proposal and assist the Panel to give the appropriate degree of emphasis to this project.

This SIA will support the Father Bob Maguire Foundation's submission to the Planning Review Panel and form the basis of the presentation by Bonnie Rosen during the panel hearing.

1.4 Methodology
The scope of tasks required to satisfy the terms of reference involved the following:

- reviewing research on the role community hubs play in building socially connected and sustainable communities
- reviewing the strategic context within which Fishermans Bend is located and the Centre will operate
- participating in workshops attended by members of the working group
2 THE PROPOSAL

2.1 The Father Bob Maguire Centre vision and outcomes

The vision behind the ultimate location, design, implementation, monitoring and review of the Centre is:

“To create a thriving place that is a leading example for environmental sustainability, liveability, connectivity, diversity and innovation”

The Hub seeks to break down barriers between different sections of the community, provide a setting for the responsive provision of services and a symbol of the value placed on community. It can make a significant contribution to the Fishermans Bend aspiration to function as a mixed-use, connected, liveable, prosperous, inclusive, healthy and environmentally sustainable home to 80,000 residents and host 80,000 workers.

The Hub supports this vision by:

- delivering a shared community asset that will make healthy lifestyles not just possible but preferable and strengthen connections between the existing and emerging community
- providing the setting to enable clients to heal, rebuild their self-esteem and bond with their social and physical surroundings
- delivering an economically robust, socially responsible and inspiring role model for other centres of its kind
- facilitating the reintegration of the marginalised into the broader community
- demonstrating ‘best practice’ in design and operation of community hubs
- redressing inequality with respect to access to the basic needs of housing, food and optimal health through the development of pathways into employment and education
- building and strengthening partnerships and effective collaboration with stakeholders in the public, private and not-for profit sectors

2.2 Services and facilities

It is envisaged the Hub will provide the following services and facilities:

- Father Bob Maguire Foundation offices
- Consulting suites accommodating the needs of a range of agencies delivering services in mental health, financial counselling, legal assistance, substance abuse, housing and maternal and child health support
- Sport and recreation facilities including a gym and sports courts
- Facilities accommodating the creative arts
- Childcare
- Multi-purpose training and teaching rooms, performance spaces
- Computer labs
- Commercial kitchen and community garden
- Social and leisure facilities including a youth drop in centre, café
- Possibly residential uses in partnership with the South Port Parks Community Housing Group

These facilities will support the needs of agencies and service providers in the fields of housing, education, sports and physical exercise, leisure, financial and material aid and education.
The social facilities and shared community spaces will be designed to be perceived as open and inviting to the wider community and not just the territory of the disadvantaged and marginalised members of the community.

These services and facilities will be supported by, and support a series of secondary activities and uses such as a range of publicly accessible open spaces including community gardens. These function to broaden and deepen the appeal of the centre and facilitate it to meet a range of needs with each visit.

2.3 Partnerships
The Centre would be delivered and operated in partnership with the following agencies, community organisations, educational institutions and service providers:

- SouthPort Community Housing - Housing assistance and Youth Work
- Danceworld Studios - Dance, Music and Drama training
- Swinburne University - Mentoring and Tutoring Partnerships
- Monash University - Training final year law students in practical legal work/community service while providing free legal support and advocacy
- Kehilat Nitzan, Temple Beth Israel, Edmund Rice Australia - Community Meals Programs and Community Pantry.
- BoxingFit - Gym and Health Training
- Incubate Foundation - Community Education/Career Mentoring and Support
- Foxtrot Cafe - Cafe Manager
- Edmund Rice Foundation/Amberley Camps - Youth recreation and drop in services
3 CONTEXT

3.1 Strategic location
The Centre is to be located on an appropriate site within the area commonly referred to as Fishermans Bend which is a substantial urban renewal site located to the south of the Melbourne Central Business District. The Fishermans Bend Urban Renewal Area is located within both the Cities of Melbourne and Port Phillip, and is surrounded by the municipalities of Hobsons Bay to the west and Stonnington to the east.

This urban renewal area consists of five linked precincts, four of which are zoned Capital City Zone (Lorimer, Wirraway, Sandridge and Montague), and one of which is zoned industrial (employment precinct). The precincts covered by the Capital City Zone will support the westward expansion of the Melbourne CBD and Docklands, supporting mixed use commercial and residential development. The precinct zoned for industrial purposes. The employment precinct will facilitate the provision of jobs in close proximity to the CBD. Together these precincts will create opportunities for a diverse range of economic activities including office facilities, creative industries, innovation hubs and traditional high street retail and hospitality strips.

