

City of Melton

HEALTH & WELLBEING PROFILE 2020



Acknowledgement of Traditional Owners

Melton City Council acknowledges Aboriginal and/or Torres Strait Islander peoples living and working in Melton. Council recognises the people of the Kulin Nations as the original custodians of the land now known as City of Melton. On behalf of the municipality, Council pays respect to their Elders, past, present and future.

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EXECUTIVE SUMMARY

This Health and Wellbeing Profile seeks to outline the major health and social needs within the City of Melton. Through the examination of the wider determinants of health, the Profile will not only outline health and wellbeing concerns but will promote an understanding of the broader causes of those conditions and issues.

The following information summaries the community's health and wellbeing status.

Our community

- Population is 172,500
- Second fastest growing municipality in Victoria
- Median age is 33 years compared to 37 years in Greater Melbourne
- 30% of population were born overseas (compared to 28.4% born overseas in Victoria) - India (3.8%), Philippines (2.9%), United Kingdom (2.4%), New Zealand (2.1%) and Malta (1.5%)
- 56.6% of households include children
- Higher percentage of single parent households 13.2% compared to 10.1% in Greater Melbourne
- 4.9% residents reported needing assistance in their day-to-day lives due to disability compared to Greater Melbourne 4.9%
- 1,290 residents (0.95%) identify as Aboriginal and/or Torres Strait Islander compared to the Victorian Aboriginal and/or Torres Strait Islander population of 0.7% .

Risk factors

- 30% of adults are obese compared to the Victorian average of 19.27%
- 17.5 per 100 adults has circulatory system disease compared to 16.6 per 100 adults Victorian average
- 20% residents experience high or very high psychological distress compared to the Victorian average of 15.4%
- 6 per 100 residents have type 2 diabetes compared to the Victorian average of 4.7 per 100
- Chlamydia rates are 29.46 per 10,000 women and 26.58 per 10,000 men compared to the Victorian average of 20.8 per 10,000 women and 18.1 per 10,000 men

Lifestyle and behaviours

- 21% of residents smoke tobacco daily compared to the Victorian average of 10%
- 58% of residents do not meet the fruit and vegetable consumption guidelines compared to 51% in Greater Melbourne
- 17% of residents consume sugar sweetened drinks daily compared to 9% in Greater Melbourne
- 4.3% of residents are sedentary compared to 2.5% Victorian average
- \$67.8 million was lost on gaming machines, the 16th highest pokies expenditure in Victoria

Environmental determinants

<p>Social and cultural</p> <ul style="list-style-type: none"> • The number of overseas born residents increased from 9,393 to 13,142 (+3,752) between 2011 and 2016 • 51% of residents completed Year 12 compared to 59.4% in Greater Melbourne • Third highest rate of family violence in metropolitan Melbourne with a rate of 1,669 per 100,000 persons (or 2,870 incidents). The rate in Victoria is 1,315 per 100,000 residents. • 87% of residents agreed that they felt safe walking alone during the day compared to the Victorian average of 93%
<p>Economic</p> <ul style="list-style-type: none"> • Fourth highest rate of unemployment with 8.8% compared to 6.3% in Greater Melbourne • 10.4% of households have no internet connection compared to 11.3% in Greater Melbourne • SEIFA score is 994 compared to the Victorian average of 1010 • 3.5% of households experience food insecurity compared to the Victorian average of 4.26% • 12.3% of households experience mortgage stress compared to the Victorian average of 10.2% • 30.6% of households experience rental stress compared to the Victorian average of 27.2%
<p>Built/Natural</p> <ul style="list-style-type: none"> • 63% of households have two or more vehicles compared to 50.7% of households in Greater Melbourne • The City has the lowest tree canopy in metropolitan Melbourne at only 4.1% compared with the metropolitan Melbourne average of 16.2% • The City has a high vulnerability to heat with a score of 5 on the Heat Vulnerability Index

Figure 1: Health and wellbeing status in the City of Melton

1. INTRODUCTION

The City of Melton is a key part of Melbourne’s western growth corridor. It is directly connected by the Western Ring Road and Deer Park bypass to Melbourne’s major freeways, main airport, major industrial hub and the Port of Melbourne. The Western Highway, an important national freight route runs through the City. The City of Melton is within a comfortable driving distance north west of the Melbourne Central Business District (CBD). The City’s residential population is currently concentrated in Melton township and the eastern corridor districts.

Melton Township comprises the suburbs of Melton, Melton West, Harkness, Melton South, Kurunjang, and Brookfield and is centred on the Melton major activity centre, around 35 kilometres north west of the Melbourne CBD. The Township continues to grow while preserving features of its rural heritage.

The City of Melton’s eastern corridor is centred on the major activity centre of Caroline Springs, approximately 19 kilometres north west of the Melbourne CBD. The eastern corridor includes the suburbs of Burnside, Burnside Heights, Caroline Springs, Hillside and Taylors Hill. This district has been the focus of most of the population growth over the past two decades.

Increasingly, the focus of development is in growth suburbs including Diggers Rest, Aintree, Bonnie Brook, Cobblebank, Deanside, Fieldstone, Fraser Rise, Grangefields, Ravenhall, Rockbank, Strathulloh, Thornhill Park, Truganina and Weir Views.

The City of Melton also has a number of significant rural areas including Parwan, Plumpton, Mount Cottrell, Exford, parts of Diggers Rest, Toolern Vale and Eynesbury.

1.1 Map of the City of Melton

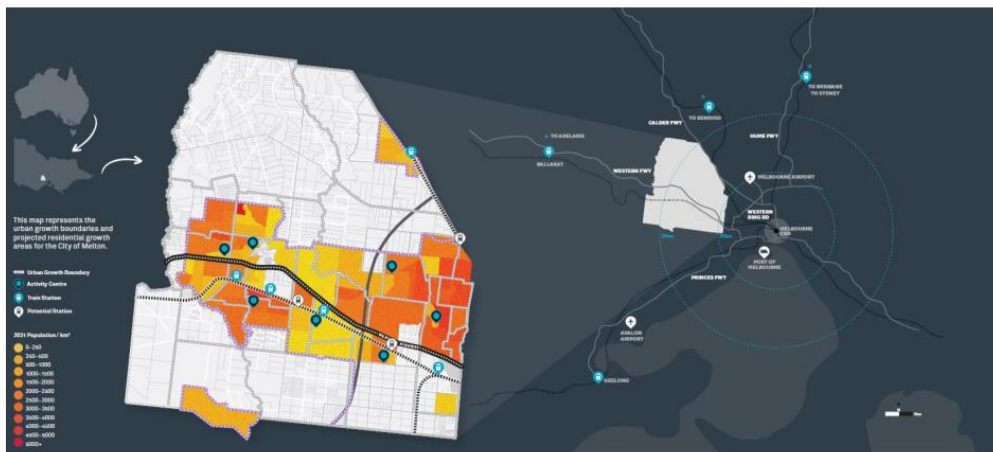


Figure 2: Map of the City of Melton

1.2 History

The City of Melton has a rich Aboriginal heritage which goes back over 40,000 years. Two different but related language groups, each made up of a number of individual clans, lived in the areas now covered by the Melton Local Government Area. These two language groups are the Wurundjeri Woi-Wurrung and Wada-Wurrung peoples.

These two Traditional Owner groups form two of the five tribes that make up the Kulin Nations. Historically and today, the inheritance of cultural practice for next generations is important, encouraging connection to people and places. City of Melton Aboriginal and/or Torres Strait Islander community members are diverse, coming from the two Traditional Owner groups, but also many Aboriginal nations and clans from across Australia.

Aboriginal stone tools and camp sites have been found along local water courses, as well as a number of scarred trees where bark had been excised out of the tree without causing harm to the ongoing health of the tree. This bark was used for making canoes, carrying containers, shields and shelters. There are a number of Aboriginal cultural heritage sites in the City of Melton; the Melton Valley Golf Course canoe scar tree, the Bullum Bullum camp site in Burnside and the site of the area's last known corroboree of 1863 in Hannah Watts Park, Melton.

The first European settlers arrived in the late 1830s. By 1862, Melton was created as a district, which would develop a rich pastoral and farming heritage. This era is still evident with numerous remaining pastoral homesteads, dry stone walls and dams.

In 1974, Melton was declared as Melbourne's first satellite city. Extensive suburban development led to a major increase in population through the 1980s. Throughout the last decade, the municipality has continued to experience unprecedented population growth and is currently recognised as one of the fastest growing municipalities in Australia. In acknowledgement of our fast growth, Melton Shire Council was granted city status by the State Government in September 2012 and is now known as Melton City Council.

2. CONTEXT

The World Health Organisation (WHO) defines health as ‘a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity’ (World Health Organisation, 2020). Health and wellbeing is driven by the interaction of individual characteristics and lifestyle factors, and the built, social, natural and economic environments within which people live. Factors such as income, racism, education, social networks, employment and housing heavily influence the health and wellbeing of communities and individuals. These are referred to as the wider determinants of health (Figure 3).



Figure 3: Wider determinants of health adapted from the Victorian Public Health and Wellbeing Plan 2019-2023 (Department of Health and Human Services, 2019)

In recognition of the wider determinants of health, the Victorian Public Health and Wellbeing Plan (VPHWP) outlines six major contributors to health and wellbeing:

- **a fair and equal society** – Those who live with greater social and economic disadvantage are more likely to experience health inequalities. An inclusive society that supports those experiencing health and social inequalities promotes health and wellbeing.
- **a healthy start in life** – Early life experiences provide the foundations for lifelong health and wellbeing and require optimal caregiving, positive education, safe communities, secure housing, access to parklands and access to nutritious food.
- **a strong education system** – Well developed literacy and numeracy skills contribute to social, economic and physical wellbeing and affect opportunities for education, employment, income and wellbeing across the life course.
- **positive employment** – Secure and quality employment is protective of health and wellbeing (particularly mental health), provides a sense of community and social inclusion, and promotes financial security.

- **healthy, liveable communities** – Health and wellbeing is dependent on the development of safe, attractive, socially cohesive and inclusive communities. There must be diverse and affordable housing, employment and education opportunities. Adequate services, transport and leisure and recreation opportunities are also required.
- **effective health protection** – Protection from communicable disease through prevention and/or management where outbreaks occur.

There is overwhelming evidence that those who live in certain areas experience poorer health and social outcomes than others, and that this is largely due to the interplay of a range of environmental conditions and individual factors. Australian data shows that the burden of disease was 50 per cent greater for the lowest socio-economic group than for the highest socio-economic group (Australian Institute of Health and Welfare, 2019).

Burden of disease is 50 per cent greater for the lowest socio-economic group than for the highest socio-economic group

Further exacerbating disparities in health and wellbeing, the COVID-19 global pandemic has had a severe impact on health, the economy and how the community lives and works in the City of Melton. COVID-19 is a highly contagious infectious disease which first emerged in Australia in January 2020. The Australian and Victorian governments implemented public health measures (social distancing restrictions) from the 12 March 2020 to limit the spread of disease. The social distancing restrictions have resulted in a range of multidimensional and rapid social and economic stressors on the City of Melton. These are highlighted throughout the report and summarised in the sections titled 'Social and economic impacts of COVID-19.'



This symbol denotes where COVID-19 social distancing measures have impacted health and wellbeing.

Local government has an important role to play in promoting the health and wellbeing of their communities. It has significant influence on the built, natural, social and economic environments in which their residents live. Local government influences health and wellbeing through the delivery of policy and strategy, services, programs and infrastructure.

The *Public Health and Wellbeing Act 2008* (The Act) (Victorian Government, 2008) mandates local government to protect, improve and promote public health and wellbeing within the municipal district by taking on a range of responsibilities including:

- creating an environment which supports the health and wellbeing of members of the local community and strengthens the capacity of the community and individuals to achieve better health and wellbeing
- initiating, supporting and managing public health planning processes at the local government level
- developing and implementing public health policies and programs within the municipal district
- facilitating and supporting local agencies whose work has an impact on public health and wellbeing to improve public health and wellbeing in the local community.

The Act requires that councils prepare a Municipal Public Health and Wellbeing Plan (MPHWP) every four years, within the 12 months following a Council election. At Melton City Council (Council), this will be combined with the Council Plan to form the *Council and Wellbeing Plan 2021-25*.

2.1 Purpose

This Health and Wellbeing Profile (the Profile) seeks to outline the major health and social needs within the City of Melton. Through the examination of the wider determinants of health, the Profile will not only outline health and wellbeing concerns but will promote an understanding of the broader causes of those conditions and issues. The Profile will inform the development of the *Council and Wellbeing Plan 2021-2025* and be used to inform residents in deliberative engagement processes for the Melton City 2041 – The City We Create, the Financial Plan 2021-2031 and Asset Plan 2021-2031.

2.2 Methodology

The following methodology was used to develop the Profile.

- a list of indicators was developed, based upon other health and social needs profiles undertaken by Council and other municipalities
- the most recent data was gathered for each indicator using a range of online sources
- existing and known reports on relevant issues were reviewed and relevant information extracted
- data was collated into a data summary document and reviewed by subject matter experts across Council
- additional data was included under several topics following advice of subject matter experts
- the final data summary was analysed to identify key issues facing residents
- key health and social issues were summarised, and groups facing health and social inequities were identified
- subject matter experts were asked to review the Profile and provide feedback
- the Profile was finalised.

2.3 Limitations

There are some limitations to the development of this Profile. Much of the data is based upon the 2016 Australian Bureau of Statistics (ABS) Census. In a rapidly growing municipality, data becomes quickly outdated. Some health and wellbeing data is also relatively old. The most recent Victorian Population Health Survey data is from 2017. The VicHealth Indicators Survey was last conducted in 2015. This is less likely to impact on broad results about health conditions and behaviours that are well-established as these do not often change over such a short period of time. Council's Household Survey is undertaken annually and allows a refresh of community sentiment on a range of issues including food security, safety and community connection. Some data is limited in its scope and its applicability to the City of Melton context. Each data set also has limitations of its own.

The national data presented in this Profile has inherent limitations. For example, the ABS geographies do not align to Australian Early Development Census (AEDC), hence, AEDC data is presented using peculiar geographical groupings and/or names which effects the extrapolation of the data for other purposes. Also, new suburbs have been established in the municipality generally based on Statistical Area Level 2 (SA2), however, some SA2's overlap with neighbouring local government areas. As such, this needs to be taken into account when applying the data from the Profile in different contexts.

This Profile highlights a range of areas where improvements can be made. The next step is to identify what strengths and opportunities there are within the municipality to make improvements to identified issues. A partnership approach with community and stakeholders is vital to harness local strengths and resources to promote better health and social outcomes.

3. About our City- demographic characteristics

3.1 Growth

The City of Melton is known as one of Australia’s fastest growing areas. In 2006, the City of Melton was home to just under 79,000 residents (id Community, 2020). In 2020, the estimated population was 172,500. That equates to 118 per cent growth in just 13 years. 50.6 per cent of the population are female, 49.4 per cent of the population are male.

The City of Melton population is expected to grow by a further 160 per cent by 2051

By 2051, the population is expected to be more than 448,000 representing a further 160 per cent increase from now (Figure 4) (id Community, 2020).

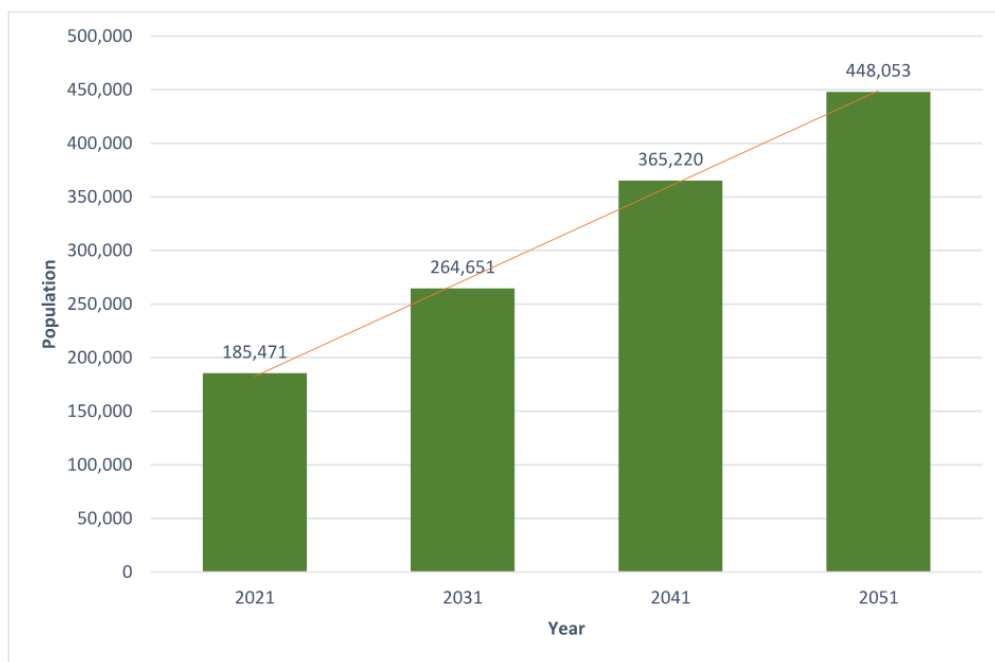


Figure 4: City of Melton population projection 2021-2051 (id Community, 2020)

3.2 Age profile

The City of Melton is a relatively 'young' community with the median age of 33 years, compared with 36 years in Greater Melbourne and 37 years across Victoria (id Community, 2020). A population with a relatively young age profile can expect a large number of births even if most women have few children. This is because of the large number of women of childbearing age. Conversely, as the population ages, the number of deaths can be expected to increase because of the relatively large numbers of older people (Australian Bureau of Statistics, 1996).

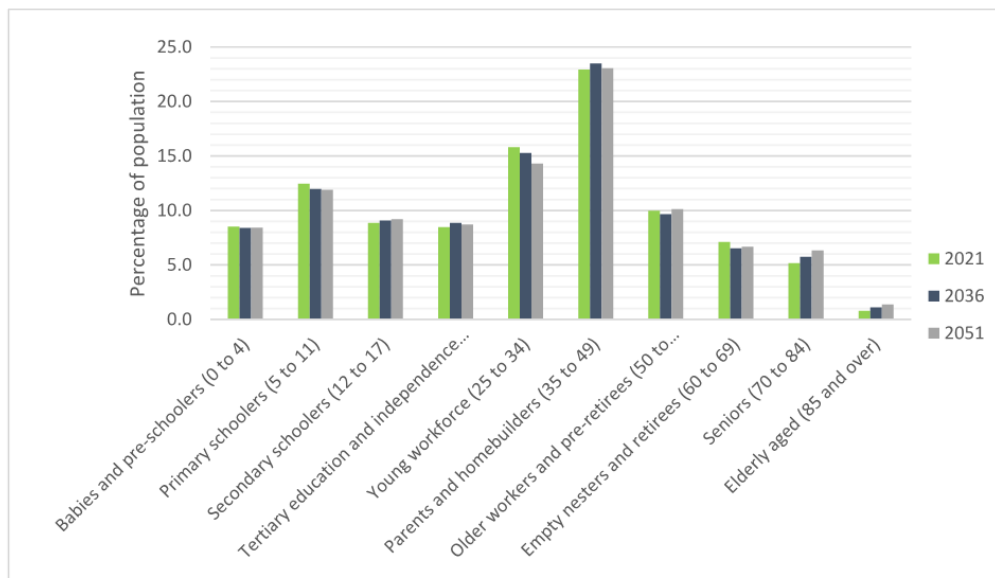


Figure 5: Percentage age composition of the City of Melton in 2021, 2036 and 2051 (id community, 2020)

The City has a higher proportion of children and a lower proportion of people aged 60 years or older compared with Greater Melbourne. Although the number of people in each age group is expected to grow significantly to 2051, the age composition of the community is likely to remain stable with the exception of a reduction in the young workforce group, and an increase in the seniors and elderly cohorts (Figure 5).

3.3 Household type

Given the young demographic, more than half of households (56.6 per cent) include children compared with 43.5 per cent of households in Greater Melbourne (Figure 6) (id Community, 2020). Over the next 30 years, the household size is projected to decrease (Figure 7) (id Community, 2020).

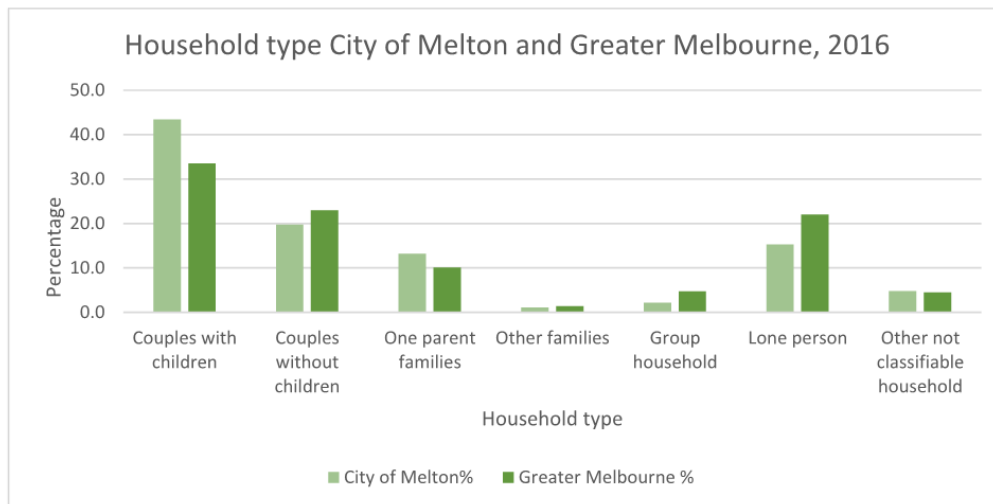


Figure 6: Household type City of Melton and Greater Melbourne, 2016

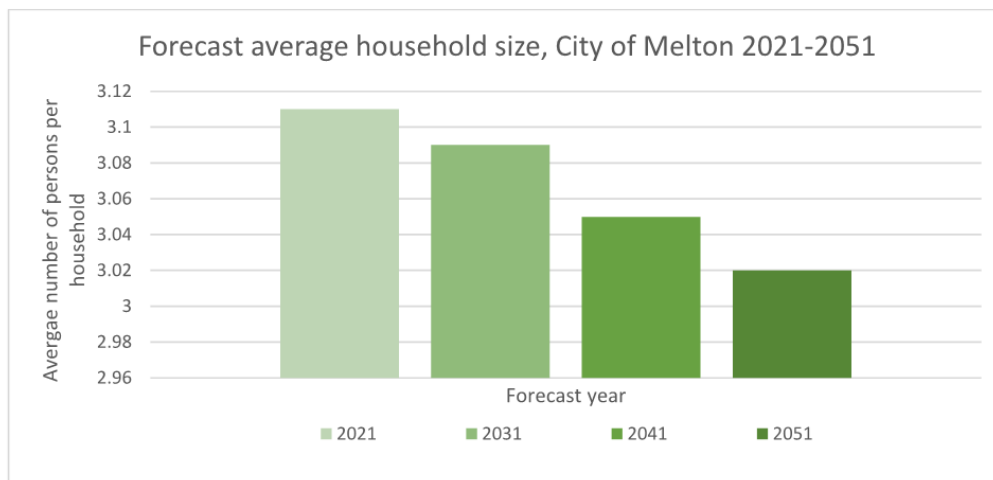


Figure 7 Forecast average household size, City of Melton, 2021-2051 (id Community, 2020)

There is a higher rate of single parent households in the City of Melton (13.2 per cent) compared with Greater Melbourne (10.1 per cent). This varies across the municipality with Melton South, Melton West, Melton, Kurunjang and Harkness showing a greater proportion of single parent households compared with other suburbs (Table 1).

