

Health and  
Wellbeing Strategy  
2023-2033  
DEVONPORT

*Living  
Well*



the **no** group



The City of Devonport acknowledges the  
Tasmanian Aboriginal People as the  
Traditional Owners and ongoing custodians  
of Lutruwita, Tasmania.

We pay our respect to all Aboriginal and  
Torres Strait Islander people and their Elders  
past, present and emerging.

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**Attachment A:** How well are we living? An overview of the present health and wellbeing determinants for the City of Devonport.

## Introduction : Devonport – Living Well

What we eat, how we move, our access to learning, education and training, livelihoods, housing, transport, feeling connected, and a sense of belonging all influence our health and well-being. It is an interdependent system presently being worked on many fronts, but more needs to be done.

The ten-year health and well-being plan 'Living Well' will build on change that is already occurring, *and* our strengths. The goal is to achieve positive health and wellbeing outcomes for our entire community. Collaborating has already begun through the development of our 'Living Well' Plan.

**The following activities informed the development of the Living Well Plan:**

- An analysis of the present situation using data and information from the census, ID profile, Primary Health Tasmania, and the University of Tasmania, resulting in the 'How WELL are we living?' document. (Attachment A)
- Interviews with System Reference Group Members to gain 'lived experience' insights to add to the qualitative data profile.
- Workshops with relevant Devonport City Council managers.
- A co-design workshop involving over 60 people representative of the health and well-being system.
- Devonport City Council workshop.
- And feedback from System Reference Group Members throughout the entire process.

**Relevant strategic documents** were also used to highlight existing or potential issues impacting how well we are living. These included:

- Devonport Strategic Plan 2009-2030
- Child and Student Wellbeing Strategy
- Devonport Open Space Strategy
- Devonport Population Growth Strategy
- Devonport Community Health Check
- Felt Needs Assessment East Devonport Community
- Food Security Strategy
- Healthy Tasmania Strategy 2022-2026
- Living and Working in Devonport
- Tasmanian Drug Strategy 2022-2027
- University of Tasmania CAPITOL Project – Devonport Activities

Collective efforts are needed to progress the six focus areas and strategic outcomes. The plan sets a ten-year timeframe for us to use our city and community's strengths to make sure 'Living Well' is the foundation of our way of life, identity and reputation.

### **Devonport Health and Wellbeing System Reference Group**

The following individuals and organisations formed the System Reference Group, guiding and contributing to its development throughout.

- Mayor Alison Jarman, Devonport City Council
- Carol Bryant, Fabio Pizzirani, Brett Patterson, Devonport City Council
- Nick Haywood, Teacher & NW Thunder Coach
- Bryn Parry, Community advocate
- Kate Beer, Devonport Community House
- Jenny Mountney, East Devonport Child, and Family Learning Centre
- Jane Forward, Libraries Tasmania
- Damian Collins, Youth, Family and Community Connections
- Rob Soward, University of Tasmania School of Health Sciences, College of Health and Medicine

## **How we built our Living Well Plan**

*This a plan for the Devonport community with the following components:*

**A vision:** Our desired health and well-being aspiration for Devonport.

**Focus areas:** Six focus areas to progress our health and well-being outcomes.

**Present Issues:** What's happening now in each focus area.

**Future aspirations:** What we want to be happening in each focus area.

**Strategic outcomes:** Key changes we want to happen in each focus area.

**Indicators to measure progress:** Quantitative and qualitative information that will help measure progress toward achieving our future aspirations and strategic outcome.

**Initiatives:** Things to work on to make progress.

**Who needs to collaborate:** Making progress will require people and organisations to work together.

**Leading the strategy's activation:** Living Well is a community-led strategy involving representatives of the health and well-being system - Devonport City Council, Tasmanian Government through the Departments of Education, Children and Young People and Health, private education and learning institutions, University of Tasmania, service providers, community groups and organisations.

**Council's role:** Council has a provider role through the provision of public infrastructure, open space, urban design, and place-making because where you live, its look and feel, access and safety can all impact a community's health and well-being. Council also provides a regulatory function in planning, safety, environment, and public health.

Further to these roles is supporting the work to make progress on the community's health and well-being as the 'Spine'. The 'Spine' brings people together to:

- collaborate around initiatives,
- manage relevant data and information,
- communicate progress against indicators,
- promote ways to get involved,
- advocate for policy changes and responses and
- build strategic relationships around funding and investment.

**The term of the plan:** Ten years from 2023 to 2033

## Our Vision:

# In our City of Devonport, we are all Living Well because we are

**Eating Well:** We use the fresh, seasonal produce of our rich, agriculturally productive land to create nutritious meals shared with family and friends around our tables at gatherings and events.

**Moving Well:** As part of everyone's day, in formal and informal ways, we are moving – on the field, in the pool, on the track, in the park, in our workplace or in our homes because we know that moving well keeps us fit, healthy and happy.

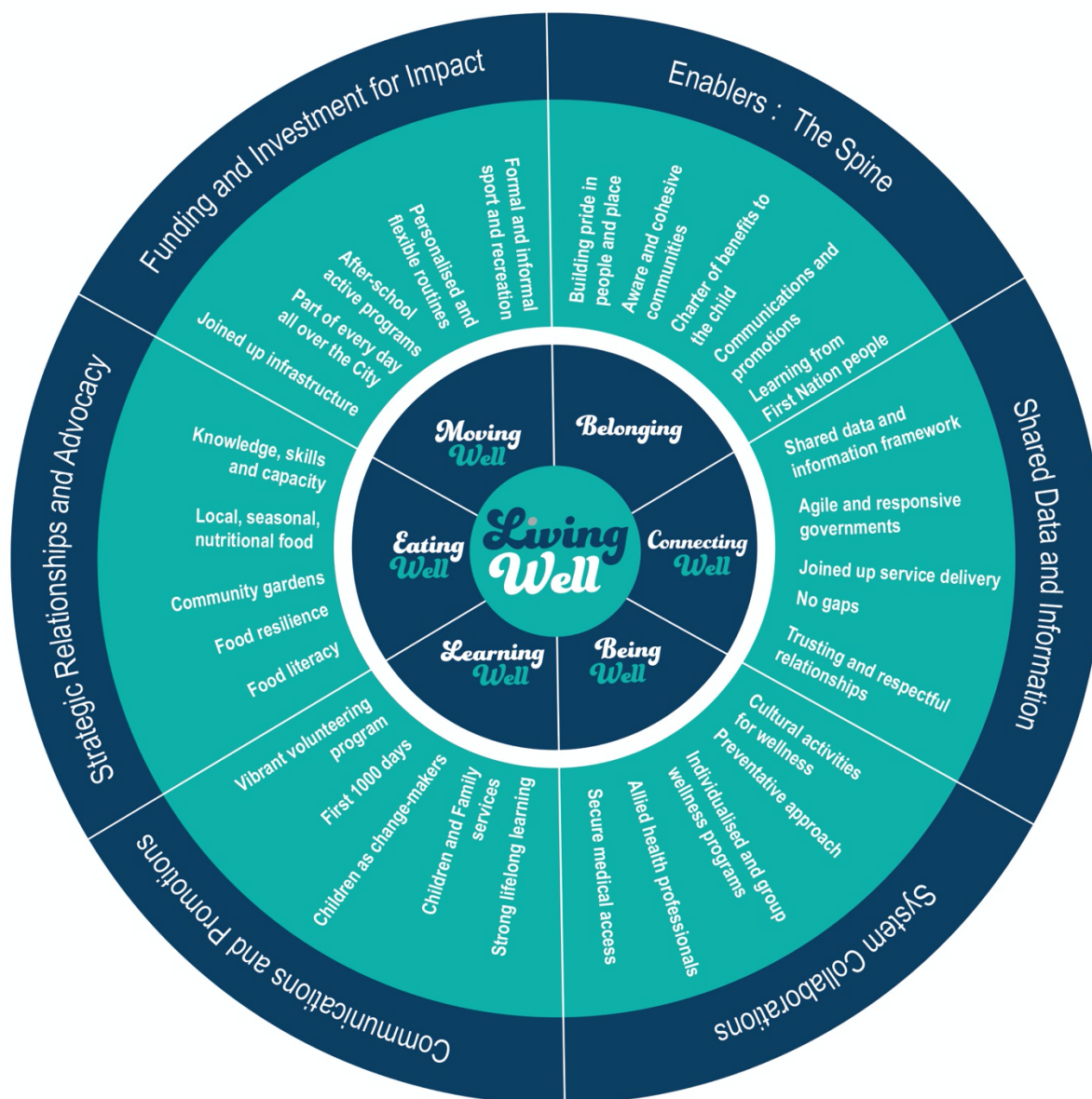
**Being Well:** Preventative practices based on a deep understanding of what keeps us healthy and happy is what we do. When needed, we have access to all the professional support we need. A beautiful environment, connection to one another and vibrant creative culture nurture our wellness.

**Learning Well:** Lifelong learning is part of who we are and how we do things. Informal and formal learning, generational mentoring, and children as our most incredible change-makers are part of the rich environment of sharing, learning, and living in our communities.

**Connecting Well:** We're well connected and use each other's strengths. Collaborating comes easily through trusting and respectful relationships. We share data and information to know what is happening in our communities. This 'real-time' approach forms the basis of our decision-making, strategic focus, grant, and investment success.

And we have a strong sense of **Belonging**. Our pride in the place we call home and our people shows. We celebrate achievements. We seek to learn from our First Nation people and their strong connection and belonging to Country. We care for our carers and volunteers, acknowledging with gratitude the role they play. Our cultural activities, events and festivals celebrate diversity, identity and what it means to belong in our 'Living Well' community.

## Living Well's Six Focus Areas, Strategic Outcomes, Indicators of Progress, and Initiatives





## Eating Well

*Access to fresh, healthy food can be problematic for some residents despite being surrounded by rich agricultural production. There are indicators that we don't all eat enough fresh fruit and vegetables. Initiatives are occurring in our Neighbourhood Houses, Child and Family Learning Centre, and at schools with breakfast programs, school lunch program, school gardens and increasing cooking knowledge and skills.*

### Our aspirations

Food and health literacy are high in our community. Learning what food is good for us, how to grow it and use it to make healthy, tasty meals begins at home and develops as our children grow through breakfast clubs, school lunch programs, gardening, skill development and cooking classes. The children help teach their families and others. Access to healthy, seasonal food is easy, and we grow a lot of our fruit and vegetables at home, in the community and in school gardens. Fresh food markets and edible gardens are part of all neighbourhoods.

### Strategic Outcomes

- Everyone knows what food is good for them and how to prepare it - high food literacy
- Fresh, seasonal food is grown and shared in each neighbourhood
- A well-connected food network involving producers and community organisations.
- All schools actively help children become food literate and well nourished.

### Indicators of progress

- Knowledge and skills in cooking and growing food
- Consumption of fruit and vegetables
- Number of community gardens
- Participation in the eating well school lunch program, cooking skills and growing food
- Participation in programs undertaken by community organisations

### Initiatives

- Involve the food system in a plan to shift from food security to food resilience
- All schools encourage children to Eat Well through a breakfast or lunch program
- Identify advocates within the system to influence engagement with improving health and well-being within school communities
- Grow seedlings, plant, and produce swap programs in all neighbourhoods
- Build knowledge and skills in making nutritious meals using local seasonal produce

## Moving Well

*We have excellent free-to-access physical infrastructure and high participation in sports. The paying registration program for some children participating in sports has worked well. However, 18% of us don't do enough daily exercise. To respond to growing trends in physical activity, we need informal, Individualized, and flexible ways to improve fitness and well-being.*

### Our aspirations

Like eating well, our community is on the move by playing sports, exercising, and improving fitness levels. Formal and informal exercise is part of every day in our schools, workplaces, public spaces, tracks, trails, parks, pool, and venues. We all know what is on offer, and there is something for everyone. We also understand the positive link between moving well and good mental health and wellbeing. When new residents arrive, we make sure they know how they can make moving well part of their day. Programs are affordable, use existing and well-placed new infrastructure, and are flexible and focused on developing skills so community members can shape their own 'moving well' at times and in places convenient to them.

### Strategic Outcomes

- Movement is an integral part of everyone's day
- Strong community participation in organised and informal sporting and fitness activities
- Community members shape their own 'moving well' programs at times and places convenient to them, including their workplaces
- Accessible and affordable recreational infrastructure and programs
- Good community knowledge about facilities and opportunities for moving well

### Indicators of progress

- Membership in sports clubs
- Increased engagement in informal recreation
- Number and participation in workplace moving well programs
- Usage of infrastructure
- Attendance and participation in recreational events

### Initiatives

- Design and deliver an informal program of fitness and recreation
- Promote what programs and activities are available
- Expand the active after-school (government and non-government schools) program in all areas
- Community after-hours use of school infrastructure for health and well-being activities
- Join up paths and tracks with good lighting for safety

## Being Well

*There is a growing focus towards preventative health and well-being activities, increasing health literacy and preventing conditions like diabetes and heart disease through eating well and moving well. 48% of us rate our health as excellent. 40% of us have one or more long-term health conditions, the dominant being diabetes, heart disease, arthritis, mental health, and asthma. Accessing doctors, dentists, specialists, sexual health services and support services when needed and through bulk billing or an affordable price is often difficult. Access to mental health professionals and support, particularly around complex needs, is challenging and sometimes impossible. The public transport system schedule needs to be more responsive to health appointment needs. Responsive programs focus on people making better choices around drug and alcohol use. There are many cultural activities within the community, and involvement improves our overall wellness.*

### Our aspirations

In our city, early intervention and prevention are the foundations of the overall good health and well-being we enjoy. We understand what it means to be healthy and well – physically, mentally and belonging - because we have a high level of health literacy, eat well, move well, and spend time together. Opportunities for increased socialisation and community connections are also part of our healthy living. A trauma-informed lens has increased our understanding and empathy for others. We do not 'label' or judge but help one another make informed choices about living well. We understand and use cultural activities to develop and maintain our sense of being well, feeling confident and building resilience.

### Strategic Outcomes

- Stronger emphasis on early intervention and preventative actions
- Greater community understanding of what it means to feel well
- An improved health and wellbeing profile across all ages and areas of the city
- Timely, accessible, and adequate care and support services
- A connected community with places and opportunities for socialisation
- Enough medical, allied health and support professionals are attracted and retained

### Indicators of progress

- Waiting times for services
- Self-reported health assessment
- Data on long-term health conditions & lifestyle data, e.g., Drugs and alcohol
- Retention of health professionals

### Initiatives

- Increase allied health service provision
- Explore potential learning opportunities to attract and retain health professionals
- Secure reliable access to needed professionals
- Design and deliver programs and activities, including cultural activities, to increase individual and group wellness
- Integrated community spaces and venues for connecting, belonging, learning, and being well

## Learning Well

*The percentage of the population in primary and secondary education is high, and more people are completing Year 12. There is also an increase in university attendance. The Child and Family Learning Centre plays a crucial role in early childhood development. This support should be in all areas of need. Across the community, digital inclusion is below national levels. Fostering a culture of learning has the potential to support positive living and learning outcomes.*

### Our aspirations

In our community, education and learning are the responsibility of everyone. Learning comes through many options - formal, informal, and intergenerational - supported by digital access and literacy. Lifelong learning is valued. Literacy and participation rates are high. Volunteering from all ages helps things work well, and those involved build skills and confidence through this vital work. The importance of the 'First 1000 days' are known, understood, and drive action. Schools, TAFE, and University work together, and all educational levels, including professional development, are available. Better educational pathways lead to more employment opportunities and a stronger sense of belonging.