3.2 The strategic framework
The Centre will operate within the following strategic framework.

Fishermans Bend Framework (draft for consultation)
The Fishermans Bend Framework notes previous proposals in this area that sought to alleviate poverty and homelessness, and support other social innovations.

Feedback gathered from the community during the preparation of the Framework indicated support for the co-location and integration of community services that are well planned and facilitate the early coordination of private and public sector partnerships. The community supports the retention of the existing character in order to inform place and identity. There is also the desire within the community for the local history to be recognised and carried forward.

The eight sustainability goals underpinning the Framework are:

1. A connected and liveable community
2. A prosperous community
3. An inclusive and healthy community
4. A climate adept community
5. A water sensitive community
6. A biodiverse community
7. A low carbon community
8. A low waste community

The “Community facilities and services” factsheet identifies the need for accessible, high quality public and community spaces which will create well connected communities and a focal point for people to come together. Four distinct types of community hubs are identified, namely education and community, arts and culture, health and wellbeing, and sport and recreation. Principles underpinning the delivery of community facilities and services include integration, co-location, multipurpose, strong partnerships and good access to public and active transport networks. The


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Fishermans Bend Taskforce has identified 16 catalyst projects and upgrades of existing facilities throughout the area which are intended to activate new communities and commercial areas.

City of Port Phillip Council Plan (and municipal public health and wellbeing plan) 2017-2027
The vision underpinning the Plan as ‘We are beautiful, liveable, caring, inviting, bold and real’.

Community values expressed during the consultation include:

- Creating a supportive City for all
- Ensuring an environmentally sustainable City
- Creating a sense of place and community
- Encouraging creativity and diversity
- Creating a sustainable city and managing climate change

Emerging health issues identified in this Plan are:

1. Housing and homelessness
2. Social inclusion and diversity (including social network and mental health (prevalence of and lifestyle risk factors).
3. Safety (including crime, alcohol, illicit and pharmaceutical drugs and family violence)
4. Access to information and services (including health services, maternal and child health, sexual and reproductive health, preventative action, health status, and prevalence of illness and disease).

Six strategic directions underpinning the plan include embracing difference and a sense of belonging; smart solutions for a sustainable future; retaining character; and harnessing creativity.

Specific outcomes include ensuring access to services supporting the health and wellbeing of the growing community, preventing and responding to family violence.

City of Melbourne Future Melbourne Plan 2026 and Council Plan (and municipal public health and wellbeing plan) 2017-2121
The Vision described in the Future Melbourne Plan 2026 include a City that is a great place to live, work and play at every stage of life.

The vision and goals of the Council Plan 2017-2021 focus on maximising inclusion and safety; addressing homelessness; ensuring Melbourne is a destination of choice for residents, workers and visitors; and providing information and opportunities for people to participate in decision-making. Relevant health and wellbeing priorities include preventing crime, violence and injury, including violence against women and children, providing community and social infrastructure and services to maintain quality of life, and facilitating opportunities for all people to participate in the social, economic and civic life of the city.

ASR Research Fishermans Bend Preliminary Community Infrastructure Needs Assessment Addendum (2012)
This research assessed the potential need for community facilities and services based on three development scenarios which would result in between 15,000 and 60,000 dwellings, with the midpoint scenario being projected to be 30,000 dwellings.

This research identified the need for the following community facilities and services (amongst others):

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Table 1 – Projected demand for community infrastructure

<table>
<thead>
<tr>
<th>Facility and service</th>
<th>Projected demand</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organised sport</strong></td>
<td>While significant indoor court provision exists at Albert Park for sports such as Basketball, Netball and Badminton, additional demand pressure from urban renewal locations such as Fishermans Bend (particularly at the upper end of the development scenarios) is likely to be significant. There is an opportunity to examine both on-site and off-site provision strategies, particularly in association with existing and/or other proposed community infrastructure provision strategies such schools. However, it is projected that between 3 and 12 indoor courts would be required.</td>
</tr>
</tbody>
</table>
| **Early years services** | Between 2 and 9 kindergarten rooms  
Between 2 and 7 MCH consulting units  
Between 2 and 7 long day child care centres |
| **Multipurpose community centres** | A discussion about the provision of multipurpose community centres in Fishermans Bend is complex at this early stage of planning, and will be dependent on how various stakeholders assess the demand estimates for services typically accommodated within a community centre (e.g. early years services, community meeting spaces etc), and what combination of services and activities they consider to be appropriate under the “one roof”. However, it is projected that between 1 and 5 neighbourhood houses and between 2 and 7 large scale multipurpose community centres would be required. |
| **Community health** | Between 1,000 sqm and 4,100 sqm of community health floor space |