Suburb	Projected number single parent households 2021	Projected number single parent households 2051
Aintree	239	615
Bonnie Brook	---	724
Brookfield	467	873
Burnside	213	230
Burnside Heights	184	204
Caroline Springs	905	896
Cobblebank - Strathulloh	152	1,114
Deanside	35	839
Diggers Rest	253	761
Eynesbury Township	92	388
Fieldstone	---	445
Fraser Rise	288	1,277
Grangefield	---	603
Harkness	687	1,110
Hillside	542	629
Kurunjang	531	622
Melton	638	1,043
Melton South (Existing)	798	904
Melton West	516	761
Rockbank	127	572
Taylor's Hill	272	251
Thornhill Park	142	852
Truganina - Ravenhall	25	1,448
Weir Views	162	494
Total- City of Melton	7,321	17,714

Table 1- Projected number of single parent households by suburb 2021 and 2051 (id Community, 2020)

Single parent households are more likely to earn lower incomes and be dependent on others to assist with childcare. They are more susceptible to social and economic shocks, such as COVID-19, particularly when overlaid with under or unemployment and low incomes (VicHealth, 2020 [a]).

With more than half of households including children, the average household size is larger in the City of Melton at 3.02 people compared with 2.61 people in Greater Melbourne. Since 2006, there has been an increase in the proportion of households with six or more people and the City of Melton surpasses Greater Melbourne in the proportion of larger households with four or more, and six or more people (id Community, 2020). While there has been an increase in lone person households since 2006, they make up only 15.3 per cent of households compared with 22 per cent in Greater Melbourne (id Community, 2020).

3.4 Cultural and religious diversity

The City of Melton is less diverse than many areas in Greater Melbourne although this is changing as the municipality grows. Thirty per cent of residents were born overseas compared to 33.8 per cent in Greater Melbourne (id Community, 2020). Of those, 50 per cent have been in Australia for 20 years or more and are well settled in Australia. Fifteen per cent of people born overseas arrived in the five years to 2016 (id Community, 2020).

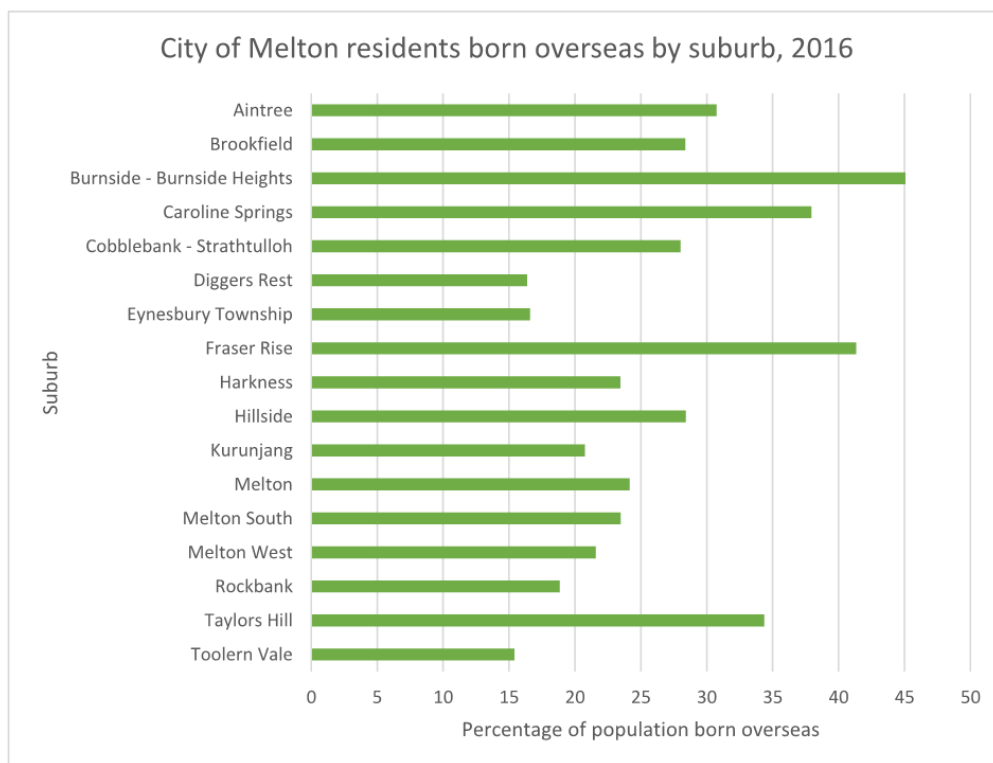


Figure 8: Percentage of residents born overseas by suburb 2016 (id Community, 2020)

There are more residents born overseas residing in the suburbs of Fraser Rise, Caroline Springs and Taylors Hill compared to the Greater Melbourne average (Figure 8). The most common languages spoken at home in the City of Melton are:

Filipino/Tagalog	Macedonian
Vietnamese	Italian
Punjabi	Hindi
Maltese	Spanish
Arabic	

(id Community, 2020)

Between 2011 and 2016, there was significant growth in the number of people speaking Punjabi, Filipino, Arabic, Hindi and Vietnamese reflecting increased migration from India, Vietnam and the Philippines (id Community, 2020). The City of Melton is home to an increasing number of asylum seekers. In September 2014, there were 10 residents on Bridging visa E. In June 2020, there were 106, representing a ten-fold increase (City of Greater Dandenong, 2020).

Unpublished settlement data for Humanitarian, Family and Skilled migrant streams indicated 6,652 settlers are recorded as currently residing in the City of Melton having arrived in Australia between 2016 and 2021.

Migration stream	Number of migrants arriving 2016-2021 residing in the City of Melton
Humanitarian	1,414
Family	2,036
Skilled	3,201
Total	6,652

Table 2: Number of Humanitarian, Family and Skilled migrants arriving 2016-2021 currently recorded as residing in the City of Melton (Home Affairs, 2021)

Country of birth: humanitarian, family and skilled migrants arriving 2016-2021 residing in the City of Melton	Total number
India	1,976
Iraq	892
Vietnam	432
Philippines	423
Pakistan	340
Australia	239
Sri Lanka	135
Peoples Republic of China	115
Myanmar	113
Afghanistan	92
Thailand	75
Ethiopia	70
Syrian Arab Republic	61
Democratic Republic of Congo	61
Malaysia	58
United Kingdom	59
Eritrea	55
Egypt	52
New Zealand	45
Nigeria	36
Tanzania	36

Table 3: Number of Humanitarian, Family and Skilled migrants arriving 2016-2021 currently recorded as residing in the City of Melton by country of birth (Home Affairs, 2021)

There is greater religious affiliation in the City of Melton (68.9 per cent) compared to Greater Melbourne (60.2 per cent). There is a greater percentage of Catholic, other Christian, Sikh and Pentecostal residents than in Greater Melbourne. Between 2001 and 2016, there was significant growth in the proportion of people following Christian religions (other than Catholic), Sikhism and Hinduism (id Community, 2020), reflecting the increase in religious diversity in the community over that time period.

The impact of COVID-19 on growth is not yet fully understood. People migrating from overseas account for 35.6 per cent of people moving to the City of Melton (id Community, 2020). This has dropped in 2020 and is likely to stay low for several years. Interstate migration is also expected to reduce (id Community, 2020). However, there may be increased migration to the City of Melton from other parts of Melbourne and Victoria due to affordable housing and the advent of more flexible working arrangements. It is likely that there will be a reduction in growth in the short to medium term but that this will again increase over time.

3.5 Key learnings – About our City- demographic characteristics

- The City of Melton has experienced a sustained period of growth. This is expected to continue for at least the next 30 years, although there will be a downturn in the short and medium-term due to COVID-19.
- There are larger households in the City of Melton compared to Greater Melbourne, with more than half of households including children.
- The impact of COVID-19 on growth and diversity is not yet fully understood.
- Growth will increase infrastructure and service needs across all age groups for the foreseeable future. While the age profile will stay relatively stable, there will be significant growth in the number of people in all age groups.

4. Social and economic conditions

The social and economic conditions in which people live have a strong influence on their health and wellbeing. This section of the Profile describes those who make their home in the City of Melton and how they live.

The wider determinants of health are estimated to account for 40 per cent of all influences on health (The British Academy, 2014). There is a well-established social gradient in health and wellbeing, with those who have the greatest social and economic status enjoying greater health than those with social and economic challenges (Australian Institute of Health and Welfare, 2016).

Differences in health status and distribution of resources are **health inequities**.

Those who have poorer health outcomes and who suffer from social and economic inequities should be **prioritised**.

4.1 Education

In 2018, the four year old kindergarten participation was the same as the Victorian average, being 92 per cent (Victorian Government, 2020[b]). Since 2006, there has been an increase in the number of residents completing high school education

The Australian Early Development Census (AEDC) measures the development of children in Australia in their first year of full-time school. Data collection occurs every three years, with the most recent in 2018 (Australian Government, 2019). Table 4 illustrates the percentage of children in the City of Melton developmentally vulnerable across a range of domains compared to Victoria and Australia.

Percentage of Children Developmentally Vulnerable (%)							
	Physical health and wellbeing	Social competence	Emotional maturity	Language and cognitive skills	Communication skills and general knowledge	Vulnerable on one or more domains of the AEDC	Vulnerable on two or more domains of the AEDC
City of Melton	7.9	9.2	7.6	7.5	6.9	20.6	10.1
Victoria	8.2	8.8	8.1	6.4	7.4	19.9	10.1
Australia	9.6	9.8	8.4	6.6	8.2	21.7	11

Table 4: Percentage of children developmentally vulnerable, City of Melton, Victoria and Australia, 2018. (Australian Government, 2019)

There are some suburbs where children are more developmentally vulnerable on two or more compared to the local government average (Table 5). Brookfield, Diggers Rest, Hillside, Kurunjang, Taylors Hill and Melton Rural North East¹ (Australian Government, 2019).

¹ Melton Rural North East is an AEDC geography/ area known as Melton Growth Areas as per id Community geography: Thornhill Park, Deanside, Fraser Rise, Truganina / Ravenhall, Cobblebank-Strathulloh

Region (including local communities)	Vulnerable on one or more domain(s)						Vulnerable on two or more domains					
	2012		2015		2018		2012		2015		2018	
	n	%	n	%	n	%	n	%	n	%	n	%
Australia	59,933	22.0	62,960	22.0	63,448	21.7	29,543	10.8	31,754	11.1	32,434	11.0
VIC	12,407	19.5	13,465	19.9	14,232	19.9	6,053	9.5	6,707	9.9	7,231	10.1
Melton	349	20.9	445	21.1	494	20.6	187	11.2	216	10.2	242	10.1
Brookfield	19	23.5	34	23.8	42	23.9	5	6.2	16	11.2	21	11.9
Burnside	33	20.4	36	19.3	34	13.8	20	12.3	16	8.5	19	7.6
Caroline Springs	59	15.7	89	20.4	77	19.1	28	7.5	46	10.5	35	8.6
Diggers Rest	1	4.5	7	25.0	5	14.3	0	0.0	3	10.7	4	11.4
Eynesbury	1	5.6	3	5.6	1	2.0	1	5.6	0	0.0	0	0.0
Hillside	49	22.4	49	21.8	49	21.1	24	11.0	22	9.8	26	11.2
Kurunjang	37	25.9	37	23.8	39	22.0	19	13.3	21	13.4	22	12.4
Melton	33	34.0	13	14.0	30	25.6	19	19.6	6	6.5	12	10.3
Melton Rural North East	4	21.1	7	14.0	40	28.2	2	10.5	4	8.0	21	14.8
Melton South	30	25.9	61	37.0	61	23.3	18	15.7	27	16.3	23	8.8
Melton West	53	25.0	55	19.6	71	22.9	34	16.0	30	10.7	32	10.3
Taylor's Hill	30	14.9	54	18.4	45	18.2	17	8.4	25	8.5	27	11.0

Table 5: Vulnerable on one or more domain(s) and two or more domains Australia, Victoria, City of Melton and suburb level 2012-2018 (Australian Government, 2019)

A significantly lower proportion of children aged six months to four years are read to by a family member every day with 54.3 per cent, compared to the Victorian average of 69.6 per cent (Department of Education and Training (Australian Government), 2016).

In 2016, 50.9 per cent of the population had finished high school compared to 46.5 per cent in 2006. Figure 9 shows that in 2016, 16 per cent of persons aged 15+ years in the City of Melton have attained a bachelor degree or higher and 21 per cent have attained a vocational qualification (id Community, 2020).

Females are more likely than males to:

- have a bachelor or higher degree (18.3 per cent compared to 13.6 per cent).
- have an advanced diploma or diploma (10.4 per cent compared to 7.8 per cent).
- Less likely to have a vocational qualification 15.7 per cent compared to 25.7 per cent of males.

(id Community, 2020).

Educational attainment varies across the municipality. Forty-four per cent of residents had no qualification compared to 38.6 per cent in Greater Melbourne (id Community, 2020). Aintree, Melton, Melton South, Melton West, Kurunjang and Rockbank reported the greatest proportion of residents with no qualification.

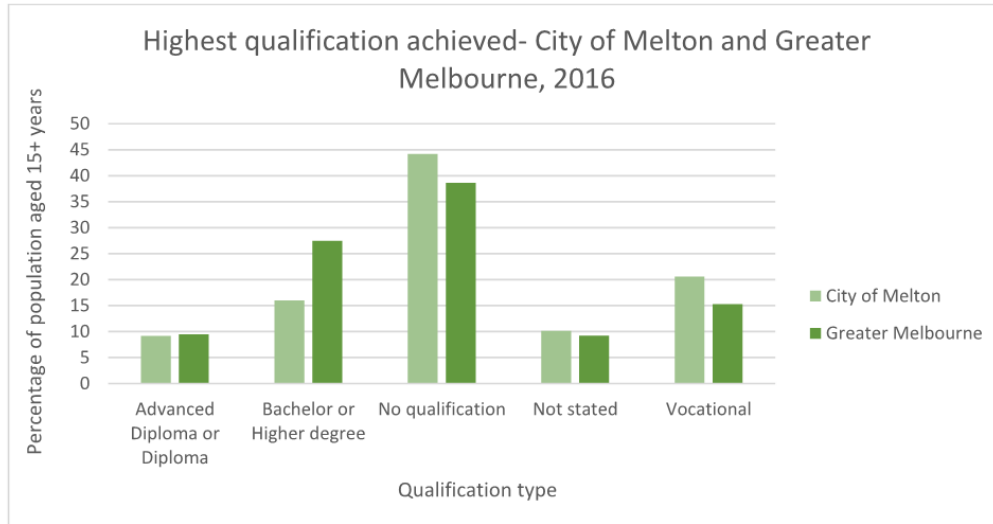


Figure 9: Highest qualification achieved for persons aged 15+ years- City of Melton and Greater Melbourne 2016 (id Community 2020)

In 2016, 560 people (5.3 per cent) who needed assistance in the City of Melton had a tertiary qualification, compared to 8.1 per cent in Greater Melbourne. (id Community, 2020). Of those needing assistance,

- 4.8 per cent had a Diploma or Advanced Diploma compared to 5.4 per cent in Greater Melbourne.
- 16.2 per cent had Vocational qualifications compared to 12.0 per cent in Greater Melbourne.
- 67.9 per cent had no qualification compared to 65.1 per cent in Greater Melbourne.

(id Community, 2020).

In 2016, of residents born overseas:

- 24.9 per cent had a Bachelor degree of higher compared to 33.3 per cent in Greater Melbourne.
- 10.2 per cent had a Diploma or Advanced Diploma compared to 9.9 per cent in Greater Melbourne.
- 16.3 per cent had Vocational qualifications compared to 11.8 per cent in Greater Melbourne.
- 43.2 per cent had no qualification compared to 40.3 per cent in Greater Melbourne.

(id Community, 2020).

4.2 Employment

Figure 10 illustrates the largest sectors of employment in the City of Melton:

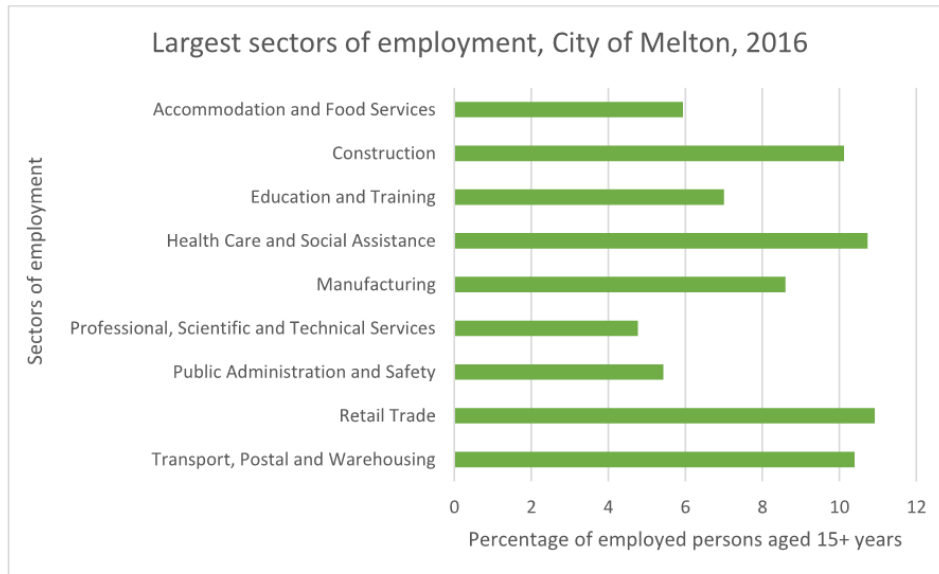


Figure 10: Largest sector of employment persons aged 15+ years City of Melton, 2016 (id Community 2020)

- Females are more likely to work in clerical and administrative roles (25.2 per cent compared to 7.9 per cent), community and personal services (17.5 per cent compared to 5.5 per cent), and in sales (14.8 per cent compared to 7 per cent).
- Males are more likely than females to be technicians and trades workers (23.6 per cent compared to 4.5 per cent), machinery operators and drivers (17.6 per cent compared to 2.6 per cent), labourers (12.6 per cent compared to 7 per cent) and managers (12 per cent compared to 8.2 per cent).

(id Community, 2020)

Employment status	Female	Male
Employed full-time	44.2 per cent	75.2 per cent
Employed part-time	45.8 per cent	18.2 per cent

Table 6- Employment status City of Melton females compared to males aged 15+ years, 2016 (id Community, 2020)

Of residents born overseas, 60.7 per cent were employed full-time compared to 63.9 per cent in Greater Melbourne. There were more overseas born residents working part-time in the City of Melton, 28.8 per cent compared to 26.9 per cent in Greater Melbourne. (id Community, 2020).

In 2016, 553 people who needed assistance in the City of Melton were employed. Of which 32.3 per cent were working full-time, compared to 28.4 per cent in Greater Melbourne and 48.5 per cent working part time compared to 53.0 per cent in Greater Melbourne (id Community, 2020).

Management and professional roles are some of the highest paying roles available (Australian Bureau of Statistics, 2018[a]). There is a difference between the percentage of people employed as managers or professionals in suburbs such as Eynesbury, Caroline Springs and Fraser Rise. Residents of Rockbank, Melton South, Melton, Kurunjang, are less likely to be employed in these roles (Figure 11). Rural balance² comprises the non-urban parts of the City of Melton.

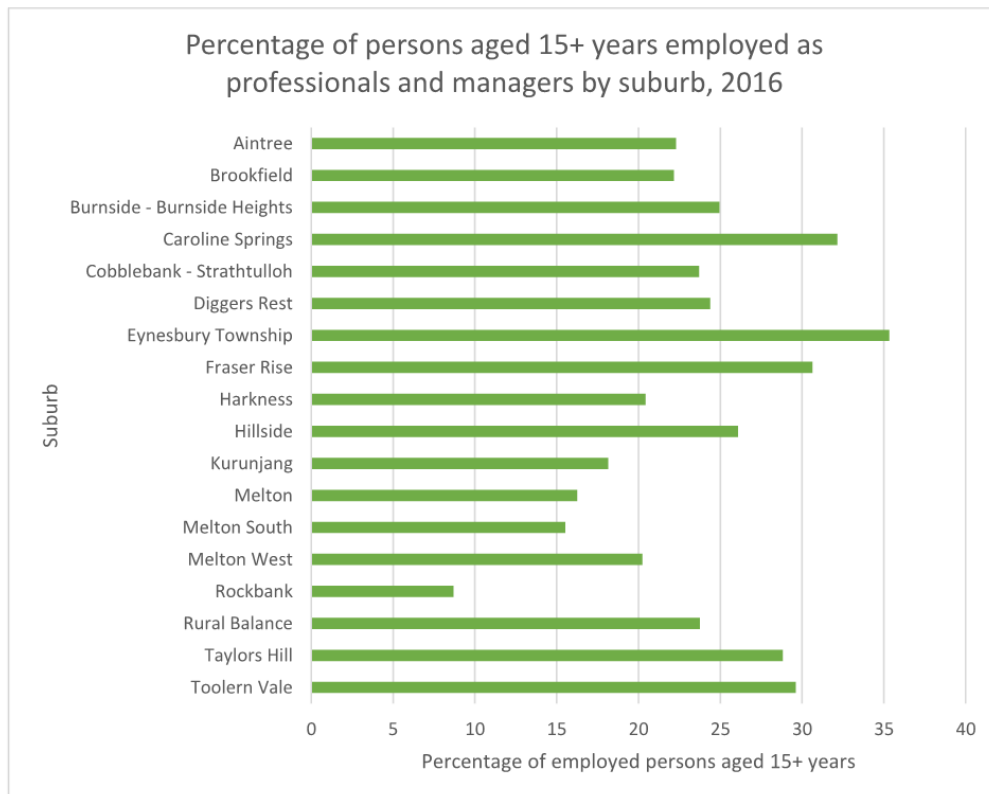


Figure 11: Percentage of residents aged 15+ years employed as managers or professionals by suburb, 2016 (id Community, 2020)

² Rural Balance is bounded by Holden Road in the north, the railway line, the suburb of Hillside, Melton Highway, Plumpton Road, Taylors Road, Monaghans Lane, Clarke Road, Western Highway and Robinsons Road in the east, Boundary Road, the Werribee River, the urban part of the locality of Eynesbury, St Arnaud Road, Greenhill Road and Springhill Road in the south, and Bucklers Road, Nortons Road, Moorabool Shire, the Werribee River, the railway line, Rees Road, a line running west to east between Rees Road and Toolern Creek, the Toolern Creek, Greigs Road West, Mount Cottrell Road, the Melton Highway and the Kororoit Creek in the west. Rural Balance excludes the localities of Aintree and Rockbank, which are located in the centre of the area.