### Strategic Outcomes

- Lifelong learning is valued and encouraged across the community
- Primary, secondary, and tertiary education providers work together
- A literate community
- A skilled workforce
- All children are developmentally on track, physically, socially, and emotionally.
- Digital inclusion at national levels

### Indicators of progress

- National digital inclusion data
- School retention and completion data
- University attendance and local access to tertiary education programs
- AEDC data
- Participation in apprentice and trainee programs

### Initiatives

- The First 1000 days program is successfully operating throughout the city
- Children as change-makers to influence friends, families and community towards better health and well-being outcomes
- Advocating for child and family services where needed
- Capture and communicate all local lifelong learning opportunities in an online community notice board
- Campaign to increase volunteering across all age groups and to develop capacity and confidence through this important work

## Connecting Well

*Access to timely local data is limited, resulting in a lag in understanding and responding to what is needed. Gathering and interpreting information is often something that people do 'off the side of their desk'. Government departments need to be more agile for faster service delivery. Each year, service providers need to understand who is delivering what program so responses are 'joined up' and supportive of our community's health and well-being needs.*

### Our aspirations

Service delivery is 'joined up' because our providers connect well through agreed roles and service systems. Local data and information are shared and used to improve health connections, collaborations, and outcomes. This integrated way of working supports decision-making, grant applications and strategic focus. Respectful and trusting relationships drive Connecting Well.

### Strategic Outcomes

- Decision-making is supported by accessible, real-time, local data
- A clear service system map shows who provides what service
- Service providers work together as a joined-up network.
- No more gaps in service delivery
- Agile and responsive government agencies

### Indicators of progress

- Knowing what each service provider is delivering
- Waiting times and gap information
- Government agency response times
- Grant funding obtained

### Initiatives

- Share information to expand the 'real-time' understanding of health and well-being performance across the city
- Build a databank of qualitative and quantitative data and information to assist in reviewing progress, identify ongoing priorities and support funding and investment
- Promote progress
- Initiate programs to support respectful relationships and develop trust within the community

## Belonging

*We are good at helping each other out, and the number of people providing unpaid assistance to people with disabilities is increasing. As a community, we are ageing, with 29% now over 60. The number of women over 55 caring for other people's children is increasing. Two thousand two hundred people in the community need assistance with core daily activities, while overall, there is a gradual decline in the number of volunteers. We need to care for our carers and volunteers. There is evidence of housing stress around availability and affordability, lack of rental properties and increased homelessness. In addition, there is an increasing number of families and growing cultural diversity to enrich community life and living.*

### Our aspirations

We are a welcoming community that values diversity and inclusion. We respect different perspectives and approaches. We are optimistic and productive, proud of our place and people. There are places and spaces where we come together and connect. Everyone has a place to call 'home'. When new residents arrive, we ensure they know how to get involved and belong in Devonport. Volunteering is vital, and people help each other. We care for our carers and volunteers because we value and appreciate all they do. Our cultural activities, events and festivals celebrate diversity, identity and what it means to belong as part of our 'Living Well' communities.

### Strategic Outcomes

- A welcoming community and diversity is celebrated
- A proud and positive community
- Strong participation in volunteering and capacity building
- Our carers are celebrated
- Our volunteers are celebrated and, through participation, build their capacity and confidence
- A supportive community where there is someone to turn to if you need help
- Engagement with and learning from First Nations people

### Indicators of progress

- Volunteering data
- Census data on changes in % of population needing core activity assistance
- Census data on caring for children and persons with disability
- Number of activities and events that welcome new residents

### Initiatives

- Engage with the Aboriginal communities and learn what impacts wellness and what responses are needed.
- Develop and launch a charter or policy where decisions are assessed against the benefits to the child
- Bring out the 'hidden side' of our City to build understanding, respect, and empathy to create a more aware and cohesive society.

## Belonging

- Make the unfamiliar familiar, so people are confident and know they will be welcome into all aspects of community life.
- Promote regular communication strategies that tell the stories of what it means to engage, participate, and get involved in what's going on in the community.
- Maintain and build the pride of the citizens in Devonport, highlighting achievements and actions from all aspects of life – sport, culture, environment leadership, inclusion, social good and kindness
- Capacity building programs for volunteers, volunteer organisations and carers

## Who Needs to Collaborate?

An interconnected system starting with individuals and families wanting to change something about their health and well-being, influences overall outcomes for the entire community. Every organisation or group must change the system. The system needs to collaborate to make progress. There are crossovers of groups and organisations between the focus areas. Although not definitive, the following table lists potential groups to work together to achieve the strategic outcomes in each focus area.

### Collaborators

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Devonport City Council</li> <li>• Tasmanian Government Departments of Education, Children and Young People, Health and Libraries Tasmania</li> <li>• Australian Government</li> <li>• Neighbourhood and Community Houses</li> <li>• University of Tasmania and TasTAFE</li> <li>• Neighbouring Councils</li> <li>• Schools: public and private</li> <li>• Early childhood education providers</li> <li>• GP's and health professionals</li> <li>• Health and well-being service providers</li> <li>• Workplaces</li> <li>• Employment enabling organisations</li> <li>• Registered Training Organisations (RTO's)</li> </ul> | <ul style="list-style-type: none"> <li>• Sporting clubs and associations</li> <li>• Food relief and resilience organisations</li> <li>• Recreational clubs</li> <li>• Local farmers and food producers</li> <li>• Food retailers</li> <li>• Religious organisations and clubs</li> <li>• Arts organisations and professionals</li> <li>• Cultural organisations</li> <li>• Business and industry groups</li> <li>• Gyms and fitness centres</li> <li>• Hospitality and food service organisations</li> <li>• Public and private transport organisation</li> <li>• Community advocates and influencers</li> <li>• Drama and music communities</li> <li>• Media</li> </ul> |
|---|--|

# Attachment A

## How well are we living?

An overview of the present health  
and wellbeing determinants  
for the City of Devonport

*Living  
Well*



the **noa** group



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## A framework for the determinants of community health and well-being.

<p>Community health and wellbeing in Devonport is influenced by a range of factors that interact in the place where people live. This table groups those factors under five determinants; community, education, health care and preventative activities, economic and the natural and built environment.</p>	<p><b>Community</b></p> <ul style="list-style-type: none"> <li>• Population structure</li> <li>• Feeling safe</li> <li>• Supportive, and inclusive, communities</li> <li>• Resilient communities</li> <li>• Trusted relationships</li> <li>• Social isolation and loneliness</li> <li>• Volunteering and unpaid work</li> <li>• Engagement of all ages</li> </ul>	<p><b>Education</b></p> <ul style="list-style-type: none"> <li>• Access to education, training, and learning</li> <li>• Levels of education achieved</li> <li>• Literacy</li> <li>• Digital literacy</li> <li>• Numeracy</li> <li>• Early child development</li> </ul>
<p><b>Health care and preventative programs</b></p> <ul style="list-style-type: none"> <li>• Access to services</li> <li>• Quality of services</li> <li>• Co-morbidity</li> <li>• Access to active living programs and activities for all ages</li> <li>• Equitable health outcomes across the community</li> <li>• Healthy eating and access to nutritious and seasonal foods, food security</li> <li>• Smoking levels and increased smoke free communities</li> <li>• Mental health services</li> </ul>	<p><b>Economic</b></p> <ul style="list-style-type: none"> <li>• The cost of living: food, shelter, clothing, energy, and utilities</li> <li>• Secure employment and income</li> <li>• Industry of employment</li> <li>• Employment support services e.g., childcare, disability services</li> <li>• Vehicle ownership</li> <li>• Building approvals</li> <li>• Property sales</li> </ul>	<p><b>Natural and built environment</b></p> <ul style="list-style-type: none"> <li>• Clean water and air quality, exposure to pollutants</li> <li>• Health impacts of climate change</li> <li>• Physical activity infrastructure</li> <li>• Social infrastructure and access to facilities</li> <li>• Getting around – connected transport infrastructure: public, active transport options, paths, tracks, and trails</li> <li>• Housing options / choices</li> <li>• Internet access</li> <li>• Good urban design</li> <li>• Street lighting</li> </ul>

## Data sources

2011, 2016 and 2021 ABS census data is used in this document.

The following 2021 census data was not available as it is due for release in October 2022:

- labour force, education, and migration characteristics
- Labour force status
- Highest non-school qualification
- Industry of employment
- Total family income
- Occupation
- Method of travel to work

### Other sources

- Primary Health Tasmania Devonport Community Health Check 2021
- The Australian Early Development Census (AEDC)
- Research undertaken by the University of Tasmania through the Capitol project
- Healthy Tasmania Five Year Strategic Plan 2022-2026
- Food Relief to Food Resilience: Tasmanian Food Security Strategy and Action Plan 2021-2024
- It takes a Tasmanian village: Child and Youth Wellbeing Strategy 2021
- Tasmanian Drug Strategy 2022-2027
- Devonport Strategic Plan 2009-2030
- Devonport Community Health Check 2021
- GHD draft Devonport Open Space Strategy
- Living and working in Devonport: Experiences of and barriers to employment
- Felt needs assessment East Devonport Community 2021

## Are we living well in the living city?

Community	Education	Health Care	Economic	Environment	
Median age steady at 43	5.9% population growth since 2016	% Of Aboriginal and Torres Strait Islander people up to 7.5%	Persons 60 years + increased to 29.3% of pop.	Young workers (25 - 34 years) up 2.3%	70-to-84-year group increased 3.5% since 2011
Homebuilders (35 - 49 Yrs.) fell 2.5% over 10 years	42.3% of pop. married. Less than Tas. & Aus.	Percentage of married persons down 4.7%.	32% single households up by 2.1% since 2011	Increasing separations, divorces, de facto marriages & never married	65% are family households down by 3.1% since 2011
83.6% of people were born in Australia	India, Nepal, Philippines, China numbers growing	Since 2011 couple families without children increased 1.6%	21.3% one parent families. 81% are female single parents.	Since 2011 couple families with children decreased 3.3%.	No. of families increased by 652 since 2016.
Main Christian church groups in decline	“No religion” increased by 22.5% since 2011	More 55 – 74-year-old females caring for other children.	24.6% of pop. provided unpaid care for children. declining	65% of pop. did unpaid domestic work. down 3.3% since 2011	15.4% of pop. did voluntary work down 2.4% since 2011
% In primary and secondary education higher than Tas. & Aus.	Most students go to government schools	An increase of 2.5% attending University	19.8% attending an educational institution	Decrease in developmentally on track children	Increase in developmentally vulnerable children
More students are completing year 12	Digitally included but lower than national average	48% of residents rate health as excellent or very good. 37% in Tas	13% smoke compared to 12% for Tas.	58% overweight same as Tas.	93% eat less than 2 serves of vegetables per day
Access to fresh healthy food is challenging	Outlets selling highly processed food are more accessible	41% of the pop. report having a long-term health condition.	Within the 41%: 8.4% have two conditions and 5.3% have three or more.	Top three conditions are Arthritis, Mental Health, Asthma.	Asthma and mental health are high for young & middle aged
8.5 % of pop. need core activity assistance. 9.3% in 2016.	13.4% of pop. provided unpaid assistance to a person with a disability. Rising	Lower household income than Tas. & Aus.	Lower median rent & mortgage payments than Tas. & Aus.	Median House price up by 25% since 2015	35% dwellings owned outright; 30.5% mortgaged & 31.8% rented.
Average number of motor vehicles per dwelling 1.8.	No. of businesses up by 0.82% since 2017. Total no. in 2020: 1,724	No. of Separate houses up to 87.2%. Semi-detached up 11.5%	Average number of people per household is 2.3 Average no. of bedrooms is 2.9.	% Unoccupied dwellings have fallen to 7.2%.	Fee to access physical activity infrastructure rated excellent

## Community

### Population structure

#### Median Age

The median age of the population has not changed since the 2016 census. It rose by 3 years between 2011 and 2016.

	2021	2016	2011
Median age	43	43	40

#### People

Between the 2016 and 2021 census the population of Devonport grew by 1,450 persons which was a 5.9% increase. Between 2011 and 2016 population growth was flat at 0.34%.

The percentage of males has increased marginally by .9%

	2021	2016	2011
Total persons	26150	24696	24615
Male	12591	11668	11752
Female	13563	13031	12863
Male %	48.10%	47.20%	47.70%
Female %	51.90%	52.80%	52.30%

#### Indigenous status

In 2021 the number of Aboriginal and /or Torres Strait Islander persons was 1,971. This represents 7.6% of the total population compared with 5.4% for Tasmania as a whole. The percentage of the population has increased by 2.3% between 2011 and 2021.

Indigenous status	2021 %	2016 %	2011 %
Aboriginal and/or Torres Strait Islander	7.5	6.4	5.2
Tasmania	5.4	4.6	4

#### Population by service group

The largest group in 2021 were parents / homebuilders (35 -49 years) with 4,403 persons or 16.8% of the total population. However, this group has declined by 2.5% since the 2011 census.

The young workforce (25 – 34 years) had 2,451 persons or 13.2%. This group has the strongest growth (2.3%) over the ten years from 2011 to 2021.

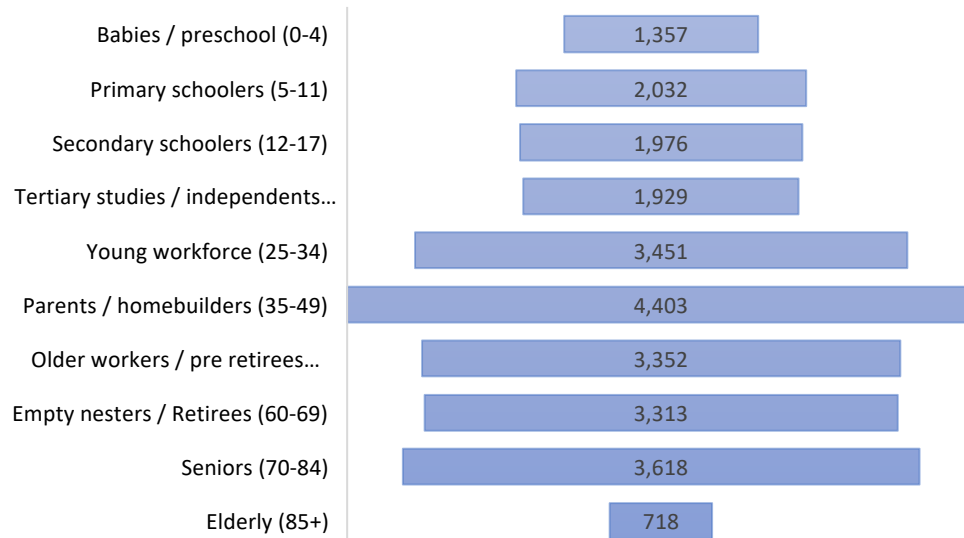
Older workers (50 – 59 years) numbered 4,403 persons or 12.8%. Broadly speaking, these groups provide the resource for the workforce. Devonport is under represented compared to Tasmania and Australia as a whole

Service group	D.port	Tas.	Aus.
25-34 Young workforce	13.3%	13.8%	14.3%
35-49 Home builders	16.8%	17.8%	20.1%
50-59 Older workers	12.8%	13.1%	12.4%
Total	42.9%	44.7%	46.8%

The seniors' group (70-84 years) has increased by 3.5% since 2011. Persons 60 years old and above form 29.2% of Devonport's population compared to 27.8% for Tasmania and 23% for Australia. Relative to Tasmania and Australia, Devonport is an older community.