3.3 Indicative community and health profile

It is not possible to produce a detailed community and health profile for the urban renewal area of Fishermans Bend as it is currently undeveloped. The indicative community and health profile is therefore based on the City of Port Phillip and Melbourne (refer to Appendix 2).

The indicative community and health profile of Fishermans Bend is characterised by the following:

- Risky lifestyle behaviours including inadequate physical activity and risky alcohol consumption
- Higher proportions of some chronic diseases including stroke, cancer and osteoporosis
- Low social cohesion evidenced by inability to get help from family, friends and neighbours, low volunteering rates and low membership of community groups
- High reliance on good accessibility to social, recreational and community facilities due to high proportion of households with no private car and high density living
- Higher rates of emergency department patients and family incidents in 2017 compared with 2012

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Recently released data from the ABS Census of Population and Housing, 2016,\(^2\) estimates the number of people experiencing homelessness in the City of Melbourne and City of Port Phillip to be 1,725 and 1,127 respectively. This suggests there is a total of 2,852 (or 11.4 per cent of Victoria’s homeless population) experiencing homelessness in the two municipalities within which Fishermans Bend is located. Furthermore, the Cities of Melbourne and Port Phillip are ranked second and fifth in terms of homelessness in the State of Victoria. It is also of note that the number of people experiencing homelessness in the Cities of Melbourne and Port Phillip increased by 16.3 per cent between 2011 and 2016.

\(^{2}\) [20490DD0006_2016 Census of Population and Housing: Estimating homelessness, 2016]
4 CONCEPTUAL FRAMEWORK
The principles in support of the Centre are founded on the following concepts.

4.1 The role of community hubs
Community hubs take many forms, including the ‘stand-alone multi-purpose’ facility envisaged by the Father Bob Maguire Foundation. Regardless of their form, community hubs fulfil multiple roles in the communities they serve which extend beyond the mere provision of facilities and services. They act as catalysts for the creation of strong, integrated, cohesive and healthy communities; initiate the establishment of enduring collaborations, networks and partnerships; and repurpose structures that no longer reflect social, physical and economic characteristics of their surroundings. They can act as restorative and reassuring environments as ‘islands’ of opportunity and repository of experiences of social interaction and engagement.

Community hubs are often the first port of call for new arrivals; people experiencing social and economic disadvantage; people seeking support during difficult life circumstances such as loneliness, bereavement and boredom; and people wishing to enhance their skills, expertise and life chances. In this way, they contribute to ‘up stream’ public health and wellbeing initiatives by providing the opportunity for people and families to break the cycle of hardship, deprivation and exclusion.

The way in which community hubs achieve this is discussed below.

4.2 Social determinants of health and wellbeing
The social determinants of health are the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness.³ (refer to Figure 1).

Figure 1 – The social determinants of health framework


The social determinants of health framework identifies a number of factors that, both individually and collectively, influence the potential for individuals to lead healthy and meaningful lives, achieve their potential and contribute to human capital. These factors include stress, early life circumstances and experiences, social exclusion, work and unemployment, access to social support, addictive behaviours, food and access to transport.

Health inequities are disproportionately experienced among society’s poorest and most marginalised. Although there have been some improvements, the health status among people of Aboriginal and Torres Strait Islander is still well below that of the general population. As a result, improvements in education, employment, health and wellbeing and safety among Australia’s Aboriginal and Torres Strait Islander community is a priority.⁴

³ http://www.who.int/social_determinants/thecommission/Thecommission/key_concepts/en/
⁴ Australian Government (2017) Closing the Gap, Prime Minister’s Report 2017 Department of the Prime Minister and Cabinet
Violence against women is the biggest contributing factor to ill health and premature death in women aged 15 to 44. In addition, it is the biggest cause of housing insecurity and homelessness amongst this group. Between 2011 and 2014, 36 per cent of people mostly women and children, who accessed homelessness services in Australia did so as a result of family violence.