4.3 Unemployment

In June 2020, the City of Melton had the fourth highest rate of unemployment in Victoria at 8.8 per cent, compared to 6.3 per cent in Greater Melbourne. (Australian Government, 2020). Figure 12 shows Melton South, Melton, Kurunjang and Rockbank had higher unemployment rates than other suburbs within the municipality. (id Community, 2020). There is a higher rate of disengagement from work and education in 15-24 year old's in the City of Melton (10.9 per cent) compared with Greater Melbourne (7.5 per cent) (id Community, 2020).

Ten per cent of City of Melton residents were in receipt of Job Seeker or Youth Allowance payments in December 2020, compared with 8.8 per cent in Greater Melbourne (id Community, 2020). The economic impacts of COVID-19 public health restrictions has resulted in widespread unemployment across the municipality, including in areas that previously experienced low unemployment. Figure 13 shows the increase in recipients of Youth Allowance and/or Job Seeker by SA2³ between March 2020 prior to COVID-19-related restrictions being introduced and October 2020. Sharp increases in unemployment occurred in suburbs such as Rockbank, Fraser Rise, Hillside and Taylors Hill. Suburbs already vulnerable to unemployment, such as Melton, Melton South and Melton West, were further impacted.

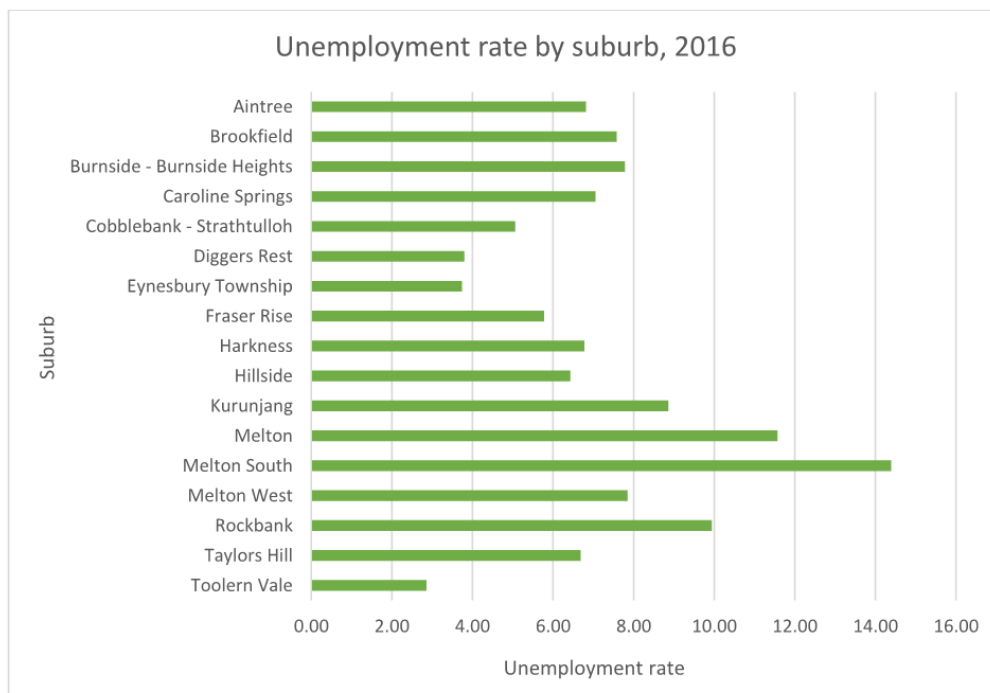


Figure 12: Unemployment rate by suburb, 2016 (id Community, 2020)

³ Statistical Areas Level 2 (SA2) are medium-sized general purpose areas built up from whole Statistical Areas Level 1. Their purpose is to represent a community that interacts together socially and economically.

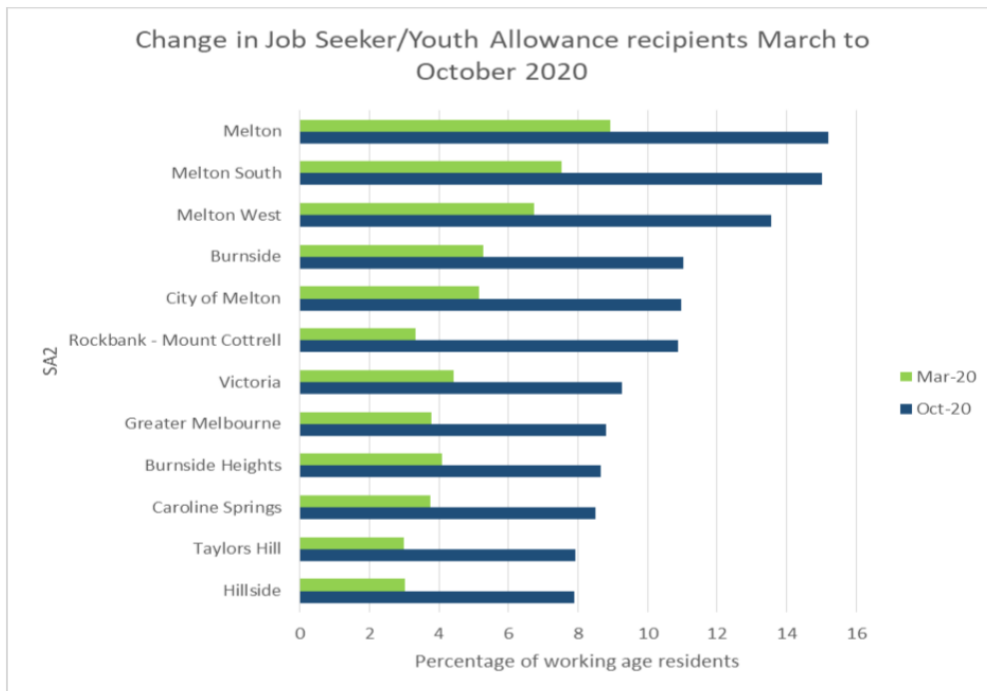


Figure 13: Change in percentage of working-age residents accessing JobSeeker or Youth Allowance March 2020 to October 2020 by SA2 (id Community 2020)

4.4 Income

City of Melton residents are over-represented in lower income brackets and under-represented in higher income brackets when compared with Greater Melbourne. Melton, Melton South and Rockbank have a higher percentage of households in the lowest income quartile (Figure 14).

- Females are much more likely than males to be in the lowest individual income quartile (32.2 per cent compared to 21 per cent).
- Males are twice as likely to be in the highest individual income quartile as females (32.3 per cent compared to 14 per cent).

(id Community, 2020)

There is substantial variation in income across the municipality with a striking difference between the eastern part of the municipality and the area in and around the Melton township

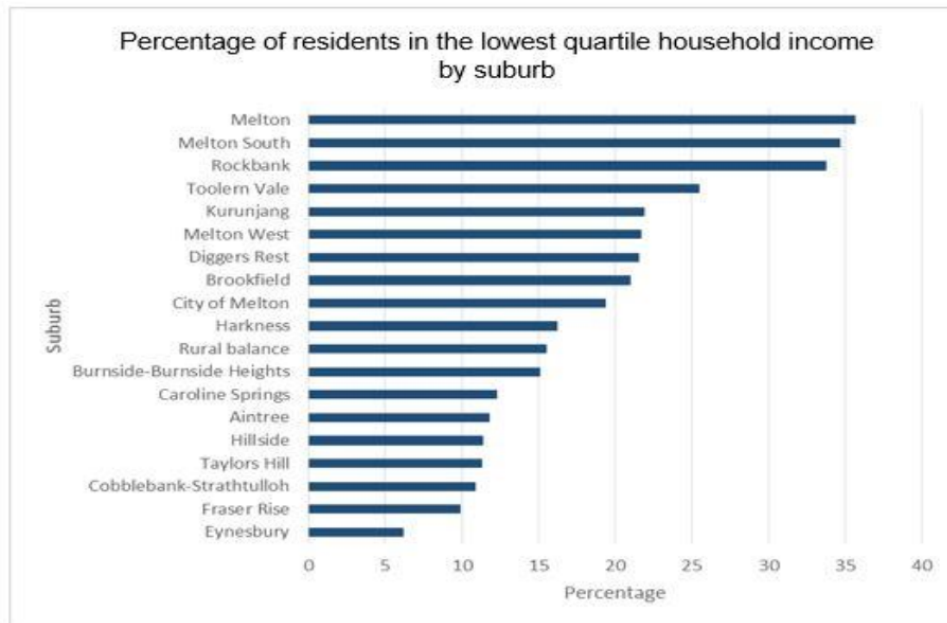


Figure 14: Percentage of residents in lowest income quartile by suburb 2016 (id Community, 2020)

Of residents born overseas 15.1 per cent lowest household income quartile compared to 20.4 per cent in Greater Melbourne (id Community, 2020).

Of residents needing assistance 28.5 per cent in the lowest household income quartile compared to 35 per cent in Greater Melbourne (id Community, 2020)

4.5 SEIFA Index of relative disadvantage

The City of Melton includes some of the most disadvantaged suburbs in Australia and some of the least disadvantaged suburbs, sometimes only a few kilometres from one another

The socio-economic index for areas of disadvantage (SEIFA) index of relative disadvantage ranks geographic areas across Australia by level of socio-economic disadvantage. The SEIFA combines measures that indicate disadvantage, such as low educational attainment and low income, to estimate the level of disadvantage experienced in an area. The City of Melton SEIFA was 994 in 2016, which is low compared with the Victorian average of 1010. As with a range of social indicators already discussed, the SEIFA varies significantly across the municipality. When the SEIFA score is viewed as percentiles, this disparity becomes clearer. Melton South (sixth percentile), Rockbank (seventh percentile) and Melton (seventh percentile) is depicted in Figure 15.

This means that 93-94 per cent of suburbs in Australia experience less disadvantage than these three suburbs. Eynesbury, Fraser Rise, Hillside, Taylors Hill, Caroline Springs, Toolern Vale and Cobblebank- Strathtulloh all experience less disadvantage than the average score for Greater Melbourne.

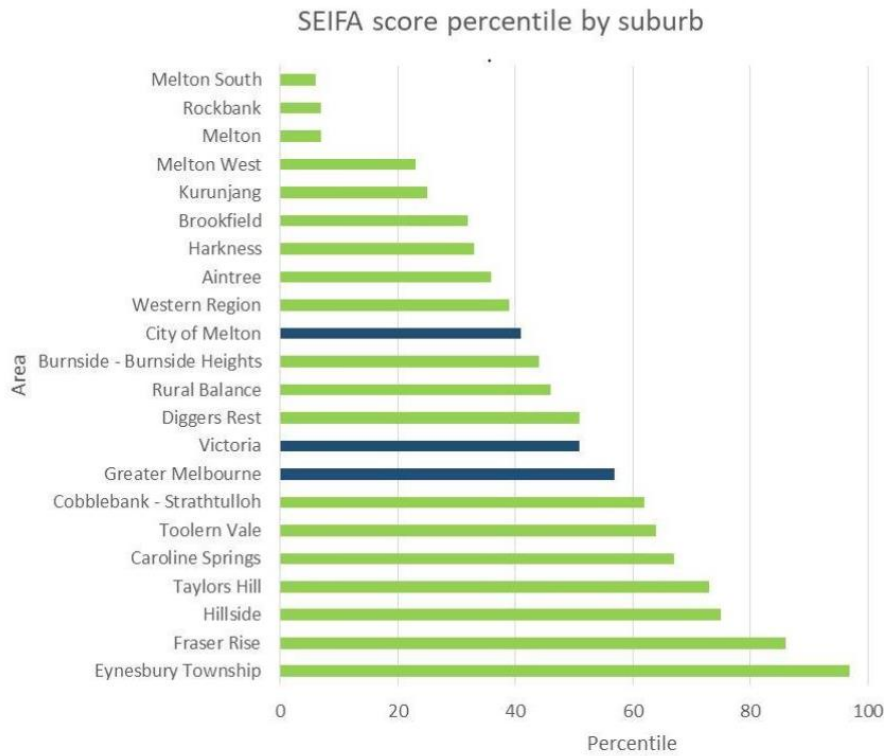


Figure 15: SEIFA Relative Index of Disadvantage Score percentile by suburb 2016 (id Community, 2020)

4.6 Perceptions of safety

In 2015, the VicHealth Community Indicators Survey found 87 per cent of City of Melton residents agreed that they felt safe walking alone during the day, compared to the Victorian estimate of 93 per cent. Forty-two per cent of residents agreed that they felt safe walking alone in their local area after dark, which is much less than the Victorian estimate of 55.1 per cent (VicHealth, 2016 [a]).

Men are twice as likely as women to feel safe walking alone after dark in the City of Melton

Men were twice as likely to feel safe walking alone at night compared with women (25.1 per cent compared to 59.4 per cent). A similar pattern exists in the western metropolitan region of Melbourne although a greater proportion of men (67.7 per cent) and women (35.8 per cent) feel safe walking alone at night (VicHealth, 2016 [a]).

Data from Council's Community Satisfaction Survey shows perceptions of safety ratings⁴ are increasing over time (Table 7) (Metropolis Research, 2020).

Community Satisfaction Survey- Perceptions of safety	2020	2019	2018	2017
In public areas during the day	7.81	7.90	7.43	7.61
In public areas during the night	7.57	6.18	5.64	5.33

Table 7- Perceptions of safety in public areas during the day and night, Community Satisfaction Survey results, 2017-2020 (Metropolis Research, 2020).

4.7 Crime

The overall crime rate has been relatively stable since 2012 and is consistently lower than the Victorian crime rate (Figure 16). In the year ending March 2020, there were 9,323 criminal incidents in the City of Melton. This increased by 6.2 per cent in the year ending March 2021 to 9,902 incidents (Crime Statistics Agency, 2021).

There has been a small increase in crimes against the person since 2015, particularly robberies and dangerous and negligent acts (Crime Statistics Agency, 2020 [c]). Property and deception offences have varied but there has been a significant reduction in burglary/break and enter offences since 2016. Drug offences have stayed relatively stable while breaches of court order offences have more than doubled since 2015.

Criminal incident rate per 100,000 population Melton and Victoria, 2012-2021

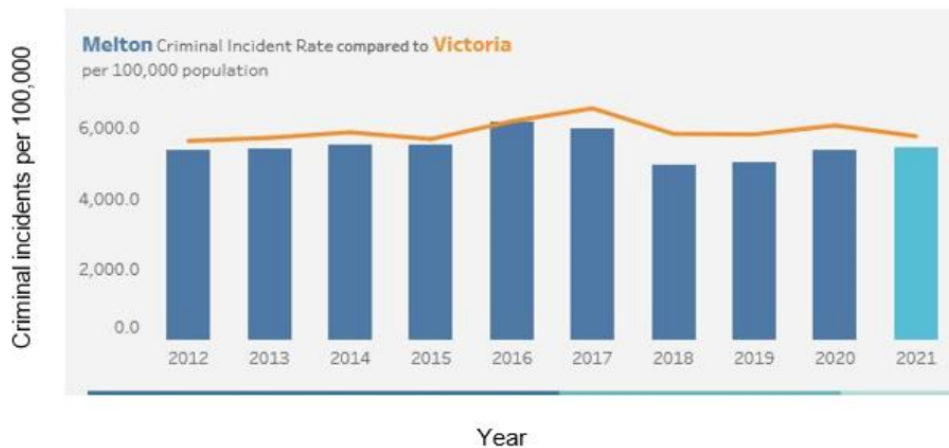


Figure 16: Crime rate per 100,000 population- City of Melton and Victoria 2011-2020 (Crime Statistics Agency, 2021)

⁴ *Metropolis Research categorises satisfaction results as follows:

- ⊗ Excellent - scores of 7.75 and above- excellent
- ⊗ Very good - scores of 7.25 to less than 7.75 - very good
- ⊗ Good - scores of 6.5 to less than 7.25 - good
- ⊗ Solid - scores of 6 to less than 6.5- solid
- ⊗ Poor - scores of 5.5 to less than 6 -poor
- ⊗ Very Poor - scores of 5 to less than 5.5 -very poor
- ⊗ Extremely Poor – scores less than 5 -extremely poor

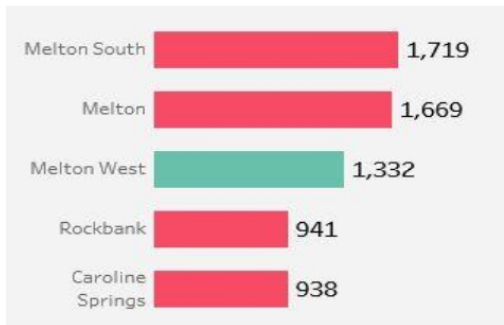


Figure 17: Top five suburbs of offences, 2021 (Crime Statistics Agency, 2021)

Melton South, Melton and Melton West experienced the highest number of criminal incidents in the year ending March 2021, followed by Rockbank and Caroline Springs (Figure 17).

Residents under the age of 45 years accounted for 71 per cent of victim reports in 2019-2020 and this has been a broadly consistent pattern since 2016. With a similar pattern in previous years, females, males and organisations each accounted for approximately a third of all victim reports (Crime Statistics Agency, 2019 [c]). Despite an even representation between males and females as victims, males are far more likely to be offenders than females. In 2019-20, 80-per cent of offenders were males (Crime Statistics Agency, 2020 [c]).

4.8 Family violence

There were 2,870 family incidents⁵ equating to 30 per cent of all criminal incidents in the municipality. Women are much more likely to be the victim-survivors of family violence. Children are also heavily affected. In 29 per cent of cases, a child witnessed or was otherwise affected by family violence incidents in Victoria (Crime Statistics Agency, 2020 [a]).

The City of Melton has the third highest rate of family violence in Greater Melbourne. Family violence incidents account for 30 per cent of local crime

Females were the victims in 77 per cent of incidents and males were the perpetrators in 78 per cent of incidents (Crime Statistics Agency, 2020 [c]). The rate of family violence in the City of Melton has been increasing since 2018 and is higher than the Victorian rate (Figure 18) (Crime Statistics Agency, 2021).

The impacts of family violence can be serious and long-lasting, affecting an individual's health, wellbeing, education, relationships and housing outcomes (AIHW, 2020). Six diseases have been causally linked to exposure to family violence including, depressive disorders, anxiety disorders, alcohol use disorders, early pregnancy loss, homicide, suicide and self-inflicted injuries (Australian Institute of Health and Welfare, 2020[b]).

⁵ An incident reported by Victoria Police where a Risk Assessment and Risk Management Report (L17 form) was completed. The report is completed when family violence incidents, interfamilial-related sexual offences, and child abuse are reported to police.

Family violence incidents rate per 100,000, City of Melton and Victoria, 2017-2021

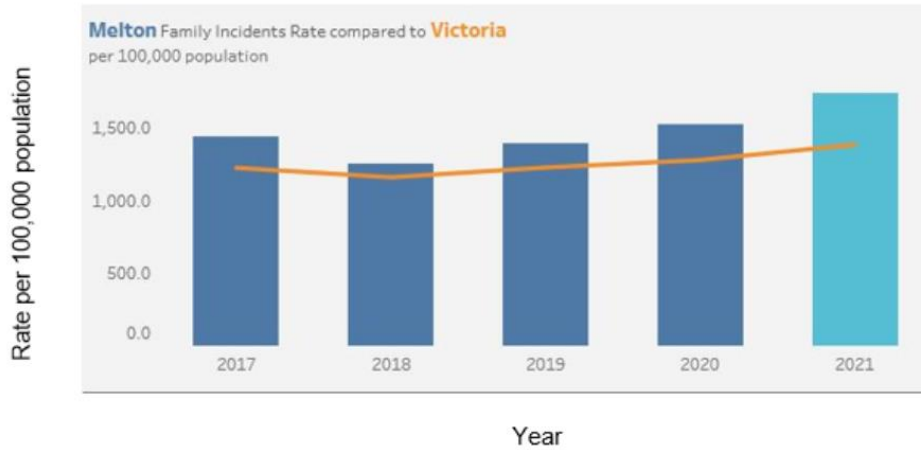


Figure 18: Family violence incidents rate per 100,000 population City of Melton and Victorian 2017-2021 (Crime Statistics Agency, 2021).

There are some community cohorts that are disproportionately impacted by family violence including:

- Aboriginal and/or Torres Strait Islander people – higher risk of experiencing family violence, higher level of under-reporting, more likely to be hospitalised due to family violence incidents and difficulties accessing culturally-sensitive support
- culturally and linguistically diverse groups – higher level of under-reporting and challenges accessing support
- people with disabilities – significantly higher risk of experiencing family violence and challenges accessing support
- people living in rural, regional and remote areas – higher risk of experiencing family violence, concerns about confidentiality and challenges accessing support
- older people – may be at increased risk of family violence due to their reliance on others for financial or care reasons; or alternatively at risk from adult children who continue to live in the family home for financial or other reasons.

(KPMG, 2017)

In Australia, over one third of women with disabilities experience some form of intimate partner violence – compared to one fourth of women without a disability. Women with disability report experiencing

- Physical violence 48 per cent - compared to 28 per cent without disability
- Sexual violence 33 per cent - compared to 16 per cent without disability
- Stalking or harassment 27 per cent - compared to 16 per cent without disability

(Australian Bureau of Statistics, 2016[a])

Women with disabilities face unique challenges in seeking support for family violence. They are often exposed to other risk factors for violence, such as living in institutions or being dependent on care arrangements in the home. Women with disabilities are less likely to report violence or access support services, and their experiences of violence are more likely to be minimised, excused or not believed. Women with disabilities are less likely to receive support due to inaccessible information and physical barriers to services (Women with disabilities Victoria, 2021).