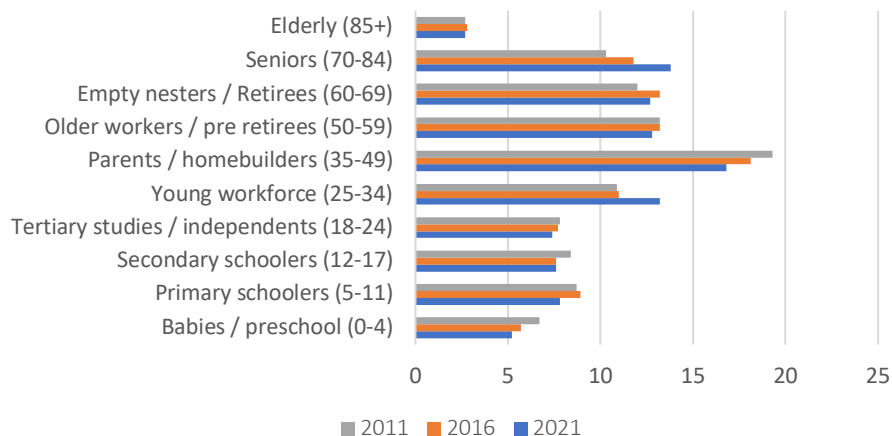
The percentage of total population for children from babies to secondary schoolers has fallen by 3.2% since the 2011 census. This reflects the reduction in parent home / builders.

### Devonport population 2021 census: number of persons by service group



Service group	2021 %
Babies / preschool (0-4)	5.2
Primary schoolers (5-11)	7.8
Secondary schoolers (12-17)	7.6
Tertiary studies / independents (18-24)	7.4
Young workforce (25-34)	13.2
Parents / homebuilders (35-49)	16.8
Older workers / pre retirees (50-59)	12.8
Empty nesters / Retirees (60-69)	12.7
Seniors (70-84)	13.8
Elderly (85+)	2.7

### Devonport population trends % by service grouping 2011 , 2016 & 2021 census



## Marital status

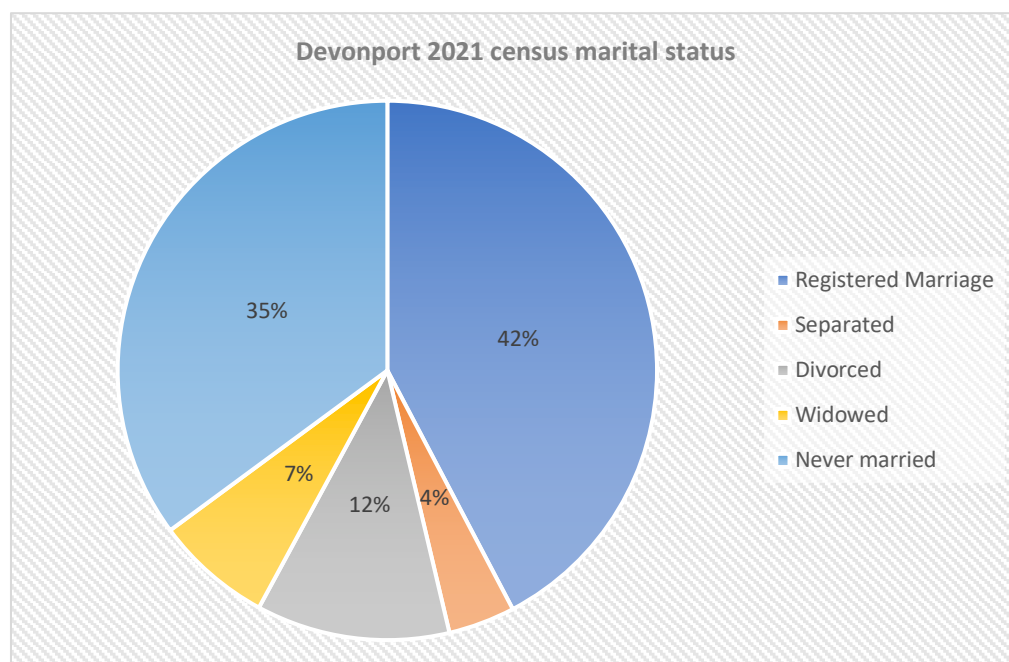
In 2021 less people, as a percentage of the population, were married in Devonport than in Tasmania and Australia as a whole. The percentage of separations and divorces was higher than Tasmania and Australia. Since the 2011 census the percentage of married persons has fallen by 4.7%.

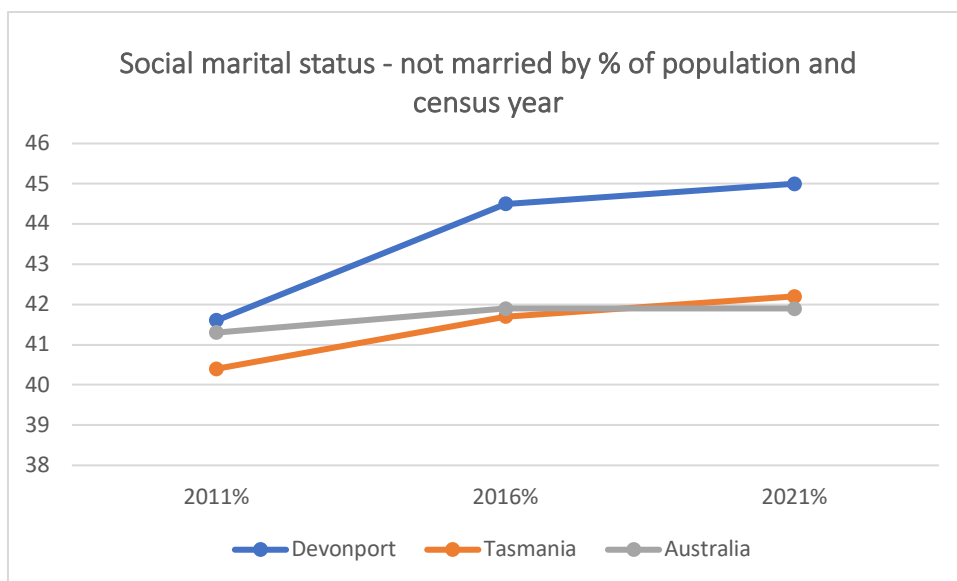
Since the 2011 census separations and divorces have increased by 1.5%, the percentage of persons who have never married has increased by 4% and de facto marriages have increased by 1.5%. The percentage of the population who are not married has increased at a greater rate for Devonport than for Tasmania.

Marital status	Number	%	Tas. %	Aus. %
Registered Marriage	9917	42.3	44.4	46.5
Separated	877	4	3.3	3.2
Divorced	2514	11.6	10.3	8.8
Widowed	1520	7	6	5
Never married	7615	35.1	36.1	36.5

Registered Marital status	2021%	2016%	2011%
Registered Marriage	42.3	44.5	47
Separated	4	3.9	3.5
Divorced	11.6	11.4	10.6
Widowed	7	7.6	7.7
Never married	35.1	32.6	31.1

Social marital status	2021%	2016%	2011%
De facto marriage	12.6	11.5	11.1

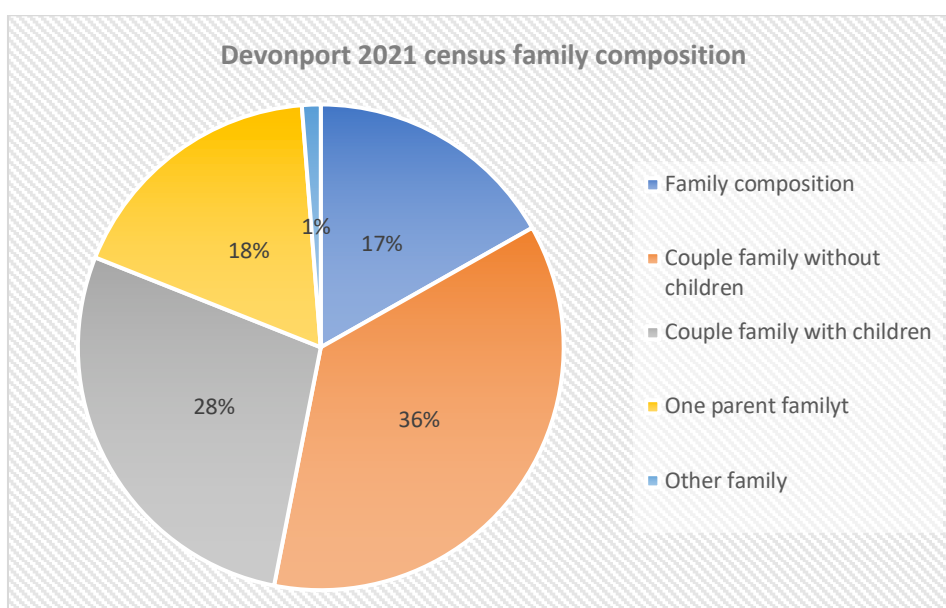




## Family composition

In 2021 43.6% of families in Devonport were couples without children, 33.6% were couples with children and 21.3% were single parent families. The number of families has increased by 652 since the 2016 census. 81.4% of single parents were female.

Family composition	Number	%	Tas.%	Aus.%
Couple family without children	3107	43.6	44.5	38.8
Couple family with children	2395	33.6	36.8	43.7
One parent family	1522	21.3	17.3	15.9
Other family	105	1.5	1.4	1.6
<b>Proportion of the total single parent population</b>				
Male		18.7	21.3	19.6
Female		81.4	78.8	80.4
<b>number of families</b>	2021	2016	2011	
	7133	6481	6731	





The percentage of couple families without children is 4.8% higher than for Australia as a whole.  
The percentage of couple families with children is 3.2% lower than Tasmania and 10.1% lower than Australia.

The percentage of one parent families is 4.3% higher than Tasmania and 5.4% higher than Australia.  
Since the 2011 census couple families without children have increased by 1.6% and couple families with children has decreased by 3.3%. The percentage of one parent families has remained much the same.  
The average number of children per family has remained constant at 1.8.

Family composition	2021%	2016%	2011 %
Couple family without children	43.6	41.9	41.9
Couple family with children	33.6	35.7	36.9
One parent family	21.3	21.2	20
Other family	1.5	1.1	1.1
Proportion of the total single parent population			
Male	18.7	15.6	18.4
Female	81.4	84.4	81.6
Average number of children per family	2021	2016	2011
For families with children	1.8	1.8	1.9
For all families	0.6	0.7	

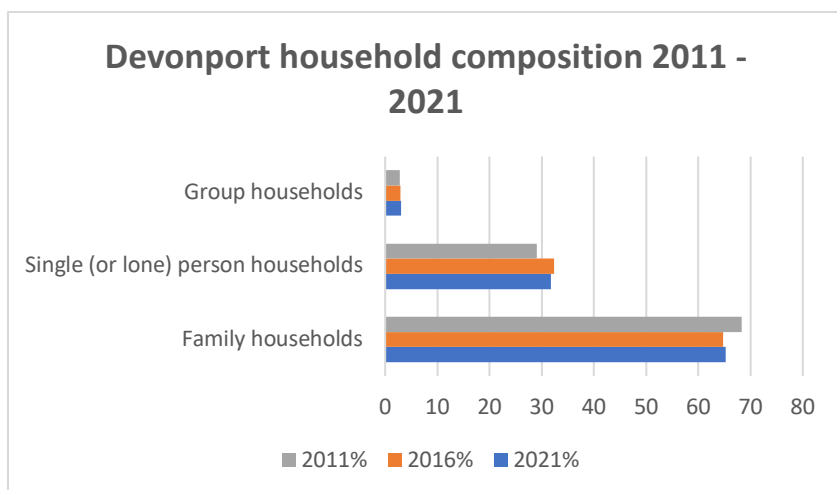
## Household composition

In 2021 65% of all households in Devonport were family households, 31.8% were single or lone person households and 3% group households. The % of family households is less than for Tasmania and Australia. The % of single (lone) households is more than for Tasmania and Australia.  
There has been a 3.1% reduction in family households and a 2.8% increase in single (lone) person households since the 2011 census.

The average number of people per household has remained the same at 2.3.

Household composition	Devonport. 2021	%	Tas.%	Aus.%
Family households	7019	65.2	67.6	70.5
Single (or lone) person households	3423	31.8	29	25.6
Group households	326	3	3.4	3.9

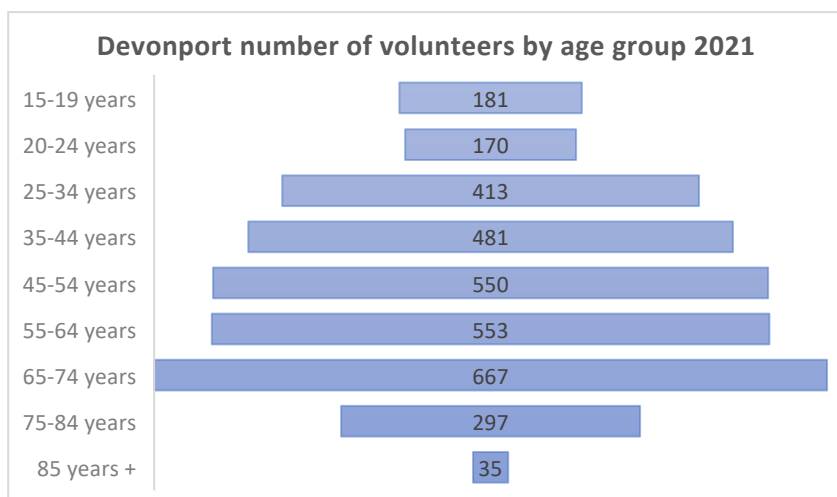
Average number of people per household	2021	2016	2011
Devonport	2.3	2.3	2.4
Tasmania	2.4	2.3	2.4
Australia	2.5	2.6	2.6



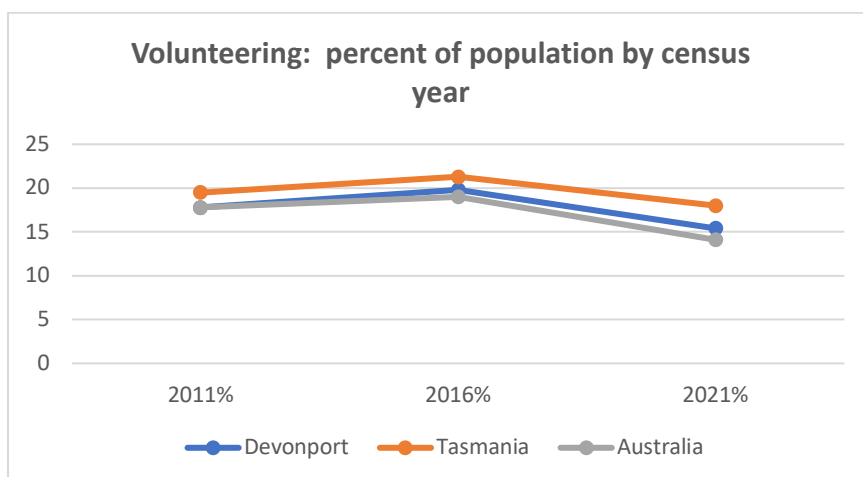
## Volunteering

In 2021 15.4% of Devonport's population volunteered for an organisation or group in the past 12 months. This was less than Tasmania (19.8%) but greater than Australia (14.1%). Volunteering has declined in Devonport, Tasmania, and Australia since the 2011 census. The largest number of volunteers come from the 65 -74 year age group but there is participation across the middle age groups.