Research has found a positive correlation between social capital and health outcomes. Communities with strong social capital experience lower morbidity while individuals with higher levels of social interaction and participation are likely to enjoy enhanced health and wellbeing.

There is also a positive correlation between educational attainment and health outcomes. A good education can improve an individual's livelihood and enable them to participate in the economy and reduce social and economic disadvantage.

Furthermore there is a positive correlation between empowering people to achieve a sense of greater self-determination and better health outcomes (Donovan 2018).

4.3 Social gradient of health
The social gradient of health concept identifies that health inequities affect everyone (WHO, key concepts).

The social gradient of health concept recognises that people experiencing disadvantage are usually twice as likely to suffer from serious illness and premature death. The evidence shows that in general the lower an individual's socioeconomic position the worse their health. Although this disadvantage typically relates to social and economic circumstances, it can also incorporate other stressful and compromised living experiences such as poor education, insecure employment, poor and dangerous working conditions, inadequate and insecure housing and compromised health and wellbeing status.

People experiencing socio-economic disadvantage and compromised health and wellbeing often also experience self-exclusion and public stigma. In most instances stigma goes unnoticed but it manifest in low participation in public events which ultimately exacerbates existing levels of social exclusion, under or unemployment and compromised long term opportunity. Impacts may include prejudice in terms of how trustworthy, educated or reliable people are perceived to be. These biases and the resulting loss of opportunity can then contribute to a ‘cycle of poverty’ which is often difficult for individuals to break.

The social and economic costs of self-exclusion and public stigma are borne not only by the individuals who are poor, but also by society. This is because poverty is often linked with compromised health and wellbeing and crime, which affects not only the individual, but their victims. In many circumstances, the economic and social costs of disadvantage and stigma are concentrated in particular districts and communities or sections of communities.

Pathways into crime include substance abuse, poor self-esteem, compromised physical and mental health status, socio-economic disadvantage, low educational attainment, unemployment, low social capital and homelessness.

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7 http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/
8 http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/
11 Parsons 2016
4.4 Lifestyle choices
An individual's health status is influenced by both biomedical and behavioural factors. While biomedical factors are not modifiable, behavioural factors have a significant impact on an individual's health and wellbeing. Chronic diseases such as coronary heart disease, cancer and diabetes are directly associated with lifestyle risk factors including physical inactivity, poor nutrition, smoking and risky alcohol consumption.\textsuperscript{14} Non-communicable diseases, including those associated with poor lifestyle behaviours, are now the leading causes of death globally, killing more people each year than all other causes combined. The burden of health associated with these non-communicable diseases and risky lifestyle behaviours is disproportionately felt amongst the poorer people in the community.\textsuperscript{15}

The economic costs to the public healthcare system resulting from physical inactivity include increased medical costs involved in addressing ill health.\textsuperscript{16} The economic costs of reduced life expectancy involve fewer worker years available to the labour force while lower productivity costs the economy due to absenteeism and reduced capacity to work at full potential.\textsuperscript{17} Furthermore, the social cost of physical inactivity to the individual and their families involves emotional trauma and compromised quality of life.\textsuperscript{18} It has been estimated that for every one per cent increase in the proportion of the population who are sufficiently active, a gross saving of $3.6 million per annum in Australian healthcare costs associated with the top three chronic diseases (coronary heart disease, non-insulin dependent diabetes and colon cancer) can be achieved.\textsuperscript{19}

To the contrary, physical activity enables people to recover from injuries and illnesses, and has been found to address mental health issues such as depression.\textsuperscript{20} Participation specifically in sport-related activities has a range of physical and mental health benefits including providing opportunities for people to maintain a healthy weight, improve their overall fitness and reduce stress. Facilitating and encouraging people to engage in physical activity through organised sporting activities is therefore an important target for health prevention and promotion.

4.5 Attributes of a viable and successful community hub
Attributes of a viable and successful community hub, which are derived from best practice include the following (refer to Figure 2):

\textsuperscript{15} World Health Organisation (2011) Global status report on noncommunicable diseases 2010
\textsuperscript{17} http://www.medibank.com.au/client/documents/pdfs/the_cost_of_physical_inactivity_08.pdf
\textsuperscript{20} https://www.betterhealth.vic.gov.au/healthy-living/physical-activity-is-important
Figure 2 – Attributes of a viable and successful community hub

- Affordable
- Well located
- Inclusive of needs
- Welcoming

- Early delivery
- Availability
- Security of tenure
- Economic sustainability
- Flexible and responsive to community needs

- Accessibility
- Continuity
- Sustainability
- Efficiency

- Strong partnerships with public, private and not-for-profit sector
- Low impact on environment
- Good governance
- Inspirational

- Integrated service delivery
  - Multi-purpose
  - Co-located
5 DISCUSSION
This Section discusses the social, economic and environmental benefits associated with the proposed Centre.