It has been well documented that there was a rise in family violence incidents during the COVID-19 lockdown (VicHealth, 2020 [a]). The latest data shows that there was a 34 per cent increase in the rate of family violence in the City of Melton from March to June 2020 compared with the year before (Crime Statistics Agency, 2020 [b]). Over the same period, there was a 28 per cent increase in the issuing of interim family violence orders and a 44 per cent increase in the issuing of family violence safety notices. There was a 57 per cent increase in breaches of family violence protection orders in that time (Crime Statistics Agency, 2020 [b]).

These statistics need to be understood in the context of under-reporting of family violence incidents. KPMG prepared a report for the Victorian Government to fulfil a recommendation from the Royal Commission into Family Violence. To estimate an accurate cost of family violence, KPMG doubled the number of reported family violence incidents in order to accurately represent the true number of people affected by family violence (KPMG, 2017).

4.9 Child abuse

In 2015, the City of Melton had a higher number of child protection substantiations with 11.3 per 1,000 population compared to 7.1 per 1,000 in Greater Melbourne. (Victorian Government, 2015).

The Crime Statistics Agency (2020) reports that there were 1,114 child protection notifications recorded in the City of Melton between September and November 2020, an increase of 6.7 per cent compared to the same period in the previous year, equating to a rate of 645 per 100,000.

There was also a higher number of Child FIRST assessments in the City of Melton with 8.7 per 1,000 eligible population compared to 5.8 per 1,000 eligible population in Greater Melbourne (Victorian Government, 2015).

4.10 Elder abuse

Elder abuse is any act which causes harm to an older person and is carried out by someone they know and trust, such as family and friends. Elder abuse may be physical, sexual, financial, psychological, social and/or neglect (National Ageing Research Institute, 2015). In Victoria, 90 per cent of elder abuse perpetrators are close relatives including a child, grandchild, sibling or partner. (National Ageing Research Institute, 2015). In all categories of abuse (apart from neglect), the older person who suffers abuse is more likely to be female than male, and the total number of older females reporting abuse was approximately 2.5 times that of older males.

The most common matters reported by all clients of Seniors Rights Victoria are financial abuse and psychological/ emotional abuse, followed by banking matters and physical abuse (National Ageing Research Institute, 2015).

4.11 Homelessness and housing stress

Housing affordability is a key reason that many people settle in the City of Melton. In line with the young population and affordable housing, there are more homes with a mortgage in the City of Melton compared with Greater Melbourne (49.9 per cent compared to 34.3 per cent) and less fully owned homes (21.5 per cent compared to 29 per cent).

In the September quarter 2020, there was only one single-bedroom dwelling and three two-bedroom dwellings that were affordable for someone reliant on Centrelink income

'Housing stress' refers to a situation where a low-income household is paying more than 30 per cent of their gross household income on rent or mortgage payments. The City of Melton ranked on the 72nd percentile for rental stress and the 87th percentile for mortgage stress in 2016 (North Western Melbourne Primary Health Network, 2019). Almost 70 per cent of low income renters and 51 per cent of low income households paying mortgages are in housing stress (Affordable Development Outcomes, 2019). COVID-19 has likely exacerbated this with Melton-Bacchus Marsh in the top five areas in Victoria to have deferred their mortgages during the pandemic (Equifax, 2020).

The moratorium on rental evictions expired in March 2021. VicHealth found that 17 per cent of survey respondents were concerned about housing stability during COVID-19 (VicHealth, 2020).

In the September 2020 quarter, there was one single bedroom dwelling and three two bedroom dwellings that were affordable for an individual with a low income (Department of Health and Human Services, 2020 [b]). Less than a third of three bedroom rentals properties were deemed affordable (Department of Health and Human Services, 2020 [b]).

One per cent of housing stock in the City of Melton is social housing compared to the Greater Melbourne average of 2.6 per cent (id Community, 2020). To meet the estimated demand for social housing, 5.4 per cent of all new housing supply between 2016 and 2036 would need to be dedicated social housing (Affordable Development Outcomes, 2019).

Homelessness, and the number of people at risk of becoming homeless, is increasing in the City of Melton. In 2016, 333 people were estimated to be homeless (Australian Bureau of Statistics, 2018). A further 681 households were in marginal housing – crowded homes, improvised dwellings or caravan parks (Affordable Development Outcomes, 2019). The number of people in marginal housing almost doubled between 2011 and 2016 and increased at three times the rate of the increase seen Victoria-wide.

This is consistent with evidence showing the character of homelessness in Victoria is changing, with households living in severely crowded dwellings driving much of the growth in homelessness. Almost 80 per cent of people experiencing homelessness in the City of Melton live in severely overcrowded dwellings or are staying temporarily with other people (Affordable Development Outcomes, 2019).

Homelessness in the City of Melton is an issue predominantly affecting the younger population. Fifty per cent of the homeless population are aged under 24 years (Affordable Development Outcomes, 2019). Of the clients presenting to local homelessness services, 58.9 per cent were female, 69.1 per cent were aged under 30 years and almost a third were children aged under 10 years (Affordable Development Outcomes, 2019). The majority (86-88 per cent) of people seeking support were part of a couple or family unit as opposed to single clients (Affordable Development Outcomes, 2019).

There is also a shortage of crisis and short-term accommodation options for people at risk of homelessness in the City. Service providers report having to house people in motels or refer them out of the municipality to access crisis accommodation. This may contribute to people remaining in unsuitable housing and lead to overcrowding in private housing (Affordable Development Outcomes, 2019).

Family violence is a key driver of homelessness. Forty-two per cent of all female clients accessing homelessness services in Australia are escaping family violence (Australian Housing and Urban Research Institute, 2020). Often these victim-survivors have little financial security and find it difficult to access safe and secure housing and rely heavily on social networks for temporary accommodation (Australian National Research Organisation for Women's Safety, 2019). One in five return to their violent partners because they had no financial support or nowhere else to go (Australian National Research Organisation for Women's Safety, 2019).



As the City of Melton has one of the highest rates of family violence in Greater Melbourne, this is likely to be a significant issue for females and children in the local community. With increased rates of family violence seen during COVID-19 and economic strain disproportionately impacting females, it is likely that family violence-related homelessness has and will continue to increase.

4.12 Food security

Food insecurity exists along a continuum and is said to occur whenever the availability of nutritionally adequate and safe foods, or the ability to acquire acceptable food in socially acceptable ways, is limited or uncertain (Radimer and Radimer 2002). In 2019, the rate of food insecurity in the City of Melton was 3.3 per cent (Department of Health and Human Services, 2015). This is consistent with results of Council's Annual Household Survey in 2018 and 2019 where results were 3.3 per cent (Metropolis Research, 2018) and 3.4 per cent, respectively (Metropolis Research, 2019). This is lower than the state rate of 4.26 per cent (Department of Health and Human Services, 2015).



There is sufficient anecdotal evidence to suggest that food security has become a greater concern during COVID-19 with local emergency relief providers expressing that they have been unable to meet demand.

There have been a range of short-term measures to minimise the economic impacts of COVID-19 including:

- supplements to JobSeeker Payment system
- the JobKeeper Payment system
- moratorium on evictions
- deferral of mortgage payments.

4.13 Gambling

<p>\$186,000 is lost on pokies every day in the City of Melton</p>	<p>Pokies result in higher losses than other gambling product (Queensland Treasury, 2019). Gaming machine losses in the City of Melton amounted to \$67.8 million in 2018-19 with almost \$186,000 lost on pokies every day (Responsible Gambling Foundation, 2020). The City of Melton ranked 16th of all Victorian Councils in expenditure on gaming machines.</p>
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This is despite the fact that there are currently 37 per cent less machines than the regulated cap allows.



COVID-19 led a change in gambling habits across the country. Although initial social distancing restrictions resulted in the temporary closure of pokies venues, was a rise in online gambling (Australian Gambling Research Centre, 2020). The Gambling in Australia during COVID-19 report highlights that the proportion of people who gambled four or more times a week increased from 23 per cent to 32 per cent during the pandemic. Young males aged 18-34 years were of most concern with increased frequency and monthly spending on gambling and most at risk of gambling related harm (Australian Urban Observatory, 2020).

4.14 Racism and other forms of discrimination

While there is limited local data available, there is solid state and national data outlining the extent and impacts of discrimination. People who frequently experience racism are five times as likely to have poor mental health and 2.5 times more likely to have poorer physical health compared to those that do not experience racism (Department of Health and Human Services, 2017). The communities experiencing disadvantage section of the Profile outlines the impact of racism and discrimination on specific communities.

4.15 Social connection and participation

Social and community networks are key determinants of health. People who are more socially connected are healthier and live longer than their more isolated peers (Umberson, 2010). From the 2015 VicHealth Community Indicators Survey, the City of Melton rates lower on a range of social connection measures than Victoria (Figure 19).

Two thirds of residents agreed that people in their neighbourhood are willing to help each other out, compared to 74 per cent Victorian average. Just under half felt that they live in a close-knit neighbourhood compared to 61 per cent Victorian average. Just over half (59 per cent) of City of Melton residents agreed that people in their neighbourhood can be trusted, compared to 72 per cent Victorian average (VicHealth, 2016 [a]).

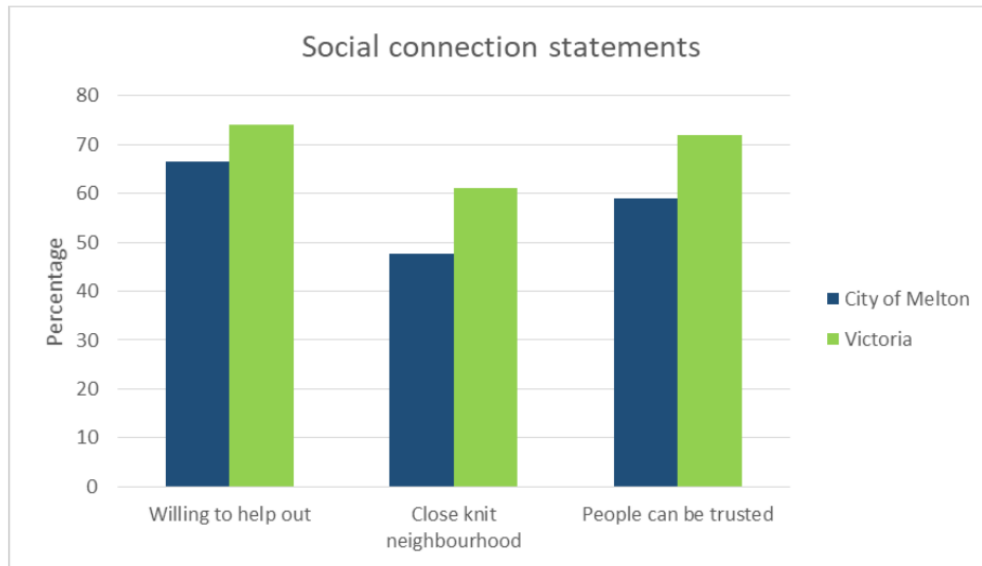


Figure 19: Percentage of residents' agreement with social connection statements 2016 - City of Melton and Victoria (VicHealth, 2016 [a])

This correlates with results from Council's Annual Household Survey where there was generally moderate agreement that respondents felt connected to their community (Metropolis Research, 2020).

Public libraries and art spaces support community engagement and strengthening by offering a safe place for the community to interact, access information, technology, literacy support and learning opportunities.

The 2018 Library Satisfaction Survey results demonstrate the impact of libraries on health, wellbeing and learning:

- 66 per cent said the library made them feel part of the community
- 73 per cent said the library provided them with a safe place
- 50 per cent said they learned something new at the library such as using technology and tracing family history
- 34 per cent said the library contributed to experiencing other cultures
- 49 per cent said the library aided learning
- 21 per cent said the library helped with making friends.

(Melton City Council, 2019)

With regard to volunteering, the City of Melton has a relatively low level of volunteering at 12.5 per cent compared to 17.6 per cent in Greater Melbourne (id Community, 2020). This was consistent across the municipality with the exception of suburbs Eynesbury and Diggers Rest where there was a higher rate of volunteering.

4.16 Digital literacy

There has been a steady increase for some years in the use of the internet for work, education, and service and information provision purposes. Household internet connection is lower in the City of Melton. In 2016, there were 10.4 per cent of households in the municipality with no internet connection compared to 11.3 per cent in Greater Melbourne (id Community, 2020).

There are some groups who are less likely to have the resources or digital literacy to fully engage in the online world, including:

- people aged 65+ years
- those on low incomes
- those reliant on only a mobile phone
- people with disabilities
- those with lower educational attainment
- those not in the labour force
- Aboriginal and/or Torres Strait Islander people

(Barraket, 2019).

Libraries and community facilities provide access to resources and training that can enhance their digital literacy. The 2018 Library Satisfaction Survey found that whilst borrowing a physical book was the most common activity by those visiting a library (71 per cent), 44 per cent of community members indicated that they attend the library to use technology such as Wi-Fi, computers, printers, scanners and photocopiers (Melton City Council, 2019[a]).

Melton City Council's Annual Household Survey found approximately 40 per cent of seniors in the municipality need assistance to increase their confidence and skills to be safe online. Survey respondents reported a need for training in computer skills, online safety, using online platforms and making the most of their mobile, tablet and computer devices. Many survey respondents articulated difficulty navigating online systems such as referral pathways to medical, financial and general health and wellbeing services. (Metropolis Research, 2019).



COVID-19 contributed to greater demand for online learning and the reliance on digital technology to maintain connections with others. At a time when there was increased need for access to the internet and devices, public places with free computer use or Wi-Fi were closed. This exposed gaps in digital inclusion in the City of Melton with reports of multiple children needing to complete school work on the single mobile device available in the home; small data limits preventing children from undertaking their work; and inability of some residents to take part in online programs and services due to no access to devices, internet or the skills required to digitally engage (Melton City Council, 2020 [b]).

4.17 Domestic work, care and childcare

Regarding weekly hours of unpaid domestic work, the City of Melton rates similarly to the Greater Melbourne average (Figure 20). Almost one in five City of Melton residents do more than 14 hours of unpaid domestic work each week (id Community, 2020).

Females were 3.5 times more likely than males to do more than 14 hours of unpaid housework per week, and 5.5 times more likely to do more than 30 hours of unpaid domestic work compared to males (id Community, 2020).

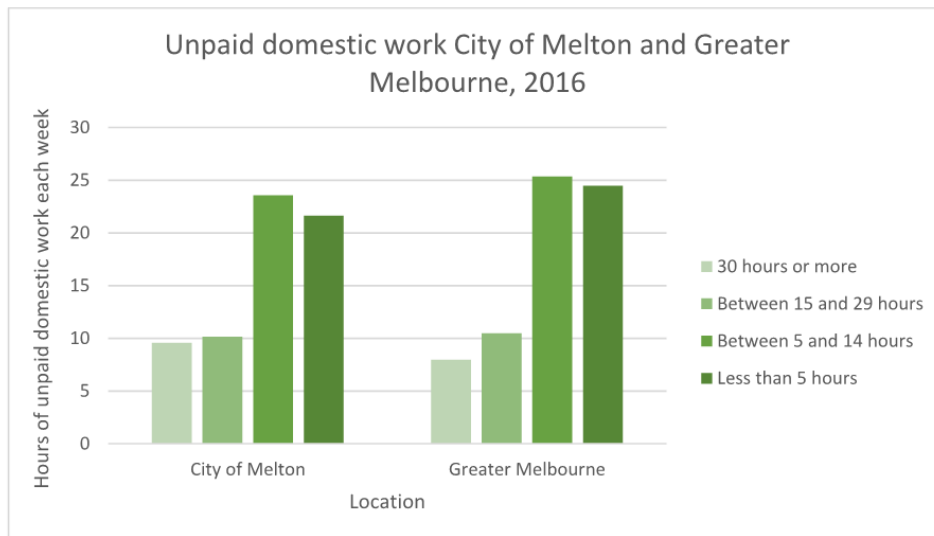


Figure 20: Unpaid domestic work City of Melton and Greater Melbourne, 2016 (id Community, 2020)

Regarding caring responsibilities, 12 per cent of residents provide unpaid assistance to someone with a disability, long-term illness or the elderly, similar to Greater Melbourne (Figure 21) (id Community, 2020).

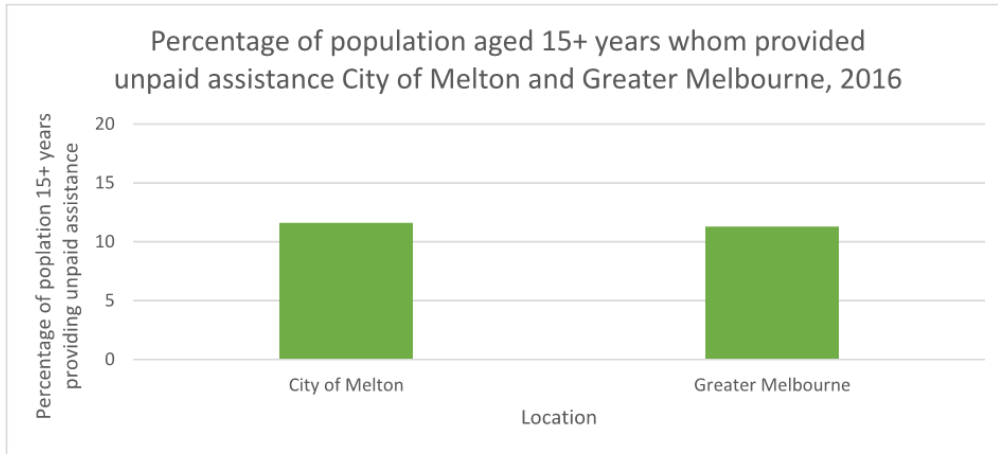


Figure 21: Percentage of population aged 15+ years providing unpaid assistance City of Melton and Greater Melbourne, 2016 (id Community, 2020)

Females are 1.5 times more likely to provide this care than males (id Community, 2020). The proportion of people providing unpaid care for the aged and disabled in the City of Melton can be an important indicator of the level of demand for aged care services and facilities by local and state governments. An increasing proportion of carers among the population may indicate inadequate aged care provision, or the need for in-home support, or support for the carers themselves (id Community, 2020).

In 2016, 34 per cent of residents aged 15+ years provided unpaid childcare (Figure 22). This is higher than the Greater Melbourne average of 28 per cent and reflective of the large proportion of young families in the City of Melton. Thirty-eight per cent of females and 29 per cent of males provide unpaid childcare. (id Community, 2020).

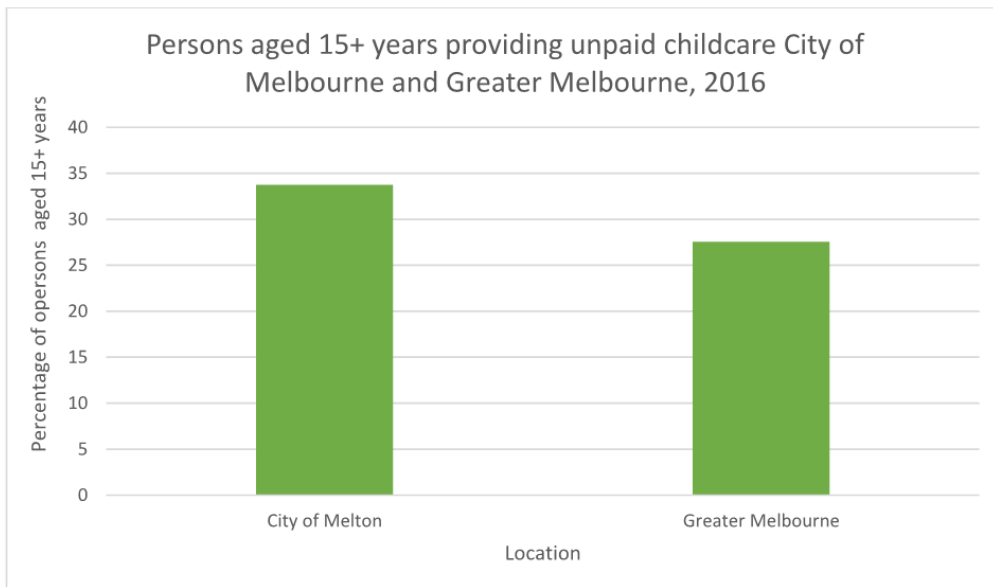


Figure 22: Persons aged 15+ years providing unpaid childcare City of Melbourne and Greater Melbourne, 2016 (id community, 2020).



During the COVID-19 pandemic when restrictions were in place, there were additional caring duties imposed on families while schools and childcare centres were closed, and in-home services were reduced. VicHealth found 76 per cent of mothers were responsible for the primary care of preschool-aged children during COVID-19 compared to eight per cent of fathers (VicHealth, 2020). Seventy-two per cent of mothers invested the most time helping children with home schooling compared to 26 per cent of fathers (VicHealth, 2020).

4.18 Health and community service access and use

Timely service and infrastructure provision is a common issue in rapidly growing interface council areas such as the City of Melton (Interface Councils, 2018). There are existing service shortfalls that will only be further exacerbated by the rapid population growth. There is an existing shortage of:

- general practitioners (GPs)
- specialists (particularly obstetricians and gynaecologists, psychiatrists and general surgeons)
- allied health practitioners
- emergency care
- public dental care
- child protection services
- mental health services
- family violence services
- disability services
- cultural-specific services for Aboriginal and/or Torres Strait Islander, and new and emerging communities

(North Western Melbourne Primary Health Network, 2019) .

Future service needs include all the above with additional investment required in:

- primary prevention and health promotion
- pregnancy and childbirth services
- maternal and child health services
- kindergarten services
- aged care services

(Melton City Council, 2019[b])

In terms of service use, GP attendance is on the 96th percentile for Victoria in the Melton-Bacchus Marsh area, indicating very high use of the service (North Western Melbourne Primary Health Network, 2019). This aligns well with the performance of the municipality in simple health screening exercises like blood tests and blood pressure checks. Maternal and Child Health participation rates however are very low at the 3.5 year ages and stages check (North Western Melbourne Primary Health Network, 2019).