Age	males	females	total	% Of total population
15-19 years	86	93	181	0.83
20-24 years	74	97	170	0.78
25-34 years	188	225	413	1.90
35-44 years	184	294	481	2.21
45-54 years	251	301	550	2.53
55-64 years	243	306	553	2.55
65-74 years	302	365	667	3.07
75-84 years	157	141	297	1.37
85 years +	16	19	35	0.16
	1,501	1,841	3,347	15.41



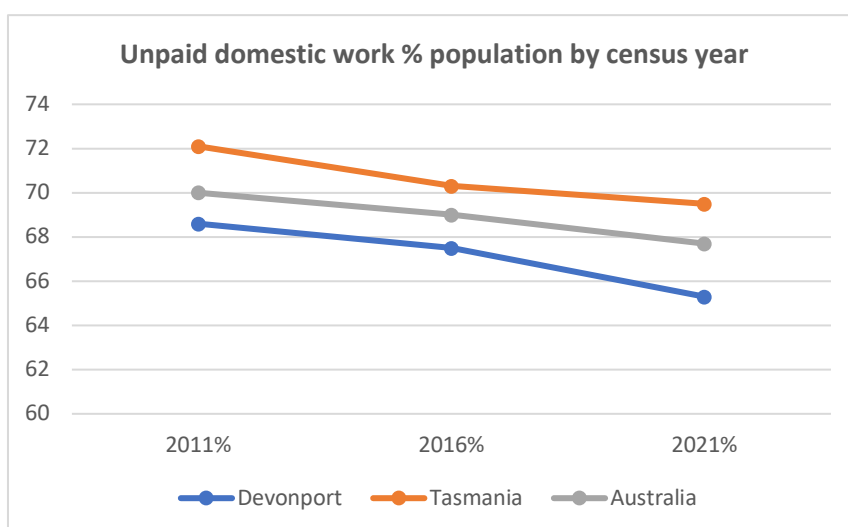
Did voluntary work for an organisation or group in the last 12 months	2011%	2016%	2021%
Devonport	17.8	19.8	15.4
Tasmania	19.5	21.3	18
Australia	17.8	19	14.1

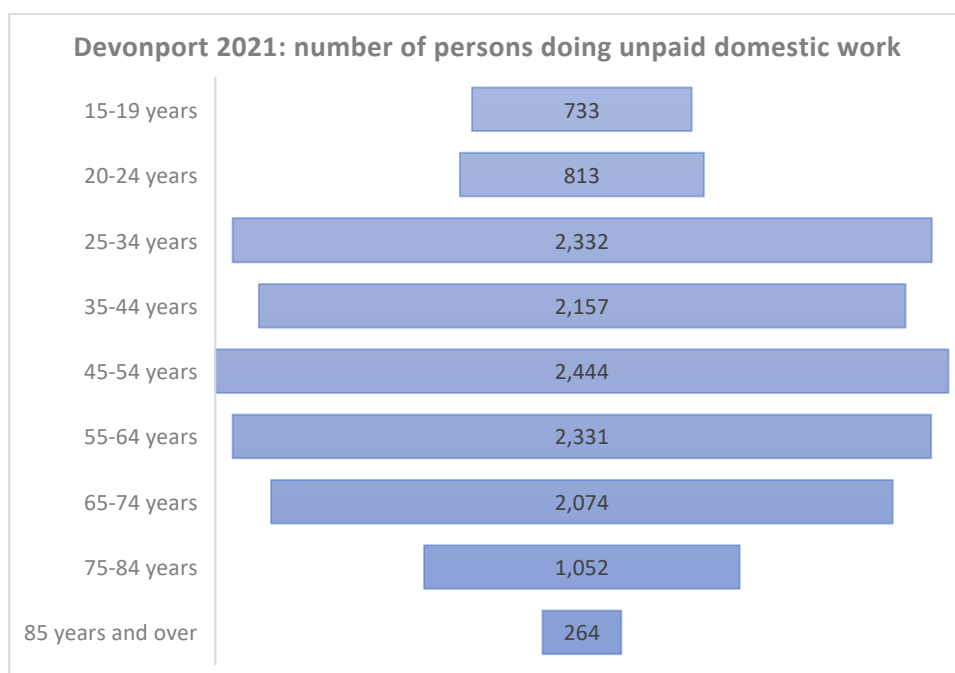


## Unpaid domestic work

In 2021, during the week before the census date, 65% of Devonport's population did unpaid domestic work. This was less than Tasmania and Australia. Doing unpaid domestic work has been in decline since the 2011 census. Except for less than 5 hours, more women did unpaid domestic work than men across the hourly groupings. 36% of the female population did unpaid domestic work compared to 29% for males. The highest age group doing unpaid domestic work were the 45 – 54-year old's.

Did unpaid domestic work (week before census night)	2011%	2016%	2021%
Devonport	68.6	67.5	65.3
Tasmania	72.1	70.3	69.5
Australia	70	69	67.7





Devonport 2021: did unpaid domestic work in the week before the census date: hours by age group by gender

	< 5 hours		5-14 hours		15-29 hours		30 hours+		
	Males	Females	Males	Females	Males	Females	Males	Females	Total
15-19 years	305	298	44	69	0	14	6	5	741
20-24 years	225	185	108	167	21	51	8	42	807
25-34 years	455	263	459	525	84	233	55	254	2,328
35-44 years	332	140	463	484	105	328	51	250	2,153
45-54 years	375	194	537	594	121	345	64	220	2,450
55-64 years	382	205	445	544	134	349	56	211	2,326
65-74 years	219	102	395	354	204	378	109	303	2,064
75-84 years	109	75	192	161	110	154	88	167	1,056
85 years+	33	51	39	45	23	36	21	17	265
	2,435	1,513	2,682	2,943	802	1,888	458	1,469	14190

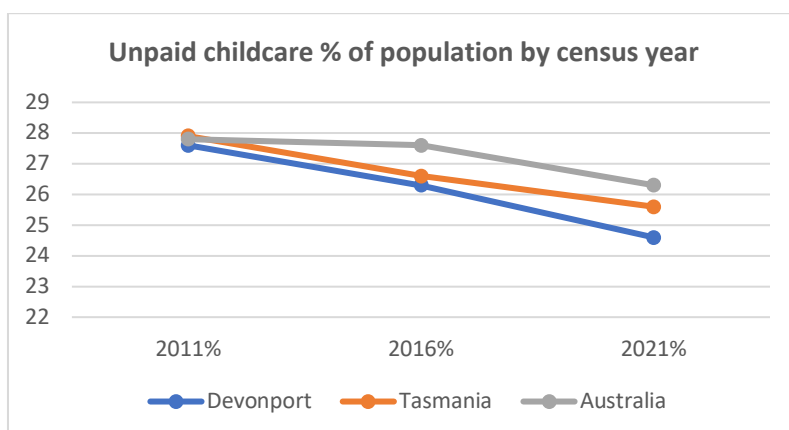
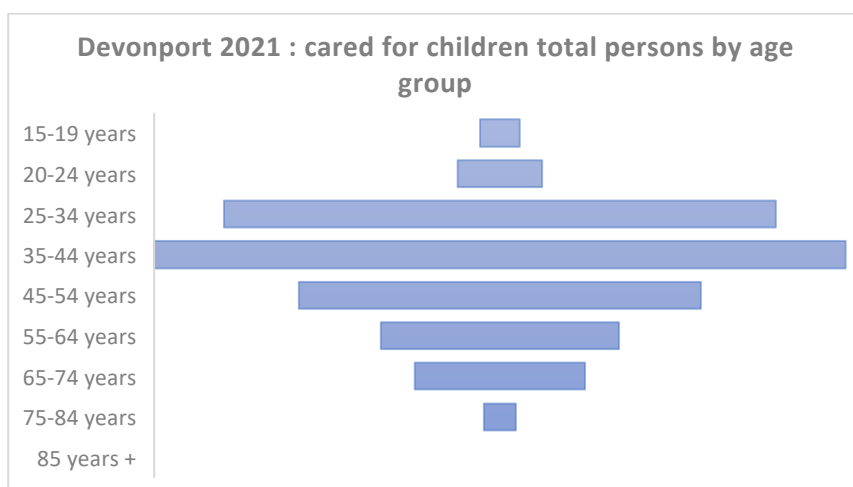
### Provided unpaid care for children (during two weeks before census date)

In 2021, 24.6% of Devonport's population provided unpaid care for children during the two weeks prior to census night. More females provided care to their own children and others than males. Devonport's percentage is less than Tasmania and Australia. The percentage of persons providing unpaid childcare has been in decline across Devonport, Tasmania, and Australia since the 2011 census.

In the 55 – 74-year-old age group there is growth in the number of females caring for other children. These are probably grandmothers caring for grandchildren. The highest number of persons providing childcare are in the 35 – 44-year-old age group.

Unpaid care for children Devonport 2021	Own children only		Other children only		Own & other children		
Carer age	Male	Female	Male	Female	Male	Female	Total
15-19 years	5	9	23	60	0	0	97
20-24 years	39	94	22	43	0	6	204
25-34 years	457	675	41	76	28	62	1,339
35-44 years	645	842	31	75	25	58	1,676
45-54 years	359	375	55	149	20	16	974
55-64 years	76	32	123	334	5	8	578
65-74 years	14	5	147	247	0	0	413
75-84 years	3	0	36	39	0	0	78
85 years +	0	0	0	0	0	0	0
	1,598	2,032	478	1,023	78	150	5359

Unpaid care for children	2011%	2016%	2021%
Devonport	27.6	26.3	24.6
Tasmania	27.9	26.6	25.6
Australia	27.8	27.6	26.3



## Cultural diversity

In 2021 83.6% of people in Devonport were born in Australia. This is 4.5% higher than Tasmania (79.1%) and 16.7% higher than Australia as a whole (66.9%). The most common other country remains England. However, there is a change with India equalling New Zealand.

Also, Nepal the Philippines and China have growing communities. From small beginnings cultural diversity is changing away from the traditional European profile. This also reflected in the data on languages spoken at home.

Country of birth (Number of persons)	2021	2016	2011
Australia	21,861	20,931	21,259
England	767	773	851
New Zealand	201	196	144
India	201	71	71
Nepal	160	0	0
Philippines	150	106	93
China	143	43	33
Scotland	109	115	144
Netherlands	91	76	119

Language used at home 2021 census	Number	%	Tas.%	Aus.%
English only used at home	23,499	89.9	86.1	72
Households where a non-English language is used	674	6.3	9.4	24.8
Mandarin	214	0.8	1.5	2.7
Nepali	177	0.7	1.3	0.5
Punjabi	95	0.4	0.5	0.9
Vietnamese	67	0.3	0.3	1.3
Tongan	67	0.3	0	0.1

## Religious affiliation

In 2021 the highest response was “no religion as described” which has increased by 22.53% since the 2011 census. The main Christian groups are showing declines against previous census years. Buddhism, Islam, and Sikhism are all showing small increases which reflects the changes in cultural diversity.

Religious affiliation	2021	%	2016	%	2011	%
Anglican	3238	12.38	5622	19.16	6619	22.79
Catholic	3021	11.55	4483	15.28	4864	16.74
Uniting	921	3.52	846	2.88	1961	6.75
Other Christian	2950	11.28	4590	15.64	4000	13.77
Hinduism	285	1.09		0.00	53	0.18
Buddhism	227	0.87	210	0.72	136	0.47
Islam	99	0.38	62	0.21	45	0.15
Sikhism	86	0.33	4	0.01		0.00

Religious affiliation	2021	%	2016	%	2011	%
Judaism	21	0.08	9	0.03	9	0.03
Australian Aboriginal Traditional	0	0.00	5	0.02	0	0.00
Other religious groups	91	0.35	97	0.33	108	0.37
Other secular & spiritual beliefs	120	0.46	152	0.52	189	0.65
No religion so described	13358	51.1	10538	35.91	8298	28.57
Religious affiliation not stated	1735	6.6	2726	9.29	2767	9.53
	26152	100	29344	100.0	29049	100.00

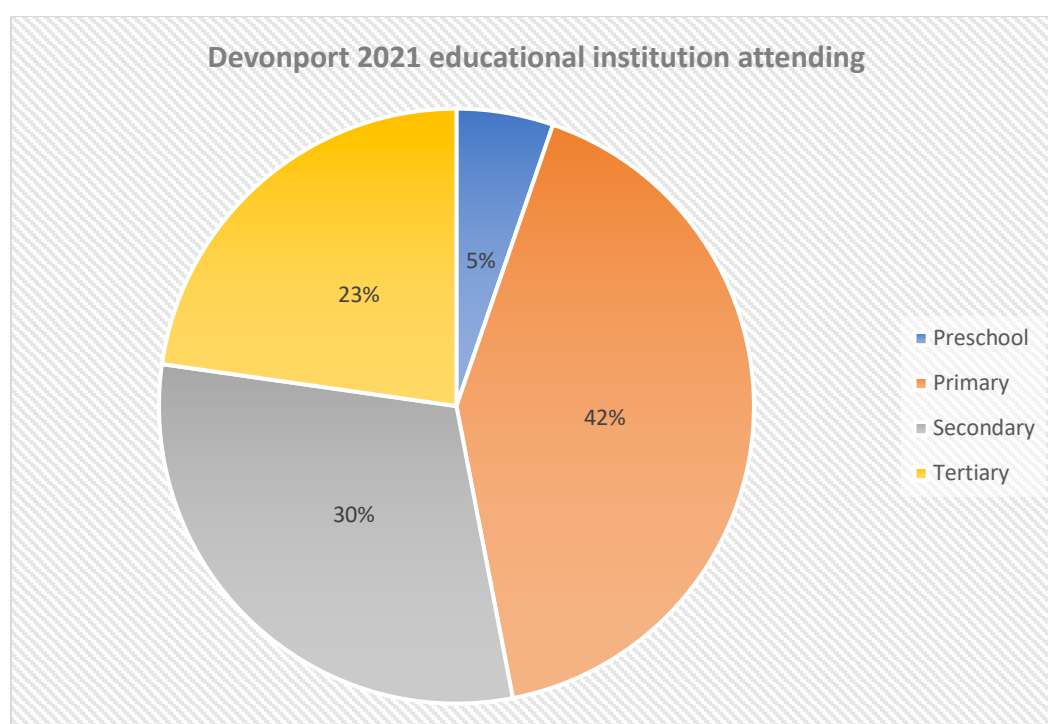
## Education

### Level of schooling

In 2021, 19.8% of Devonport's population was attending an educational institution. Within that group 42% were undertaking primary education, 30% secondary, 23% tertiary and 5% preschool. Higher numbers of female's complete years 11 & 12.

The percentage attending primary and secondary education is higher than Tasmania and Australia.

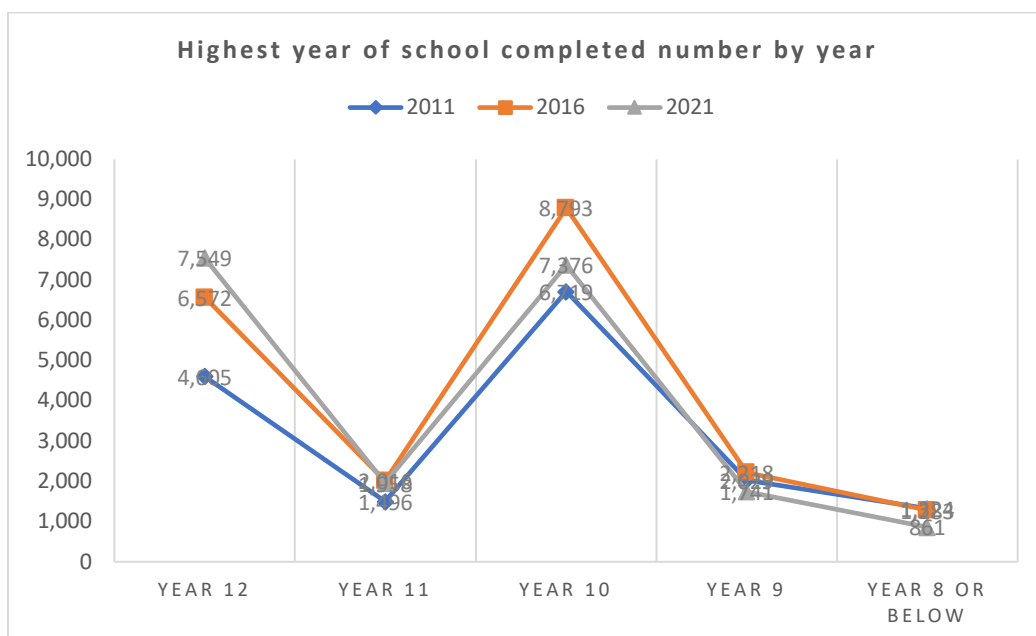
Within the tertiary group the percentage undertaking vocational education is 10.1% which is higher than Tasmania (9.6%) and Australia (7.8%). The 7.3% attending University is lower than Tasmania (12.8%) and Australia (15.4%). However, since 2011 there has been an increase of 2.5% in the percentage attending University. Most students attend government schools at the primary and secondary levels.