5.1 Alignment with strategic and planning framework
The proposal aligns with the strategic and planning framework as it:
- is an additional proposal that seeks to alleviate poverty and homelessness in this part of metropolitan Melbourne
- supports a prosperous community by facilitating pathways into higher employment and education
- supports an inclusive and healthy community by increasing access to community facilities and services
- demonstrates best practice with respect to design, environmental sustainability through water harvesting initiatives, the use of containers, minimal reliance on non-mechanical cooling and heating, promoting biodiversity through the provision of gardens, landscaping and community gardens
- supports creativity, diversity and community cohesion through the provision of a range of services and facilities that will be used by both particular groups and the wider community
- celebrates heritage and culture through the collection of diverse, mixed use community facility that incorporates high quality community services to be used by diverse communities
- facilitates the strategic directions to deliver the timely, early and responsive provision of infrastructure
- creates the opportunity to establish strong partnerships effective governance

In particular, the Centre is founded on the principles embedded in the Fishermans Bend concept which incorporate integration, co-location and mixed use. It also has the potential to integrate the four distinct types of community hubs in a single facility.

5.2 Addressing the social determinants and social gradient of health
The community and health profile presented in Section 3.3 demonstrates that the target community is likely to be characterised by several risk factors that compromise mental and physical health and wellbeing status.

The proposed Centre will incorporate several services and facilities that address some of the key determinants of health and wellbeing. These include referral and integrated support services that will alleviate stress, and support better work and employment outcomes. The proposed emergency accommodation will provide further social support for people experiencing issues such as domestic violence.

The driving factor behind the design concept of the proposed Centre is to create a welcoming, high quality and highly functional physical environment that respects and contributes to the local character and identity of the surrounding community. Careful design can enhance the Centre’s capacity to redress existing stigma felt by those users experiencing social and economic disadvantage and compromised mental and physical health and wellbeing. This can be achieved by embedding the following qualities into the project.\(^2\)

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\(^2\) Donovan 2013

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- A wide range of opportunities that offer a low threshold for participation in terms of effort or cost appeal to all sections of the community.
- A variety of opportunities to set and meet challenges from which self-esteem and satisfaction may be fostered.
- Physical design characteristics that offer beauty, comfort, visual interest and support people to comfortably share spaces and facilities for longer. This will increase the chances that they will still be there when others arrive, thus increasing the range of interactions possible in the centre.

Education and access to appropriate healthcare, particularly in the early years of life, has a profound impact on a person’s long-term health and wellbeing status. The availability of childcare services, which may include kindergarten programs, and maternal and child health services will increase school readiness amongst the community’s pre-school children and support the health and wellbeing of children and young families. Furthermore, the availability of computer laboratories, the café and training and teaching rooms can facilitate the delivery of educational programs and initiatives that support skills development and improved employment outcomes.

The proposed creative spaces, café, youth drop-in spaces, multi-purpose hall and performance spaces, library, community will deliver programs and activities that support community strengthening and address social exclusion. These facilities, which will be available to the wider community, will also encourage the integration of diverse users and communities, and ensure that the development is ‘a good neighbour’. This is particularly important in new and emerging communities such as the future community of Fishermans Bend which will mostly consist of new households that have either just been established or have relocated from existing communities. The availability of a facility such as the proposed Centre early on in the development of Fishermans Bend will therefore play a significant role in creating the social capital that is associated with strong, cohesive communities.

The Centre would provide facilities that accommodate the services of a number of health care providers, agencies, community groups and religious institutions. In addition to creating and maintaining strong networks and collaborations, this arrangement has the potential to streamline the service delivery process, enhance referral processes and break down social and cultural barriers. The gym and leisure facilities will provide opportunities for the community to increase their physical activity and improve their overall health and fitness. The community kitchen, orchards and farm will provide affordable and appropriate food for the local community and offer the opportunity to deliver programs that support healthy eating.