Despite high levels of psychological distress in the City of Melton, residents do not appear to engage well with mental health services (Department of Health and Human Services, 2020 [d]). There are lower than expected rates of registration as mental health clients, mental health care plans, mental health nurse utilisation and mental health overnight hospitalisations (North Western Melbourne Primary Health Network, 2019). This may be reflective of low help-seeking behaviour or a reflection of the shortfall of mental health services.

The presence of a number of correctional facilities in and near to the City of Melton, and the subsequent settlement of individuals on parole or with community corrections orders in the area, also creates a concentration of people with high service needs (North Western Melbourne Primary Health Network, 2019).

4.19 Liveability

The liveability of an area relates to its attractiveness and amenities inclusive of aspects such as open space, connected transport, affordable housing, education options, local employment, recreation, and health and social service provision.

Growth and interface councils generally rate more poorly in liveability indexes (Figure 23). (Australian Urban Observatory, 2020) This is reflected in the City of Melton, with much of the municipality rated on the lowest deciles of the liveability index, with the exception of the areas immediately adjoining major shopping and transport hubs in central Melton and Caroline Springs.

There is limited public transport, a dependence on cars and a reliance on employment outside of the municipality resulting in long commuting times (Figure 24). Sixty-three per cent of households in the City of Melton had access to two or more motor vehicles, compared to 50.7 per cent of households in Greater Melbourne (id Community, 2020).

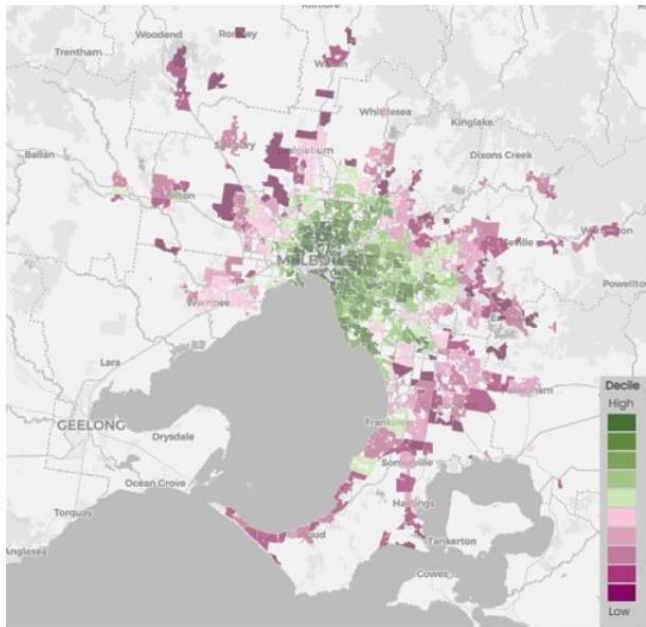


Figure 23: Liveability ratings across Greater Melbourne (Australian Urban Observatory, 2020)

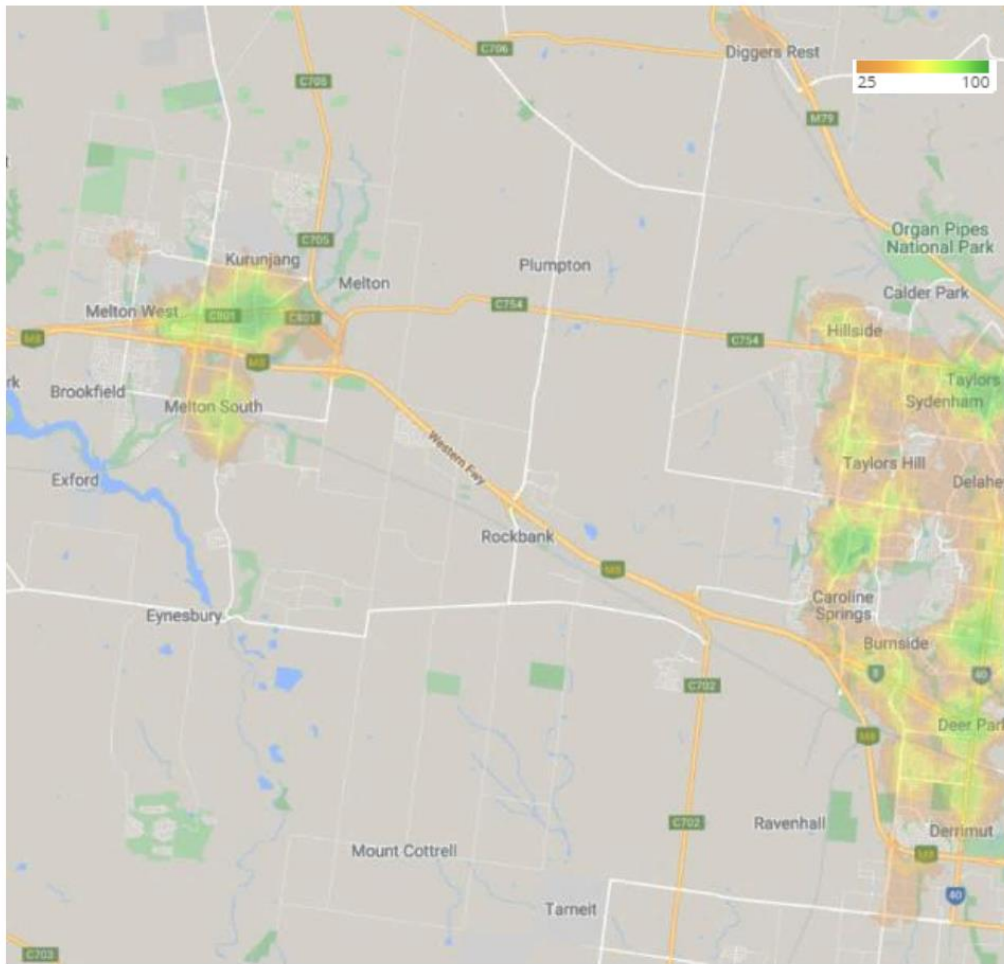
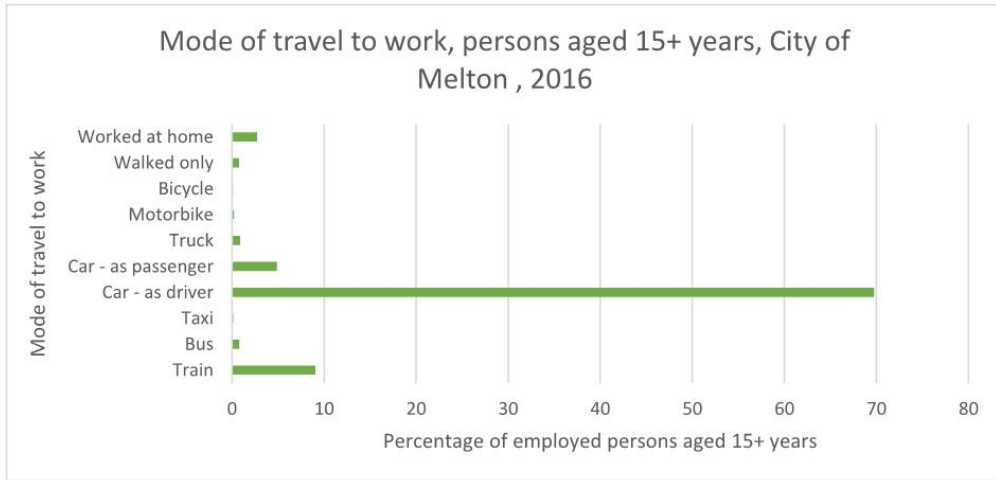


Figure 24: Mode of transport to work for employed persons 15+ years, City of Melton, 2016 (id Community, 2020)


Walkability is another aspect of liveability. A Walk Score rates small geographic areas based on their 'walkability' – the number and type of amenities within a 1.6km distance. This aligns with the State Government's concept of a '20 minute neighbourhood' (Department of Environment, Land, Water and Planning, 2020).

As with the liveability index, the most walkable neighbourhoods are those immediately adjacent to shopping and transport hubs in central Melton and Caroline Springs (Figure 25).

Walk score	Description
90-100	Daily errands do not require a car
70-89	Most errands can be accomplished on foot
50-69	Some errands can be accomplished on foot
25-49	Most errands require a car

Figure 25: Walk score - City of Melton 2020 (Department of Environment, Land, Water and Planning, 2020)

4.20 Key learnings – social and economic conditions

- There is significant variation in the experience of socio-economic disadvantage across the municipality. Suburbs with greater socio-economic challenges include Melton, Melton South, Melton West, Harkness, Kurunjang and Rockbank.
- Despite greater educational attainment, females are more likely to be unemployed.
- Perceptions of safety are improving according to Council's Annual Household Survey.
- The crime rate in the City of Melton is lower than the Victorian average.
- The City of Melton has one of the highest rates of family violence in Greater Melbourne.
- The City of Melton has some of the most affordable housing in Greater Melbourne.
- Diversity in housing type will be a challenge in the future.
- The City of Melton rates lower on a range of social connection indicators.
-  COVID-19 has revealed that many cohorts in the community are digitally excluded.
- The City of Melton rates lower on liveability measures. There is a dependence on cars and a reliance on employment outside of the municipality.
 - The City of Melton has been hit hard by economic downturn caused by COVID-19.

5. Health behaviours

This section of the Profile includes individual lifestyle factors that round out the wider determinants of health.

5.1 Nutrition

City of Melton residents rate lower in nutritional intake compared to Greater Melbourne. The 2017 Victorian Population Health Survey indicated that the daily intake of sugar sweetened drinks was much higher in the City of Melton, 17.4 per cent compared to 9.1 per cent in Greater Melbourne. A large proportion of residents did not meet fruit and vegetable consumption guidelines, 58 per cent compared to 51 per cent in Greater Melbourne. (Department of Health and Human Services, 2020 [d]). Consumption of sugar sweetened drinks contributes to poorer health outcomes such as dental caries, obesity, diabetes and heart disease (Preventative Health Taskforce, 2009).

The City of Melton also has a lower proportion of infants fully breastfed at three months and six months compared to the Victorian average (Figure 26) (Melton City Council, 2018).

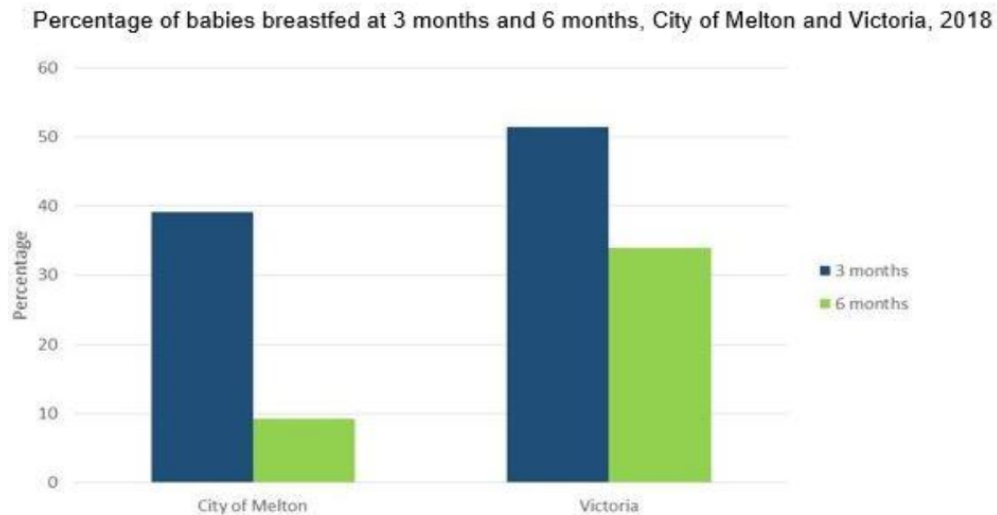


Figure 26: Percentage of babies breastfed at 3 months and 6 months of age: City of Melton and Victoria 2018 (Melton City Council, 2018)

5.2 Physical activity

City of Melton residents are more likely to be sedentary (4.3 per cent) than the average Victorian (2.5 per cent). Two in five people do insufficient physical activity (Department of Health and Human Services, 2020 [d]).

In 2019, the City of Melton had an overall lower participation rate in sport compared to other growth municipalities. The City of Melton’s sport participation rate was 8.3 per cent, compared to other Victorian growth municipalities such as Moorabool 14.8 per cent, Mitchell 15.3 per cent and Hume, 11.6 per cent (VicHealth, 2021). Lower participation rates do not necessarily mean the area has lower overall physical activity levels. It may mean, for instance, that there is a lack of sporting facilities and instead the community has higher rates of walking, cycling or other active recreation (VicHealth, 2021).

Participation in sport peaks at ages 5-14 years in metropolitan growth areas, with rates halving from age 15 years and almost halving again from age 20 years (Figure 27) (Sport and Recreation Spatial, 2019). By the age of 30, only 5.4 per cent of people participate in organised sport in metropolitan growth areas. Female participation in sport is significantly lower across all age groups and is most apparent in the teenage years. Male participation between the ages of 10 years and 14 years peaks at 53.8 per cent (Sport and Recreation Spatial, 2019). The female participation rate peaks at the same age but with only 30.8 per cent participation (Sport and Recreation Spatial, 2019).

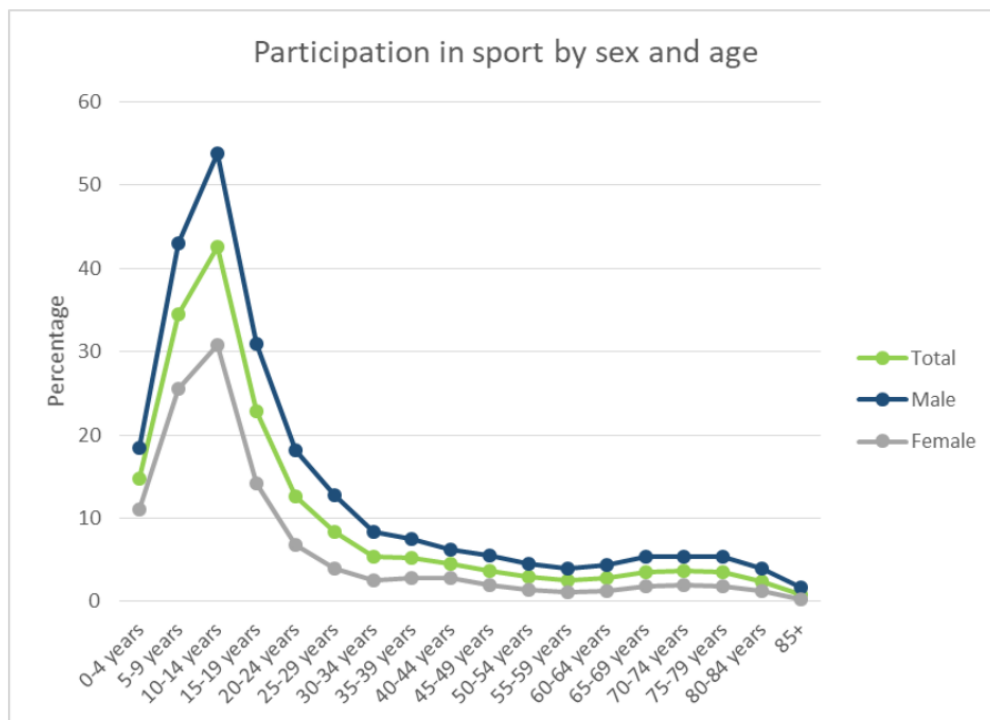


Figure 27: Percentage of participation in sport by sex and service age groups in Victoria, 2019 (VicHealth, 2021)

Non-organised physical activity was more than twice as popular as organised activity, with a 62.3 per cent participation rate. Almost half of respondents walked (45.9 per cent), 12.2 per cent jogged and 9.4 per cent used a gym or fitness centre (VicHealth, 2016 [a]).

5.3 Smoking, alcohol and other drugs

The tobacco smoking rate is significantly higher in the City of Melton. In 2018, 21 per cent of residents smoked tobacco daily compared to the Victorian average of 10 per cent daily smokers (Figure 28) (Department of Health and Human Services, 2020 [d]). Males are more likely to be current daily tobacco smokers than females.

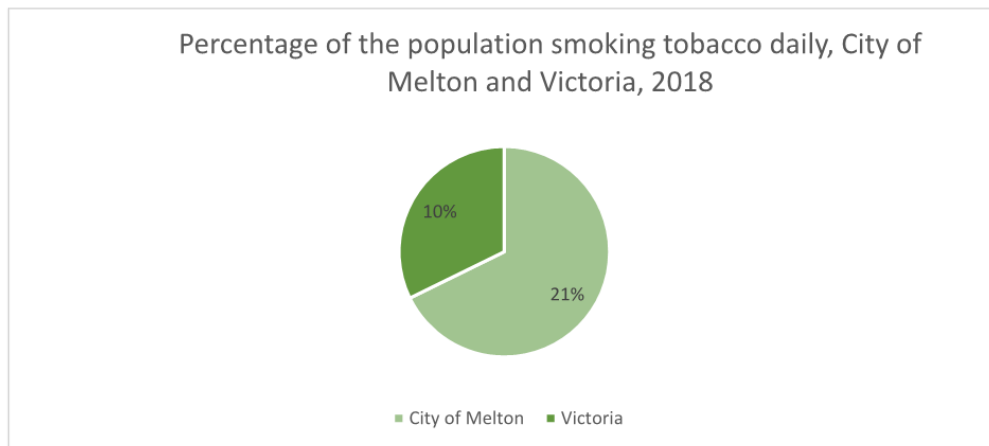


Figure 28: Percentage of the population smoking tobacco daily, City of Melton and Victoria, 2018 (Department of Health and Human Services, 2020 [d])

More than half of residents (53 per cent), drink alcohol at a level that increases lifetime health risk although this is lower than the Victorian average (59.5 per cent) (Department of Health and Human Services, 2020 [d]). Thirty-eight per cent of residents' drink alcohol at levels that increase immediate risk, with males twice as likely as females to drink at risky levels.

Ambulance attendances provide some insight into alcohol and other drug-related harm and changing trends and patterns in a community.

- In 2019/20, the rate of ambulance attendances for alcohol intoxication in the City of Melton was 292 per 100,000 population compared to 462 per 100,000 in Victoria. The rate slightly increased from 2018/19 which was 278 per 100,000 population in the City of Melton and 451 per 100,000 in Victoria. Ambulance attendances were highest for males aged 40-64 years in the City of Melton (Turning Point, 2021).
- Ambulance attendances for amphetamines (any) increased from a 2018/19 rate of 53 per 100,000 to a 2019/20 rate of 77 per 100,000. A similar increase was observed in Victoria with 68 per 100,000 in 2018/19 to 84 per 100,000 in 2019/20. Ambulance attendances for amphetamines were higher for males 25-29 years in the City of Melton (Turning Point, 2021).
- Ambulance attendances for crystal methamphetamine (commonly known as ice) was higher in the City of Melton, with a rate of 58 per 100,000 compared to the Victorian rate of 55 per 100,000 in 2019/20. These rates had increased from 2018/19 figures of 36 per 100,000 in the City of Melton compared to 47 per 100,000 in Victoria. Ambulance attendances for crystal methamphetamine was higher in males across all age groups from 15 years to 64 years in the City of Melton (Turning Point, 2021).

- Ambulance attendances for pharmaceutical drugs (any) such as benzodiazepines, opioids and antidepressants reduced in 2019/20 for the City of Melton and Victoria. In 2018/19 the rate of ambulance attendances for pharmaceutical drugs (any) was 196 per 100,000 compared to Victoria 187 per 100,000. The rate reduced to 175 per 100,000 in the City of Melton and 186 per 100,000 in Victoria in 2019/20.

5.4 Screening and immunisation

Child immunisation rates are slightly higher in the City of Melton compared to Greater Melbourne. In 2017, 94.2 per cent of children aged 12-17 months were fully immunised in the City of Melton compared to 94 per cent in Greater Melbourne (Department of Health, 2018).

Breast cancer screening and bowel cancer screening are low in the City of Melton (Figure 29) (North Western Melbourne Primary Health Network, 2019). However, blood pressure, lipids and blood glucose screening are similar to the Victorian average (Department of Health and Human Services, 2020 [a]).

Percentage of population participating in health screening - City of Melton and Bacchus Marsh and Victoria 2015/2016

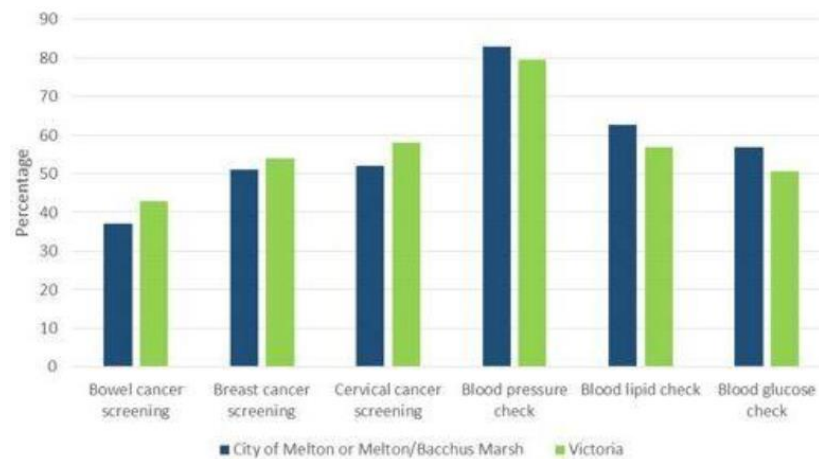


Figure 29: Percentage of population participating in health screening - City of Melton and Bacchus Marsh and Victoria 2015/2016 (North Western Melbourne Primary Health Network, 2019)

5.5 Key learnings – health behaviours

- The City of Melton rates poorly on a range of nutrition-related measures. Residents have poor fruit and vegetable intakes and consume sugar sweetened drinks often.
- Two in five residents do not get sufficient exercise. Sports participation peaks at ages 5-14 years. By the age of 30 years, only five per cent play sport.
- There is an underrepresentation of females in sport across all age groups.
- There is a high rate of tobacco smoking in the City of Melton.
- Ambulance attendances for alcohol and other drugs is increasing. Adult males are more likely to require an ambulance for alcohol and other drug intoxication compared to females.
- The City of Melton has a higher rate of crystal methamphetamine (ice) ambulance attendance compared to the Victorian average.
- In terms of health screening, residents are more likely than the Victorian average to have simple screening tests (such as blood pressure or blood tests) and less likely to undergo cancer screening tests. There are high rates of childhood immunisation in the municipality.

6. Health conditions

This section presents the interplay between social determinants and various health conditions.