Education	Number	%	Tas.%	Aus.%
Preschool	272	4	4.2	6.3
<b>Primary</b>				
Government	1,548	22.9	20.8	18.5
Catholic	397	5.9	5.4	5.2

Education	Number	%	Tas.%	Aus.%
Other non-government	209	3.1	3.1	3.3
Total primary	2,154	31.8	29.3	27
<b>Secondary</b>				
Government	1,120	16.5	12.7	12.2
Catholic	305	4.5	4.6	4.8
Other non-government	140	2.1	3.5	4.2
Total secondary	1565	23.2	20.9	21.2
<b>Tertiary</b>				
Vocational (TAFE & private)	683	10.1	9.6	7.8
University & other higher education	492	7.3	12.8	15.4
Total Tertiary	1175	17.5	22.5	23.3

Highest year of school completed 2021	Males #	%	Females #	%	Persons #
Year 12	3435	17.5	4114	21.0	7549
year 11	914	4.7	1044	5.3	1958
year 10	3671	18.8	3705	18.9	7376
Year 9	804	4.1	937	4.8	1741
Year 8 or below	405	2.1	456	2.3	861
Did not go to school	44	0.2	47	0.2	91
	9273	47.4	10303	52.6	19576



Education	2021%	2016%	2011%
Preschool	4	2.5	3.4
<b>Primary</b>			
Government	22.9	24.5	24.4



Education	2021%	2016%	2011%
Catholic	5.9	5.8	4.6
Other non-government	3.1	2.6	2.2
Total primary	31.9	32.9	31.2
<b>Secondary</b>			
Government	16.5	15.6	15.5
Catholic	4.5	4.1	4
Other non-government	2.1	1.4	1.6
Total secondary	23.1	21.1	21.1
<b>Tertiary</b>			
Vocational (TAFE & private)	10.1	9	11.6
University & other higher education	7.3	5.5	4.8
Total Tertiary	17.4	14.5	16.4

## Early childhood development

The Australian Early Development Census (AEDC) is a nationwide data collection that shows how young Australian children have developed as they start their first year of full-time school. As they enter their first year of full-time school, a research 'snapshot' of a child's development is taken by a schoolteacher completing the Australian version of the Early Development Instrument.

This measures five important areas of early childhood development:

- physical health and wellbeing
- social competence
- emotional maturity
- language and cognitive skills (school-based)
- communication skills and general knowledge.

The following tables show the percentage changes between the 2018 and 2021 census of children considered 'developmentally on track', 'developmentally at risk' or 'developmentally vulnerable'.

## Children developmentally on track

There are significant decreases across all domains for the Devonport Community.

Children developmentally on track: Percentage change between 2018 & 2021	Physical health and well being	Social competence	Emotional maturity	Language and cognitive skills	Communication skills and general knowledge
Devonport community	-11.3	-9.1	-9	-5	-7.7
Devonport	-12.2	-13.6	-8.4	-1.9	-6.1
East Devonport	-9.7	-22.4	-14.6	-20.2	-21.3
Miandetta	-5.6	11.1	1.8	-3.7	-7.4
Spreyton/ Aberdeen/ Quoiba	-8.9	6.4	-9.3	6.4	3.9
Stony Rise/ Don/ Tughra	-24.2	-4.4	-5	-16.1	-8.1
<b>Significant decrease</b>	<b>No significant decrease</b>		<b>Significant increase</b>		

## Children developmentally at risk

There are significant increases in three domains for East Devonport

Children developmentally at risk. Percentage change between 2018 & 2021	Physical health and well being	Social competence	Emotional maturity	Language and cognitive skills	Communication skills and general knowledge
Devonport community	2	0.1	3.4	-1	
Devonport	-1.1	0	0.5	-5	2.4
East Devonport	3.8	14.6	11.7	13.1	8.6
Miandetta	0	-12.9	-9.2	1.9	7.4
Spreyton/ Aberdeen/ Quoiba	8.9	-6.4	10.7	-6.8	-4.3
Stony Rise/ Don/ Tughra	12.4	-1.5	5	4.4	-3.7
Significant increase	No significant change		Significant decrease		

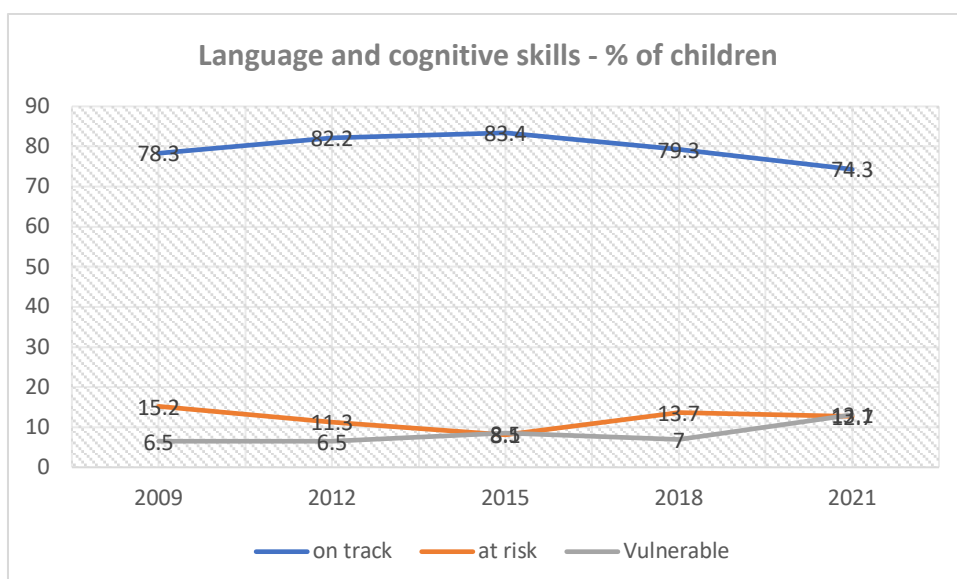
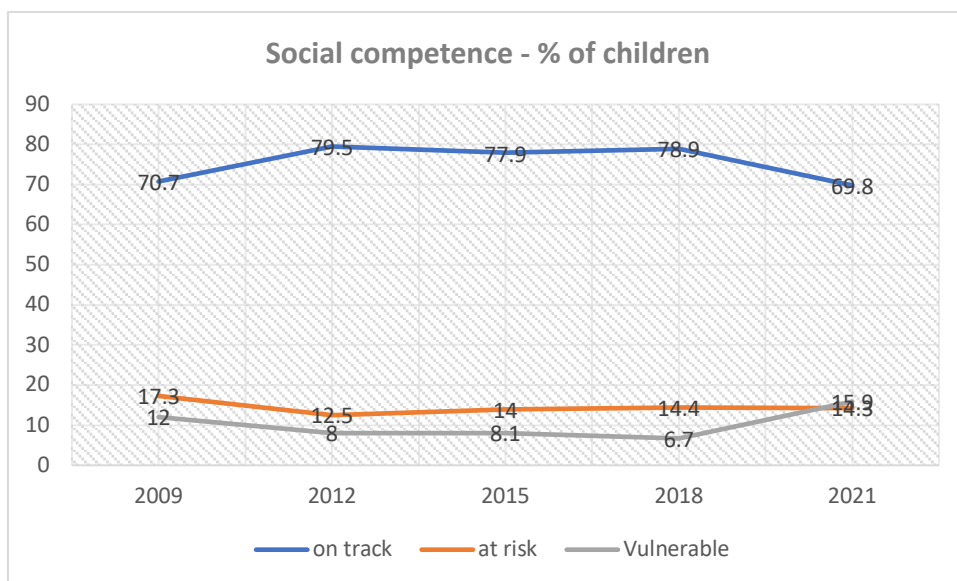
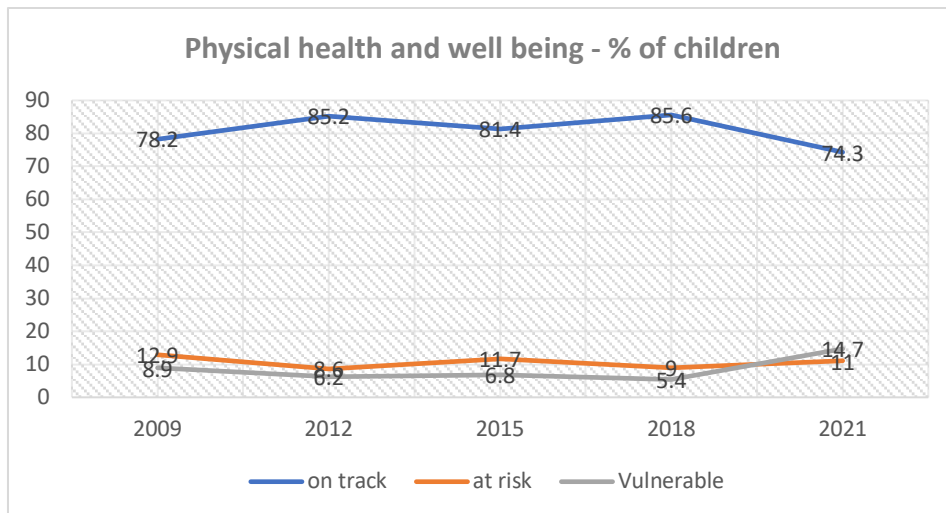
## Children developmentally vulnerable

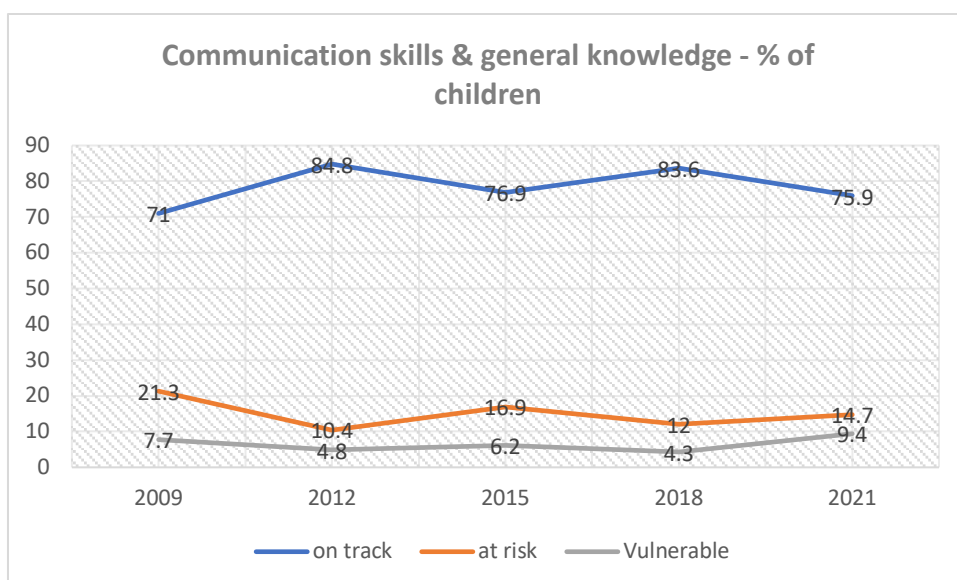
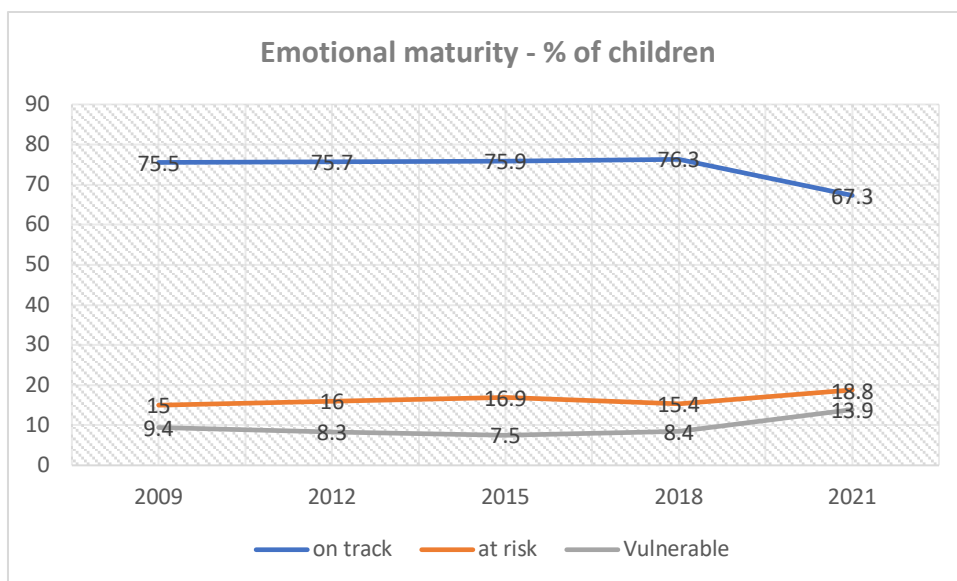
Devonport, East Devonport show significant increases across several the domains.

Children developmentally vulnerable. Percentage change between 2018 & 2021	Physical health and well being	Social competence	Emotional maturity	Language and cognitive skills	Communication skills and general knowledge	Vulnerable on <b>one</b> or more domains	Vulnerable on <b>two</b> or more domains
Devonport community	9.3	9.2	5.5	6.1	5.1	11.2	11.3
Devonport	13.3	13.5	8	7	3.7	14.1	13.2
East Devonport	6	7.9	3	7.1	12.7	13.8	11.9
Miandetta	5.6	1.9	7.4	1.9	0	3.7	7.4
Spreyton/ Aberdeen/ Quoiba	0	0	-1.4	0.4	0.4	-6.4	5.7
Stony Rise/ Don/ Tughra	11.8	5.9	0	11.9	11.8	23.5	11.8
Significant increase	No significant change		Significant decrease				

## Trends since 2009

The following graphs show the percentage of children, entering their first year of school, who are developmentally on track, at risk and vulnerable across all five domains for the Devonport community. In each domain there have been years since 2009 where improvement has occurred. However, between 2018 and 2021 there are significant falls in the percentage of children who are on track and a significant increase in vulnerable children. The trend lines for the percentage of children at risk are flatter but there is still a need for improvement.





## Digital inclusion

The Australian Digital Inclusion Index (ADII) uses survey data to measure digital inclusion across three dimensions of Access, Affordability and Digital Ability. The ABS no longer collects census data about household connections to the internet, so the ADII is the principal source of information about digital literacy.