Although health inequities are disproportionately concentrated amongst the most poor and disadvantaged, new communities in gentrified neighbourhoods often experience social isolation and disconnection from the communities from which they have moved. This may result in individuals travelling long distances to access services and facilities from their previous neighbourhoods on the one hand, or lead to lower participation in local activities and facilities with which they are not familiar. In either scenario, the Centre will provide an opportunity for all members of the new and emerging community, regardless of their socio-economic circumstances, to gain access to the services and facilities required to build a strong, connected and sustainable community.

5.3 Capitalising on the strategic context
Fishermans Bend is strategically located in central and inner Melbourne which has traditionally been home to a diverse community and groups vulnerable to compromised health and wellbeing. The land use provisions guiding the future development of this urban renewal area support mixed use, including uses that serve the needs of an emerging community.
The proximity of the urban renewal area to the City of Melbourne will ensure that the facility is easily accessible to its users, and is well integrated with other service providers and agencies that deliver health and support services.

5.4 Demonstrating social, economic and environmental sustainability

In addition to supporting strong, healthy communities, the integration of several agencies and service providers into a single facility supports the effective and efficient delivery of services and referral processes. The proposed ‘social enterprise’ model will enable excess funds arising from this service delivery model to reduce the Father Bob Maguire Foundation’s reliance on philanthropic support. This can, in turn, increase the pool of funds available to other charitable organisations and entities also involved in the delivery of social and financial support to the community. Furthermore, the capacity of the proposed Centre to offer affordable and subsidised rental further enhances the economic viability of the agencies and service providers involved in the Centre’s operation.

Community groups are more responsive to changing community needs, being on the coalface and can call on greater stocks of emotional capital to get things done, typically making them a more cost-effective provider of community services. This is because they have a proven track record of serving their local communities and are accustomed to making incremental and appropriate changes to their service delivery models to ensure their long-term sustainability.

By facilitating pathways into education and employment, providing emergency accommodation and redressing socio-economic disadvantage and social exclusion, the Centre has the capacity to positively impact the economic and social costs associated with crime and imprisonment.

The delivery of a community asset by the Father Bob Maguire Foundation will reduce the community’s reliance on the public and private sector for the delivery of services and facilities. This will free up the necessary resources to deliver other services and facilities which will be of benefit to the community in the short, medium and long terms.

The proposed design and physical features of the proposed Centre and the design skills to hand in the team will facilitate the adaptive reuse of existing buildings in a creative way. These factors also create the potential for the hub to provide a model to other centres demonstrating how social and ecological responsibility can be aligned. The Centre’s environmental sustainability will be maximised through several design features including rain harvesting, the reuse of shipping containers, remediation of potentially contaminated land (if required) and otherwise the enhancement of an otherwise degraded landscape, reduced dependence on mechanical climate control, establishment of roof gardens and edible landscapes. These measures will establish a facility that acts as a best practice model in creative and sustainable design.

5.5 Redressing socio-economic disadvantage and social exclusion

The Centre has the potential to lay the foundations for the creation of a strong, connected and equitable community. Being located in a brownfield area, the services and facilities to be provided in the Centre will together provide pathways out of socio-economic disadvantage. By encouraging participation by all members of the community, the Centre has the potential to build a strong, integrated community and reduce the level of social exclusion experienced by marginalised members of the community.

The application of best practice at the concept and design stage will avoid the need for retrofitting in the future. This will safeguard continuity which is an essential component of a sustainable Centre serving people experiencing social exclusion and marginalisation.
5.6 Best practice
The core principle underpinning the Centre concept is the integration of multiple service providers and partners into a single community asset.

Support for the Centre concept will reinforce the application of best practice in the design, delivery and operation of community assets. It will enable the early delivery of community services in a new and emerging community and reduce reliance on the private and public sectors for the delivery of community infrastructure.

It is designed to provide qualities that may allow people to take inspiration from the Centre and greater awareness of such things as water management, gardening techniques, passive design technology and the areas indigenous and European history as ‘incidental’ benefits of visiting the Centre.