6.1 Burden of disease

The leading causes of burden of disease in Australia are:

1. coronary heart disease
2. back pain and problems
3. chronic obstructive pulmonary disease (COPD)
4. dementia
5. lung cancer

(Australian Institute of Health and Welfare, 2019).

The main contributors to the burden of disease are similar for males and females although cancer, cardiovascular disease and injuries contribute more to the burden for men, and musculoskeletal and neurological conditions more to the burden for females.

The top five risk factors for males and females are:

1. tobacco use
2. overweight and obesity
3. dietary risks
4. hypertension (high blood pressure)
5. high blood plasmas glucose

(Australian Institute of Health and Welfare, 2019).

The City of Melton rates poorly on a number of these diseases and risk factors (Figure 27). Burden of disease data is not broken down into sub-population groups. In summary, there are high rates of:

- adult and childhood overweight and obesity
- hypertension
- psychological distress
- poor/fair dental health
- type 2 diabetes
- stroke
- cancer.

(Australian Institute of Health and Welfare, 2019).

Intimate partner violence has been identified as a significant health problem. It is the leading risk factor contributing to burden of disease in women aged 15-44 years in Victoria (Figure 30).

Top risk factors contributing to burden of disease in women aged 15-44 years, Victoria, 2001

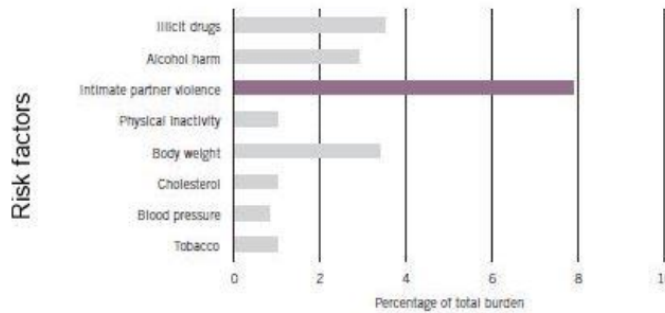


Figure 30: Top risk factors contributing to burden of disease in women aged 15-44 years, Victoria, 2001 (VicHealth, 2010)

There is a link between the level of socio-economic disadvantage and the burden of disease. The burden of disease increases steadily as disadvantage increases. The burden of disease related to tobacco use, intimate partner violence and high blood plasma glucose were the most significantly related to socio-economic status. A similar relationship is also evident for coronary heart disease, kidney disease, COPD, lung cancer, stroke and type 2 diabetes (Australian Institute of Health and Welfare, 2019).

6.2 Chronic disease

People living in the City of Melton are more likely to have one or multiple chronic diseases (Figure 31).

- The rate of obesity in the City of Melton is higher than the Victorian average at 29 per cent compared to 19 per cent. (North Western Melbourne Primary Health Network, 2019).
- Eighteen per cent of the population have a circulatory disease (North Western Melbourne Primary Health Network, 2019).
- In comparison to the Victorian average, the City of Melton have higher rates of hypertension (32 per cent compared to 24 per cent).
- The City of Melton has higher rates of poor/ fair oral health compared to the Victorian average (27 per cent compared to 24 per cent).
- There are higher rates of high/very high psychological distress in the City of Melton compare to the Victorian average (20 per cent compared 15 per cent).

Almost one in three adults and one in ten children are obese in the City of Melton

Percentage of the population with risk factors and chronic disease - City of Melton and Victoria 2011-2015

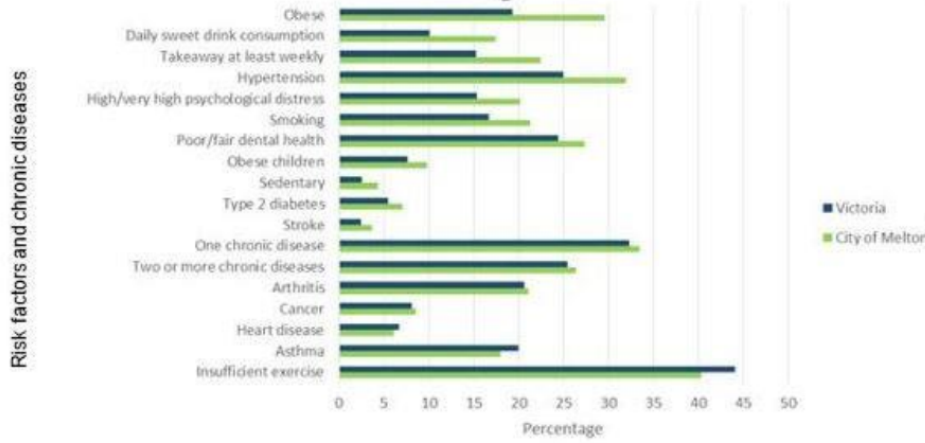


Figure 31: Percentage of the population with risk factors and chronic disease - City of Melton and Victoria 2011-2015 (North Western Melbourne Primary Health Network, 2019)

6.3 Hospitalisations

The major avoidable hospitalisations vary across the life span. Table 8 shows that in the HealthWest Primary Care Partnership catchment area⁶, dental conditions are one of the most common reasons for avoidable hospitalisation in children. Iron deficiency anaemia is one of the top three causes of avoidable hospitalisations for all cohorts aged 30+ years. This is likely to reflect poor dietary intake and avoidance of dental care due to cost. More than 27 per cent of residents rate their dental health status as fair or poor and more than 40 per cent have avoided visiting the dentist due to the prohibitive costs of treatment (Department of Health and Human Services, 2020 [a]).

Age group	Reason for hospitalisation 2019/2020
0-9 years	Dental conditions Ear, nose and throat infections Asthma
10-19 years	Dental conditions Convulsions and epilepsy Asthma
20-29 years	Ear, nose and throat infections Urinary tract infections Cellulitis
30-39 years	Iron deficiency anaemia Cellulitis Urinary tract infections
40-49 years	Iron deficiency anaemia Cellulitis Other vaccine-preventable conditions
50-59 years	Cellulitis Iron deficiency anaemia Other vaccine-preventable conditions
60-69 years	Diabetes complications Chronic Obstructive Pulmonary Disease Iron deficiency anaemia
70-79 years	Chronic Obstructive Pulmonary Disease Congestive cardiac failure Iron deficiency anaemia
80+ years	Congestive heart failure Chronic Obstructive Pulmonary Disease Iron deficiency anaemia

Table 8: Top 3 causes of hospitalisation by age in HealthWest Primary Care Partnership catchment area 2019/20 (Department of Health and Human Services, 2020 [a])

⁶ HealthWest Primary Care Partnership catchment area includes the local government areas of Maribyrnong, Brimbank, Melton, Wyndham and Hobson's Bay with a population of 717,950 (as of 2016).

6.4 Mental health

One in five City of Melton residents experience high or very high psychological distress (Department of Health and Human Services, 2020 [d]). Females (25.5 per cent) are much more likely than men (14.6 per cent) to experience such high levels of distress.

One in five residents experience high or very high psychological distress

- A greater proportion of City of Melton residents have been diagnosed with depression and/or anxiety than the Victorian average.
- There is a greater proportion of males with a mental health diagnosis in the City of Melton compared to the Victorian average (28.7 per cent compared to 21 per cent).
- City of Melton residents are more likely to rate their health as fair or poor.
- One in five residents rated low or medium in response to feeling that life was worthwhile.

(Department of Health and Human Services, 2020[d])

The rate of hospitalisation for self-harm is lower in Melton-Bacchus Marsh than the Victorian average. Females are more likely than males to present to hospital for self-harm with a rate of 93.8 presentations per 100,000 people compared to a rate of 70.7 per 100,000 for males (North Western Melbourne Primary Health Network, 2019).

In the Melton- Bacchus Marsh SA3 area, there were 11.1 deaths by suicide per 100,000 population between 2014-2018. This was slightly higher than the death by suicide rate for the North Western Melbourne Primary Health Network catchment area of 9.06 per 100,000 (Australian Institute of Health and Welfare, 2021). Data shows that of those who died by suicide, a smaller proportion had been diagnosed with a mental health condition or were receiving professional support than the average in the urban fringe (North Western Melbourne Primary Health Network, 2019).

Another concern, particularly for women, is perinatal depression. While local data on perinatal depression rates are not easily accessible, national prevalence data indicates that this condition is an important issue particularly in areas with high birth rates (North Western Melbourne Primary Health Network, 2019). It is estimated that up to ten per cent of women and five per cent of men experience antenatal depression, and more than one in seven new mothers and up to one in 10 new fathers experience postnatal depression every year (North Western Melbourne Primary Health Network, 2019).

With regard to young people, 25.5 per cent of adolescents in the City of Melton are not satisfied with their quality of life compared to 22.3 per cent of adolescents in Greater Melbourne (Department of Education and Training, 2013). Less adolescents in the City of Melton reported not having a trusted adult in their life, 37.5 per cent, compared to 30.8 per cent in Greater Melbourne. (Department of Education and Training, 2013).

HeadSpace Youth Mental Health have been providing services in the City of Melton in recent years. Compared with other Headspace centres nationally, clients of the service in the North Western Melbourne Primary Health Network area have a greater progression of mental illness than the national average and a higher average visit frequency (North Western Melbourne Primary Health Network, 2019).



Across north-western Melbourne, high levels of psychological distress are evident in several areas with higher levels of socio-economic disadvantage. In these areas, general mental health issues may be exacerbated by additional financial and social stresses, substance abuse, family violence and challenges such as gambling. COVID-19 has exacerbated these stressors and has caused anxiety about the pandemic itself, leading to poorer mental health outcomes for many in the City of Melton and wider Victoria (Melton City Council, 2020 [a]).

6.5 Sexual and reproductive health

Sexual and reproductive health includes the right to healthy and respectful relationships, inclusive, safe and appropriate services, access to accurate information, and effective and affordable methods of family planning and fertility regulation (Malarcher, 2010).

The City of Melton rates low on a range of sexual and reproductive health indicators (Figure 32). In 2018, the teenage birth rate is 33 per cent higher in the City of Melton than in Victoria as a whole. There is a high rate of chlamydia and gonorrhoea, and a higher rate of Hepatitis B, particularly in males (Women's Health West, 2020).

The overall birth rate is significantly greater than the Victorian average at 36 births per 1,000 compared to 24 births per 1,000 (Women's Health West, 2020). In 2017, the suburb of Melton South had the highest fertility rate in the municipality at 2.46 births per woman (id Community, 2020).

Rate of sexually transmitted infections for males and females per 10,000 population, City of Melton and Victoria, 2018

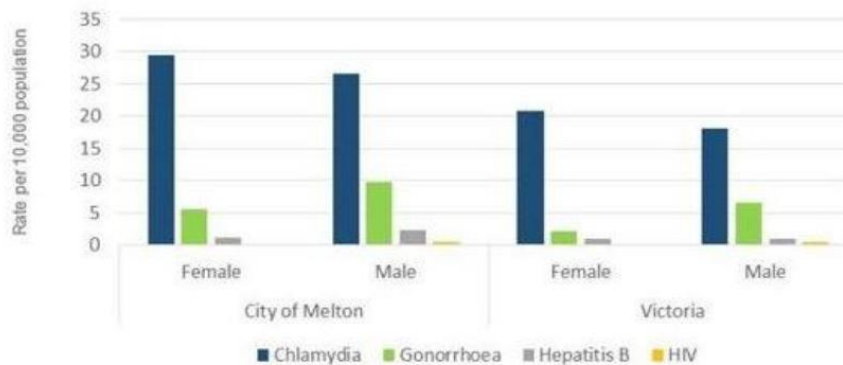


Figure 32: Rate per 10,000 population of sexually transmitted infections by sex 2018– City of Melton and Victoria (Women's Health West, 2020).

6.6 Key learnings – health conditions

- The City of Melton rates lower on a number of diseases and risk factors such as obesity, hypertension, psychological distress, poor dental health, type 2 diabetes, stroke and cancer.
- The rate of obesity in the City of Melton is higher than the Victorian average with nearly one in three adults classed as obese.
- The City of Melton rates lower on several mental health-related indicators. There are greater rates of psychological distress.
- Sexual and reproductive health is a concern in the City of Melton with a higher rate of teenage births and a higher infection rate for chlamydia, gonorrhoea and Hepatitis B.
- The overall birth rate is significantly greater than the Victorian average at 36 births per 1,000 compared to 24 births per 1,000.

7. Our community experiencing disadvantage

This section of the Profile summarises some factors for consideration when working with communities experiencing disadvantage.

7.1 Low income households

The City of Melton has the equal fourth highest rate of poverty in Victoria (Department of Health and Human Services, 2020 [d]).

Of those living in poverty in the City of Melton:

- 59 per cent are female
- 25 per cent have a disability (despite only making up 7.5 per cent of population)
- 68 per cent live in a household with children
- 65 per cent own their own homes or have a mortgage
- 26 per cent are employed.

There were more than 25,000 people living in low income households in the City of Melton in 2016. More than half of low-income households included children. A greater rate of low-income households comprised of couples with children (27.7 per cent) and one parent families (23.6 per cent) compared with Greater Melbourne (id Community 2020).

Low income households in the City of Melton are less likely to own their home outright but are more likely to be paying off a mortgage than renting compared with Greater Melbourne (id Community, 2020). This aligns with the greater rate of mortgage-holders in the City of Melton and exposes a risk to defaulting on home loans should economic conditions change. Low income households are less likely to have a car and internet access which can limit access to services, education, employment and social opportunities.

7.2 Aboriginal and/or Torres Strait Islander communities

Aboriginal and/or Torres Strait Islander people make up one per cent of the population in the City of Melton, which is double the proportion of the population in Greater Melbourne (id Community, 2020). Approximately 1,300 residents identified as Aboriginal and/or Torres Strait Islander in the 2016 Census. 51.5 per cent are female and 48 per cent are male.

The local population is largely comprised of children, with almost 40 per cent of the population under the age of 18 years. A further 43 per cent are under the age of 50 years (id Community, 2020).

Eighty-three per cent of Aboriginal and Torres Strait Islander people in the City of Melton are aged under 50 years.
Thirty-nine per cent are children.

Aboriginal and/or Torres Strait Islander people face a range of additional social and economic challenges and frequently suffer poorer health and social outcomes as a result. Almost 40 per cent of Aboriginal and/or Torres Strait Islander people in Victoria are at the highest level of disadvantage.

In 2016, educational attainment is generally lower in the City of Melton Aboriginal and/or Torres Strait Islander community compared to the Victorian average (Table 9) (id Community, 2020).

Level of schooling	Melton Aboriginal and/ or Torres Strait Islander %	Victoria - Aboriginal and/ or Torres Strait Islander %
Year 12 or equivalent	29.2	34.2
Year 11 or equivalent	13.4	14.9
Year 10 or equivalent	22.7	22.4
Year 9 or equivalent	10.8	11.4
Year 8 or below	8.1	8.3
Did not go to school	0.5	1.1
Not stated / inadequately described	15.4	7.8

Table 9- Level of schooling Aboriginal and/ or Torres Strait Islander people City of Melton and Victorian average, 2016 (id Community, 2020)

In Australia, 17 per cent of Aboriginal and/or Torres Strait Islander people report having experienced racism and/or discrimination in the previous year. Of those, one in five said it happened at least weekly (Melbourne Primary Care Network, 2016). A smaller VicHealth study found that 97 per cent of study participants had experienced racism and/or discrimination in the previous 12 months and that 70 per cent had experienced eight or more episodes in that time (VicHealth, 2012). Those who experienced the most racism also felt the most significant psychological distress. Much racism occurred in public places and shops. It was also common in work, sports and educational settings. Almost four in five people stated that they avoided settings where they felt they could be the victim of racism (VicHealth, 2012), resulting in exclusion from work, education and social settings

Infant and child mortality, and rates of low birth weight are higher in Aboriginal and/ or Torres Strait Islander communities. Victorian Aboriginal and/or Torres Strait Islander children are more likely to be classified as vulnerable across all five Australian Early Development Census domains. They are three times as likely to have a disability as non-Aboriginal and/or Torres Strait Islander children (Melbourne Primary Care Network, 2016). Aboriginal and/or Torres Strait Islander children are nine to ten times more likely to be the subject of a substantiated child protection report than non-Aboriginal and/or Torres Strait Islander children. They are 20 times more likely to be in out-of-home care as non-Aboriginal and/or Torres Strait children (Australian Institute of Family Studies, 2020).

Aboriginal and/or Torres Strait Islander people live on average 10 years less than non-Aboriginal and Torres Strait Australians. They are at least seven times more likely to die from rheumatic or valvular heart disease, diabetes, kidney disease or violence

Aboriginal and/or Torres Strait Islander people are much more likely to suffer a range of chronic diseases and disabilities. Life expectancy is about 10 years less than non-Aboriginal and/or Torres Strait Australians (Melbourne Primary Care Network, 2016). Aboriginal and/or Torres Strait people die from endocrine, nutritional and metabolic disease (including diabetes) at 4.5 times the rate of non-Aboriginal and/or Torres Strait Australians. Rheumatic and valvular heart disease, diabetes, kidney disease and violence see Aboriginal and/or Torres Strait Islander populations being seven or more times more likely to die from these causes than non-Aboriginal and/or Torres Strait Islander people (Melbourne Primary Care Network, 2016).

The rate of tobacco smoking is higher in Aboriginal and/or Torres Strait Islander communities, resulting in more frequent hospitalisations for smoking-related disease.

Victorian Aboriginal and/or Torres Strait Islander people are over-represented in crime and imprisonment figures. Between 2015 and 2019, Aboriginal and/or Torres Strait Islander people comprised between 2.8 per cent and 4.5 per cent of alleged offender incidents in the City of Melton, despite making up only one per cent of the population (Crime Statistics Agency, 2020 [c]). The Aboriginal and/or Torres Strait imprisonment rate more than doubled in Victoria between 2009 and 2019 (Sentencing Advisory Council, 2020).

7.3 LGBTIQA+ communities

There is limited local data regarding the proportion of the population that identifies as lesbian, gay, bisexual, transgender, intersex, queer, asexual and people with other diverse sexual orientations and gender identities (LGBTIQA+) in the municipality. In 2016, 0.25 per cent or 339 people in the City of Melton identified being in a same-sex couple (id Community, 2020). It should be noted that Census data counts same sex attracted people whom are either married or living in a de facto relationship. It does not account for same sex attracted people who are in couples but not de facto or single same sex attracted people. At a national level, 2.7 per cent of the population identify as gay, lesbian or bisexual (Australian Bureau of Statistics, 2020).

There is also limited local data on the experiences of harassment and discrimination for the LGBTIQA+ community.

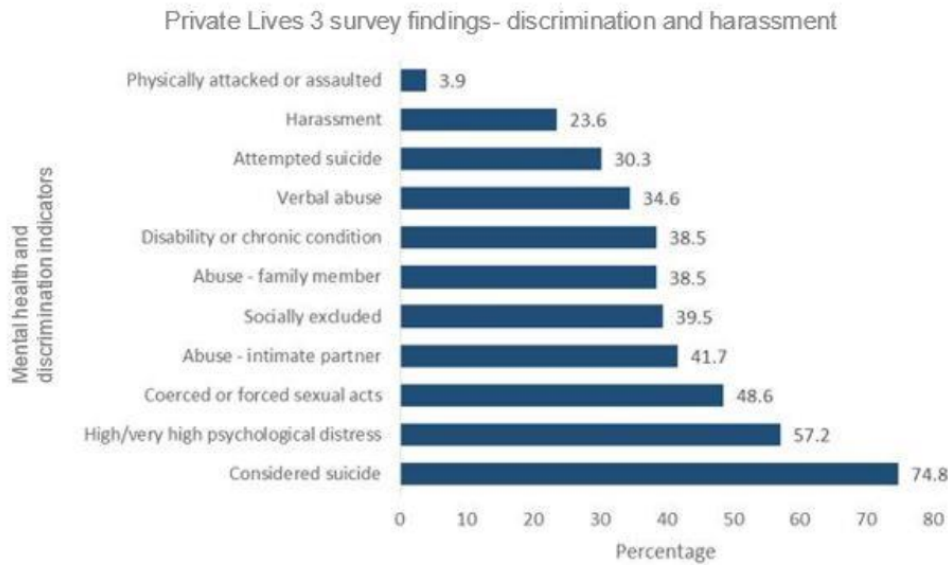


Figure 33: Health and social indicators for LGBTIQ+ respondents to the Private Lives 3 study 2020 (Australian Research Centre in Sex, Health and Society, 2020)

The Private Lives 3 survey is the largest survey of health and social needs of the LGBTIQ+ community in Australia. The survey found that almost 40 per cent of respondents experienced social exclusion. Twelve per cent of respondents to the Private Lives 3 survey were sexually assaulted in the previous 12 months. Four per cent were physically attacked or assaulted with a weapon in the past 12 months (Australian Research Centre in Sex, Health and Society, 2020) Respondents also experienced discrimination when using health and other services.

A large percentage of survey respondents (57.2 per cent) reported high or very high levels of psychological distress where the Victorian average is 15.4 per cent. This was more pronounced in outer suburban areas like the City of Melton. Sixty-one per cent of participants have been diagnosed with depression and 47 per cent with anxiety. Most alarming is that three in four participants in the study had considered committing suicide. Thirty per cent had attempted suicide (Figure 33) (Australian Research Centre in Sex, Health and Society, 2020).

Almost a quarter of participants had been homeless at some time, with transgender and gender diverse people at greatest risk. Alcohol and other drug use was a problem for some with 16.9 per cent reporting they struggled to manage their alcohol use in the previous 12 months and 14 per cent struggling to manage drug use. LGBTIQ+ people tend to use alcohol and other drugs two to four times more than heterosexual people (Australian Research Centre in Sex, Health and Society, 2020).

Transgender and non-binary people generally experienced these issues more significantly than cisgender people, with higher rates of psychological distress, suicidal thoughts and attempts, poorer self-rated health and an even greater risk of homelessness. Respondents from multicultural backgrounds faced additional challenges, feeling less acceptance by family, greater levels of psychological distress and more likely to experience discrimination due to their ethnicity, cultural identity or heritage (Australian Research Centre in Sex, Health and Society, 2020).

People who identify as LGBTIQ+ experience significant violence and discrimination. They are more likely to suffer poor mental health with three in four having considered suicide and 30 per cent having attempted suicide

LGBTIQ+ communities face additional challenges and poor outcomes, particularly in relation to discrimination, violence and poor mental health outcomes. The City of Melton may be less welcoming of LGBTIQ+ than other areas. 53.3 per cent of voters in the Gorton electorate voted in favour of same-sex marriage and only 77 per cent of those eligible voted (Evershed, 2017).