The level of inclusion is assessed against the following ADII score ranges:

Inclusion level	Score range
Highly excluded	Score < 45
Excluded	Score > 45 < 61
Included	Score 61 < 80
Highly Included	Score > 80

Digital inclusion at the national level is improving. From an average Index score of 67.5 in 2020, to 71.1 in 2021. Interestingly couples with children are the most digitally included household type in Australia, recording an Index score of 78; 6.9 points higher than the national score. There is a divide between

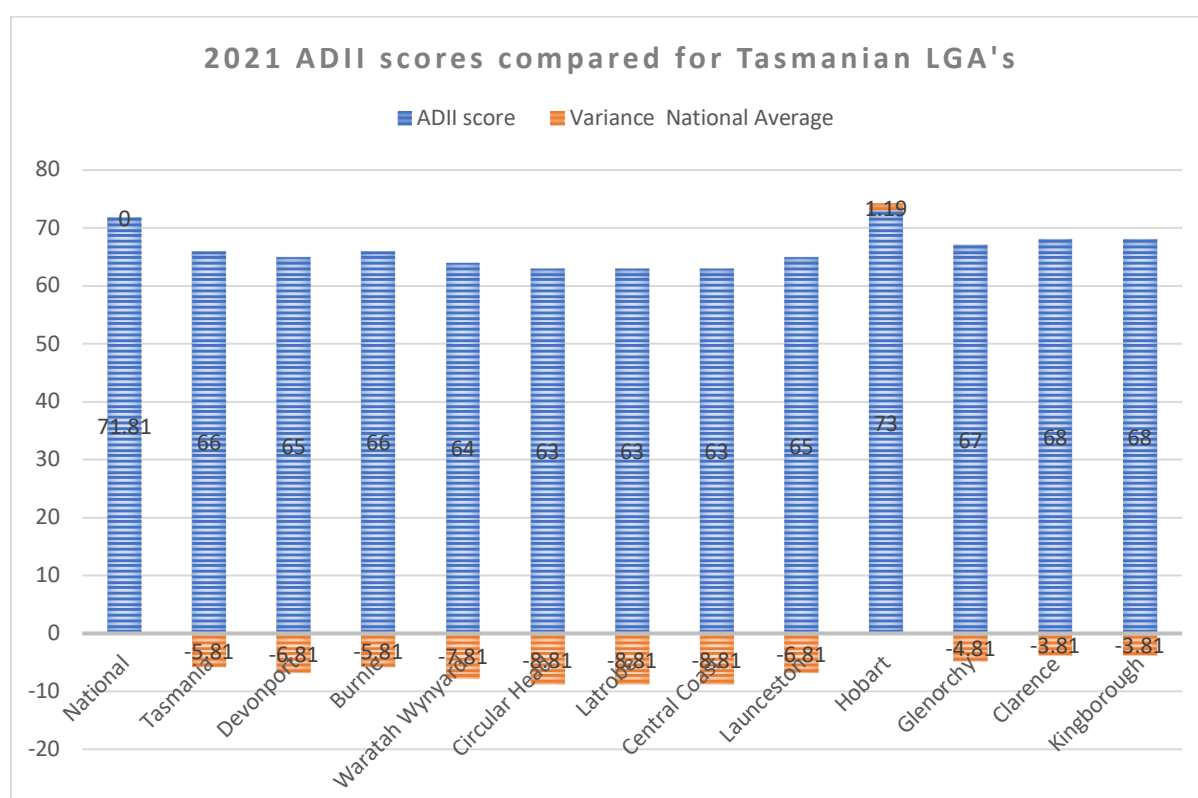
metropolitan and regional areas. Regional areas recorded an Index score in 2021 of 67.4. This is 3.6 points less than the national average (71.1), and 5.5 points less than metropolitan Australia (72.9).

Location	ADII score	Variance National Average
National	71.81	0
Tasmania	66	-5.81
Devonport	65	-6.81
Burnie	66	-5.81
Waratah Wynyard	64	-7.81
Circular Head	63	-8.81
Latrobe	63	-8.81
Central Coast	63	-8.81
Launceston	65	-6.81
Hobart	73	1.19
Glenorchy	67	-4.81
Clarence	68	-3.81
Kingborough	68	-3.81

Tasmania has a relatively low level of digital inclusion when compared to other States. Hobart has the highest level of inclusion in Tasmania at 73 which is 1.19 above the national average. The Adjacent table compares Devonport with regional neighbours and other cities in Tasmania in 2021.

Devonport has a higher level of digital literacy than its regional rural neighbours and the same score as Launceston but is below the score for other cities including Burnie.

The Southern Cities have higher scores but across the State the LGA.s except for Hobart fall into the 60 – 70 points *included* category



## Health Care

### Long term health conditions

In Devonport 2021, 41% of the population reported having a long-term health condition. This is 1.6% higher than Tasmania and 5.3% higher than Australia as a whole. Of those reporting a long-term condition 38% are male and 44% are female. Within the overall 41% that reported having a long-term condition 8.4%

have two conditions and 5.3% have three or more. The top three conditions reported are: Arthritis, Mental Health, and Asthma. Each condition has a different age profile which is shown in the charts that follow. Asthma and mental health are high for under 34-year old's.

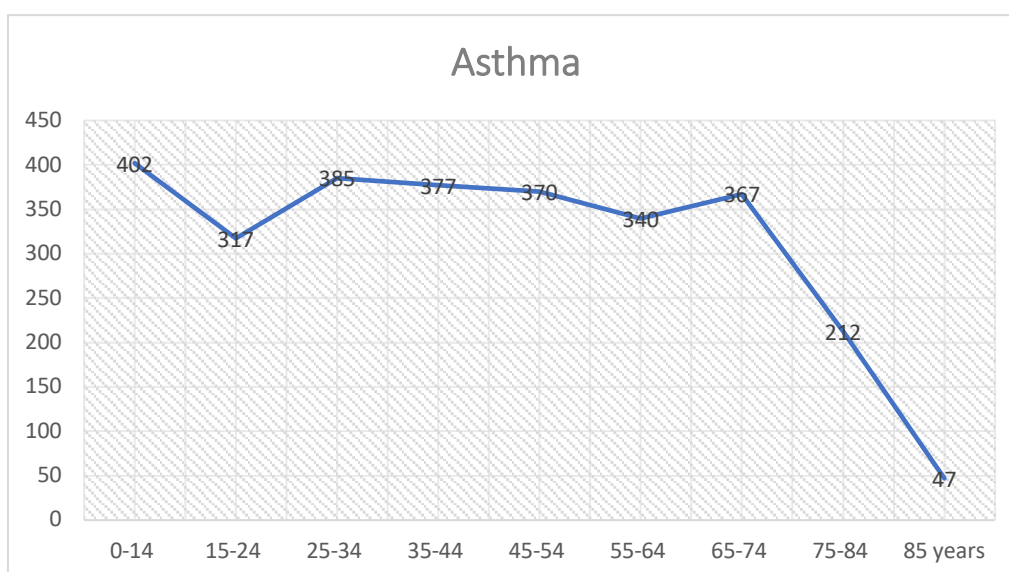
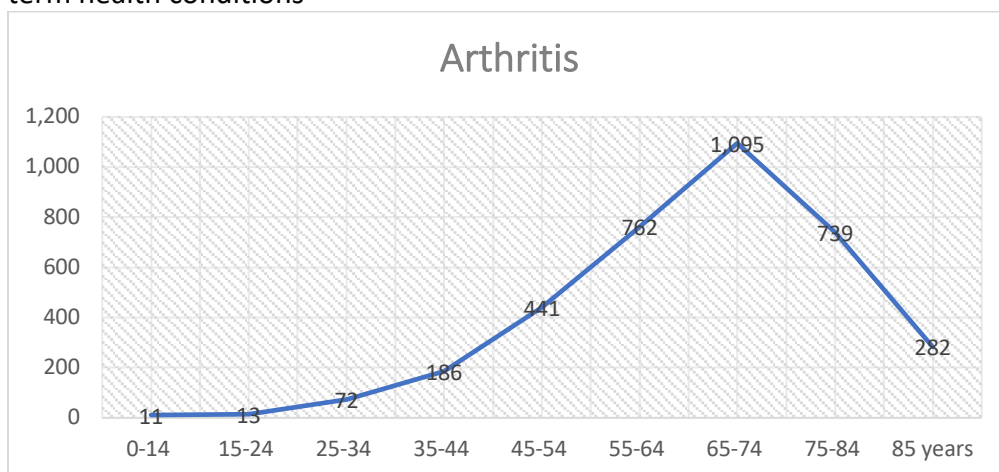
Long term health condition:	Devonport %	Tas.%	Aus.%
Arthritis	13.8	12.2	8.5
Asthma	10.8	9.4	8.1
Cancer (including remission)	3.6	3.4	2.9
Dementia (including Alzheimer's)	0.7	0.8	0.7
Diabetes (excluding gestational diabetes)	6	5.1	4.7
Heart disease (including heart attack or angina)	5	4.5	3.9
Kidney disease	1.4	1.1	0.9
Lung condition (including COPD or emphysema)	3.4	2.5	1.7
Mental health condition (including depression or anxiety)	12.7	11.5	8.8
Stroke	1.5	1.2	0.9
Any other long-term health condition (s)	9.2	8.9	8
No long-term health condition(s)	51.4	54.7	60.2
Not stated	7.9	7.8	8.1

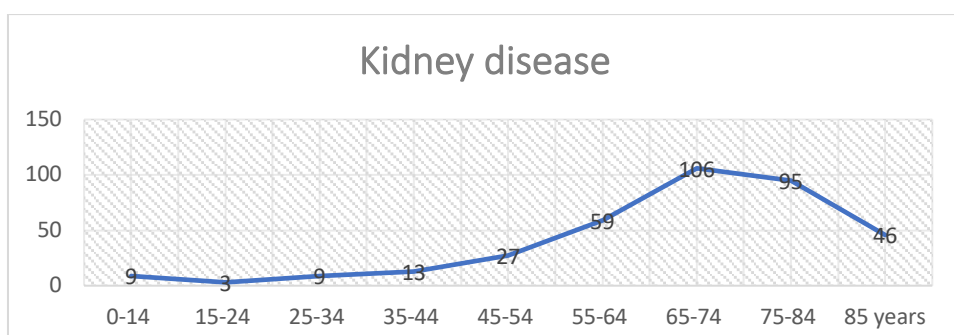
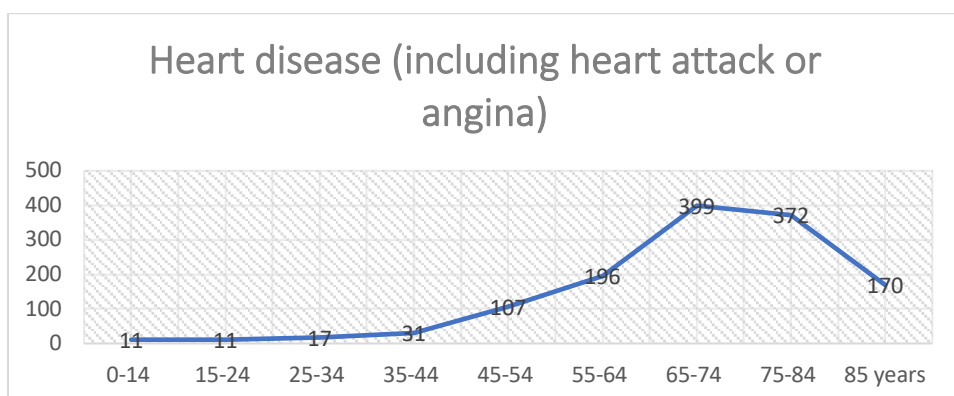
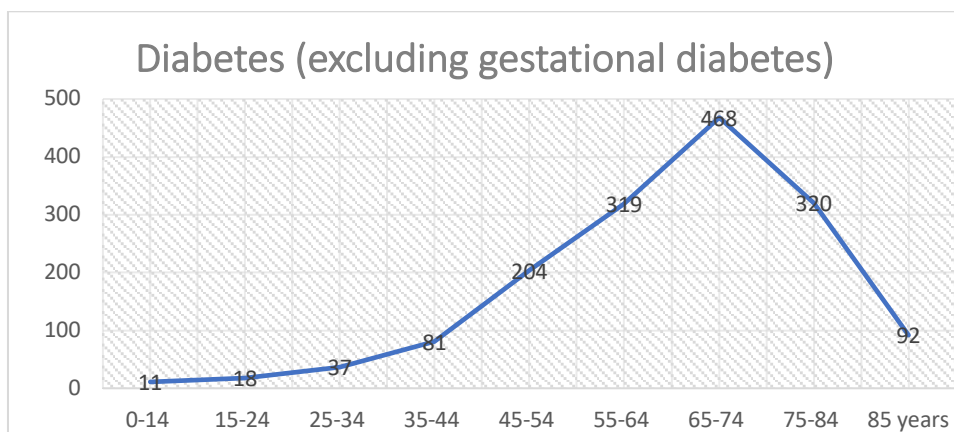
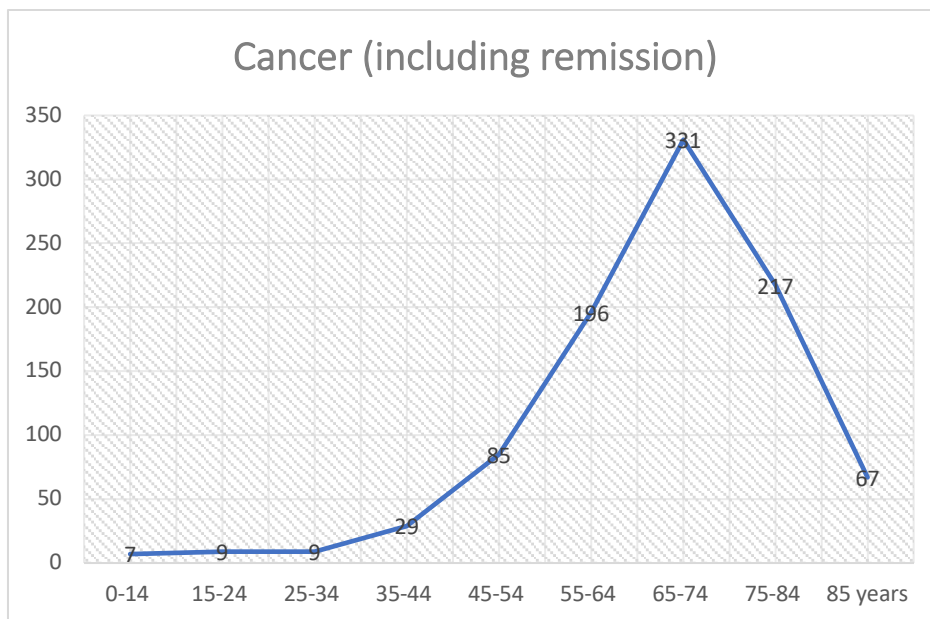
Count of long-term conditions	Devonport %	Tas.%	Aus.%
None of the selected conditions	55.2	58.6	64.1
One condition	23.2	21.7	18.8
Two conditions	8.4	7.7	5.9
Three or more conditions	5.3	4.2	3
Not stated	7.9	7.8	8.1

Condition	0-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total	%
Arthritis	11	13	72	186	441	762	1,095	739	282	3,601	13.77
Asthma	402	317	385	377	370	340	367	212	47	2,817	10.77
Cancer (including remission)	7	9	9	29	85	196	331	217	67	950	3.63
Dementia (including Alzheimer's)	0	0	0	0	8	7	17	61	74	167	0.64
Diabetes (excluding gestational diabetes)	11	18	37	81	204	319	468	320	92	1,550	5.93
Heart disease (including heart attack or angina)	11	11	17	31	107	196	399	372	170	1,314	5.03
Kidney disease	9	3	9	13	27	59	106	95	46	367	1.40
Lung condition (including COPD or emphysema)	12	3	13	31	92	192	266	217	61	887	3.39
Mental health condition (including depression or anxiety)	142	451	605	541	566	467	347	138	67	3,324	12.71
Stroke	5	0	4	12	42	44	122	115	50	394	1.51

Condition	0-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total	%
Any other long-term health condition(s)(c)	228	193	234	264	375	434	386	197	102	2,413	9.23
No long-term health condition(s)	3,340	1,810	2,174	1,564	1,650	1,388	950	446	110	13,432	51.37
Not stated	399	228	261	205	226	253	222	180	92	2,066	7.90