The Father Bob Maguire Futures Centre also provides the opportunity to create a pioneer use that can establish a sense of community right from the start and through the early delivery of a ‘state of the art’ facility that will derive direct and indirect benefits to the emerging community within Fishermans Bend.
6 CONCLUSION AND RECOMMENDATIONS

Our experience and the evidence documented in this report provides a strong indication of the growing need for the facilities and services to be provided in the proposed Centre. Furthermore these services offered at the Centre, by nature of the location, their embodied qualities and the interactions and efficiencies it makes possible allows it to make a significant contribution to the health and wellbeing of the future community of Fishermans Bend. It also illustrates a strong alignment between the concept and the outcomes in the strategic and planning framework.

The application of best practice through the design and delivery of the Centre will enable the Father Bob Maguire Foundation to leave a lasting legacy in the heart of the community he has served for many decades. Support for this concept will also build the profile, not only of the service providers accommodated in the Centre, but also the two local governments within which the Centre is to be located.

The findings of this study have led to the following recommendations.

1. The IAC should direct Council and the relevant decision-making authorities to commit to collaborating with the Father Bob Maguire Foundation to identify an appropriate location for the Centre. This would involve conducting the relevant feasibility studies to ensure the site has the following relevant attributes:
   - within 400m of public transport
   - within close proximity to public open space, recreation facilities, community facilities and educational institutions
   - within close proximity to pedestrian and cycle connections
   - is located on a high profile site

2. The delivery of the appropriate range of services and facilities is given high priority by the Cities of Melbourne and Port Phillip and the relevant statutory, strategic and decision-making authorities in order to support the overall vision and project outcomes guiding the establishment of the Centre (refer to Section 2).
APPENDIX 1 - BIBLIOGRAPHY

ASR Research Fishermans Bend Preliminary Community Infrastructure Needs Assessment Addendum (2012)


Australian Government (2017) Closing the Gap, Prime Minister’s Report 2017 Department of the Prime Minister and Cabinet


Donovan, J (2013) Designing to Heal, CSIRO


Josephine Parsons in The Guardian, 23rd August 2016 Sydney: we need to talk about our postcode prejudice