7.4 Culturally and linguistically diverse communities

There is variation in culturally and linguistically diversity (CALD) in the City of Melton.

- Many residents from CALD backgrounds (65.9 per cent) have been settled in Australia for more than ten years (id Community, 2020).
- Almost one in ten people in the City of Melton residents born overseas have poor English proficiency.

The composition of overseas-born residents is changing with newer arrivals more likely come from countries in Asia, India or Africa, to be younger and have children, compared to more settled groups who are older and hail from the United Kingdom and Europe

- Almost 72 per cent of recent arrivals live as part of a couple and children, significantly higher than the City of Melton average. There are fewer single parent households compared to the municipal average (7.9 per cent and 13.9 per cent, respectively) and significantly less lone person households. (id Community, 2020)

In 2016, 29.9 per cent of the City of Melton population were born overseas compared to 33.8 per cent in Greater Melbourne (Figure 34) (id Community, 2020).

Almost 11 per cent of people in the north and west metropolitan Melbourne region experienced racism, compared with 9 per cent across Victoria although this is thought to be underestimated (Department of Health and Human Services, 2017). Racism is damaging to both the mental and physical health of people. People that speak a language other than English (but are not of Northern European or North American origin) are the most likely to experience racism in Victoria (Department of Health and Human Services, 2017). People who frequently experience racism are five times as likely to have poor mental health and 2.5 times more likely to have poorer physical health compared to those that do not experience racism (Department of Health and Human Services, 2017).

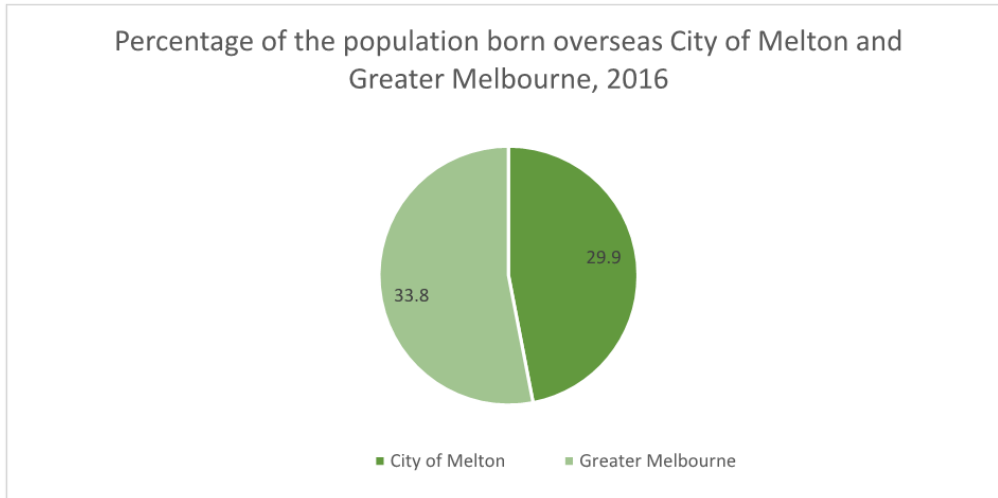


Figure 34: Percentage of the population born overseas, City of Melton and Greater Melbourne, 2016

7.5 People with disability

The City of Melton has the fifth-highest rate of age-adjusted disability in Victoria

There are more than 4,100 people with profound or severe disability living in the City of Melton (North Western Melbourne Primary Health Network, 2019). The rate of age-adjusted disability is 7.5 per cent which is the fifth highest rate in Victoria.

Almost five per cent of residents need assistance with core activities, with a greater proportion of people aged 60+ years and children with disabilities (Figure 35) (id Community, 2020). People with disabilities are much more likely to be primary school-aged in the City of Melton (9.4 per cent) compared with Greater Melbourne (5.2 per cent). The rate of disability also varies across the municipality with a much higher rate seen in the suburbs of Melton and Melton South (8.6 per cent and 9.1 per cent, respectively). (id Community, 2020).

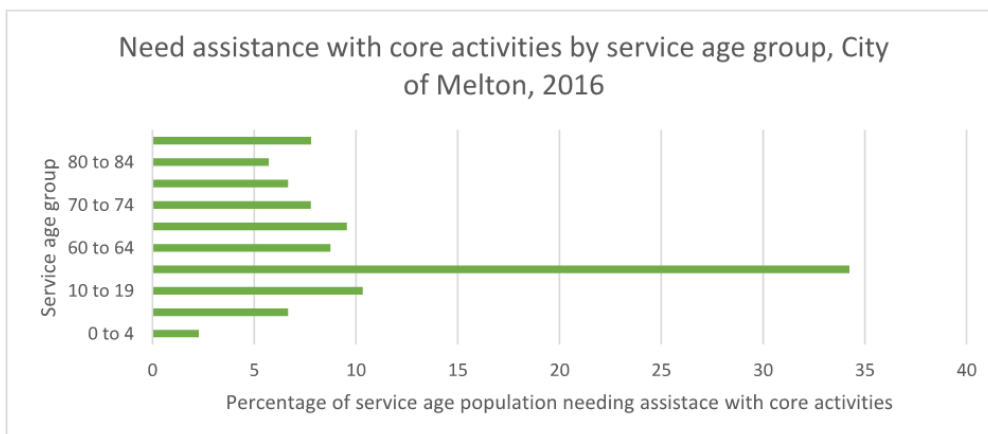


Figure 35: Percentage of service age population needing for assistance with core activities by service age group, City of Melton, 2016 (id Community, 2020)

People with disabilities in the City of Melton are much more likely to be in the lowest household income quartile (28.5 per cent), be unemployed (17.7 per cent) and provide unpaid childcare (17 per cent) than the Greater Melbourne averages.

People with disabilities are 40 per cent less likely to be physically active, half as likely to feel safe walking around their neighbourhoods, 25 per cent less likely to feel positive about their neighbourhood, and experience significantly lower mental wellbeing, resilience and life satisfaction than people without a disability (VicHealth, 2016 [b]).

Almost a third of people with disabilities experience high or very high psychological distress compared with 8 per cent in those with no disability (Australian Institute of Health and Welfare, 2020[a]). A greater proportion of people with disabilities have a poor diet, are overweight or obese, are physically inactive, have high blood pressure and smoke (Australian Institute of Health and Welfare, 2020[a]).

People with disabilities are more likely to experience violence, abuse or sexual harassment. Rates of physical violence, sexual violence and intimate partner violence are much higher than for those without disabilities

Forty-four per cent of reports to the Australian Human Rights Commission are complaints about disability discrimination. One in 10 people with disabilities have experienced disability discrimination. One in four have experienced some form of discrimination. One in three people with disabilities have avoided situations because of their disability (Australian Institute of Health and Welfare, 2020[a]), which can contribute to social and economic exclusion and service access difficulties. People who have experienced disability discrimination are much more likely to report their health as being fair or poor and have high or very high levels of psychological distress (Australian Institute of Health and Welfare, 2020[a]).

People with disabilities are more likely than those without disabilities to experience violence, abuse or sexual harassment (Figure 36).

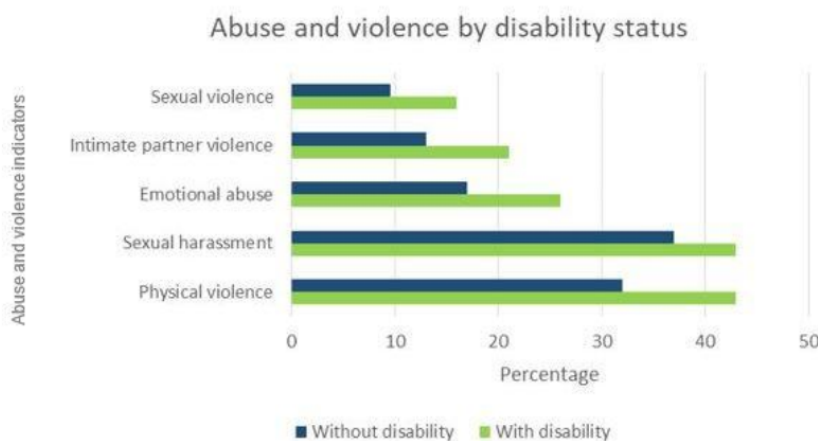


Figure 36: Percentage of abuse and violence by disability status in Australia, 2020 (Australian Institute of Health and Welfare, 2020[a])

7.6 Carers

The majority of informal care in the north and west metropolitan Melbourne region is undertaken by low-paid or unpaid carers and relatives. The City of Melton has a greater proportion of younger carers aged under 45 years compared to Greater Melbourne. Half of primary carers are on low incomes and experience additional financial strain associated with their caring responsibilities such as medicines, disability aids, health care and transport (Carers Vic Australia, 2020).

Carers have the lowest wellbeing of any large group and are 40 per cent more likely to suffer from a chronic health condition themselves (Carers Vic Australia, 2020). The demands of caring mean that many carers feel isolated and are unable to participate in work, educational, recreational and social activities as much as they would like. This can lead to social and economic exclusion (Carers Vic Australia, 2020).

Sub-groups of carers include:

- parents of children with a profound disability living in areas of high socio-economic disadvantage
- child carers
- grandparents under stress with unwanted childcare responsibilities
- families caring for a relative with a mental illness
- families impacted by drug and alcohol issues
- non-English-speaking carers of people with chronic disease
- elderly carers of elderly people

(North Western Melbourne Primary Health Network, 2019).

7.7 Women

As highlighted in various sections of this Profile, women in the City of Melton face greater social and economic challenges than men. They are:

- more likely to be unemployed
- less likely to be employed full time
- less likely to earn high incomes
- responsible for greater domestic and caring duties
- more likely to feel unsafe
- subject to higher rates of family violence
- more likely to be homeless
- more likely to experience high or very high levels of distress
- more likely to self-harm.



COVID-19 has amplified many of these inequities. As outlined in the relevant sections of this Profile, female-dominated industries were hit hard by the economic downturn with many women having their hours cut or experiencing job losses. Those who remained working were more likely than males to work on the frontline in health care and social assistance. Women took on greater childcare and home-schooling responsibilities. Some also experienced increased family violence and limited access to services. A significantly greater proportion of women reported severe depression during the COVID-19 pandemic (Melton City Council, 2020 [a]).

Women experience significantly poorer health and social outcomes than men. In line with the Victorian Gender Equality Act (2020) there should be a broad application of a gender equity lens to policy, programs and services to ensure that improvements are made.

7.8 Key learnings – our community experiencing disadvantage

- Low income households, Aboriginal and/or Torres Strait Islander people, LGBTIQ+ people, CALD communities, people with disabilities, carers and women experience greater health and social challenges the City of Melton.
- Low income households are more likely to include women, children and people with disabilities.
- The City of Melton is home to a relatively large population of Aboriginal and/or Torres Strait Islander people.
- LGBTIQ+ people suffer significant discrimination and abuse.
- Cultural and religious diversity is growing in the municipality.
- Carers of children or people with illness or disability are more likely to be on low incomes and experience poor physical and health outcomes themselves.
- Women are more likely to be unemployed, feel unsafe, experience homelessness, experience high psychological distress and more likely to self-harm.

8. Climate change and health

The City of Melton is particularly sensitive to climate change as it has the lowest tree canopy in Greater Melbourne, the second-highest urban heat island rating and is high risk on the Heat Vulnerability Index

The City of Melton will experience hotter summers, drier springs, longer bushfire seasons and more frequent extreme weather events as a result of climate change (Melton City Council, 2020 [e]). Heat waves will be more frequent and last longer.

Temperature

- the temperature has increased 1.2°-1.4°C since 1950 for the Melton area, and will continue to increase in all seasons.
- annual average temperature rise in period 2020-2039 is projected to be 0.9°C; in 2060-2079 it is projected to be 1.5°C to 2.6°C.
- fewer frost days, but possibly increased risk of frost in springtime.
- more frequent and longer hot weather spells (more days above 35°C). There are currently eight days per annum, projected to be twelve in the period 2020-2039 and fourteen days to 18 days in the period 2060-2079.

(Melton City Council, 2020 [h])

Rainfall

- rainfall has declined since the 1950s, especially in autumn; decreased 100-200mm for Melton area.
- expected decrease in annual rainfall and increased evaporation.
- less rainfall in winter and spring; uncertain changes in summer and autumn (possible decrease in autumn).
- more frequent and more intense extreme rainfall events.
- increased duration of drought periods.

(Melton City Council, 2020 [h])

Fire weather

- more frequent days of very high & extreme fire danger by 2050 (four-five times more often).
- very high and extreme fire days will occur at four to five times their current frequency.
- Melbourne region currently experiences catastrophic fire days once every 33 years on average; may increase to once every 2.4 years.

(Melton City Council, 2020 [h])

8.1 Tree canopy

The tree canopy is significant to health and wellbeing. Tree canopies can reduce harmful pollutants and alleviate summer air temperatures. For people who live close to parks, tree canopies have been shown to improve physical and mental health. (Department of Environment, Land, Water and Planning, 2019). There are some local conditions that make the City of Melton more vulnerable to climate change. The municipality has the lowest tree

canopy in Greater Melbourne at only 4.1 per cent compared with Greater Melbourne average of 16.2 per cent (Department of Environment, Land, Water and Planning, 2019).

8.2 Heat vulnerability

The City of Melton has the equal second-highest urban heat island reading in Greater Melbourne behind Brimbank and equal with Casey. Tree canopy cover was found to have the strongest relationship with reducing heat in urban areas (Department of Environment, Land, Water and Planning, 2019).

The Heat Vulnerability Index identifies which populations are most vulnerable to heat. The City of Melton is assessed as having the highest risk (score of five out of five) due to its urban heat island rating and high social vulnerability as people are less able to adapt (Department of Environment, Land, Water and Planning, 2019).

Figure 37 shows the heat vulnerability index across Melbourne, which clearly shows greater vulnerability in the north and west of Melbourne (Department of Environment, Land, Water and Planning, 2019). More frequent and longer heat waves will exacerbate the impact of the municipality's urban heat island status. There will be increasing heat exposure risk for all outdoor workers, for pedestrians, for users of open space and outdoor facilities, and for participants in outdoor and sporting events. Extreme heat will impact on service delivery. There will be risk of increased heat-related deaths and hospitalisations, particularly among the elderly and disadvantaged who may not be able to access cool refuges and may have limited alternatives to walking in extreme heat. Household energy bills will rise. These impacts will be felt particularly strongly in City of Melton due to relatively high levels of disadvantage.

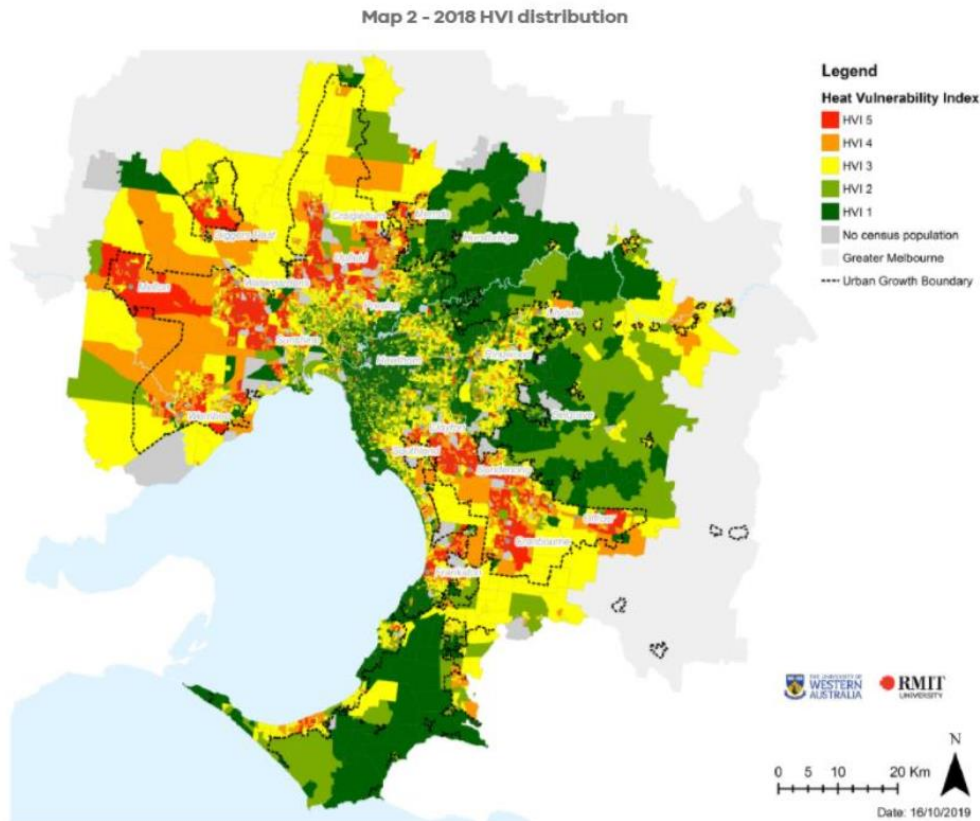


Figure 37: Heat vulnerability index across Melbourne 2018 (Department of Environment, Land, Water and Planning, 2019)

During increasing dry times, water supply for residential, business and industry use will be reduced, yet water demand will concurrently increase for cooling, irrigation, and agriculture. This places overall pressure on water security. Extreme rainfall events will lead to increased flash flooding and significant flooding in low lying areas resulting in flood damage, increased maintenance costs and disruption to services, including transport. Warm temperatures following intense rainfall events increase the risk of insect and water-borne disease (Better Health Channel, 2019).

A range of impacts can be expected to the natural environment, with implications for biodiversity conservation and primary food production. Changes in temperature and rainfall, along with extreme weather events, will impact on farming and food supply. Where supply is limited, the cost of food increases, leading to household food security issues and poorer nutritional intake in a municipality already impacted by diet-related disease (Better Health Channel, 2019).

8.3 Carbon emissions

In 2019, the City of Melton had a total of 1,206,000 t CO₂e (tonnes of carbon dioxide equivalent). In comparison, the City of Melbourne had a total of 4,933,312 t CO₂e (Figure 38). For the City of Melton, the major emissions source is electricity (60 per cent), followed

by transport (23 per cent), gas (12 per cent) and waste (4 per cent). (Beyond Zero Emissions, 2020).

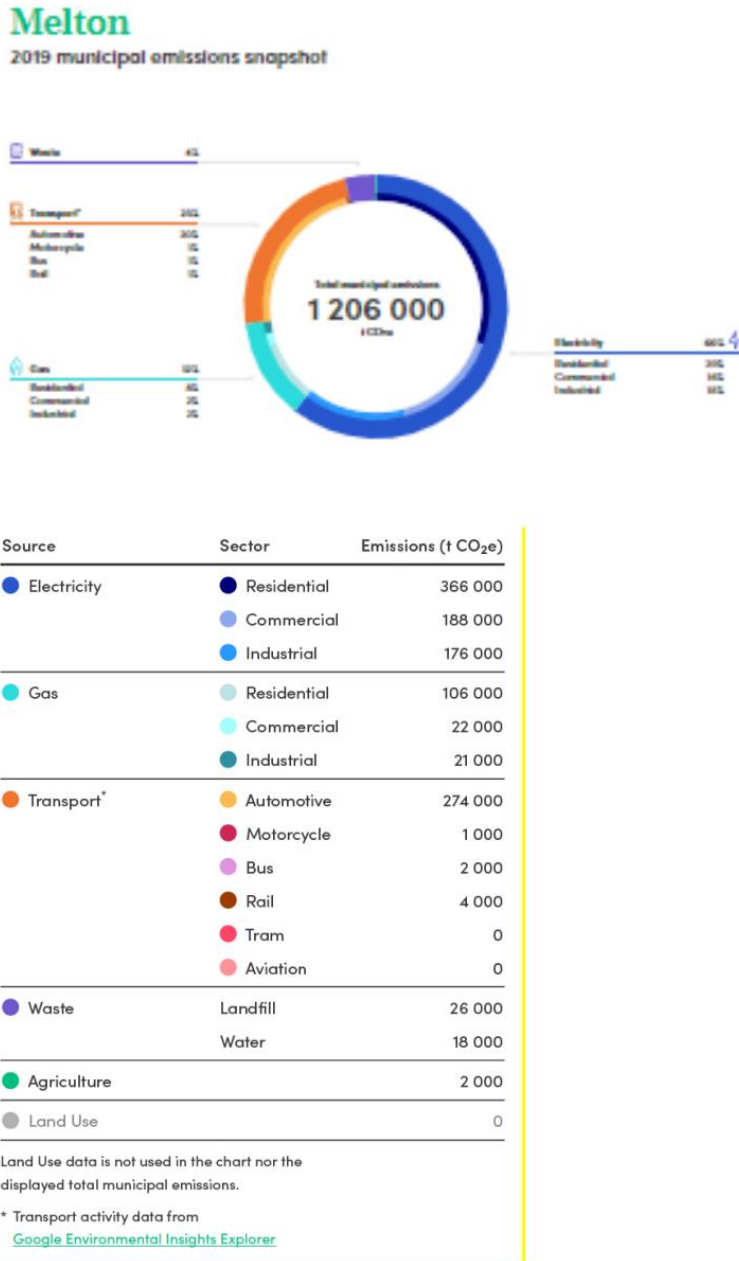


Figure 38: 2019 Municipal emissions snapshot (Beyond Zero Emissions, 2020).

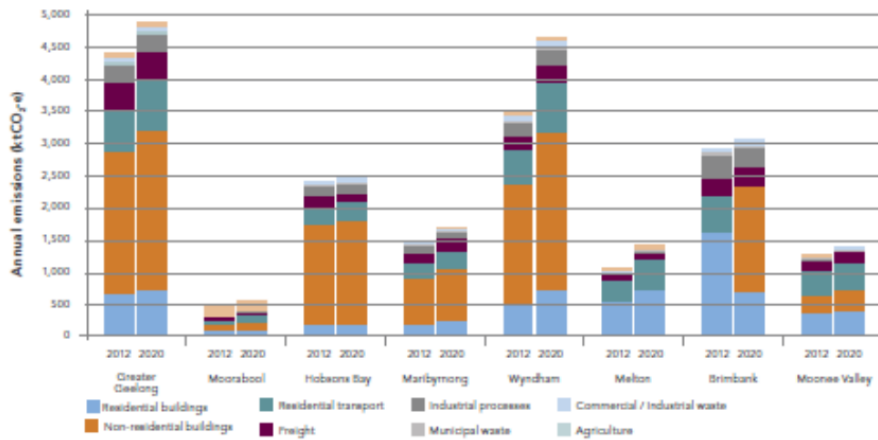


Figure 39: Greenhouse gas emissions by source, Local Government areas- Melton, Greater Geelong, Moorabool, Hobsons Bay, Maribyrnong, Wyndham, , Brimbank and Mooney Valley 2012 (Western Alliance Greenhouse Action, 2012)

Figure 39 compares the Greenhouse Gas Emissions (by source) in comparison to each of the Western Alliance for Greenhouse Action (WAGA) councils comprising Greater Geelong, Moorabool, Hobsons Bay, Maribyrnong, Wyndham, Melton, Brimbank and Mooney Valley. The emissions figures are represented as those calculated in 2012 and the project emissions forecast to allow for growth in 2020 (WAGA, 2012).