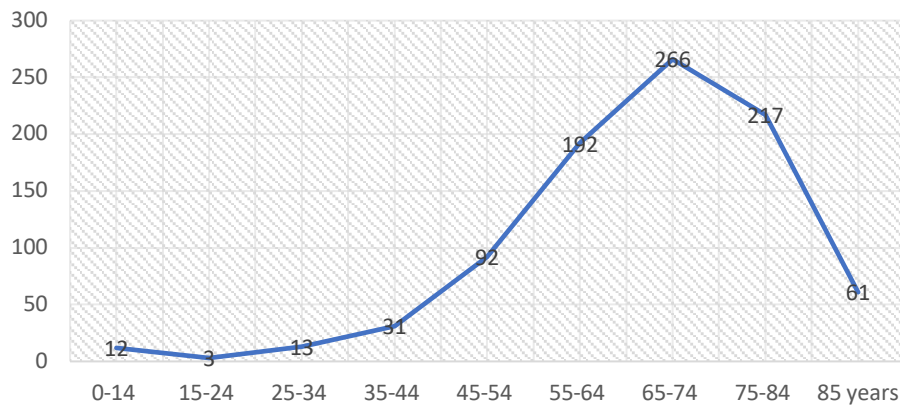
The following charts show the age distribution and number of persons across several long-term health conditions



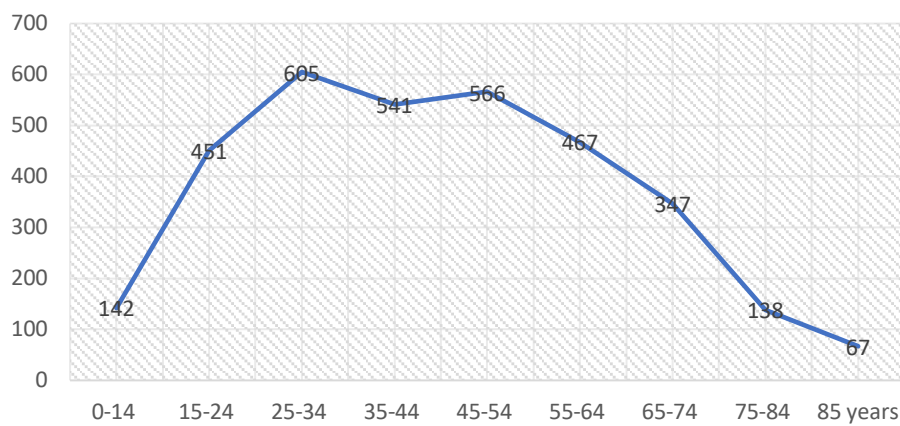




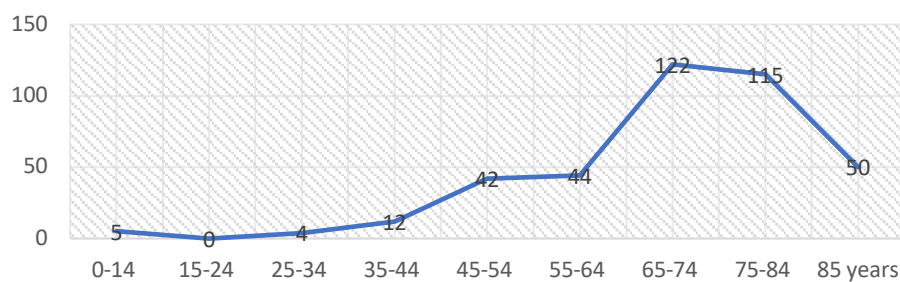
Lung condition (including COPD or emphysema)(b)

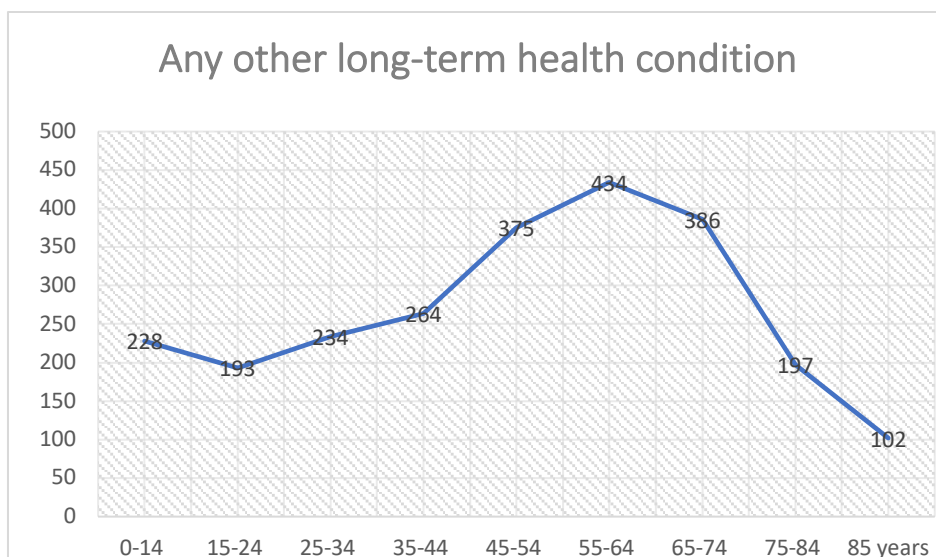


Mental health condition (including depression or anxiety)



Stroke



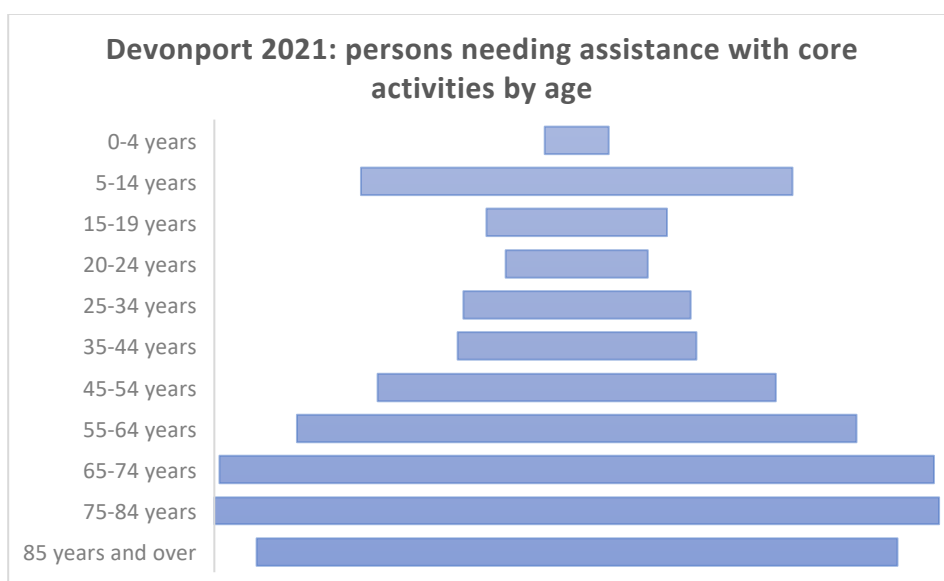


### Persons needing assistance with core activities

In 2021, 2,234 or 8.5 % of persons in Devonport needed assistance with the core activities of self-care, mobility, and communication. This a reduction from 2305 persons or 9.3% of the population in 2016.

The chart below shows the numbers by age group.

Care is largely needed by older people but there is also demand from younger people particularly the 5 to14 year age group.

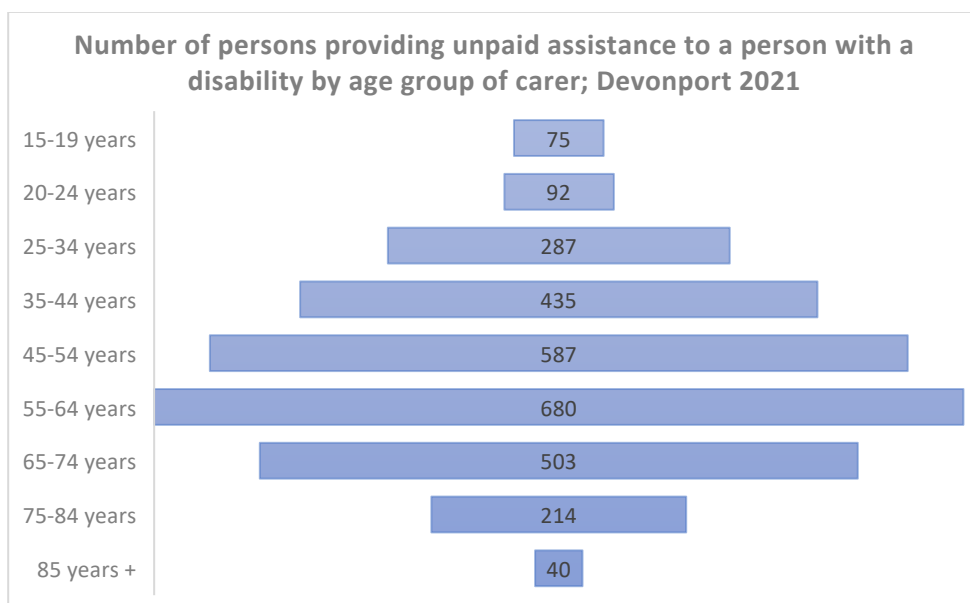


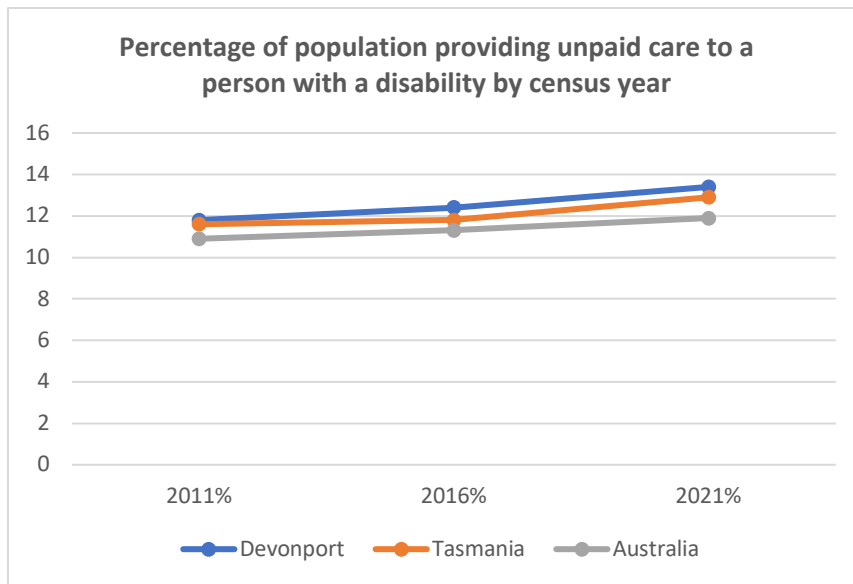
### Providing unpaid assistance to a person with a disability, health condition or due to old age. (During last two weeks before census night)

In 2021, 13.4% of Devonport's population provided unpaid assistance to a person with a disability, health condition or due to old age. This is higher than the percentage for Tasmania and Australia. The percentage of the population providing unpaid assistance has risen for Devonport, Tasmania, and Australia since the 2011 census. Most carers are females, and the age grouping 55-64 years has the highest number of persons providing assistance.

Provided unpaid assistance to a person with a disability			
Age of carer	Male	Female	Total
15-19 years	32	43	75
20-24 years	36	56	92
25-34 years	87	200	287
35-44 years	140	295	435
45-54 years	225	362	587
55-64 years	251	429	680
65-74 years	199	304	503
75-84 years	107	107	214
85 years +	30	10	40
	1,107	1,806	2913

% Of population providing unpaid care to a person with a disability	2011%	2016%	2021%
Devonport	11.8	12.4	13.4
Tasmania	11.6	11.8	12.9
Australia	10.9	11.3	11.9





### Self-reported health and Risk factors

Forty eight percent (48%) of Devonport residents rate their health as excellent or very good compared to 37% for Tasmania as a whole.

Risk factor	Devonport %	Tas.%
Overweight / obese BMI (body mass index)	58%	58%
Current smoker	13%	12%
Consumes 2 or more drinks per day	17%	19%
Insufficient moderate / vigorous activity	18%	11%
Less than 2 serves of vegetables per day	93%	91%
Less than 2 serves of fruit per day	52%	53%

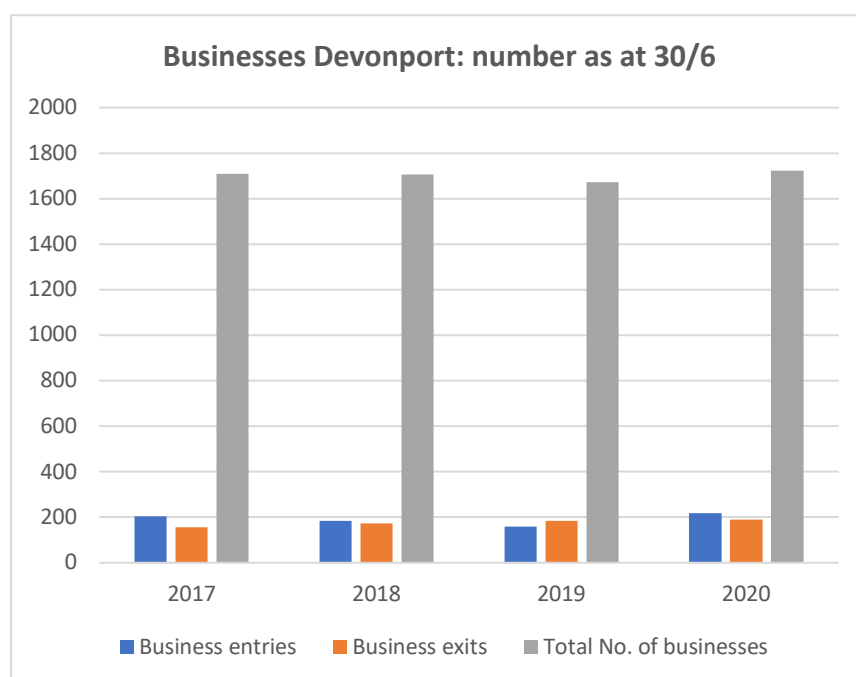
Source: Primary Health Tasmania Devonport Community Health Check 2021

## Economic

### Businesses

Over the four years from 2017 to 2020 the number of businesses in Devonport has grown by 14. The four-year average is 1,704. The largest industry group is construction followed by financial services and real estate.