# APPENDIX 2 – COMMUNITY AND HEALTH PROFILE

<table>
<thead>
<tr>
<th></th>
<th>Melbourne</th>
<th>Port Phillip</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current smoker</td>
<td>8.0</td>
<td>7.4</td>
<td>13.1</td>
</tr>
<tr>
<td>Met both fruit and vegetable consumption guidelines</td>
<td>5.6</td>
<td>5.6</td>
<td>4.4</td>
</tr>
<tr>
<td>Proportion of adult population who were overweight or obese</td>
<td>35.8</td>
<td>38.2</td>
<td>50.0</td>
</tr>
<tr>
<td>Sedentary lifestyle</td>
<td>2.5</td>
<td>1.2</td>
<td>3.6</td>
</tr>
<tr>
<td>Sitting associated with occupation</td>
<td>77.2</td>
<td>64.3</td>
<td>49.6</td>
</tr>
<tr>
<td>Increased lifetime risk of alcohol-related harm</td>
<td>69.1</td>
<td>68.8</td>
<td>59.2</td>
</tr>
<tr>
<td>Increased lifetime risk of alcohol-related injury on a single occasion</td>
<td>47.7</td>
<td>55.3</td>
<td>42.5</td>
</tr>
<tr>
<td>Adult population with high/very high psychological distress</td>
<td>11.1</td>
<td>12.6</td>
<td>12.6</td>
</tr>
<tr>
<td>Self-reported health status excellent/very good</td>
<td>47.4</td>
<td>43.2</td>
<td>40.2</td>
</tr>
<tr>
<td>Heart disease</td>
<td>6.7</td>
<td>6.1</td>
<td>7.2</td>
</tr>
<tr>
<td>Stroke</td>
<td>2.8</td>
<td>1.9</td>
<td>2.4</td>
</tr>
<tr>
<td>Cancer</td>
<td>9.3</td>
<td>10.1</td>
<td>7.4</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>4.4</td>
<td>5.4</td>
<td>5.2</td>
</tr>
<tr>
<td>Arthritis</td>
<td>14.1</td>
<td>17.9</td>
<td>19.8</td>
</tr>
<tr>
<td>Anxiety or depression</td>
<td>27.1</td>
<td>31.2</td>
<td>24.2</td>
</tr>
<tr>
<td>Sought professional help for a mental health problem in the previous year</td>
<td>14.7</td>
<td>18.4</td>
<td>16.0</td>
</tr>
<tr>
<td>Type 2 diabetes</td>
<td>2.2</td>
<td>1.8</td>
<td>5.3</td>
</tr>
<tr>
<td>Feel safe walking alone down their street at night</td>
<td>67.5</td>
<td>71.2</td>
<td>60.8</td>
</tr>
<tr>
<td>Believe most people can be trusted</td>
<td>42.4</td>
<td>41.5</td>
<td>38.2</td>
</tr>
<tr>
<td>Feel valued by society</td>
<td>56.9</td>
<td>49.4</td>
<td>51.4</td>
</tr>
<tr>
<td>Feel there are opportunities to have a real say on important matters</td>
<td>31.0</td>
<td>32.4</td>
<td>35.2</td>
</tr>
<tr>
<td>Definitely able to get help from family</td>
<td>79.6</td>
<td>78.7</td>
<td>81.6</td>
</tr>
<tr>
<td>Definitely able to get help from friends</td>
<td>78.4</td>
<td>79.3</td>
<td>79.7</td>
</tr>
<tr>
<td>Definitely able to get help from neighbours</td>
<td>43.2</td>
<td>51.5</td>
<td>51.2</td>
</tr>
<tr>
<td>Belong to a sports group</td>
<td>19.1</td>
<td>19.9</td>
<td>25.7</td>
</tr>
<tr>
<td>Belong to a religious group</td>
<td>20.0</td>
<td>17.3</td>
<td>18.6</td>
</tr>
<tr>
<td>Belong to a school group</td>
<td>11.0</td>
<td>9.6</td>
<td>13.7</td>
</tr>
<tr>
<td>Belong to a professional group</td>
<td>41.7</td>
<td>36.0</td>
<td>23.7</td>
</tr>
<tr>
<td>Belong to another group</td>
<td>24.7</td>
<td>16.7</td>
<td>19.4</td>
</tr>
<tr>
<td>Attended a local community event</td>
<td>60.0</td>
<td>50.8</td>
<td>58.7</td>
</tr>
<tr>
<td>Volunteer</td>
<td>21.9</td>
<td>21.5</td>
<td>23.2</td>
</tr>
<tr>
<td>Definitely think multiculturalism makes life in their area better</td>
<td>73.1</td>
<td>76.8</td>
<td>55.4</td>
</tr>
<tr>
<td>Lived in neighbourhood more than 10 years</td>
<td>40.6</td>
<td>51.2</td>
<td>56.2</td>
</tr>
<tr>
<td>High or very high level of social isolation</td>
<td>16.2</td>
<td>20.5</td>
<td>17.3</td>
</tr>
</tbody>
</table>

Table 3 – Socio-economic profile, per cent of total population

<table>
<thead>
<tr>
<th></th>
<th>Melbourne State Suburb</th>
<th>Port Phillip LGA</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal and Torres Strait Islanders</td>
<td>0.2</td>
<td>0.4</td>
<td>0.8</td>
</tr>
<tr>
<td>Households with no private vehicle</td>
<td>61.1</td>
<td>17.6</td>
<td>7.9</td>
</tr>
<tr>
<td>Unemployment rate</td>
<td>13</td>
<td>5.1</td>
<td>6.6</td>
</tr>
<tr>
<td>No educational attainment</td>
<td>0.3</td>
<td>0.4</td>
<td>1</td>
</tr>
<tr>
<td>Rental stress</td>
<td>39.7</td>
<td>17.6</td>
<td>10.4</td>
</tr>
<tr>
<td>Mortgage stress</td>
<td>5.3</td>
<td>4.9</td>
<td>7.5</td>
</tr>
<tr>
<td>Internet not accessed from dwelling</td>
<td>6.7</td>
<td>9.9</td>
<td>13.6</td>
</tr>
<tr>
<td>SEIFA Score of Socio-economic Disadvantage</td>
<td>1026</td>
<td>1066</td>
<td>1009</td>
</tr>
<tr>
<td>One parent families</td>
<td>7.6</td>
<td>11.4</td>
<td>15.3</td>
</tr>
<tr>
<td>Flat or apartment dwelling</td>
<td>98.3</td>
<td>65.8</td>
<td>11.6</td>
</tr>
</tbody>
</table>

Source: ABS Census of Population and Housing 2016

Figure 3 – Rate per 100,000 emergency department patients, July 2012 to June 2017

Source: Crime Statistics Agency
Figure 4 - Family incidents July 2012 to June 2017

Source: Crime Statistics Agency