8.4 Climate change impacts on health

Direct impacts to health caused by exposure to more frequent and intense extreme weather events such as bushfires, droughts, floods and heatwaves, include hypothermia and hyperthermia, heat stress and injury, trauma and death. The City of Melton is particularly sensitive to climate change due to existing conditions such as lower rainfall and low tree canopy area.

Indirect impacts include:

- vector-borne diseases (those transmitted from vectors such as mosquitos to humans)
- zoonotic diseases (those transmitted from animals to humans)
- water-borne diseases (resulting from exposure to harmful algae and pathogenic microorganisms affecting drinking water, recreational water, including aquatic facilities, and water supplied for agricultural and domestic use)
- food-borne diseases (such as salmonellosis)
- exposure to contaminants such as mycotoxins in food
- impacts on the micro and macro nutritional quality of food
- exacerbation of existing chronic diseases such as cardiovascular and respiratory diseases related to higher temperatures, poorer air quality and airborne pollen

(Department of Health and Human Services, 2020 [c])

Also affected by climate change are the wider social determinants of health including:

- early childhood experiences
- education
- employment
- income
- social and economic status
- housing and geography
- living and working conditions
- agriculture and food production
- quality of air, soil and water
- social support networks
- access and use of health services

(Department of Health and Human Services, 2020 [c]).

These impacts and how they interact are shown in Figure 38 developed by the Department of Health and Human Services:

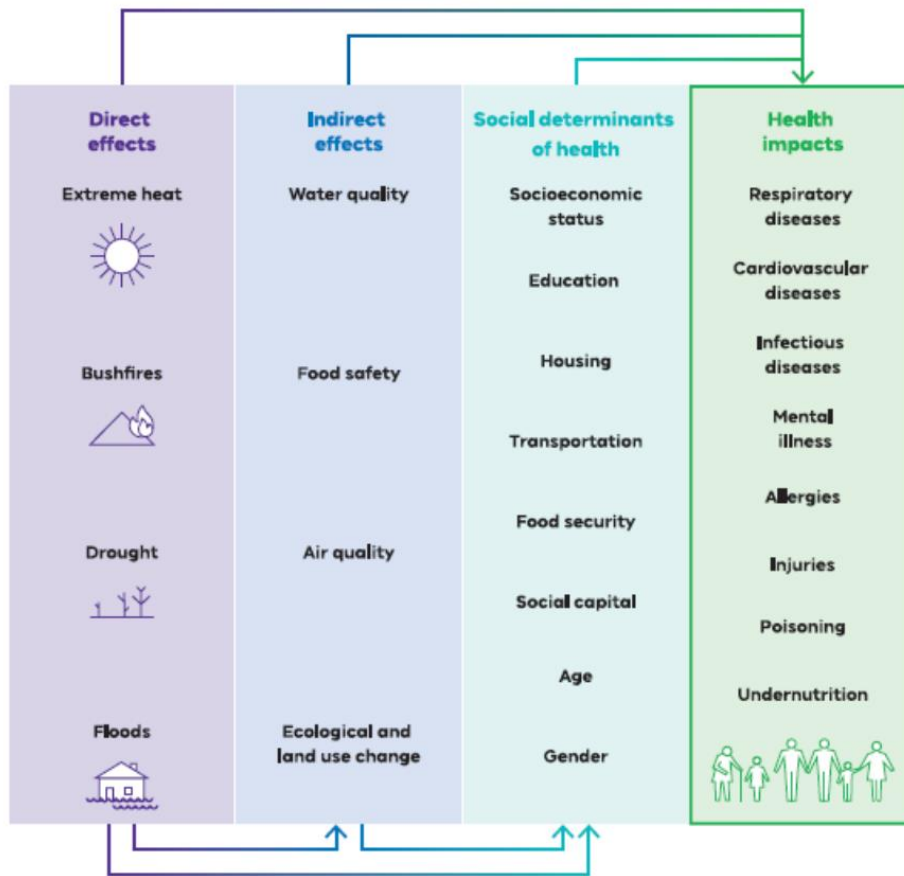


Figure 38: Direct and indirect impacts of climate change on health and wellbeing 2020 (Department of Health and Human Services, 2020 [c])

There are specific population groups who are vulnerable to the impacts of climate change, including:

- children
- people with chronic illnesses
- people living in poverty or under financial stress
- those in insecure housing
- victim-survivors of family violence
- Aboriginal and/or Torres Strait Islander people
- the small but growing aged cohort.

(Better Health Channel, 2019).

Adaptation to climate change may be more difficult in the City of Melton due to:

- dependence on cars
- high proportion of people travelling by car out of the municipality for work
- health and community service gaps
- socio-economic factors
- lower social connection and support.

Climate change is likely to widen the gap between those with social and economic resources and those without, leading to poorer health outcomes in those communities already facing health and social inequities.

8.5 Key learnings –climate change and health

- Climate change will lead to more frequent extreme heat, drought, floods and bushfires. This will result in risks to water, food and air safety and quality.
- There are some local conditions that make the City of Melton more vulnerable to climate change.
- The municipality has the lowest tree canopy in Greater Melbourne and the second-highest urban heat island rating. The City is assessed as being high risk due to its urban heat island rating and high social vulnerability as people are less able to adapt to extreme events.
- There are specific population groups who are vulnerable to the impacts of climate change.
- Adaption to climate change is more difficult in the City of Melton due to a dependence on cars; a high proportion of people travelling out of the municipality for work (usually by car); existing health and community /service gaps; and lower social connection and support.
- Climate change is likely to widen the gap between those with social and economic resources and those without, leading to poorer health outcomes in those communities already facing health and social inequities.

9. Victorian Public Health and Wellbeing Plan 2019-2023

The State Government has taken an approach of focusing on individual risk factors to improve health in the Victorian Public Health and Wellbeing Plan. The objectives are based around population-wide change and include a range of environmental changes to make individual behaviour change easier. The focus on risk factors, however, does result in far less attention to the wider determinants of health and their substantial impact on health.

There are 10 priorities identified in the Victorian Public Health and Wellbeing Plan 2019-2023 (Department of Health and Human Services, 2019):

- tackling climate change and its impact on health
- reducing injury
- preventing all forms of violence
- increasing healthy eating
- decreasing the risk of drug-resistant infections in the community
- increasing active living
- improving mental wellbeing
- improving sexual and reproductive health
- reducing tobacco-related harm
- reducing harmful alcohol and drug use.

The Victorian Public Health and Wellbeing Plan recognises the need to work with those groups who face the greatest health and social challenges and identifies Aboriginal and/or Torres Strait Islander people, LGBTIQ+ people, women, CALD communities and people with disabilities as groups that face inequities. It also recognises the need to work across the life-span to respond to differing needs and to invest in early intervention and prevention at key life stages. A place-based approach is supported by the Victorian Public Health and Wellbeing Plan and involves working with community to develop and deliver of local solutions to local problems by harnessing community strengths and working towards outcomes that are important to them.

10. Summary

The City of Melton rates lower on a range of risk factors and diseases compared to Greater Melbourne including:

- adult and childhood obesity
- circulatory disease
- poor nutritional and exercise habits
- poor dental health
- high psychological distress and diagnosed mental health conditions
- smoking and drinking at risky levels
- sexual and reproductive health.

Areas of focus relate to the socio-economic, cultural and environmental conditions; the living and working conditions; and the social and economic networks in which residents live include:

- management of growth and establishment of a changing yet shared identity in the community to improve social connection and community engagement
- integration of new and established areas of the municipality, including the establishment of intercultural connections that reduce the risk of racism and discrimination
- low educational attainment, high unemployment and limited local employment and education opportunities
- high rates of family violence and traditional gender roles impacting on the ability of women to participate in the workforce and gain financial security
- lack of diversity in housing and high rates of housing stress
- climate change and its impact on health
- increase in health and community service provision and use.

To reduce poor health and social outcomes, there is a need to address the individual and broader determinants of health. Council is well-placed to provide considered services, programs, policy, planning and advocacy to address the wider determinants of health and is responsible to do so under the Public Health and Wellbeing Act 2008.

There is strong evidence that level of disadvantage significantly impacts health and social outcomes. This is clearly a factor in play in the City of Melton, where the poorest outcomes were experienced by those living with the most disadvantage. Geographically, there is significant disadvantage in the City of Melton, and the data supports effort to address inequity in Melton, Melton South, Melton West, Harkness, Kurunjang and Rockbank.

Likewise, there are groups in the community who face additional social and health challenges. The data supports addressing inequities experienced by:

- low-income households: less likely to have internet connection, more likely to experience rental or mortgage stress, more likely to have disability and more likely to be households with children.
- Aboriginal and/or Torres Strait Islander people: more likely to experience discrimination, poorer health outcomes, lower educational attainment and higher rates of disability.
- LGBTIQA+ people: more likely to experience discrimination and violence and experience poorer mental health.
- CALD communities: more likely to experience racism and discrimination and more likely to live in a household with children.
- people with disabilities: more likely to have lower household income, be less physically active, experience discrimination and violence and suffer higher psychological distress.
- carers: more likely to have lower household income, more likely to be female and more likely to have poorer health outcomes.
- women: more likely to be unemployed, feel unsafe, experience homelessness, experience high psychological distress and more likely to self-harm.

This does not mean that all programs, services, policies and advocacy should be related only to those who are most disadvantaged, although this will certainly be the case at times. What it means is that when Council is developing programs, services, policies and advocacy campaigns or considering a community issue, they take an equity lens⁷.

Climate change is one of the greatest risks to human health and the City of Melton is particularly vulnerable to the impacts of climate change. There will be more frequent extreme heat, drought, floods and bushfires. Living costs will rise. In general, there will be more frequent 'shocks' that impact on employment, transport, housing, education and social interaction. The vulnerabilities facing the City of Melton are related to the physical environment (such as low tree canopy coverage), and the ability of people to adapt to climate change.

There are a range of groups that are most vulnerable to the impacts of climate change including children; people with chronic illnesses; people living in poverty or under financial stress; those in insecure housing; victim-survivors of family violence; Aboriginal and/or Torres Strait Islander people; and the small but growing aged population.

Health, social and economic conditions have been exacerbated by COVID-19. These are outlined in the Melton City Council COVID-19 Social and Economic Impacts Report. In summary these are:

- The rates of family violence increased by 34 per cent.

⁷ An 'equity lens' is the application of a series of structured questions focusing on the consideration of equity, inequity and socio-economic determinants. It can be used to assess whether a program, service, policy, plan or advocacy campaign have explicitly considered the needs and values of disadvantaged populations.

- The length of lockdown in Greater Melbourne resulted in widespread social isolation with more than two in five Victorians finding it hard to stay connected to family and friends.
- Residents of the City of Melton already experience high rates of psychological distress. Data has shown that in Victoria, the proportion of people experiencing high or very high psychological distress has increased significantly during COVID-19.
- There has been a dramatic drop in general health appointments for things like cancer screening and pathology tests during COVID-19.
- Children are less active than they were pre-pandemic. There are also concerns about access to food with one in five people reporting they are eating cheaper, unhealthy foods to get by.
- Eleven per cent of the working-age population were in receipt of Youth Allowance or JobSeeker in October 2020, doubling from March 2020. Low wage workers, women and young people are most vulnerable to the economic impacts of the pandemic (Wilkins, 2020).
- There have been impacts on students finishing their high school years with significant impacts on their ability to study due to home schooling and a reduction in face-to-face study options or work experience options.
- Experts predict that the full impact of COVID-19 will not be evident for a further three to four years. (North, Martin, & Grigsby, 2020).

(Melton City Council, 2020 [a]).

The areas of focus have informed the development of the Council and Wellbeing Plan 2021-2025. It is important to recognise that health status varies markedly across the community, with socioeconomic disadvantage the greatest cause of health inequalities.

By taking an evidence-informed and coordinated approach we can maximise opportunities across the City and within different settings and services to support our community to live healthy lives and try and prevent many of these poor health outcomes. For the next four years we will continue to progress existing priorities and intensify focus in areas where we know we can make the greatest gain.

11.0 Glossary of terms

Bridging visa E	<p>A Bridging visa E will allow you to stay in Australia while you:</p> <ul style="list-style-type: none"> • decide to leave • wait for an immigration decision. <p>Reference: Home Affairs https://covid19.homeaffairs.gov.au/bridging-visa</p>
Digital literacy	<p>Digital literacy means having the skills you need to live, learn, and work in a society where communication and access to information is increasingly through digital technologies like internet platforms, social media, and mobile devices.</p> <p>Reference: Western Sydney University: westernsydney.edu.au/studysmart/home/study_skills_guides/digital_literacy/what_is_digital_literacy</p>
Discrimination	<p>Discrimination happens when a person, or a group of people, is treated less favourably than another person or group because of their background or certain personal characteristics.</p> <p>Discrimination can be against the law if it is based on a person's:</p> <ul style="list-style-type: none"> • age • disability, or • race, including colour, national or ethnic origin or immigrant status • sex, pregnancy, marital or relationship status, family responsibilities or breastfeeding • sexual orientation, gender identity or intersex status. <p>Reference: Australian Human Rights Commission, https://humanrights.gov.au/quick-guide/12030</p>
Diversity	<p>Diversity refers to what makes each of us unique and includes our backgrounds, personality, life experiences, affiliations and beliefs, all the things that make us who we are. It is a combination of our differences that shape our view of the world, our perspective and our approach.</p> <p>Diversity is also about recognising, respecting and valuing differences based on ethnicity, gender, age, race, religion, disability and sexual orientation. It also includes an infinite range of individual unique characteristics and experiences, such communication style, thought and ideas, political views, career path, life experience, educational background, geographic location, income level, marital status, parental status and other variables that influence personal perspectives.</p> <p>Reference: Victorian Government vic.gov.au/dpc-diversity-and-inclusion-strategy-2019-2021/what-do-we-mean-diversity-and-inclusion</p>

Food security	<p>When all people, always, have physical, social, and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life</p> <p>Reference: Food and Agriculture Organization</p> <p>https://aifsc.aciar.gov.au/food-security-and-why-it-matters.html</p>
Gender	<p>A social and cultural concept. It is about social and cultural differences in identity, expression and experience as a man, woman or non-binary person. Non-binary is an umbrella term describing gender identities that are not exclusively male or female.</p> <p>Reference: Australian Bureau of Statistics</p> <p>abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientation-variables/latest-release</p>
Heat vulnerability index	<p>Maps to identify areas in the state where people are vulnerable to heat. Heat vulnerability is how likely a person is to be injured or harmed during periods of hot weather.</p> <p>Reference: NSW Department of Planning, Industry and Environment</p> <p>planningportal.nsw.gov.au/opendata/dataset/nsw-heat-vulnerability-index-to-abs-statistical-area-level-1-2016</p>
Housing stress	<p>Housing affordability is compromised when households in the bottom 40% of income distribution spend more than 30% of their household income on housing, adjusted for household size. Those who do not have affordable housing according to this criterion are said to be experiencing "housing stress", which may be measured in terms of people's subjective experiences of managing housing costs.</p> <p>Reference: Yates, J., & Milligan, V</p> <p>ahuri.edu.au/publications/download/nrv3_final_report</p>
Inclusion	<p>Inclusion occurs when people feel, and are, valued and respected. Regardless of their personal characteristic or circumstance, and where they:</p> <ul style="list-style-type: none"> • have the opportunity to fulfil their individual and combined potential • have access to opportunities and resources • can contribute their personal best in every encounter • can contribute their perspectives and talents to improve their organisation • can bring far more of themselves to their jobs • have a sense of belonging. <p>Reference: Victorian Government</p> <p>vic.gov.au/dpc-diversity-and-inclusion-strategy-2019-2021/what-do-we-mean-diversity-and-inclusion</p>

JobKeeper Payment	<p>JobKeeper is a new payment scheme introduced by the Australian government to help businesses to retain employees. Under the JobKeeper Payment, businesses and not-for-profits significantly impacted by the COVID-19 outbreak will be able to access a wage subsidy from the Government to continue paying their employees.</p> <p>This assistance will help businesses to keep people in their jobs and re-start when the crisis is over. For employees, this means they can keep their job and earn an income.</p> <p>Reference: Australian Government</p> <p>https://treasury.gov.au/sites/default/files/2020-04/Fact_sheet_supporting_businesses_0.pdf</p>
JobSeeker Payment	<p>As with Newstart Allowance, JobSeeker Payment will include recipients with disabilities and parenting responsibilities that prevent them from pursuing full-time work. Despite its name, JobSeeker Payment will include some recipients who are not required to search for work.</p> <p>Reference: Australian Government</p> <p>aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp1920/Quick_Guides/JobSeekerPayment#:~:text=As%20with%20Newstart%20Allowance%2C%20JobSeeker%20Payment%20will%20include,who%20are%20not%20required%20to%20search%20for%20work.</p>
LGBTIQA+	<p>Lesbian, gay, bisexual, transgender, intersex, queer, asexual and people with other diverse sexual orientations and gender identities</p> <p>Reference: Australian Institute of Family Studies.</p> <p>https://aifs.gov.au/cfca/publications/lgbtiq-communities</p>
Liveability index	<p>The Liveability Index is a composite score based on measures related to aspects of liveability including Social Infrastructure, Walkability, Public Transport, Public Open Space, Housing Affordability, and Local Employment.</p> <p>Reference: Australian Urban Observatory</p> <p>https://auo.org.au/portal/metadata/urban-liveability-index/</p>
NAPLAN	<p>The National Assessment Program – Literacy and Numeracy (NAPLAN) is a series of tests focused on basic skills that are administered annually to Australian students.</p> <p>Reference: National Assessment Program</p> <p>https://nap.edu.au/naplan/faqs/naplan--general</p>
Non-binary	<p>Most people – including most transgender people – are either male or female. But some people don't neatly fit into the categories of "man" or "woman," or "male" or "female." For example, some people have a gender that blends elements of being a man or a woman, or a gender that is different than either male or female. Some people don't identify with any gender. Some people's gender changes over time.</p>

	<p>People whose gender is not male or female use many different terms to describe themselves, with non-binary being one of the most common.</p> <p>Reference: National Center for Transgender Equality https://transequality.org/issues/resources/understanding-non-binary-people-how-to-be-respectful-and-supportive</p>
Rate	<p>A measure, quantity, or frequency, typically measured against another quantity or measure. For example, the City of Melton has lower rates of breastfeeding than the Victorian average.</p> <p>Reference: Collins Dictionary https://www.collinsdictionary.com/dictionary/english/rate</p>
Rental stress	<p>'Rental stress' is a term often used to describe households at risk of experiencing difficulty meeting their rental costs.</p> <p>High levels of rental stress mean that affordability may be low and, as a result, those households experiencing rental stress may be less able to rent housing that meets their basic needs.</p> <p>Reference: Australian Bureau of Statistics abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/1370.0~2010~Chapter~Rental%20stress%20(5.4.2.1)</p>
SEIFA index	<p>Socio-Economic Indexes for Areas (SEIFA) is a product developed by the Australia Bureau of Statistics that ranks areas in Australia according to relative socio-economic advantage and disadvantage. The indexes are based on information from the five-yearly Census.</p> <p>Some common uses of SEIFA include:</p> <ul style="list-style-type: none"> determining areas that require funding and services identifying new business opportunities research into the relationship between socio-economic disadvantage and various health and educational outcomes. <p>Reference: Australian Bureau of Statistics abs.gov.au/websitedbs/censushome.nsf/home/seifa</p>
Sex	<p>Sex refers to the biological characteristics that define humans as female or male. While these sets of biological characteristics are not mutually exclusive, as there are individuals who possess both, they tend to differentiate humans as males and females. In general use in many languages, the term sex is often used to mean "sexual activity", but for technical purposes in the context of sexuality and sexual health discussions, the above definition is preferred.</p> <p>Reference: World Health Organisation who.int/reproductivehealth/topics/gender_rights/sexual_health/en/</p>
Transgender	<p>An umbrella term used to refer to people whose assigned sex at birth does not match their internal gender identity, regardless of whether their internal gender identity is outside the gender binary or within it. Transgender/trans or gender diverse people may identify</p>

	<p>as non-binary, that is: they may not identify exclusively as either gender; they may identify as both genders, they may identify as neither gender; they may move around freely in between the gender binary; or they may reject the idea of gender altogether.</p> <p>Transgender/trans or gender diverse people have the same range of sexual orientations as the rest of the population. Transgender/trans or gender diverse people's sexuality is referred to in reference to their gender identity, rather than their sex. For example, a woman may identify as lesbian whether she was assigned female at birth or male.</p> <p>Reference: Australian Institute of Family Studies https://aifs.gov.au/cfca/publications/lgbtiq-communities</p>
Tree canopy	<p>The layer of leaves, branches, and stems of trees that cover the ground when viewed from above. In urban areas, the tree canopy provides an important stormwater management function by intercepting rainfall that would otherwise run off paved surfaces and be transported into local waters through the storm drainage system, picking up various pollutants along the way.</p> <p>Reference: Centre for Watershed Protection cwp.org/research-2/</p>
Urban heat island index	<p>An urban heat island is a metropolitan area that's a lot warmer than the rural areas surrounding it. Heat is created by energy from all the people, cars, buses, and trains in cities. Urban heat islands are created in areas that have lots of activity and lots of people.</p> <p>The Index is calculated as a positive temperature differential over time between an urban census tract and nearby upwind rural reference points at a height of two meters above ground level, where people experience heat. The Index is reported in degree-hours per day on a Celsius scale.</p> <p>Reference: NASA Climate Kids https://climatekids.nasa.gov/heat-islands/</p>
Walk score	<p>A Walk Score rates small geographic areas based on their 'walkability' – the number and type of amenities within a 1.6km distance. This aligns with the State Government's concept of a '20 minute neighbourhood'.</p> <p>Reference: Department of Environment, Land, Water and Planning planning.vic.gov.au/policy-and-strategy/planning-for-melbourne/plan-melbourne/20-minute-neighbourhoods</p>

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