Business numbers as at 30/6	2017	2018	2019	2020
Business entries	204	183	158	219
Business exits	155	173	183	189
Total No. of businesses	1710	1706	1674	1724



Number of businesses by industry at 30/6	2016	2017	2018	2019	2020
Agriculture, forestry, and fishing	98	99	101	100	105
Mining	5	6	11	7	11
Manufacturing	81	82	88	86	89
Electricity, gas water and waste services	----	----	----	----	4
Construction	238	253	255	255	259
Wholesale trade	45	45	35	39	43
Retail trade	168	168	155	157	158
Accommodation and food services	78	85	83	76	77
Transport, postal and warehousing	94	90	94	88	90
Information media and telecommunications	11	11	11	7	11
Financial and insurance services	193	213	214	211	214
Rental, hiring and real estate services	212	216	210	201	207

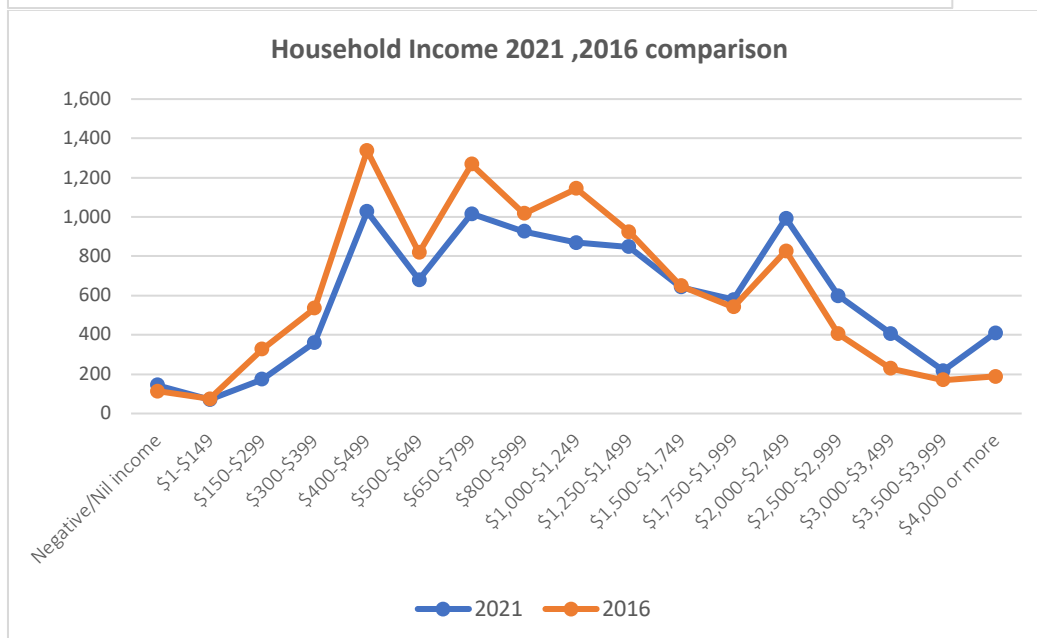
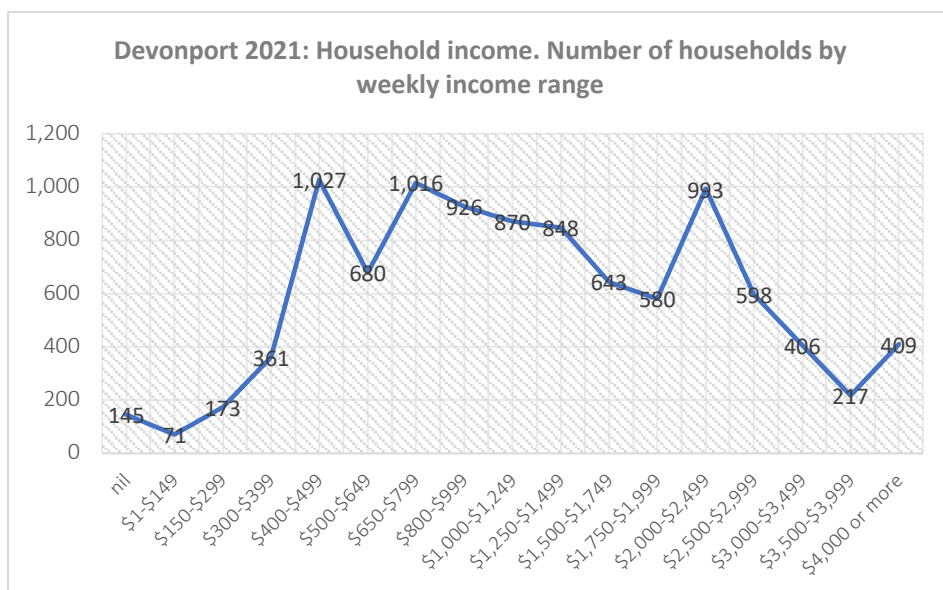
Number of businesses by industry at 30/6	2016	2017	2018	2019	2020
Professional, scientific, and technical services	145	149	145	137	150
Administrative and support services (no.)	40	41	40	38	44
Public administration and safety (no.)	3	4	5	5	11
Education and training (no.)	17	15	13	17	18
Health care and social assistance (no.)	87	97	97	94	95
Arts and recreation services (no.)	24	21	15	16	23
Other services (no.)	114	116	124	131	129
Currently unknown (no.)	3	5	4	4	5

## Household income

Households in Devonport have less household income than Tasmania and Australia as a whole.

household income	Devonport %	Tas.%	Aus. %
Less than \$650 p.w	24.6	21.1	16.5
More than \$3,000 pw	10.4	15	24.3

Weekly income	Family households	Nonfamily households	Total
Negative/Nil income	63	83	145
\$1-\$149	26	47	71
\$150-\$299	42	134	173
\$300-\$399	64	301	361
\$400-\$499	156	871	1,027
\$500-\$649	212	466	680
\$650-\$799	751	264	1,016
\$800-\$999	611	317	926
\$1,000-\$1,249	557	317	870
\$1,250-\$1,499	641	208	848
\$1,500-\$1,749	478	163	643
\$1,750-\$1,999	466	116	580
\$2,000-\$2,499	840	146	993
\$2,500-\$2,999	581	17	598
\$3,000-\$3,499	383	26	406
\$3,500-\$3,999	210	10	217
\$4,000 or more	362	45	409
Partial income stated	471	40	510
All incomes not stated	107	178	283

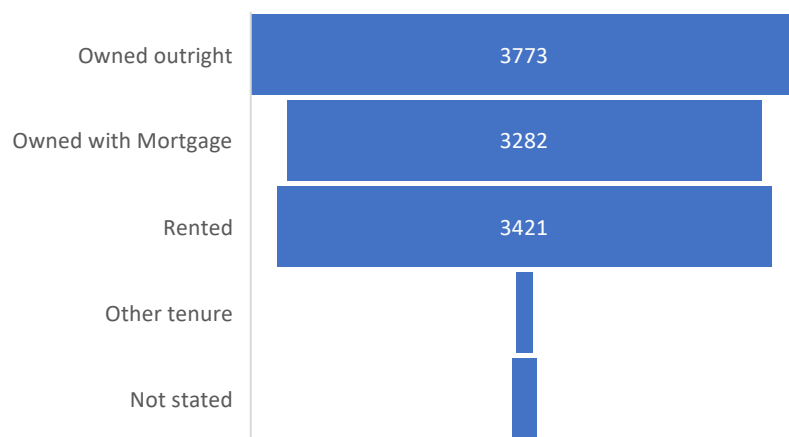


## Housing tenure

In 2021: 35% of occupied private dwellings were owned outright, 30.5% owned with a mortgage and 31.8% rented. Comparison with Tasmania and Australia is mixed with properties owned outright in Devonport being 2.1% less than Tasmania but 4% more than for Australia as a whole. This may reflect the affordability of properties in Devonport compared to Australia. Properties owned with a mortgage were 2.5% less than Tasmania and 4.5% less than Australia. Rented properties were 5.4% higher than Tasmania and .8% higher than Australia. The mix of tenure types has not varied significantly since 2011. Properties rented by a state housing authority, or a community housing provider were 9.8% of total properties.

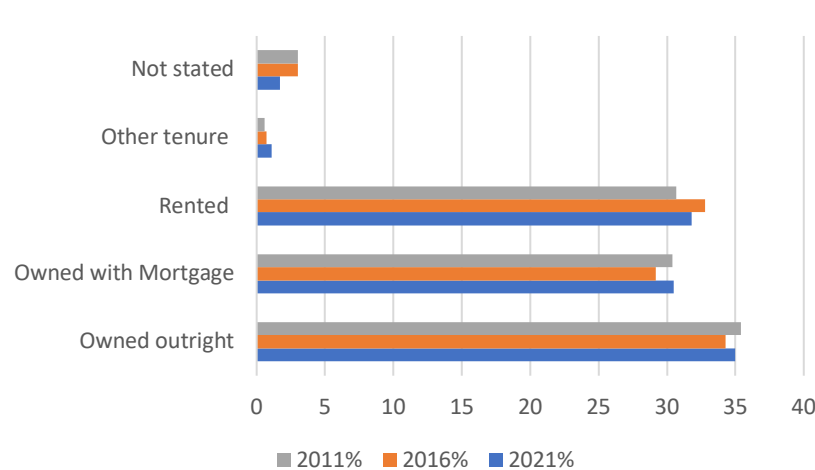
Housing tenure	Devonport 2021	%	Tas.%	Aus.%
Owned outright	3773	35	37.1	31
Owned with Mortgage	3282	30.5	33	35
Rented	3421	31.8	26.4	30.6
Other tenure	117	1.1	1.9	2

### Devonport 2021: tenure of occupied private dwellings



Housing tenure	2021%	2016%	2011%
Owned outright	35	34.3	35.4
Owned with Mortgage	30.5	29.2	30.4
Rented	31.8	32.8	30.7
Other tenure	1.1	0.7	0.6
Not stated	1.7	3	3

### Devonport housing tenure 2011 -2021



Tenure and landlord type	Separate house	Semi-detached, terrace, row, townhouse.	Flat or apartment	Other dwelling	Not stated	Total
Owned outright	3,512	208	5	41	3	3,773
Owned with a mortgage	3,207	64	0	5	0	3,282
<b>Rented:</b>						
Real estate agent	928	299	3	3	0	1,239
State or territory housing authority	563	311	7	0	5	886
Community housing provider	109	69	0	0	0	169



Tenure and landlord type	Separate house	Semi-detached, terrace, row, townhouse.	Flat or apartment	Other dwelling	Not stated	Total
Person not in same household	763	156	0	3	0	925
Other landlord type	86	38	4	39	3	162
Landlord type not stated	17	12	0	0	0	32
<i>Total</i>	<i>2,466</i>	<i>878</i>	<i>19</i>	<i>44</i>	<i>10</i>	<i>3,421</i>
Other tenure type	77	38	0	3	0	117
Tenure type not stated	120	49	0	9	0	181

## Mortgage and Rent

Median weekly rent and monthly mortgage payments are lower than Tasmania and Australia

Mortgage and rent	Devonport	Tas.	Aus.
Median weekly Rent	\$250	\$290	\$375
Median monthly mortgage	\$1,207	\$1,300	\$1,721
Mortgage	Devonport %	Tas.%	Aus.%
Households where mortgage payments < or equal to 30% of household income	81	78.6	74
Households where mortgage payments > than 30% of household income	8.1	10.1	14.5
Rent	Devonport %	Tas.%	Aus.%
Households where rent payments < or equal to 30% of household income	55.7	56.4	58.7
Households where rent payments > than 30% of household income	34.3	34.2	32.2

Monthly repayment	Couple family with			One parent family with		Other family	Total
	No children	Children under 15	No children under 15	Children under 15	No children under 15		
\$0-\$149	30	8	9	0	7	0	61
\$150-\$299	12	9	12	0	0	0	39
\$300-\$449	40	19	16	5	16	0	92
\$450-\$599	41	13	10	10	11	0	89
\$600-\$799	66	47	30	13	12	0	176
\$800-\$999	95	95	51	36	24	7	310
\$1,000-\$1,199	132	149	51	35	26	4	401
\$1,200-\$1,399	125	177	47	28	31	5	414
\$1,400-\$1,599	77	111	35	17	11	0	253
\$1,600-\$1,799	71	110	37	21	10	0	249
\$1,800-\$1,999	32	60	17	9	0	0	118
\$2,000-\$2,199	51	53	31	4	4	0	151
\$2,200-\$2,399	13	16	3	0	0	0	29
\$2,400-\$2,599	6	11	8	0	0	0	19
\$2,600-\$2,999	20	38	5	5	3	0	71

Monthly repayment	Couple family with			One parent family with		Other family	Total
	No children	Children under 15	No children under 15	Children under 15	No children under 15		
\$3,000–\$3,999	21	22	8	3	3	0	64
\$4,000–\$4,999	11	14	7	0	0	0	29
\$5,000 and over	6	3	0	0	0	0	14
Mortgage repayment not stated	41	27	16	16	11	0	111

## Number of motor vehicles per dwelling

In 2021 the average number of motor vehicles per dwelling in Devonport was 1.8. There has been an increase in the percentage of dwellings with three or more vehicles since the 2011 census.

Number of motor vehicles per dwelling:	No.	%	Tas.%	Aus.%
No motor vehicles	810	7.5	6	7.3
One motor vehicle	4,043	37.5	34.7	36.2
Two motor vehicles	3,673	34.1	36.4	36.3
Three motor vehicles	1,334	19.3	22.5	18.8
Four or more motor vehicles	743	1.6	1.5	1.5
<i>Total</i>	<i>10,601</i>			
<i>note does not include motor bikes &amp; trucks</i>				

Number of motor vehicles per dwelling:	2021	2016	2011
No motor vehicles	7.5	8.6	9
One motor vehicle	37.5	37.8	37.7
Two motor vehicles	34.1	32.6	34.3
Three or more motor vehicles	19.3	16.9	15.2

## Natural and Built Environment

### Dwelling type

In 2021 the % of unoccupied dwellings in Devonport was 7.2%. This is lower than Tasmania and Australia. The percentage of unoccupied dwellings has fallen 1.8% since 2011 and 3% since 2016. 87.2% of dwellings in Devonport are separate houses. The % of semi-detached dwellings has increased since 2016.

Dwelling type	Devonport 2021	%	Tas.%	Aus.%
Occupied private dwellings	10769	92.8	88.2	89.9
Un occupied private dwellings	831	7.2	11.8	10.1

Dwelling type - Devonport	2021%	2016%	2011%
Occupied private dwellings	92.8	89.8	91
Un occupied private dwellings	7.2	10.2	9

Dwelling structure: occupied private dwellings	Devonport 2021	%	Tas.%	Aus.%
Separate house	9392	87.2	87.7	72.3
Semi - detached, row or terrace	1234	11.5	6.1	12.6
Flat unit apartment	24	0.2	5.3	14.2
Other dwelling	98	0.9	0.6	0.6
Caravan	33			
Cabin, houseboat	62			
Improvised home, tent, sleepers out	0			
House or flat attached to a shop, office, etc.	8			

Dwelling structure	2021%	2016%	2011%
Separate house	87.2	86.6	85.4
Semi - detached, row or terrace	11.5	10.3	7.9
Flat unit apartment	0.2	1.9	5.4
Other dwelling	0.9	0.9	1.1

## Number of bedrooms per dwelling

In Devonport in 2021 the average number of bedrooms per dwelling was 2.9. This has remained relatively constant since the 2011 census. The average number of persons per household was 2.3.

Occupied private dwellings Number of bedrooms	Devonport	%	Tas.%	Aus.%
None (includes bed sitters)	31	0.3	0.5	0.5
one	446	4.1	4.7	5.3
two	2153	20	20.5	19.1
Three	5910	54.9	49.6	39
Four or more	2057	19.1	23.2	34.8

Occupied private dwellings Number of bedrooms	2021%	2016%	2011%
None (includes bed sitters)	0.3	0.1	0.3
one	4.1	4.1	4.1
two	20	20	19.7
Three	54.9	54.9	55.9
Four or more	19.1	18.1	17.7

## Food access

Research undertaken by the University of Tasmania through the Capitol project aims to help communities tackle the issue of obesity. Eating healthy food and having access to it is an important issue. The study found there were only a small proportion of outlets in Devonport selling mainly healthy food.

Consequently, access to healthy food is limited as only a small number of households are within walking distance. Most residents find it challenging to access healthy food as they are required to travel further to get it.

On the other hand, outlets selling high energy processed foods are more numerous and located closer to households. So, the potential for people to eat unhealthy food is high.

## Public open Space

The Australian guideline for public open space provision is 2.4 to 2.8 hectares per 1,000 people.

The Draft GHD Public Open Space Strategy for Devonport states that Devonport has 405 hectares of public open space. That is 4.5% of the total municipal area of 11,568.3 hectares which equates to 15.7 hectares per 1,000 people.

This suggests that Devonport has a high level of provision. However, it could be higher as pocket parks, private facilities, recreational space associated with schools and non-Council managed Crown land is not included in the 405 hectares.

The UNITAS Capitol project examined physical activity and infrastructure in Devonport and concluded:

- Devonport was well provided with free to access recreational tracks and natural amenities like beaches and parkland.
- Overall free-to-access physical activity infrastructure is good quality with few restraints on use. In most cases, it is accessible at any time of the day.
- Council-owned infrastructure like ovals, halls and recreation spaces are also good quality.
- School ovals and facilities could, in most cases, be used by community members after school hours, or on a pay to use basis for sporting and community groups (e.g., school hall/ school gymnasium) The location, quality and accessibility of school physical infrastructure can assist in improving the health and wellbeing of the Devonport community and provide extra resources to those already made available by Council.

End of document

26/6/2022

winning  
cell



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